

**Subjective Communication: A New Training Method**

Will Plaisted

Department of Graduate Studies, Granite State College

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Professor Kathleen Patenaude

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## Abstract

This project centralizes around the stigma of communicating in the healthcare system, and using policies and procedures as the foundation, when it should be the employees who hold them up. Having worked in healthcare for nearly twelve years, one area I have always wanted to change is the way we communicate to staff. This translates into training them in a new way as well. While it is important to have rules and protocols are clear as possible, we as leaders must understand that people come from different culture, backgrounds, experiences, generations, etc. So, we need to keep that in mind when training them. While we need to make sure all the basics are taught, it is our duty to find out the strengths of each team member and focus on that when training.

### Aim of Project:

As explained in my project proposal, the aim of the project is to expose and shed some light on the stigma of policy and procedural training methods. The healthcare industry is “black and white” when it comes to codes of conduct, expectations of employees, how employees are trained, and how they should be treated. There is no gray area when it comes to training employees, and all are expected to learn the same material to complete the tasks at hand. There is a disconnect when it comes to training employees the same way. Using the same training method for each employee is acceptable and in fact, recommended to ensure each employee is on the same page (see Jaureguy, 2021).

However, when training new employees (especially in the healthcare industry) we must understand that these employees are people first. They come from different environments, different cultures, different generations, different experiences. This needs to be identified and no longer be neglected (see Dholakiya, 2017). It is our duty as leaders to know each team member and find out who they really are; their strengths, weaknesses, likes, dislikes, their passions, and what makes them tick. When we do this, we will find out what makes each employee successful; thus, making our organization successful. The purpose of this project is to improve the communication and transparency between leaders and team members, so that we can provide optimal patient safety and quality of care, while also making each employee feel recognized and understood.

### Background:

We learn about “silent killers” in the healthcare field. This could include untreated high blood pressure, high cholesterol, undiagnosed diseases such as diabetes, etc. Well, subjective

communication and understanding the way we communicate with our employees and the impact it can have on the organization can be a “silent killer” for any company. We have all experienced jobs where we felt the management team had been on a high pedestal and would try and implement new policies and rules without really knowing what’s happening on the frontlines (see Heathfield, 2020). While it is essential that we keep the best interest of the patient(s) in mind, we must also be aware of our team, the team dynamic, and knowing when something is off between the team members. This can be made possible by having full transparency with the team and lowering the number of rumors that start within the team by always speaking to the team as a unit and not separately.

Treating these potential risk factors and identifying each problem through communication and a new training method where the employee feels as important as the CEO is why it is necessary for this project to be established and then implemented. Having a solid foundation and framework is how this new training method will be successful.

Framework:

The framework for this project was decided after researching the different types of project management tools and structures. After weighing the pros and cons of each system, I chose the Kanban Method (see Dimitrescu, et al, 2019). The team I supervise is made up of six people, and I feel as though the Kanban framework will be best suitable for the objective of this project; expanding communication and better understanding each other.

Kanban framework centralizes around the idea of identifying daily tasks and then prioritizing them based on importance (see Dimitrescu, et al, 2019). This can be implemented into my project because my team will be given daily goals or tasks, and then will be able to be

trained with this task list as the foundation. Once that is established, we can then involve improving the way we communicate with one another, and learning from each other's experiences to be a more well-rounded team. Kanban focuses mostly on visualization; this is possible by creating a "Kanban Board" (see Wyrich, et al, 2017). Typically, the Kanban board is used to track progress and workflow. For my project, this team-developed board will represent the current way we are learning, ways we want to learn and communicate, and what steps are needed to get us there. A Kanban board (see figure 1) is a great way to clean up brainstorming.

Figure 1



Using this method to develop the way my team wants to be trained will be most beneficial because it will show us where we currently are, where we want to be, and what we need to do to get there. This will be a great way of multi-tasking; we can use the board for my project (improving communication and team relationships) while also use it for patient care

improvement. We will be able to list our daily activities and tasks, and I will be able to list extra duties if time is allotted. Creating this type of structure and organizing our thoughts and ideas will set our team and organization up for success.

Significance:

From an organizational standpoint, this project is significant because once it is implemented within my team, I will present this new process to other departments to incorporate this new training method to as many teams as possible. This project could potentially affect my organization economically because if it improves patient safety and satisfaction, we could see an increase in revenue (we are a not-for-profit organization). Politically, I would argue there is no significance that my project will have. The community outreach may be positively impacted, however.

From a legal perspective, I cannot currently identify any possible matters that may come up. For example, the Health Insurance Portability and Accountability Act (HIPAA) and other privacy policies should and will be practiced at all times and shall not be infringed upon under any circumstances. If anything, the patients will be taken care of and protected more efficiently than ever before. There is currently a low staffing of nurses' issue on a national scale (see Needleman, et al, 2002). Perhaps this project could bring in more nurses if they see the way teams work together at our organization.

At this point, I do not see any possible ethical issues that will bring any significance to my project. This project is focused on helping the team build a better relationship so that we can then better the patient experience. The same can be said when pondering the financial aspect of this project. There is no budget needed for this project, unless we spend money on training

courses and resources down the road; but that is not part of the plan as of right now. My timeline for this project allotted for time to change things when at certain stages for this project because one should always account for variable change.

#### Evidence Review:

The first piece of evidence-based research is scientific evidence. This article focuses on expert opinions on how we can improve team relationships and cognitive tasks to be more effective in healthcare. This article is important and relevant to my project because it helps depict the disconnect between training employees with the same foundation, while communicating with them on an individual basis, depending on their personality and background.

“The book reports on recent field research to address what is known, and what needs to be learned, about team communication among operators. Students, clinicians, and healthcare managers can find answers in it to the questions they face daily. How can healthcare information be better shared? What can we expect from its improvement, and how do we get there? Lessons learned from team communication research and experience in aviation and healthcare will point the way to improved patient safety” (Nemeth, 2008).

For organizational evidence, I found a scholarly journal about the “scrum method”. Like the Kanban framework method, the scrum method is used quite often in organizations. The scrum method focuses more on the “big picture” for an organization rather than the thoughts and feelings of their employees. This article supports my project and represents a piece of the training method that is often overlooked; the organizational differences that decide which training method will work best while still subjectively communicating.

“Communication in teams is an important but difficult issue. In a Scrum development process, we use the Daily Scrum meetings to inform others about important problems, news, and events in the project. When persons are absent due to holiday, illness or travel, they miss relevant information because there is no document that protocols the content of these meetings” (Wyrich, et al. 2017). While the scrum method is different from Kanban, it still represents evidence of the importance of improving team communication.

For relevant evidence, I chose a journal about improving team communication (see Yang, 2019). This article is relevant evidence because it offers a different perspective. Part of this project (the last part) includes identifying the results from the new training method. This journal offers some guidance on how one group performed. This article focused solely on nursing staff and improving their communication to benefit the patient and team morale.

For experiential evidence, I found a great study on children with cerebral palsy, and how this particular team that cares for them (midwives) uses experiential-based research to be successful. “Over the past decade, there has been a growing focus on offering appropriate training to healthcare professionals and caregivers to support safe feeding practices for children with cerebral palsy. Early and consistent multidisciplinary intervention is required to minimize the risks of aspiration pneumonia. The high incidence of complications from aspiration pneumonia among children with cerebral palsy in Sri Lanka has made it necessary to conduct low-cost multidisciplinary team-led dysphagia awareness workshops for healthcare professionals and caregivers” (Hettiarachchi, et al. 2019).

This was made possible by using 38 midwives and conducting a survey and questionnaire to determine their effectiveness. This included a video on a scenario that was shown before and



after the experiential workshop, to determine if the minds of the 38 subjects changed based off new information or feelings.

Lastly, for stakeholder-based evidence, I found a study titled “Assessing how information is packaged in rapid reviews for policy-makers and other stakeholders: a cross-sectional study”. Stakeholders should have an opinion on all matters for an organization, especially when that organization is brainstorming ways to change. The purpose and method of this study is similar to my project in regards to the way I have structured it. It was interesting to research because my organization is not-for-profit so there is a board of chairmen but no “stakeholders”. “Rapid reviews (RRs) are useful products to healthcare policy-makers and other stakeholders, who require timely evidence. Therefore, it is important to assess how well RRs convey useful information in a format that is easy to understand so that decision-makers can effectively use evidence to inform policy and practice” (see Garritty, et al. 2020).

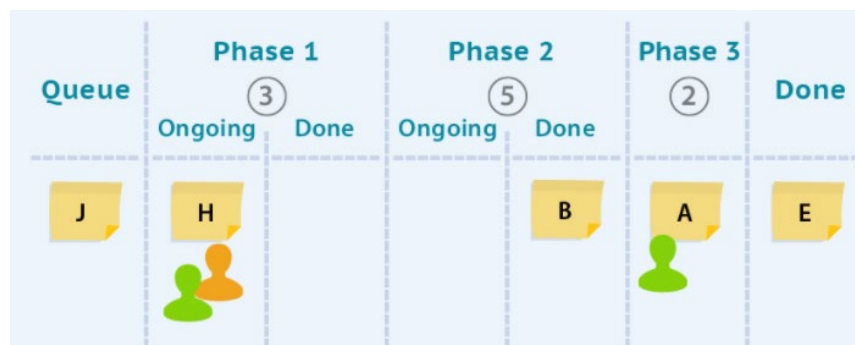
The method was conducted by studying over 100 rapid reviews to best determine healthcare policy. The team found these rapid reviews to be 96% effective when it comes to developing the best possible healthcare policies. This study will be helpful for my project because it offers a different perspective on how I envisioned the way I will lead my team during this process. Nothing is going to change overnight, but it is our responsibility as healthcare leaders to always be searching for new ways to improve; new ways to make the patient experience as seamless as possible.

Methods:

As mentioned previously, the Kanban Method will be the foundation for this new training method. The new training method will use a Kanban Board (see figure 1) to list tasks, expectations, and to determine the team and individual goals. Using a Kanban chart (see figure 2) I will use posted notes of our daily tasks at work and each note will be color coordinated to the person. For instance, John will be green notes, Jenny will be orange notes, etc.

Figure 2

Kanban Chart



On a larger scale, I will use the chart in figure 2 to also determine each phase of the project. The first phase consists of putting my ideas together, the second is getting together with my site supervisor, and the final phase is doing a trial run with the new training method. The Kanban system is effective because it is designed for a “constant moving” process. For this project, there is already a current method for training in place. If this was a new organization, we would use a different method, but since we have to tear down the old process while building the new one, the Kanban system works best (see Digite, 2021).

## Deliverables:

The process of this project and how it will be implemented/delivered to the team will be by the three-phase method on the Kanban Board (see figure 2). The information and presenting of this process will be first shown to my site supervisor and shift leader. I will then bring it to my team and explain how this new training method is going to work, and why it is essential for our success and improvement. I will present to them my research via the Kanban board and they will have a visual learning tool to see the changes I am going to make.

Once the team has been presented with this information, I will let the other department we work closely with (the operating room staff) know about this change for transparency purposes. Hopefully, their management will see this new process of subjective communication and organization, and will ask me about how they can implement it for their own use. The final phase which will be long after my team has been using this method, will be to present this to the chairmen of the organization as a hospital-wide process and training method.

Now, more than ever before, we have to be very careful with our choice of words and how we phrase things. There has never been a better time to implement this new form of communication that will show our employees that we care about them individually, and as a team. It will show the community that Wentworth-Douglass Hospital cares about all of our people, and we don't group patients together based off their insurance policy, but rather have an understanding that each patient and staff member has their own unique set of needs. When we do that, we can deliver optimal care and safety to our patients, while giving every employee a sense of value and commitment.

## Project Findings:

When I first began this project, I was given some friction from my team members. Change is scary, but when it comes to healthcare, we have to be ready and accepting of change since it is forever evolving. My team questioned why these changes were being made, and I had to explain this was a good thing and would be mutually beneficial for all parties.

After the negative thoughts dispersed, we were able to get to work. I was able to explain this new communication process, and used two new tools to help train the team members. The first tool is called “a team accountability agreement”. This is a mutual understanding and expectation that we all agreed to. We have accountability contracts that each employee received and signed. This agreement states that we will always give each other the benefit of the doubt, and not judge them based off our own perception.

The second tool is an acronym called T.E.A.M. This process stands for “test/trial”, “evaluate”, “assess”, and “manage”. When using the accountability contract as a baseline, we can follow the T.E.A.M protocols and be successful when it comes to communication. When one of us has a worry or idea, we will (as a team) test or trial, evaluate to see if the idea holds weight or if the worry is legitimate. Then we assess the idea or problem by weighing out our options, and finally, we manage the problem or lack of communication.

The hope is that this process will hold team members more accountable for their communication (or lack thereof) and will increase their ability to understand that not everyone works, trains, understands the way they do; there is subjectivity in communication.

### Implications:

As stated above, there were some implications or outcomes after completing this project. My team of 5 very diverse, very different people have a new understanding and level of mutual respect that they didn't know was missing. They now understand that perception is just as subjective as communication. They now realize that just because they perceive something to be a certain way, doesn't mean that's actually what is happening. Before, my team would get frustrated with one another. A lot of this had to do with poor communication and understanding of each other. The T.E.A.M process has been effective.

### Challenges and Accomplishments:

The biggest challenge I had was in the beginning. At first, the team was very hesitant and set in their ways when I brought up this idea. It was challenging to get everyone on board and to hear me out. After the first few weeks, the changes were significant enough to get everyone on the same page. My greatest accomplishment is coming up with the T.E.A.M process. This makes for a great training tool, and offers a great visualization when explaining the process to people who are unfamiliar with it.

### Recommendations:

The next steps for this project would be to keep tracking its progression over the next few months. After that, I will take the research and results, and bring them to other department leaders to present to them the findings from this project. My recommendation would be to implement this new process of using the team accountability agreement (TAA) and the T.E.A.M process to develop a better grasp of cultural differences and workforce diversity; this in turn will increase the communication skills of all employees, hospital wide.

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