CICM WELFARE

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POSITIVE AND INCLUSIVE LANGUAGE

Communication is a pivotal element of intensive care practice and we specialise in the difficult conversations necessary in our daily practice. We learn ways of negotiating difficult conversations and are examined on our communication skills.

Despite all of this training and practice, reviews and root cause analyses continue to highlight communication failures as significant contributors to clinical incidents, complaints and poor patient outcomes. Furthermore, language and behaviour directly impact individual and team welfare, morale, performance and productivity.

With increasing attention rightfully being drawn to bullying, discrimination and inappropriate workplace behaviour, it is essential that we take extra care to avoid conflict and harm through the careless use of inappropriate language.

Communicating a Message

What we say and how we say it really matters. Communication is as much about the message received as the message transmitted. Our choice and use of verbal and body language is a fundamental element in communication. Language needs to be adapted to audience and context.

Much has been written on the importance of talking to patients and families in a language they understand. This may involve taking the time to arrange a translator or using non-medical analogies to explain with technical jargon. Take the time to get to know your audience: we’ve all had one of those family meetings where we’ve gone to great lengths to simplify a message only to learn that the family are medically trained!

In our line of work, getting this right is the difference between a good and a terrible family meeting. It’s carefully helping a family navigate the emotions of end-of-life and organ donation decisions. It’s negotiating conflicting opinions and priorities between treating teams to achieve the right patient outcome. It’s choosing to avoid criticism while focusing on constructive feedback to help a junior doctor learn and improve.

As pressure builds, the need for clear, succinct and accurate messages grows. Communicating with commonly used terminology in an accepted structure avoids confusion (eg. COACHED in cardiac arrest, ISBAR handovers). This is especially important as competing demands and time pressures increase the risk of errors. The benefits of using clear, rehearsed and consistent language is seen in aviation, across the spectrum of routine and high stress operations.

Our choice of medium directly affects how a message is received. Tone and intent may be lost or misinterpreted in email or text messages. A face-to-face or phone conversation will improve both the clarity and retention of message content, while allowing for immediate clarification of uncertainty.

Getting this wrong hurts people.

Environment

Where we communicate matters.

- The end of the bed is not a magical cone of silence
- Our curtains are not sound proof
- Our patients are often awake
- Patients, families and other staff are in neighbouring beds and corridors
- The tea room is for all staff not all topics

We know that patients wake from sedation and recall conversations. Critically ill and long stay patients, and their families, have enough challenges without over-hearing nihilistic conversations. Disagreeing with other treating teams in open spaces creates confusion, doubt and worry for patients and families.

Clinical review meetings are a great opportunity for learning and teaching, but is not the forum for criticism and remediation. Meeting facilitators should have clear and constructive objectives for review meetings, with more confrontational and remedial conversations deliberately scheduled in separate (and smaller) meetings.

Sensitive communication belongs in private areas.

Team Performance

Rudeness adversely affects the diagnostic and procedural performance of medical teams. Adversarial and dismissive language impairs information sharing with real and potentially detrimental effect on patient outcomes.

As team leaders we set the tone and team dynamics. How we interact with and include team members actively contributes to patient outcomes (good and bad). We also directly affect the experiences of and impact on other team members. As team leaders, we are responsible for our own conduct and that of the team we lead. Don't underestimate the power of simply using "we" to share credit and "I" to absorb responsibility.

Leadership also involves knowing when to take a step back, to facilitate an already well-functioning team. Our choice and use of verbal and body language at this time is critical.

Giving Feedback

Providing feedback is a skill and a topic in itself. The appropriate choice of timing, objectives and language when providing feedback is critical to maximising success while avoiding unnecessary and potentially serious harm.

It is often useful to separate the process of *de-griefing* and *de-briefing*, aiming to identify and address negative emotions before proceeding with objective review. This requires listening and language that shows interest in the answers provided.

We can debate the benefits of identifying as *doves* or *hawks*, but never as a justification for predatory or intimidating behaviour. Public humiliation is never appropriate.

Civility Saves Lives

https://www.civilitysaveslives.com/

Civility Saves Lives is a UK-based campaign raising awareness of the negative impact of rudeness in healthcare and the importance of respectful behaviour and professional courtesy in achieving positive patient outcomes.

- Rudeness is defined by the interpretation of the recipient, regardless of intent
- Almost all excellence in healthcare is dependent on teams and teams work best when all members feel safe and have a voice.
- Civility between team members creates that sense of safety and is a key ingredient of great teams.
- Incivility robs teams of their potential.

Central to this message is an understanding that "rudeness is defined by the interpretation of the recipient, regardless of intent … and the effect of rudeness extends beyond the recipient".

Bullying & Harassment

Bullying, harassment and discriminatory behaviour is unacceptable.

Some instances are genuinely unintended and due to misunderstanding and/or poor choice of language.

Choose language carefully. Be aware of your audience. If you cause offense, apologise and mean it.

Coping Strategies & Humour

Critical care is stressful. We absorb and accumulate grief. Humour is a common coping strategy, but:

- Not everyone deals with stress the same way
- Not all jokes are funny
- Don't make jokes about gender, race or religion.
- Jokes may be overheard and offend
- Humour is not an excuse for offending people

Patients and families don't understand our work and what drives our senses of humour. People may laugh but that doesn't mean they think it's funny.

Be mindful of others' experiences. A seemingly innocuous event or comment may trigger a visceral and painful response.

Humour is great, when it's funny. Be aware. Stay sensitive to others. If you over-step, apologise.

What people remember

The walls of our intensive care units are adorned with thank you cards, from families that are grateful for our time and emotions invested to help them through their suffering. Stand-out individual displays of caring are often highlighted.

Conversely, complaints frequently highlight poor or absent communication.

As consumers of evidence, this stark contrast should consciously inform our use and choice of language.

References

Civility Saves Lives
https://www.civilitysaveslives.com/

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