

Goals:

1. Review basics of effective communication
2. Illustrate the Corewell Health chain of command
3. Illustrate the Laboratory table of organization
4. Provide tips for a smooth transition into your role as a student and future medical laboratory science professional



COMMUNICATION BASICS

Communication: The Weakest Link

If we could eliminate or dramatically reduce:

- No communication
- Untimely communication
- Inaccurate communication
- Inappropriate communication....

1. How much more effective/efficient would we be?
2. How much would morale improve?
3. Would it effect employee/student satisfaction?
4. Would it effect patient satisfaction?

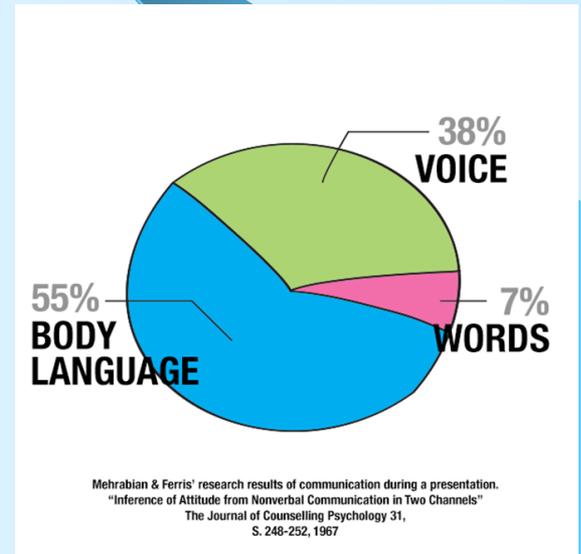
3 Forms of Communication

- Verbal
- Non-verbal
- Paraverbal (Paralinguistic)

3 Elements to Verbal F2F Communications

These three elements account differently for the meaning of the message:

- Words account for 7%
- Body language accounts for 55% of the message.
- Tone of voice accounts for 38%



Beaumont Laboratory's Professional Bi-Directional Communication Mantra

The right people,
at the right time,
in the right place,
in the right spirit,
about the right issue.

Communication: Expectations & Realities

- It is not just the message; it's the delivery too.
- Bi-directional communication:
 - You can't be listening if you are always talking.
- A question is the least offensive way to make a point.
- Utilize “I” messaging...

“I” Messaging

“When I...”	Start with a statement that describes the behavior without judgment, exaggeration, labeling, or motives. State the facts as specifically as possible.
I feel...”	Describe how the behavior impacts you.
“Because I...”	Explain why you are affected that way. Describe the connection between the facts you observed and the feelings they provoke in you.
Pause for discussion	Let the other person respond.
“I would like...”	Describe what changes you would like the other person to consider.
“Because...”	Explain why you think the change will alleviate the problem.
“What do you think?”	Listen to the other person’s response. Be prepared to discuss options and compromise on a solution.

Communication: Expectations & Realities

- For discussions to be effective and bear fruit, they cannot be a complaint session.
 - Provide ideas and suggestions to improve the situation.
- Ask. Don't assume.
 - Ask twice, if necessary!!
 - Gather facts from all parties before drawing conclusion.

Nonverbal Behaviors

Kinesics (body language)

Kinesics includes facial expressions, hand gestures, stares, body stiffness, movements.

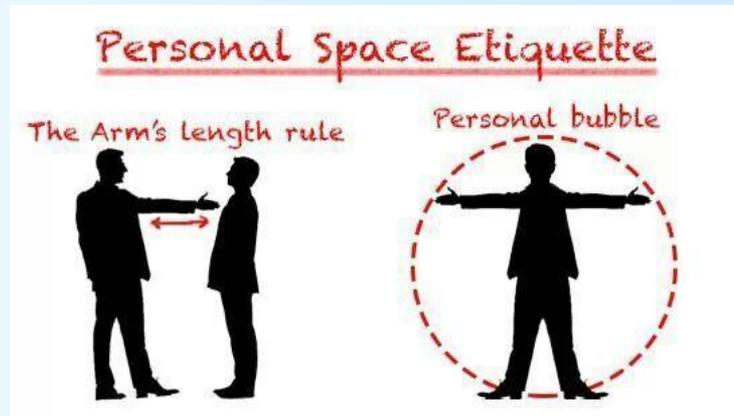
A staff or student's body language is always being observed by others around him/her.



Nonverbal Behaviors

Proxemics (personal space)

- Typical comfort zone is about 1.5 to 3.0 feet.
- Varies with situation, culture, size, profession, sex, age, history, relationship, race, appearance, etc.
 - ✓ Also includes personal belongings such as wheelchair, etc.
- ***Improper proxemics can increase the anxiety of an individual.***



Paraverbal Communication

The link between verbal and nonverbal.

(How we say what we say – aka “**Total Voice Control**”.)

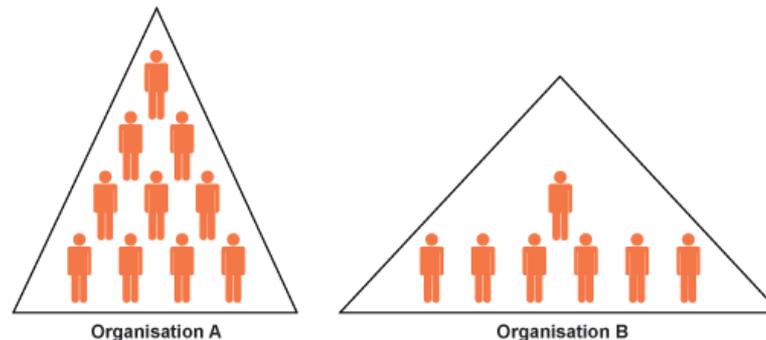
1. **Tone:** Try to avoid inflections of impatience, condescension, inattention, etc.
2. **Volume:** Keep the volume appropriate for the distance and the situation.
3. **Cadence:** Deliver your message using an even rate and rhythm.



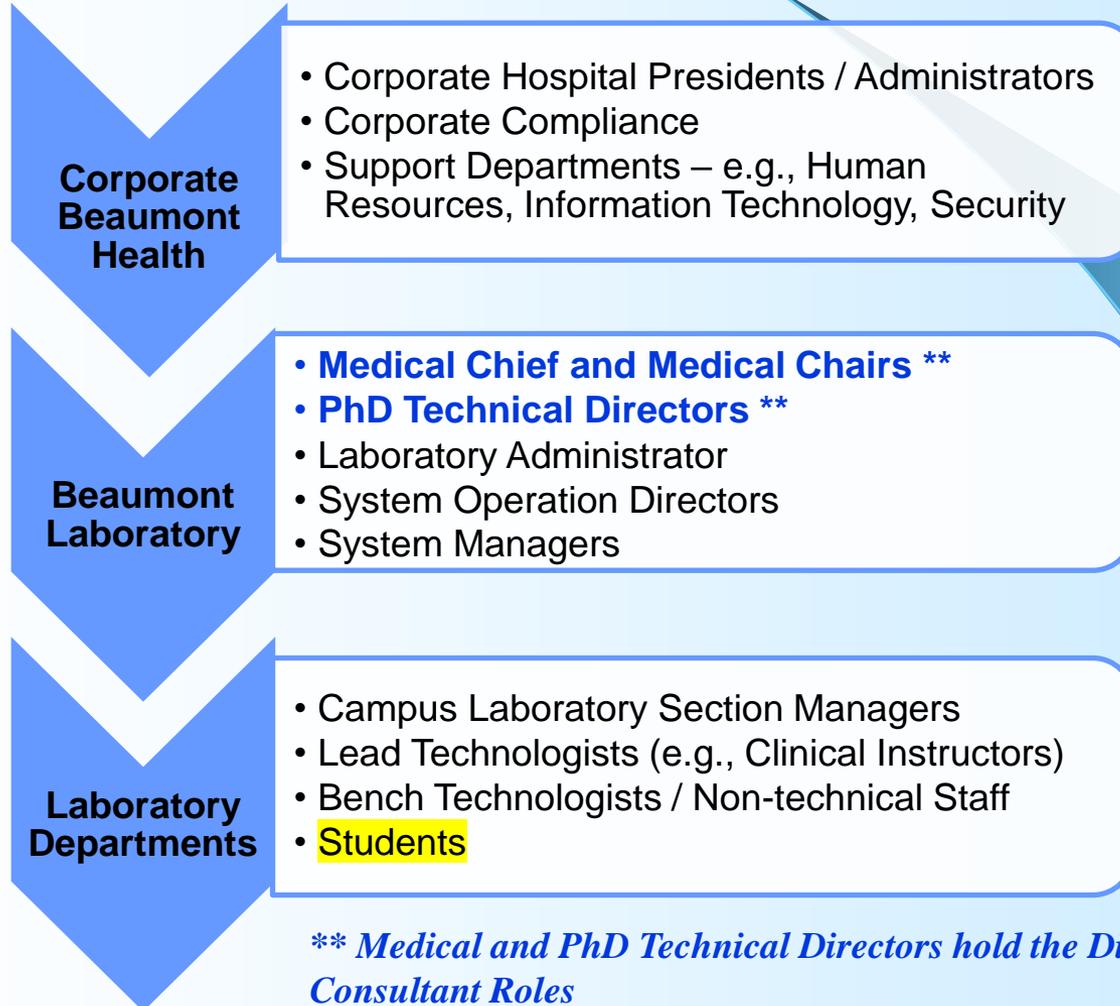
HOSPITAL & LABORATORY COMMUNICATION STRUCTURE

Chain of Command

- Why is it there?
 - Respect it.
 - Use it.
 - It is a two-way street.
 - No circumventions allowed.
 - Varies within each organization.



Chain of Command – Beaumont Health & Laboratory



Tables of Organization

Laboratory:

- Intranet > Departments > Laboratory Services

Hospital / Health System:

- Public website

Lab Leadership's Goals

Address any and all issues consistently utilizing professional bi-directional communication throughout the laboratory.



Promote open and honest communication without fear of retribution.

How

Promote a framework and structure to the communication process.

- Laboratory Committee Meetings
- Director Meetings with Managers
- Town-Hall Staff Meetings with Lab Administrator and Medical Chief
- E-mail communications
- Lab Section Manager-to-Staff meetings
- Laboratory Test Bulletins to Healthcare Staff and Clients



**SCHOOL OF MEDICAL
LABORATORY SCIENCE
COMMUNICATIONS**

What does all this have to do with Students?

- Adherence to policies and procedures
- Complete learning activities as assigned
- Maintain professional behavior
- Effective communications with fellow students, instructors and program director
- Understand the additional responsibilities of those you will interact with.

Effective Communications with Clinical Instructors

- Listen respectfully while instructors are lecturing
- Take turns answering questions and allow others a chance to respond
- Ask questions when appropriate

Clinical Instructor Responsibilities – 26 Week

- **Educator & Mentor**
 - MLS Students ~60% of their time (*large rotations*)
- **Personnel ~50% of time**
 - Scheduling & PTO requests
 - New Employee Training
 - Staff Competency Assessment -
- QA / QC / PI tasks
- Nursing unit / specimen issue resolution
- Maintaining personal continuing education

Clinical Instructor Responsibilities – 44 Week

- **Educator & Mentor**
 - Students ~80% of their time
- **Other ~20% of time**
 - Course & exam development
 - Grading & evaluation
 - Faculty meetings with PD
 - Admissions – applicant interviews
 - Recruitment and community benefit activities

Efficient Communications with Program Director

- Open door policy although appointment preferred
 - Not available during all program hours
 - 2 - 4 pm best (official office hours)
 - E-mail preferred over voice mail
- Please reply promptly when asked a question via e-mail
- Participate in class meeting discussions
- Questions? Have you first checked:
 - [SharePoint?](#)
 - [Student Handbook?](#)
 - [FAQ's?](#)

Program Director's Responsibilities

- **Students – 1st priority; all levels**

- Beaumont MLS Students – 26 & 44 Week & Technologist
 - Orientation & Graduation – 4 times/year
 - Meetings/Emails - ongoing
- Future Student Admissions – emails, interviews, selection
- University MLS Students – FH, Troy, DB
- Phlebotomy and Lab Assistant Externships

- **Employees / Managers**

- Corporate: Laboratory Education Procedures
- Graduates & Staff: Certification, CM and CE guidance
- Managers: Questions on MT job applicants
- Chair: Lab Education Committee
- HealthStream LMS: Laboratory Administrator

Program Director Responsibilities – cont.

- **Clinical Instructors**

- Course curriculum development and review
- Guidance, monthly faculty meetings
- Oversight: CMS time studies; semi-annual course evaluation response; annual course assessment

- **Lab & Hospital Administration**

- Monthly standing meeting with Lab Vice President
- Monthly Clin Path Manager meetings
- HR TAC questions on MT job applicants
- Annual program cost report to Reimbursement

- **NAACLS**

- Annual program SLO assessment report and webpage updates
- Annual student outcomes review and webpage updates
- Annual Advisory Committee meetings – 26-week & 44-week

Handling Challenging Staff

Questions/comments you may hear at the working bench from disgruntled staff:

- *I'm not getting paid to teach.*
- *Why did you chose this career?*
- *Med techs should earn as much as nurses.*
- *Contradictory behaviors of staff.*

Suggested Response

- Stay calm and don't overreact.
- Stay neutral. Get an instructor's perspective on the situation
- **Teaching others is part of the medical technologist job description.**
- Beware of agreeing with someone who is badmouthing others.
- Avoid complacency.
- Focus on increasing your skills, knowledge and performance.
- **Proudly state why you selected the career!**
- **Remind them "You only get out of the career what you put into it."**

Major Communication Tools

Outlook E-Mail

- All students have access
- Program Director's preference
- Keep up-to-date with your e-mails
 - **Check daily – preferred**
 - **Weekly – minimum**
 - **Reply – 24 hours**

E-Mail Etiquette

- **Professional**
 - Do NOT send non-business e-mails (e.g., humor, chain letters, etc.)
- **Formal and Brief**
 - Black text; standard font
 - Remember to include a **Subject**
- Address at **highest level of courtesy**
 - “Hello, Mr. Anderson” *(not “Hey Joe”)*
- **BC:**
 - Use with caution; only use when contacts do not personally know each other.

E-Mail Etiquette – cont.

- **Once sent, can't correct!!**
 - Messages are permanent and stored!
- Privacy and confidentiality cannot be guaranteed.
- **RESPONDING:**
 - Assume good intentions of sender.
 - Not necessary to respond to every e-mail with a Thank You!
 - Not necessary to respond to e-mail's you are **CC:**'d on.
 - “Reply to All” – use with discretion; be considerate of other's time and interest in your response
 - **Reply to your manager's e-mail requests in a timely manner!!**
- **SENDING:**
 - Never insult or criticize.
 - Keep recipients and **CC:**'s to a minimum.
 - Keep acronyms to a minimum.

Beaumont Hospitals Information Security Policy

- E-mails must be work-related and business appropriate
- Contents are not private and may be reviewed, monitored and copied by authorized representatives of Beaumont Hospitals
- In addition, they may be disclosed to law enforcement officials with or without notice to employees

Beaumont Hospitals Information Security Policy

- Electronic mail systems may **NOT** be used:
 - To send confidential patient information outside of the hospital; a secured file must be used if needed
 - To communicate or solicit non-management approved personal activities or products
 - To send messages that are obscene or harass employees, patients, patients' families or outside e-mail accounts
 - Any material that can be interpreted a sexually explicit, profane, obscene, harassing, fraudulent, racially offensive, ethically offensive, defamatory or otherwise unlawful

Other Communication Tools

MLS Program SharePoint

- 24/7 access to all program documents
 - Folders for each lecture course and clinical rotation
 - Folders for additional program topics
 - Key Documents / Quick Links for entire class
- Each student (and faculty) has access to:
 - Individual workspace folder
 - Use for posting e-assignments (Word, PPT, Excel)

Other Communication Tools

MLS Class Meetings w Program Director

- Approx. 4-6 meetings
- Dates will be listed on Program Schedule or identified via Outlook appointments
- Occasional lab exam days (44-week)

Individual Student Meetings with:

- Program Director:
 - Open door policy – IF onsite and available
 - 2-4 pm office hours - Preferred
 - Teams / In-person appointments for other times
- Instructors:
 - By personal request

Other Communication Tools

“Student Questions/Comments/Concerns/Suggestions”

- M365 Forms Survey
 - <https://forms.office.com/r/ENepHcvLrf>
- Fillable PDF form (SharePoint – Handbook folder)

Individual Student Counseling – if needed for academic and/or clinical performance concerns

- **Course Status Report** – delivered by instructor
 - Usually this is done in-person by private meeting
- **Program Status Report** – delivered by Program Director:
 - Usually these will be sent via email
 - Teams / In-person appointments as needed

Other Communication Tools

Hard-copy Document Return

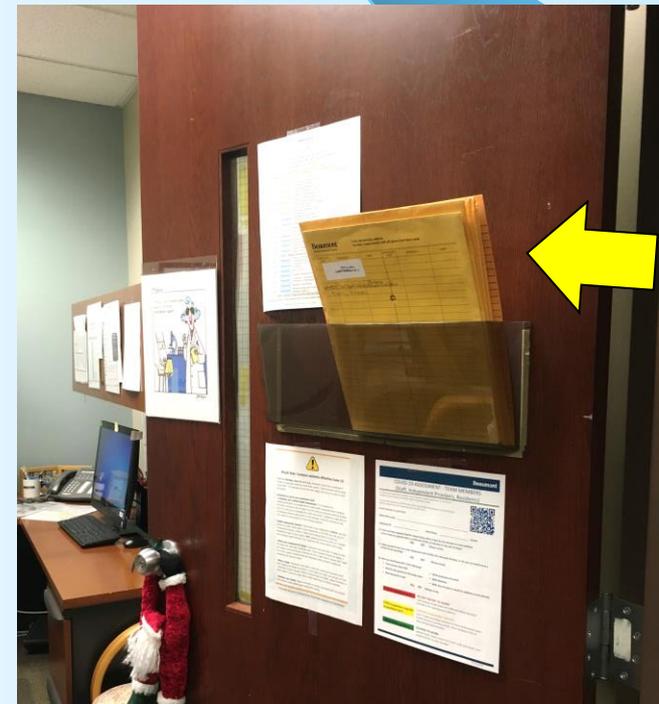
Program Director Mailbox:

- Inter-department mail (gold envelopes) addressed to:
 - N. Ramirez
 - 100-RO
 - Clin. Path Administration

Other Communication Tools

Hard-copy Document Return – RO Campus:

- **Program Director Mailbox**
 - 3rd floor Clin. Path Administration copy room
- **Program Director Office**
 - Insert document in gold inter-department envelope
 - Place on desk or under door (if closed)



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REMINDERS

HIPAA

- Employees (students) are prohibited from accessing, releasing, reading, copying or reproducing any patient PHI without the patient's prior written authorization or as required for performance of their job responsibilities.
- It is every employee's responsibility to protect the confidentiality of patient information. Department Managers, in conjunction with the Privacy and Information Security Officers, are responsible for safeguarding a patient's PHI from improper access and/or release. Department Managers are responsible to limit employees' access of PHI to the minimum necessary required to perform their job functions. Department Managers are responsible to conduct at least yearly audits to determine unauthorized access.
- Any improper access and/or release of patient information, in any form, is grounds for dismissal.

HIPAA

- Access to patients' EPIC oneChart™ files:
 - **Technologists:** Permitted within normal work process (e.g., chart review; specimen problem-solving)
 - **Students:** Case study investigation only
- Respect coworkers' (and fellow student's) privacy.
 - **NOTE:**
Compliance audits on Clinical Pathology and Outreach staff/student access to EPIC and SOFT are performed twice a year!

SUMMARY

Communication Mantra

The right people,
at the right time,
in the right place,
in the right spirit,
about the right issue.