



For you, your career, and your life

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Effective communication with colleagues, staff and patients can take practice. Whether you are worried about specific situations that come up during your residency, or you want to work on your communication skills, your Resident Assistance Program (RAP) can help. We're here to provide counseling, coaching and an extra measure of support when you need it. Our goal is to help you become a more successful physician. Call us at 813-870-3344.

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Talking Down – How Condescension Disrupts Effective Communication

A condescending attitude isn't difficult to recognize in someone else. When it's directed at you, you feel belittled and inferior, and it can put you on the defensive. Yet some doctors have trouble recognizing how their own condescending behavior can damage their ability to work with and relate to others.

"Condescending remarks hurt," says organizational consultant Rick Brenner. "They contribute to an atmosphere of destructive conflict, even when we accompany them with smiles or veneers of humor. The people who make these kind of comments may not realize that a listener interprets their underlying tone as 'I'm superior to you and you're an idiot.'"

Brenner's Boston-based company, Chaco Canyon Consulting, helps organizations improve their effectiveness, especially during dramatic change, unanticipated emergencies and high-pressure situations.

"Once we become aware of how certain phrases come across, it's not difficult to modify them to keep them from becoming a put-down," Brenner explains. He offers the following examples of condescending conversation found in a typical work environment, and how phrases can be reworded so they encourage, rather than discourage, good two-way communication.

We already thought of that. This common phrase indicates that an idea is already in the hopper, but it is a put-down because it also conveys "we are more creative, faster, more on-the-ball than you." Another way of saying the same thing without being condescending is "Yes, that point is interesting and valuable and we are incorporating it."

What you're trying to say is... This phrase implies not only impatience but "I'm better, you're inferior." Instead of speculating in this way, ask a specific question to clarify, like

"Are you saying X?" where X is the point in question. That lets the other person stay in charge, and provides an opportunity for them to explain in their own words.

Let me see if I can put this in terms simple enough for you. This comment may be spoken in frustration, but it's hurtful to the person who hears it as "You are defective if you don't understand this." A better

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A healthy attitude is contagious but don't wait to catch it from others. Be a carrier.

-Tom Stoppard



Money Matters

Money Mistakes to Avoid

It's tempting to overspend during the holidays, but stick to your budget and set reasonable limits for gift-giving, financial advisors urge, as they point out a few common mistakes to avoid.

Careless Shopping Habits

At holiday time and year-round, there are always pressures on us to buy things. This leads to purchasing things hoping to please ourselves or others, without comparing values and prices. Before you buy, know the dealer and the store's reputation. Read labels and understand warranties, contracts and return policies.

Not Saving Small Amounts

Don't be discouraged if the amount you can save looks pitifully small. Believe that little acorns do make big oaks. Ten dollars saved every week will be more than \$1,000 in less than two years.

"Can't Wait" Attitude

This money management mistake hits young people the hardest and is the cause of much unhappiness. The "Great American Dream" as portrayed by movies, television and magazines is beyond the financial reach of most families and is never reached by overusing credit. What's needed instead is a "save now and buy later" approach.

Get more money management tips from Muniz and Associates, 813-258-0033.

www.munizandassociates.com

Talking Down, *continued*

way to deal with someone who doesn't seem to "get it" after you've repeatedly tried to explain something is to say "Hmm, that didn't work either. Maybe I wasn't clear," and then try again.

Oh, you just figured that out? This phrase elevates the speaker while it denigrates the other person. It says, in essence, "Welcome to planet Earth. We've been here, but you just got here, and you'll probably never be able to catch up." While it may get laughs in TV sitcoms, it doesn't belong in an effective workplace.

Watching for Condescension in Your Conversation

In the workplace, anyone can engage in condescension, says Brenner. "You don't have to be more powerful than the people you're being condescending to. All that's required is a willingness to elevate yourself while putting down others."

To get control of your own condescension, Brenner recommends tracking condescending remarks (by count, not by author). "Note trends. You'll develop sensitivity to all condescension, and that will automatically give you control of your own."

Survey: Disruptive Behavior in Doctors

A national survey of more than 1,600 physician executives found that one in three of them sees disruptive behavior by doctors at their facilities on a daily, weekly or monthly basis. Bad behavior takes the form of insulting patients and colleagues, ignoring pages, screaming at nurses, swearing at staff and uttering sarcastic remarks. The survey shows disruptive behavior is an issue that health-care leaders must address.

- Seven in 10 executives said physician behavior problems almost always involved the same doctors over and over again. Disrespect topped the list of offensive behavior.
- More than half of respondents said nurses or physician assistants are most often the targets. About 15 percent of the time, the conflict pits one physician against another.
- One in three surveyed executives said most physician behavior problems stem from conflict. Another 25 percent said problems were linked to doctors who refused to embrace teamwork.
- Abusive incidents are more likely to occur in stress-filled units such as the emergency room, the oncology wards or the operating rooms, where procedures have to be done immediately.
- Keys to reducing behavior problems are coaching doctors on appropriate behavior, mediating disputes between doctors and staff, referring troublesome doctors to counseling and taking strong disciplinary action.

Dr. Timothy Keogh, PhD, associate professor in the Department of Health Systems Management at Tulane University Health Sciences Center, New Orleans, and Dr. William Martin, MPH, PsyD, associate professor in the Department of Management, College of Commerce, at Chicago's DePaul University, co-authored the survey.