OPINION ARTICLE

# How being a great Receiver can change the game in speaking up conversations [version 1]

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## Abstract

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So much time, effort and money is invested in teaching clinicians to speak up, when equal investment and accountability should be placed on the effectiveness and willingness of clinicians to receive the speaking up message. The authors take a unique look at speaking up conversations through the lens of American football and how receivership has a significant impact on the game. The game needs to change; it's time the Sender and Receiver were on the same team.

## Keywords

Speaking up, Receiver, healthcare communication, patient safety

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Personal view or opinion piece

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# How being a great Receiver can change the game in speaking up conversations

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## Abstract

So much time, effort and money is invested in teaching clinicians to speak up, when equal investment and accountability should be placed on the effectiveness and willingness of clinicians to receive the speaking up message. The authors take a unique look at speaking up conversations through the lens of American football and how receivership has a significant impact on the game. The game needs to change; it's time the Sender and Receiver were on the same team.

**Keywords:** Speaking up; Receiver; healthcare communication; patient safety

## Speaking up

> *"The chemistry between a Quarterback and Receiver is almost like a dance."*
> All-time best Wide Receiver in the US NFL, San Francisco 49ers' Jerry Rice.

"Speaking up" when one has concerns about clinical management of a patient is often the final barrier to unintended patient harm (Raemer *et al.*, 2016). We know speaking up is important for patient safety and it has also demonstrated a positive correlation with technical clinical skill (Kolbe *et al.*, 2012) and team performance (Edmondson, 2003). Because speaking up has been framed primarily as a backstop for patient safety, it is usually seen as the end, rather than the beginning of a conversation. The healthcare community's collective response has been to develop ways to teach people to speak up (Grenny, 2009; Ceravolo *et al.*, 2012; Johnson and Kimsey, 2012; Brock *et al.*, 2013; Raemer *et al.*, 2016).

Instead of seeing speaking up solely as "calling out" and error-in-the making, we highlight speaking up as the opening lines in a dynamic two-way conversation and collaboration on the clinical management of a patient. By highlighting speaking up as launching a conversation, we also focus on the importance of the conversation partner,

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the person who needs to *listen up* to collaborate with other clinicians, and often the patient, to identify the best course of care. Clinicians worry a lot about the impact of speaking up. Uncertainty or inconsistency around how the message is received has been identified as a major barrier to speaking up (Pian-Smith *et al.*, 2009; Eppich, 2015) and often healthcare providers choose silence instead of speaking up when there is unpredictability for speaker about how the message will be received (Garon, 2012; Schwappach and Gehring, 2014). Factors that positively influence the decision to voice concerns include well-received past interactions with an explicit thank you (Szymczak, 2016). Conversely other studies have reported that staff who chose silence over speaking up had greater frequency of exposure to poor receiver behavior, such as rudeness and intimidation (Lyndon *et al.*, 2012).

The concept of "Receiver" has been foundational to the development of communication theory over the last 60 years (Shannon, 1948; Schramm, 1954), but teaching and learning to *listen-up*, manage our emotions and provide a respectful response to colleagues when they speak up to us, has been largely ignored.

Echoing the work of a handful of communication researchers in feedback (Eva *et al.*, 2012; Stone and Heen, 2015), we turn the conversation about improving speaking up conversations on its head, and change the strategy of the game to focus on the Receiver through the example of the 'Wide Receiver'.

As many in the United States will know, the Quarterback is specifically trained to create and look for opportunities on the field. They are trained to throw accurately, with power and speed spiraling the ball in such a way that their team-mate can catch it. Sometimes these opportunities are predictable, as when a set play works, while others arise in the moment, requiring the courage and know-how to change the game plan when needed. If the Quarterback throws a wobbly ball, leads the receiver by too much, or throws it short, the ball is more difficult to catch, or results in an 'incomplete pass'. The star power of Quarterbacks like Tom Brady, Joe Montana and others illustrates what a big impact throwing can have on the game.

Less well known is another star position in American football, the 'Wide Receiver'. Players in this position are dedicated and trained to 'getting open' by dodging and darting into position. They reliably catch the ball on the run, standing still, whilst jumping in the air, or with someone charging at them. The game relies on the Receiver catching the ball, just as much as on the Quarterback throwing a good pass. The Receiver also has to make in-the-moment decisions that can shape the course of a game. What if the Receiver doesn't catch the ball, or decides to run a different route than instructed or expected for that set play? These actions too can have a big impact on the game!

Let's look at this in the healthcare speaking up context.

## The dynamics of "receiving" speaking up

The Sender (Quarterback) is the person speaking up. Sometimes the moments we need to speak up are predictable and at other times not; speaking up often requires an instantaneous decision and takes courage. We teach people how and when to speak up and what words and phrases to use. Whether someone in a particular moment decides to speak up or not, can have a big impact on a patient's care episode and outcome (Okuyama, Wagner and Bijnen, 2014).

Why is it that we teach people to speak up, yet not the skills to listen and respectfully respond?

Unlike American football, we don't train the Receivers how to seek and receive the speaking up message, yet we still have high expectations that they can skillfully catch the message in varying ways and under varying conditions. Indeed, we don't teach people how to listen with curiosity, how to manage the emotions that can be triggered, and how to respectfully (or at least neutrally) negotiate in the moment.

When someone speaks up to us, how we choose to respond, is a decision that can redirect action, heat up or cool

down hot emotions, escalate or help to regulate anxiety. Regardless of seniority, profession or level of certainty, in that moment we all can demonstrate skills and make decisions that can directly impact patient care. Calmly and empathically hearing other people's concerns as they speak up takes agentic energy and self-management.

## The skills of receiving speaking up

For the football Receiver, having a ball being thrown hard at you can really hurt. In the same way, receiving feedback when someone speaks up in a demanding or challenging way can lead to defensiveness and the internal reaction, 'OUCH, that hurt'! So how do we make reasonable decisions when faced with receiving a ball thrown really hard at us? Imagine if we tried as hard as Wide Receivers to get open and to "catch" the message colleagues are throwing at us? Good Receivers are attuned to the Quarterback; they are eager to catch the ball. Instead of focusing on defending our current position, we can reimagine listening up as a dedicated interest in "getting open" to catch what the other is throwing us, as mutual adjustment in service of getting over the goal line of good patient care.

How do we become willing Receivers? To listen up eagerly (or at least grudgingly) when someone speaks up to us, may require a number of adjustments to our internal state. 1) **RESET our emotions** (Smith, 2011), by regulating our feelings of threat or anger and managing our defensiveness. To do this a second step is helpful: 2) Cognitively **REFRAME** the situation; the technique of seeing the same situation in the different ways. To become an able receiver, these reframes are helpful:

1. Instead of assuming the other person has bad intentions or is unskilled, give them the benefit of the doubt or hold the 'Basic Assumption' (Rudolph, Raemer and Simon, 2014);
2. Instead of dismissing what they are saying, recognize the courage it took to speak up;
3. Instead of assuming "I have the whole picture," ask yourself, what is it they are seeing that I currently am not? What don't I know? We all have blind spots, biases (Watson, Jones and Hewett, 2016) and filters that impact how we view the world. Our blind spots will always be blind to us without feedback (Stone and Heen, 2015).

**ENGAGE in a curious conversation.**

1. Listen for information or ideas you may be missing;
2. Ask follow up questions to understand the other person's perspective gives us then the chance to,
3. Collaborate to decide whether to stick to the current direction/decision (which maybe appropriate), or change direction based on the presented information?

## Conclusion

What can you do to start having a direct impact on the outcome of the game?

It takes both the metaphorical Quarterback to speak up and throw the ball, and the metaphorical Receiver to catch it willingly, to move patient care down the field and across the goal line. So, let's position ourselves as 'Wide Receivers', colleagues actively trying to catch and understand what others are throwing at us, even when it is scary or difficult to do so.

Resetting oneself emotionally to 'catch' messages that might initially feel unwelcome, reframing to focus on the value of what the other colleague is saying, and engaging in a curiosity-driven conversation can transform conflict

into a better understanding of other 'players' and the needs of the patient. Becoming an able and eager Receiver, can change the game of healthcare conversations in that moment and beyond.

## Take Home Messages

- Speaking up about concerns is the opening lines in a dynamic two-way conversation, not the totality of the conversation.
- We train people to speak up, but not how to "listen up" without defensiveness.
- The analogy of the eager and skilled receiver in American Football can guide how we "listen up".
- "Listening-up" requires managing our emotions, reframing our assumptions, and engaging in curiosity-driven conversation with colleagues.
- To be a skilled and eager Receiver: Reset, Reframe, Engage.

## Notes On Contributors

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## Bibliography/References

Brock, D., Abu-Rish, E., Chiu, C.-R., Hammer, D., *et al.* (2013) 'Republished: interprofessional education in team communication: working together to improve patient safety', *Postgraduate medical journal*, 89(1057), pp. 642-651. https://doi.org/10.1136/bmjqs-2012-000952.

Ceravolo, D. J., Schwartz, D. G., Foltz-Ramos, K. M. and Castner, J. (2012) 'Strengthening communication to overcome lateral violence', *Journal of Nursing Management*, 20(5), pp. 599-606. https://doi.org/10.1111/j.1365-2834.2012.01402.x.

Edmondson, A. (2003) 'Speaking up in the operating room: how team leaders promote learning in interdisciplinary action teams', *Journal of Management Studies*, 40(6), pp. 1419-1452. https://doi.org/10.1111/1467-6486.00386

Eppich, W. (2015) '"Speaking Up" for Patient Safety in the Pediatric Emergency Department', *Clinical Pediatric Emergency Medicine*, 16(2), pp. 83-89. https://doi.org/10.1016/j.cpem.2015.04.010.

Eva, K. W., Armson, H., Holmboe, E., Lockyer, J., *et al.* (2012) 'Factors influencing responsiveness to feedback: on the interplay between fear, confidence, and reasoning processes', *Advances in Health Sciences Education*, 17(1), pp. 15-26. https://doi.org/10.1007/s10459-011-9290-7.

Garon, M. (2012) 'Speaking up, being heard: registered nurses' perceptions of workplace communication', *J Nurs Manag*, 20(3), pp. 361-71. https://doi.org/10.1111/j.1365-2834.2011.01296.x.

Grenny, J. (2009) 'Crucial conversations: The most potent force for eliminating disruptive behavior', *The health care manager*, 28(3), pp. 240-245. https://doi.org/10.1097/HCM.0b013e3181b3efc3.

Johnson, H. L. and Kimsey, D. (2012) 'Patient Safety: Break the Silence', *AORN Journal*, 95(5), pp. 591-601. https://doi.org/10.1016/j.aorn.2012.03.002.

Kolbe, M., Burtscher, M. J., Wacker, J., Grande, B., *et al.* (2012) 'Speaking up is related to better team performance in simulated anesthesia inductions: an observational study', *Anesthesia and analgesia*, 115(5), p. 1099. https://doi.org/10.1213/ANE.0b013e318269cd32.

Lyndon, A., Sexton, J. B., Simpson, K. R., Rosenstein, A., *et al.* (2012) 'Predictors of likelihood of speaking up about safety concerns in labour and delivery', *BMJ Qual Saf*, 21(9), pp. 791-9. https://doi.org/10.1136/bmjqs-2010-050211.

Okuyama, A., Wagner, C. and Bijnen, B. (2014) 'Speaking up for patient safety by hospital-based health care professionals: a literature review.(Report)', *BMC Health Services Research*, 14(9107). https://doi.org/10.1186/1472-6963-14-61.

Pian-Smith, M. C., Simon, R., Minehart, R. D., Podraza, M., *et al.* (2009) 'Teaching residents the two-challenge rule: a simulation-based approach to improve education and patient safety', *Simul Healthc*, 4(2), pp. 84-91. https://doi.org/10.1097/SIH.0b013e31818cffd3.

Raemer, D. B., Kolbe, M., Minehart, R. D., Rudolph, J. W., *et al.* (2016) 'Improving Anesthesiologists' Ability to Speak Up in the Operating Room: A Randomized Controlled Experiment of a Simulation-Based Intervention and a Qualitative Analysis of Hurdles and Enablers', *Acad Med*, 91(4), pp. 530-9. https://doi.org/10.1097/acm.0000000000001033.

Rudolph, J. W., Raemer, D. B. and Simon, R. (2014) 'Establishing a safe container for learning in simulation: the role of the presimulation briefing', *Simul Healthc*, 9(6), pp. 339-49. https://doi.org/10.1097/sih.0000000000000047

Schramm, W. (1954) 'How communication works', *The process and effects of mass communication*, pp. 3-26.

Schwappach, D. L. and Gehring, K. (2014) 'Trade-offs between voice and silence: a qualitative exploration of oncology staff's decisions to speak up about safety concerns', *BMC Health Serv Res*, 14, p. 303. https://doi.org/10.1186/1472-6963-14-303.

Shannon, C. E. (1948) 'A mathematical theory of communication', *Bell system technical journal*, 27(3), pp. 379-423. https://doi.org/10.1002/j.1538-7305.1948.tb01338.x

Smith, D. M. (2011) *Elephant in the room: How relationships make or break the success of leaders and organizations.* John Wiley & Sons.

Stone, D. and Heen, S. (2015) *Thanks for the Feedback: The Science and Art of Receiving Feedback Well.* New York: Penguin Books.

Szymczak, J. E. (2016) 'Infections and interaction rituals in the organisation: clinician accounts of speaking up or remaining silent in the face of threats to patient safety', *Sociol Health Illn*, 38(2), pp. 325-39. https://doi.org/10.1111/1467-9566.12371.

Watson, B., Jones, L. and Hewett, D. (2016) 'Accommodating health', in *Communication accommodation theory: Negotiating personal relationships and social identities across contexts*. Cambridge University Press, Cambridge United Kingdom, pp. 152-168. https://doi.org/10.1017/CBO9781316226537.008

## Appendices

None.

## Declarations

*The author has declared that there are no conflicts of interest.*



## Ethics Statement

This project has been approved by the Mater Research Ethics and Governance Committees: Reference number: HREC/18/MHS/78.

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# Open Peer Review

## Migrated Content

**Version 1**

Reviewer Report 07 March 2020

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**Ken Masters**
Sultan Qaboos University

This review has been migrated. The reviewer awarded 2 stars out of 5

A short piece on how being a good “Receiver” can impact upon successful communication. While it is to be taken reasonably lightly, it still has to be viewed as a piece in an academic journal, so there are some things that the authors need to consider:• The analogy with the American football is probably more valuable when teaching than arguing a point in an academic journal: generally, analogies a good for teaching, but quickly break down, or are stretched beyond their limits, when one wishes to interrogate the underlying assumptions and principles. If the authors wish to describe a method of teaching communication, then the analogy is useful as a teaching tool (as long as it is delivered to people familiar with American football). If, however, the authors wish to make a reasoned argument, then it would have been better to base it solely on the theories and research, and develop it from there. This they have done in the latter parts of the paper, but it is rather muddied by the analogy.• The authors are also on very shaky ground when they say, repeatedly, that receiving is not taught (“Why is it that we teach people to speak up, yet not the skills to listen and respectfully respond?” and “we don’t train the Receivers how to seek and receive the speaking up message” and “we don’t teach people how to listen with curiosity” etc.) and then describe things that should be taught. Unless the “we” refers specifically to, and only to, the authors, then this statement would be patently untrue, as receiving _is_ taught (perhaps not in the authors’ experience, but it _is_ taught); if it refers only to the authors, and is the product of self-reflection, then the problem lies with the authors’ experience only. It would be far safer not to make this assumption, or support it with a large amount of data. So, for Version 2 of this paper, I would recommend that the authors (1) Make fewer (no?) assumptions about what is not currently taught, and (2) reduce the analogy (perhaps referring to it as a useful teaching trick), and expand and concentrate on the development of why receiving is so important, and then how to do it effectively, as they have started to do in the last portion of the paper.

***Competing Interests:*** No conflicts of interest were disclosed.

Reviewer Report 07 December 2019

https://doi.org/10.21956/mep.19949.r30296



**Helena Filipe**
Hospital of the Armed Forces/PL-EMGFA

This review has been migrated. The reviewer awarded 5 stars out of 5

This is quite an interesting personal view focusing a relevant topic and presented in an original way. The writing is clear and fluid. The abstract entices the reader to delve into the chosen amazing metaphor the authors bring to sustain their perspective on the importance of listening and balance both receiving and providing information. Lesson learned to apply while teaching and learning to develop medical skills from the clinical encounter to the daily peer to peer conversations or more formal professional communications. Thank you for the triad: “reset, reframe, engage”!

***Competing Interests:*** No conflicts of interest were disclosed.