

The background features a gradient from light green at the top to dark blue at the bottom. It is overlaid with several semi-transparent circular elements: a large scale on the left with numbers from 140 to 260, and several smaller circles with arrows indicating clockwise or counter-clockwise rotation. The main title is centered in the lower half of the image.

COMMUNICATING EFFECTIVELY

METROPLEX SOCIETY OF HEALTH SYSTEM PHARMACISTS

50TH ANNUAL SEMINAR -- JANUARY 27TH 2018

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LEARNING OBJECTIVES



Pharmacists

1. Explain the need for effective communication
2. Describe common potential communication barriers
3. Employ communication strategies to applicable situations
4. Compose more effective messages

Pharmacy Technicians

1. Define "Effective Communication"
2. Identify a potential communication barrier
3. Apply a communication strategies for a particular situation
4. Plan more effective messages

BASELINE ASSESSMENT



Pre-Test Questions

1. For communication to be effective, it has to be:
a) Accurate; b) Sincere; c) Persuasive or d) Timely
2. The most significant communication barrier that I typically face is: _____
3. Strategies that can help improve my communication effectiveness include:
a) Mirroring; b) Contrasting; c) Magic words; d) all three (a, b & c)
4. (True or False) Effective communicators game plan before they have important conversations.

POP QUIZ: finish these phrases:

1. A picture is worth a thousand words
2. Practice makes perfect
3. Don't bring me problems, bring me solutions
4. Anything worth doing is worth doing well
5. Reputation takes years to build, seconds to break and forever to repair.

IMPACT OF COMMUNICATION IN HEALTHCARE

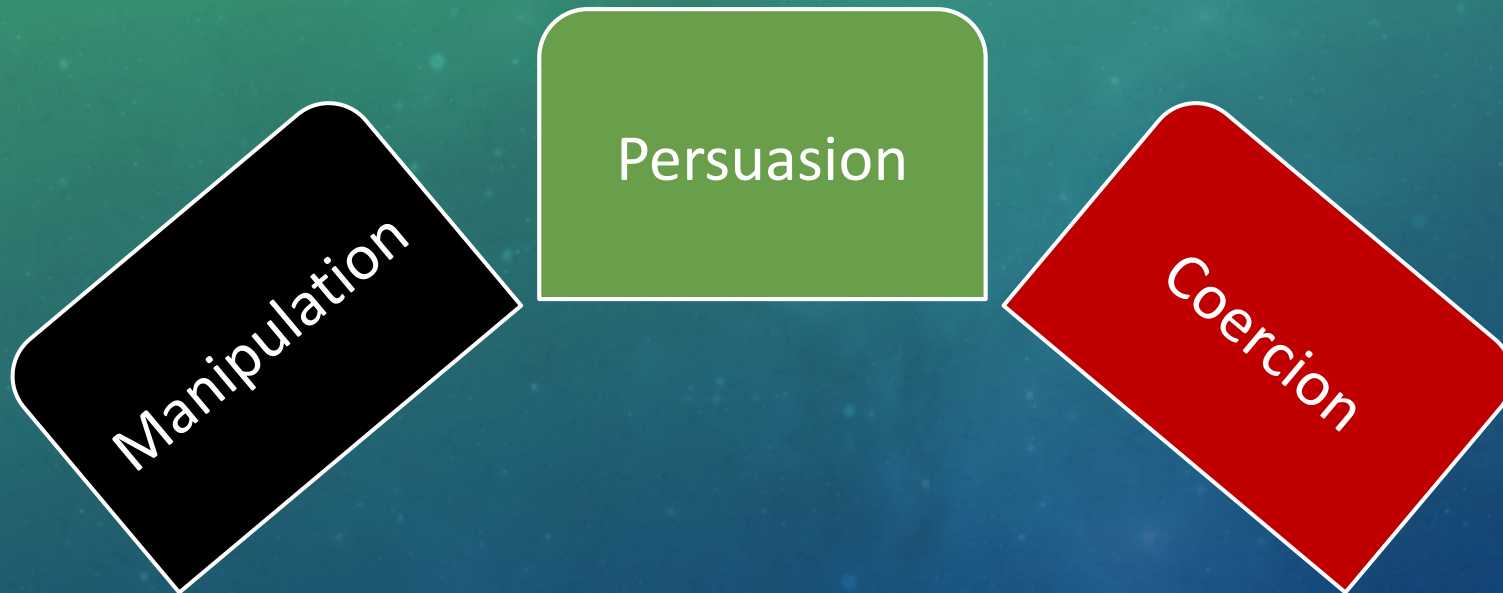
- Nearly two-thirds (2/3rd) of medical errors site ineffective team communication as the root cause.
- Communication influences patient outcomes (diagnostic accuracy and therapy adherence), patient satisfaction, and even malpractice risk.
- Professional communication within a diverse team is more complex and nuanced.

No matter what job you have in life, your success will be determined 5% by your academic credentials, 15% by your professional experiences, and 80% by your communication skills.

DEFINING “EFFECTIVE COMMUNICATION”

SHARING INFORMATION, BETWEEN TWO OR MORE INDIVIDUALS, RESULTING IN **INFLUENCE**

THE SPECTRUM OF INFLUENCE

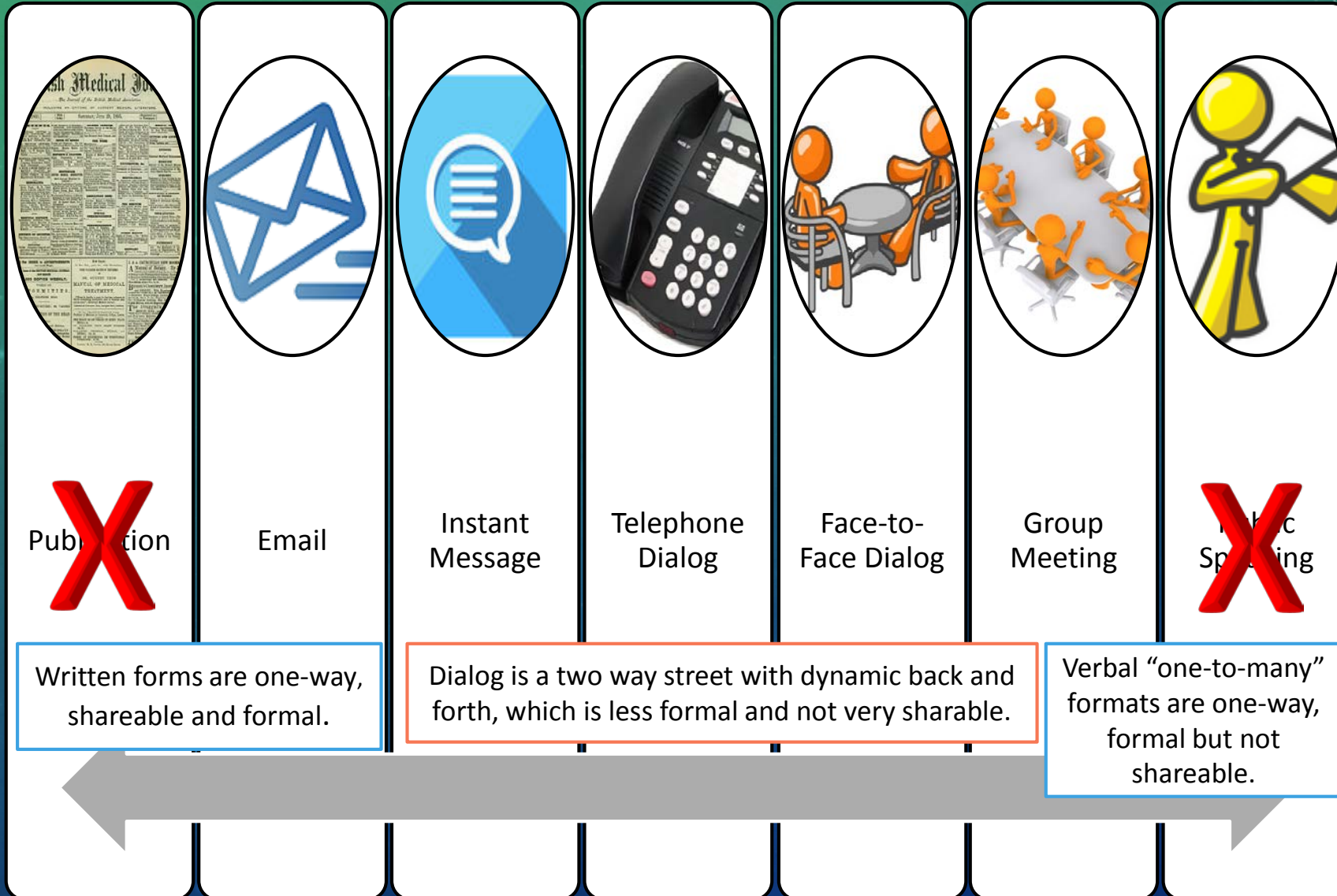


Aim for Persuasion

- Honor their power to choose
- Pure motive and mutual purpose
- Gauge their perception

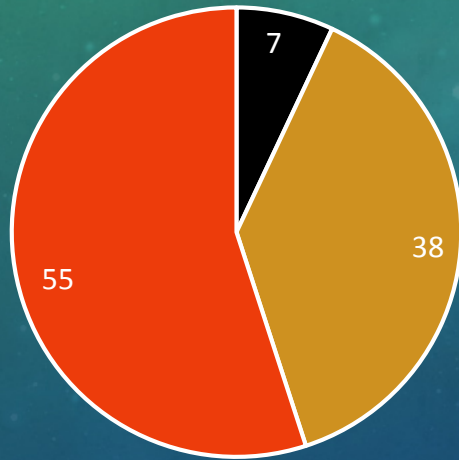
COMMUNICATION MODES

“shareable” = forwardable



IN-PERSON COMMUNICATION *BREAKDOWN*

Message Perception



■ Words Used ■ Delivery ■ Body Language

Tips for improved vocal delivery:

- 1. Smile & be positive**
- 2. Watch your tone**
- 3. Pace yourself**

“BODY” LANGUAGE = NON-VERBAL CUES



Dr. Milton Erickson (1901 – 1980)

- Face-to-face dialog = the **GOLD STANDARD**
 - Most information (body language)
 - Most labor intensive (meetings)
- EYES & BROWS
 - Look ‘em in the eyes. Universal sign of sincerity.
- MOUTH
 - Smile appropriately.
- HANDS
 - Open and relaxed.
- POSTURE (Arms & Legs)
 - Open (not crossed) and upright (not slouched)



COMMUNICATION BARRIERS

YOUR STYLE

SILOS

AUTHORITY GRADIENT

THEIR BIASES

INFORMATION OVERLOAD

EMOTIONS

YOUR INDIVIDUAL COMMUNICATION *STYLE*

- **Narrow or inflexible** communication styles can be a barrier.
 - Effective communicators meet people half-way by personalizing their delivery within a broad style or comfort zone.
- Guard against the communication **short cuts** that we all take when communicating with our “clones.”
- Actively look for and minimize potential **bad habits**:
 - Using go-to words or phrases repetitively
 - Slang, colloquialisms, jargon, acronyms, abbreviations or buzzwords
 - Interrupting
 - Dominating (talking too much) or having all the answers
 - Not paying attention (thinking about what we’ll say next)

Building your BRAND

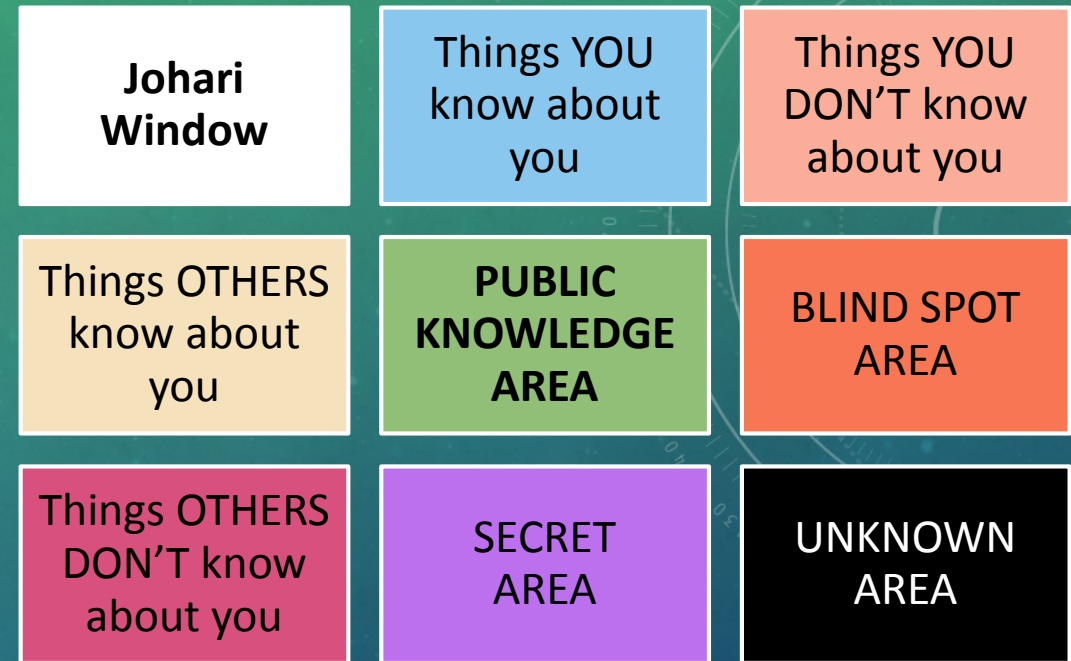
- Positive energy (enthusiasm)
- Interested not Interesting
- Confident yet Humble
- Self-aware and **flexible**

BIASES AND PREJUDGMENTS

OF OTHERS

The Ladder of Inference

- Each individual's past experiences influences how they interpret new information
 - Filtering out what is not important
 - Adding context and meaning to make it fit
- A lack of common experience creates an understanding gap
- These perceptions can be misleading
 - **Confidence ≈ competence**
 - "Halo" or "Devil" effect
- This is how someone can hear a message other than you intended.



The more you know about the individual you are communicating with...

specifically, what they think of YOU:

Your reputation, relationship, past exchanges

and what they consider important (priorities)

... the better you can personalize your message to increase potential effectiveness (influence).

SILOS

- When information is unintentionally kept in a narrow scope.
- The result of this barrier can be that some stakeholders may be left out.
 - The larger the organization or group... the faster the silos build themselves.
 - Multi-tasking or other distractions can also lead to less information sharing.
- Strategies to minimize silos:
 - Routine (daily or weekly) briefs (meetings or one-on-one)
 - these can be 5 – 10 minutes (in person or via phone)
 - Scheduled project reports with pre-determined data requirements
 - Pre-designate tasks/responsibilities to be called-out (narrated) to avoid double work



INFORMATION OVERLOAD



- More is not always a good thing.
 - Unnecessary information only increases the likelihood listeners will misinterpret your point.
 - Consider having the “just in case” facts in your back-pocket so that you’re ready for inquisitive minds.
- The opposite of “information overload” is NOT the withholding of information... resulting in ambiguity.
 - An equally problematic barrier is the lack of information, often due to assumptions being made (jumping to conclusions)
- Remember, data should not be confused with information
 - Data requires context and analysis to BECOME usable information

AUTHORITY GRADIENT

- Hierarchy exists in healthcare between disciplines as well as within each one of the disciplines themselves.
 - Physicians >> Others (“MD stands for ‘makes decisions’”)
 - Departmental organizational chart
- Informal status in healthcare can also be a result of being AN authority even when one is not IN authority.
 - Seasoned ICU RN > Medical Resident
- The authority gradient manifests as a communication barrier via:
 - Lack of approachability / intimidation
 - Preconceived agendas / inflexibility
 - Perceived knowledge gap / lack of self-confidence

mostly
FEAR



EMOTIONS

Nervous... And it's showing?

1. Fret not... its natural. Don't try to ignore it or fight (suppress) it... biology wins. Just **recognize** it.
2. Take a deep breath and channel that energy, focusing it on what you CAN control/impact.
3. Be aware of your body language
 - Make a conscious effort to smile
 - Relax your arms
4. Focus on your delivery
 - Slow down
 - **Pause** instead of using filler words (uh, uhm, like)
 - Say less... listen more



FEAR... Communication's foe

- Physiological response (fight or flight) to something that has not yet, nor may not ever actually happen
 - Prevents needed communication from occurring
 - Short circuits communication efforts once a threat is perceived

Believe it or not, it gets easier.
With repetition, we become more comfortable with the uncomfortable.

FORMATTING TOOLS

ISBAR

PROBLEM STATEMENT

AWARE/AIDET

STATE/DESC

LEFT/5'A'S

ISBAR

I

Introduction → Name, role and location (and confirm the identity of the recipient)

S

Situation → Headline (newspaper). Brief statement on WHY this communication is happening.

B

Background → Pertinent baseline information. Only what's important not a full history lesson.

A

Assessment → What you think the problem(s) is/are and why.

R

Recommendation → What you NEED from the other party.

PATIENT COMMUNICATION FORMATS

A.W.A.R.E.

- A** Announce your presence
- W** Welcome the patient
- A** Ask if there is anything the patient needs
- R** Review what was done
- E** Explain the next step and **E**xit with a kind word

A.I.D.E.T.

- A** Acknowledge the patient
- I** Introduce yourself (with credentials)
- D** Divulge the **D**uration of the ____ (test, etc.)
- E** Explain what is being done and why
- T** Thank the patient

CONFLICT RESOLUTION

S. T. A. T. E.

- S** Share the facts
- T** Tell your interpretation
- A** Ask for their side
- T** Tentatively frame
- E** Encourage testing and validation

D. E. S. C.

- D** Describe the specific situation
- E** Explain your concerns
- S** Suggest other alternatives
- C** Consequences should be stated

SERVICE RECOVERY (COMPLAINTS)

L.E.F.T.

- L** Listen
- E** Empathy
- F** Fix it (or find someone who can help)
- T** Thank

5 "A"s

- **A**nticipating → understanding needs at key points
- **A**cknowledge the problem and resulting feelings
- **A**pologize for the situation; don't make excuses
- **A**lternative offerings when possible (choices help)
- **A**mends (follow up letter, token, etc.)

“DON’T BRING ME PROBLEMS,

JUST

BRING ME SOLUTIONS”

POTENTIAL

...and by that I mean some **facts** as to why this problem is happening as well as some **ideas** on how we might fix or prevent it, because frankly, you are closer to it and I value your input.



I am paralyzed. I can't fix it and I better not complain

- Bosses need to know; they just want the information presented **constructively**:

Format your problem into a “Problem statement”

1. Only include objective **facts** when possible
 - Avoid absolutes like “always” or “never”
2. Underlying factors and causes
 - Here's where finding the right level of granularity can be helpful
3. Everyone's role and responsibilities (no victims or villains)
 - Especially what YOU are going to do to help fix it.

EXAMPLE

Problem: Over the last 3 months, turnover of crash cart drawer inserts has significantly increased (by about 10 trays) on the first day of the month which is disruptive to normal workflow.

I understand that properly performed unit inspections should prevent expiring drawer inserts, but it seems we have a gap. Unfortunately I'm not sure where these are coming from, so I need some help fixing this.

Can Greg check to see if some areas are being left undone or if new employees may need training? I can help train them if needed.

STRATEGIES AND TECHNIQUES

PRIMING

POINT OF VIEW SHARING

FRAMING AND CONTRASTING

MIRRORING, REFLECTING & RE-DIRECTING

STATEMENTS VS. QUESTIONS

ACTIVE LISTENING

MAGIC WORDS

MEMORY TRICKS



PERSUASION “HACKS”

THE PSYCHOLOGY OF DECISIONS

Six (6) shortcuts the brain takes because sifting through all the information for every decision is too hard.

PRIMING or “Pre-suasion” – Laying the groundwork with these shortcuts in mind, before the “ask”

Self-preservation

1. No Abundance
2. No Hypocrisy

Right-ness

3. Consensus
4. Authority

Nice-ness

5. Liking
6. Reciprocity

POINT OF VIEW SHARING

Inception

- Present your idea in a way that does not challenge their authority or intent
 - Choice is key
 - Be quick to give them some credit (or benefit of the doubt)
- Choose your battles wisely
 - My way \neq best way or only way
- Thoughtful questions can help

Win:Win

- Rapport is created by a feeling of commonality.
- Avoid polarizing (judgmental) trigger terms
 - Fracturing: “us” and “them”
 - Negative: “wrong, mistake”
 - Positive: “safe, fair”



FRAMING AND CONTRASTING



Framing

- Providing context explicitly
 - Before hand to prepare
 - Reactionary to correct
- Examples:
 - Corrective Action
 - No promotion

Contrasting

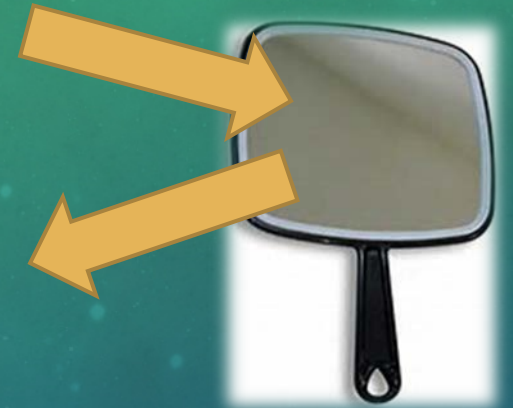
- Explaining what you are **NOT** saying.
- Pre-empt the negative thoughts
- Examples:
 - Standardizing a process
 - Work not getting done

Reflecting

- Paraphrasing and restating another person's communication (words and feelings)
 - Demonstrates you are listening
 - Engenders trust
 - Encourages additional detail

Redirecting

- Intentionally communicating in a contrary direction (not-mirroring) in an attempt to encourage mirroring of you by the other person.
 - "Kill them with kindness"



Mirroring

- Replication of another person's communication
 - Often subconscious and goes unnoticed
 - Mostly non-verbal (body posture)
 - Sometimes speech or attitude

STATEMENTS VERSUS QUESTIONS



Questions

- Conversational
 - a response is socially expected
- Two (2) uses
 - Inquisitive (aim to clarify not judge)
 - Leading
- Simple open-ended vs. complex yes-no

Statements AS questions

- Mirror and pause
- Upward inflection
 - Assume the best

ACTIVE LISTENING

Establishes your need to understand as priority over your need to communicate your own thoughts and by doing so simultaneously this increases trust



1. Really Listen

- Avoid pre-composing your response(s)
- Do NOT multi-task
- Only interrupt as a last resort

2. Show THEM you are listening

- Body language
- Reply by
 - **Paraphrasing to confirm what you've heard**
 - Ask clarifying questions

MAGIC WORDS

... OTHER THAN “FREE” AND “PLEASE”



1. Their own name.
2. “AND” ... particularly when using it INSTEAD of either “BUT” or “OR” as a connector in a sentence.
3. “Because” ... improves trust as people perceive motive transparency.
4. “Help” ... or “Favor” as in asking for it...
5. “Thank you” is universally valued / even expected.

Try this sentence:

“You are right, we could do that, _____ an alternative that might also work is...”

MEMORY TRICKS

Visualization

- Leverage the visual cortex
 - Faces >> Names
 - Tie your words to pictures, graphs, charts, etc.
 - A picture is worth... a lot... because they improve recall and comprehension.



Story telling

- Evolved to think in narrative structures
- Vicarious experience
 - Ties the lesson to emotion and feeling.
 - Often auditory and visual senses engaged.

Repetition

- Its OK to repeat yourself.
 - In fact, it's required.
- Repetition seeps into consciousness over TIME.

CONVERSATION GAME-PLANNING

SETTING YOURSELF UP FOR SUCCESS

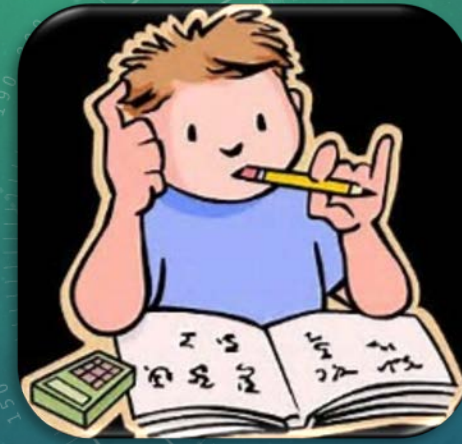
PERSUASIVE DIALOG – THREE (3) STEPS

1. Be Prepared
2. Anticipate Resistance
3. Seal the Deal



Learn from each exchange; If it is worth doing, it is worth doing ~~w~~ better next time

1. PREPARE BEFOREHAND (DO YOUR HOMEWORK)



- Plan to set a positive & collaborative tone
 - Demonstrate you value their time and establish that you need their help (they have the power)
- Get organized and develop a loose script that helps you hit your points
 - Who are you? / What do you have/want? / Why should I care?
- KILL or KISS
 - **K**eeping **I**t **L**ong and **L**engthy → over explaining can “Kill” your chances
 - **K**eeping **I**t **S**hort and **S**imple → efficiency values their time and demonstrates thoughtfulness.

Be clear in your own mind about what your listener needs to know.

Be succinct.
Get to the point.

2. ANTICIPATE RESISTANCE...

think “how could this go wrong?”

- **Consider WHO you are talking to**
 - What is your reputation with them? How much trust has been built?
- **Look for blind spots**
 - Know the options and not just the ONE option you are suggesting.
 - Be prepared for questions back at YOU.
 - *Clinicians* - know the patient (meaning the chart)
- **Assume a “hard sell”**
 - Not aligned with their goals (WIIFM)
 - Challenges their authority, autonomy or identity
 - Lack of knowledge (real or perceived)
 - Distrust (natural skeptic)



3. SEAL THE DEAL

- Priority #1 = CLARITY
 - Both parties on the same page.
- Negotiate
 - Partial wins are better than complete failure.
- Clarity is Priority #1. (intentional redundancy)
 - WRITE DOWN → WHO is committing to doing WHAT, by WHEN (and how is this verified by others?)



Review the exchange and try to learn from it
Anything worth doing is worth doing... better next time
? What went right and what went wrong...
? What did you anticipate and what was a surprise...
World-class communicators are not born that way,
they are built one improvement at a time, over and over.

EXAMPLE SCENARIOS → GAME PLANNING

PEER TO PEER TOUCHY CONVERSATION

RECOMMENDATION TO A PHYSICIAN

ASKING THE BOSS FOR SOMETHING

INTERVIEWING A PATIENT

NETWORKING WITH A STRANGER

PEER TO PEER TOUCHY CONVERSATION

Coworker who paces himself and allows you to do more than your share of the work

1. Prepare

- Establish his/her Hard worker identity as well as your intent as helpful... framing
- Establish job expectations... what peers do... priming/home team
- Describe the gap... must be actual observation, not just hearsay... contrasting

2. Anticipate Response

- Reaffirm your intent to HELP them close the gap and actively listen
 - If needed – WHY this gap needs to be closed (consequences)
 - If needed – What is their story? What could be the reason? How is this happening?

3. Close the deal

- Secure his/her commitment to a plan (Who / What / by When) and Thank them

RECOMMENDATIONS TO PHYSICIANS

SBAR

Formulary Recommendation

1. What is the plan?

- Home Team – ask their intention so you can help them
- Framing as a Clarification helps to keep it non-confrontational
- Choices are important

2. Anticipate response

- Know your audience

3. Seal the deal

- Re-state exactly what you understand and what you'll do
- Thank them



ASKING THE BOSS FOR SOMETHING

(A SCHEDULE CHANGE... A RAISE...WHATEVER)



Problem Statement

1. Prepare

- Pick your time / Frame the conversation / Customize your style

2. Anticipate response

- Ask questions and use active listening techniques to ensure mutual understanding

3. End well (mutual understanding)

- Prepare to have more than one conversation (think of this as a process not an event)

PATIENT INTERACTION SHOULD BE LIKE A GOOD STORY — THEY SHOULD HAVE A BEGINNING, MIDDLE AND ENDING

Beginning:

- Acknowledge the patient
- Ask permission to have the conversation
- Introduce yourself (include your credentials)

*Hello Mr. Smith... May I come in?
I am Greg, your hospital pharmacist and if you don't
mind, I would like to ask you about your medications,
is now a good time?*

Middle

- Explain what you need and why it's important
- Ask open ended questions instead of "yes/no" or leading questions
- Confirm that what you heard was accurate

I need to learn more about your allergies to make sure...

*Can you tell me what you took? How long ago was it?
Can you describe the reaction?
OK... so correct me if I'm wrong but I understand...*

Ending

- Bad ending = hurrying out of the room... don't do it
- Ask if there is anything you can do for them
- Thank them for helping you

*Thank you for clearing this up for
me... is there anything I can do for
you before I leave?*



ELEVATOR SPEECH

a brief (90-seconds or less) yet information packed (and practiced) message that delivers an influential and memorable key point. (Not just for elevators)

- Prioritize – what is your ONE (or two) thing?
 - Customize because different audiences need different messages
- Delivery should be high energy, positive, enthusiastic...
- Avoid trying to do too much. Just plant a seed for a later conversation.
- Example:
 - “Hello, it’s nice to meet you, I’m Greg Johnson, Pharmacy Director. This last year, we built a patient scoring tool within our electronic health record to prioritize, streamline and standardized clinical pharmacy services. I am currently working on flexing strategies to improve productivity – it’s a challenging puzzle but we are making good progress.”

OTHER COMMUNICATION MODES

MEETINGS

TELEPHONE CONVERSATIONS

EMAIL ETIQUETTE & EFFICIENCY

INSTANT MESSAGING

MEETINGS (GROUPS)

Not an event but a 3-step process

1. Ahead of time

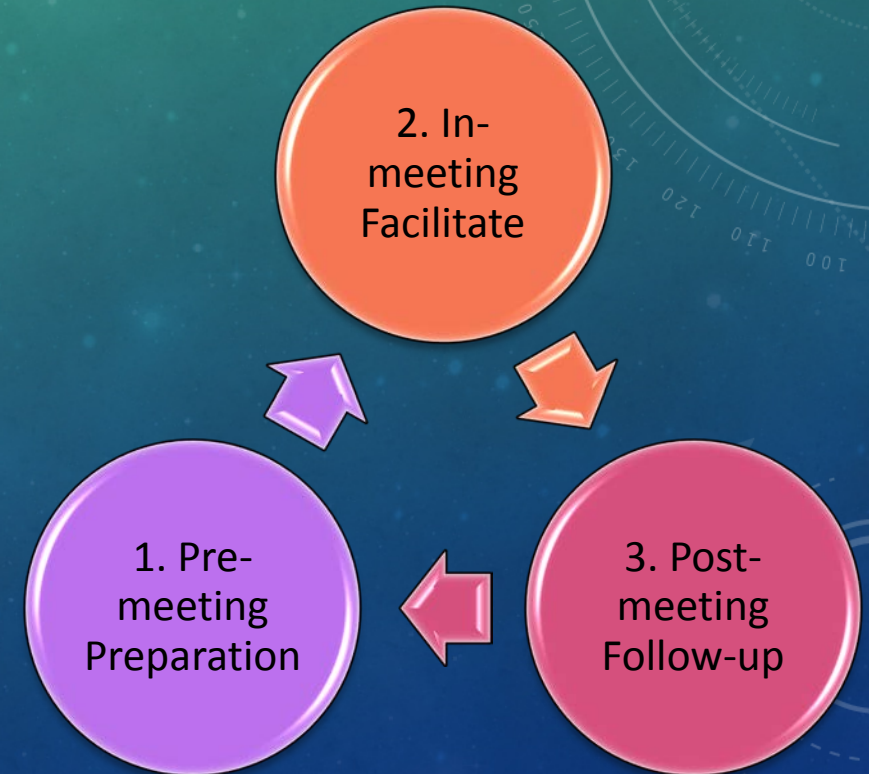
- Purpose, Cast, Agenda (who, what, time)
- Homework, Politics, Logistics (room)

2. Meeting

- Expectations (intro, agenda, ground rules, purpose)
- Facilitate (probe, clarify, table)
- Review to close the loop (who is doing what by when)

3. Follow-up

- Send participants the shared action plan right away
- Schedule the next step



TELEPHONE TIPS



- Smile.
 - Introduce yourself and why you've called
 - Provide context – brief background that is relevant
 - Point out the issue that needs resolved
 - Suggest possible solution(s)
 - Repeat it back to be clear
 - Offer to do what you can to support/implement this plan
 - Thank them
- People can actually HEAR the difference. It matters.
 - Best practice = include how long the call is likely to take.
 - Remember KISS vs. KILL. Just the facts.
 - Remember: no judgement (avoid trigger words)
 - Only viable solutions with the “Best” one first.
 - This is a safety practice to avoid miscommunications
 - Be part of the solution and not just the problem finder
 - Best practice = genuine and specific

EMAILS ETIQUETTE

Many organizations issue email accounts without any training or guidance on proper use which is **dangerous**

Attributes about EMAIL to consider

- **One-way** communication
 - No non-verbal subtleties (tone of voice, emphasis, sarcasm)
- **Permanent** – Is your email publishable?
 - Spelling, grammar, punctuation, flow of information.
- **Slippery** – Are you OK with it being forwarded over and over to whomever?

We all rely on spell check but be careful not to over-rely on it. Remember it doesn't catch incorrect word usage, drug names, abbreviations, acronyms, etc. so re-read your email **S l o w l y** before prematurely sending it with a hidden error.

ASK YOURSELF *before sending*

1. Is this email **NEEDED** (is email the best route)?
 - Dialog or even instant messaging better?
2. Is it **TARGETED**?
 - Only send to the **NEED TO KNOW NOW** people
3. Is the message **HIGH QUALITY**?
 - Leverage the Subject Line (examples below)
 - ACTION: ID top performers by 12/1/17
 - Request: Bulk buy nicardipine premix EOD
 - Info: New stability table EOM
 - Craft the Body
 - S.B.A.R. or similar format that presents the information logically and with good flow.
 - Bullet points and visual aides (pictures)
 - End on a **positive** note and sign your work.

EMAIL EFFICIENCY: FIVE (5) RULES TO LIVE BY

1. Avoid making email your crutch – your go-to communication mode.

- Instead pause and ask yourself which mode is best suited for the message. If it really is email, then make it a good one.

2. Have a “trigger” for shifting from email to a better suited mode.

- The 3rd email on the same topic is a good signal and dialog is needed. Pick up the phone or schedule a meeting.

3. Don't assume email gets read.

- Consider a read-receipt if you need a record that the message has been received.
- Combine with a reinforcing mode of communication (dialog, meeting, phone call, etc.) to validate.

4. Try to read and respond to email just once or twice per day

- Designate the time(s) and make this known
- Turn OFF the email notice and avoid letting the constant “ping” interrupt your important work.

5. Never, ever, send an email when angry, upset, frustrated, etc.

- It's OK to write it (to vent) but just save it and re-read it later.
- Avoid **ALL CAPS** (which is perceived as yelling) or **red text** (aggressive) and use **bold**, underline or **highlight** for emphasis.

INSTANT MESSAGING (IM)

Hybrid between email (convenience) and dialog (real time info) but is also a potential source of distraction causing errors, loss of productivity or confidentiality.

Elements of Email

- No tone of voice; only written word
- On your timetable (can prioritize or ignore)
- Keep it Very Short and Simple. If not, don't IM.
- Spelling still counts. Approved acronyms only.

Features of Face-to-Face Dialog

- Two-way back and forth communication
- Timely and efficient (can see availability of others)
- Informal but still professional; avoid personal use.
 - Do not gossip or bad mouth (IM retrievable)

ABOVE ALL: NEVER prioritize your PHONE above a face-to-face interaction.

- When possible turn your notification OFF to avoid interruptions
- If you MUST check your phone, here are some tips to avoid presumptions of rudeness:
 - Announce at the beginning of the meeting that you are expecting a priority call/text/etc.
 - Excuse yourself when needed and narrate the details that you can.
 - Apologize for multitasking and not giving your full attention.

SUMMARY/CONCLUSION

PRACTICE

TAKE-AWAY

PRACTICE, PRACTICE, PRACTICE

- Practice makes....
 - No, not “perfect.” Practice makes EASY.
 - Practice plus feedback leads to improvement.
- So Practice
 - game planning high stakes conversations
 - then debrief yourself afterwards to learn from it
 - using whichever formatting tools you find helpful
 - they get easier with repetition
 - Adapting your style based on your target audience
 - Using priming, framing, contrasting, mirroring, active listening, body language, etc.

TAKE-AWAY POINTS

1. Have a plan

- Before you launch into an important communication
- IF a casual communication starts going off the rails, pause and MAKE a plan, then reengage.

2. Customize your plan to your audience / the listener

- Delivery: Style, timing & privacy, start off positive, vocal tone & speed Body Language
- Content: Who, What, Why, KISS, amount of info, all the options

3. Use the Right Tool for the Right Job

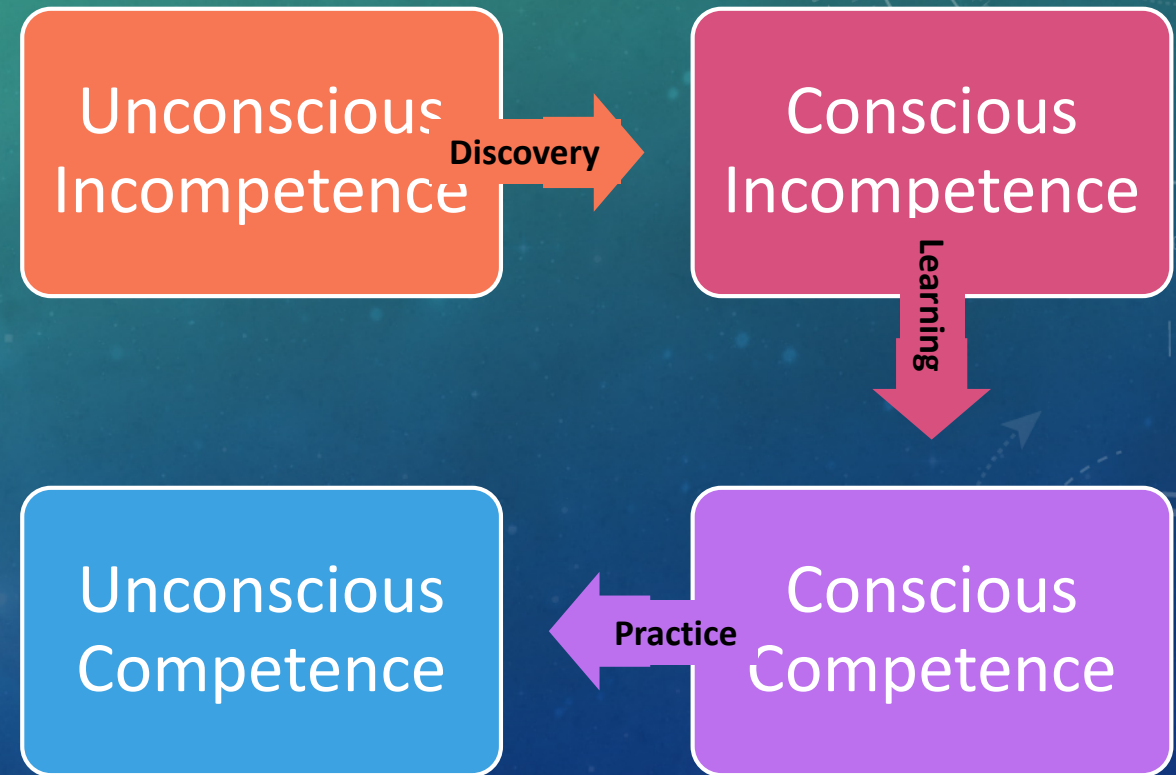
- Prime / Frame / Contrast / Listen / Mirror / Reflect / Redirect / Build Rapport
- Problem statements / SBAR / AIDET / Magic words / Repetition / Stories / Pictures

4. Learn from each encounter

- Make tiny corrections to improve a little bit each time

OK, SO WHAT CHANGED?

1. A picture is worth a lot because it helps recall.
2. Practice makes easier (not perfect)
3. Don't bring me problems, bring me potential solutions based on what you know
4. Anything worth doing is worth doing better next time.
5. Texas roads take years to build, seconds to break and forever to repair.
Your reputation is really important though and it is largely built by your communication effectiveness.



OK, LET'S RE-ASSESS

Post-Test Questions

1. For communication to be effective, it has to be:
a) Accurate; b) Sincere; c) Persuasive or d) Timely
2. The most significant communication barrier that I typically face is: _____
3. Strategies that can help improve my communication effectiveness include:
a) Mirroring; b) Contrasting; c) Magic words; d) all three (a, b & c)
4. (True or False) Effective communicators game plan before they have important conversations.

Sharing of Information resulting in influence.

Persuasion is the preferred form of influence.

Mostly likely a mismatch of styles between communicators.

All of these and many more. Keep practicing.

Always and the more you game plan the better and faster you get at it.

Thank you for your time

RESOURCES

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