

Working with our Hospital Colleagues

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This chapter is about working and collaborating with our hospital colleagues in order to create an effective learning environment for GP trainees.

A philosophy of collaborative working practice

The drivers and urgency to create seamless collaborative, patient-centered care delivery are evident in every policy document and curriculum statement developed for the medical, health and social care professions. Words such as 'integrated approaches ... innovative models of joined-up support within communities' appear in abundance (The NHS Plan, 2000, Every Child Matters, 2003, Our Health, our Care, our Say, 2006, Equity and excellence: Liberating the NHS, 2010). Perhaps of particular significance for General Practice, Modernising Medical Careers 2003 states:



'Reform had been long overdue and was driven by the need for care based in more effective teamwork, a multi-disciplinary approach and more flexible training pathways tailored to meet service and personal development needs'.

Similarly the MRCGP curriculum states that a GP requires the ability to be an effective team player and understand the methods and models of bringing about effective teamwork (MRCGP 2007). The foundations for this belief model will be rooted in trainees experiencing a learning environment which reflects and reinforces collaborative working practices amongst hospital Consultants, Clinical Educators, GP Trainers, Programme Directors namely all those tasked with helping them achieve success.

Perhaps most importantly, having witnessed firsthand the significant benefit of robust collaborative practice between acute and community based medicine this 'philosophy of work' will underpin their own professional practice, helping them lead and coordinate complex care services seamlessly across the health and social care continuum.

GP Programme Directors and others involved in education and training are uniquely positioned to profoundly influence the shaping of the future for General Practice, a future that is full of opportunity. Programme Directors act as influential 'change agents' encouraging colleagues to consider, debate and improve educational practice, their role as 'participatory leaders' provides opportunity to influence policy implementation and transform policy into practice and thus act as 'critical points of influence' when enacting the strategic vision of a department, faculty or post graduate medical deanery (Milburn 2010).

The proposed '2010' reforms announced in the White Paper: *Equity and excellence: Liberating the NHS herald a new key strategic commissioning role for GP's, a role that will ensure the profession remains central and pivotal to the delivery of effective health and social care into the next decade. The effectiveness of individual GP's delivering on expectation will undoubtedly rely on a GP workforce that is confident, capable and mature in its ability to negotiate.*

Programme Director, D, was keen to include experience in some of the minor specialties for her trainees. Trainees had regularly identified these areas as educational needs. She had been in discussion with the Ophthalmology consultant who was not prepared to take a short attachment, his argument being that by the time the trainee had acquired enough skills to provide service delivery the trainee was moving on.

D was able to secure funding for an innovative post part-time in general practice and part in hospital specialties. She approached several consultants to negotiate a trainee placement that would provide the educational experience trainees were requesting while providing some service delivery in return. For example, in ophthalmology, the trainee would need initially to sit in on outpatient consultations and learn to use equipment but, when capable, could then see patients with supervision thus reducing clinic workload for the department.

D made similar approaches to Rheumatology, ENT and Dermatology so that trainees could have a choice of specialty. There were clear expectations for each attachment with a focus on learning that would be of most use for a future general practitioner. Most of the experience would be outpatient based.

The GP Trainers participating in the scheme needed to understand their responsibilities for the trainee's formal education and clinical experience in general practice. This needed more persuasive skills as the training practice was effectively losing half a trainee to hospital practice but the long term benefits of having trainees with broader experience was the intended outcome. D had to ensure enough training practices were on board to make the posts viable. D's personality and her knowledge of the trainers attached to her scheme was an important factor in knowing who to approach first.

D also needed to negotiate with each hospital that they would provide honorary contracts for individual trainees to provide crown indemnity. Without this the trainee would only be able to observe and not provide a service for the specialty. This was an easier negotiation as the hospital was going to benefit with little disruption to service when initial induction was taking place.

Although this took time and several meetings for D to achieve her objectives, by skilful negotiation she was able to provide a valuable learning opportunity for her trainees, giving them skills to deal more effectively with patients in primary care.

Why collaborative working with hospital colleagues is critical in the creation of an effective learning environment for trainees

For any professional practitioner involved in the education and training of GP trainees having the knowledge, understanding and personal skills that facilitate effective collaborative practice with hospital colleagues will significantly influence an individual's ability to create an effective learning environment. As a learning environment the hospital provides the riches of opportunities for learning, (McEvoy 1998) often however conflicting demands associated with, for example: prioritising service delivery, challenges related to the implementation of the European Working Time Directive can only be resolved through effective negotiation with hospital colleagues.

The challenges and impact of hospital posts	
The Challenges	<ul style="list-style-type: none">• A lack of clear objectives or expectations as to the intended learning outcomes for each specific rotation period• A lack of common, agreed understanding as to the respective roles and responsibilities of those tasked with the development and delivery of the GP curriculum in hospital setting• Competing demands & time pressures re: service delivery vs. education opportunities• Clinical environment not "teaching friendly" (for example, hospital ward)• Increasing numbers of trainees
The Impact	<ul style="list-style-type: none">• Learning and teaching focuses on factual recall rather than on development of problem solving skills and attitudes• Teaching is often pitched at the wrong level (usually too high)• Trainees are often engaged in passive observation rather than active participation

Programme Director, P, had allocated a slot share for 12 months in hospital. The consultant responsible for the post, Dr S, was unhappy about this and initially refused to consider a slot share. P suggested a meeting to discuss this and discovered one of the reasons for S's reluctance was because of problems with working arrangements in a previous slot share with specialty trainees.

In preparation for the meeting, P discussed the issue with his Associate Dean and made himself aware of current advice on slot share arrangements, NHS family-friendly policies and equality and diversity advice for the NHS and Deanery.

At the meeting, P let S discuss her concerns and was able to offer practical advice to overcome some of the previous problems e.g. including the slot share trainees in the on call rota from the start and arranging their programme to include equal amounts of education time.

S had also prepared for the meeting as she realised "I can't really block this appointment can I?" without P having to resort to bringing up policy and regulations.

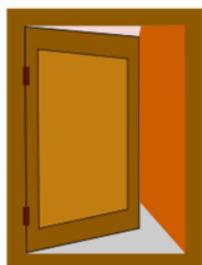
Having given her a chance to air her concerns and offering reassurance made acceptance easier and achieved a win-win situation. The subsequent slot share worked well and none of S's initial concerns were realised.

Barriers to creating an effective hospital learning environment

One of the critical and central activities of the GP Programme Director will be to provide the necessary effective educational leadership to create, manage and maintain the hospital learning environment for trainee GPs. Creating a sustainable learning environment will depend on the Programme Director understanding of the potential barriers to effective working across hospital departments (see table below).

Barriers to creating an effective hospital learning environment	
Organisational	Hospital departments, units or section will have developed unique ways delivering learning and teaching. Every four months the trainee will be faced with a new set of working practices and procedures. The Programme Director and trainees will be required to work with a cross section of well organised departments who prioritise learning and teaching as opposed to those departments with conflicting priorities.
Professional	Trainees will be expected to learn from different disciplines and across a range of professional groups. All will draw on a different value base – a value base that may present challenges for the trainee.
Personal	Differences in personality traits and preferences may make collaboration difficult with particular influential individuals.

‘Opening Doors’: The GP Programme Director as a skilled communicator, negotiator and leader



A pivotally important role of the Programme Director will be to draw together the numerous strands that together combine to create an effective learning experience for the trainees - neither party can achieve this goal on his or her own. The nature of the curriculum requires the identification of educational opportunities across a wide range of care setting – care settings for which the Programme Directors have little control. In addition the GP educator, in negotiating the creation of an effective hospital learning environment is required to assist hospital colleagues balance the numerous competing priorities and demands made of them from service, patients and trainees from other specialties. Success will require a unique combination of communication, negotiation and leadership skills on the part of the Programme Director.

Negotiation is recognised as a dynamic process of getting what you want from others through interactive communication designed to reach an agreement. Successful negotiating skills will enable a Programme Director to address challenges identified by both trainees and Consultants...

Challenges
The Trainees:
<ul style="list-style-type: none">• ‘The curriculum is so inaccessible we never access it...’• ‘I never feel like a trainee GP, just a pair of hands...’• ‘I feel isolated...’• ‘Little meaningful contact with my GP Educational Supervisor...’

- 'My Consultant is unaware of my educational needs as a GP trainee...'
- 'There is no consistency of experience between jobs...'
- 'Acute services a priority over community medicine... GP trainees are often see as second class hospital doctors...'

The Consultants:

- 'Communication between the GP Trainers, TPDs and hospital often poor...'
- 'Service considerations must come first – the service delivered by GP trainees is critical'
- 'We have trainees from many different disciplines - I cannot be expected to understand or have knowledge of all the different curricula...'



The art of negotiation (Wachtel, 2004)

Negotiation is a complex communication process that can be broadly divided into two approaches:

1. **Co-operative or win-win** negotiations characterised by open empathetic communication and can be referred to as partnership agreement.
2. **Adversarial or win/lose** characterised by each party seeking to maximise their gain to the relative disadvantage of the other, such agreements are usually unstable.

Programme Directors should be striving for a win-win outcome and as such the following section focuses on achieving such an outcome as a first objective. Importantly a positive attitude and being reasonable are critical components of any successful negotiation, discovery of both common ground and understanding provide a platform upon which to tackle the inevitably more difficult and contentious issues. The process below (adapted from the work of David Wachtel, 2004) describes a useful series of techniques to improve negotiating skills - skills that could prove invaluable for Programme Directors.



Stage 1: 'Why' not 'want'

The tendency in most negotiations is to focus on a statement of exactly what the two parties 'want' to get out of the negotiation rather than focusing on 'why'. A 'why' focus opens the door to understanding and introduces the process of problem solving.

For example, if negotiating with a Consultant to convert a hospital post in to an ITP (Innovative Training Post) focussing on 'why' this option is being investigated will provide the opportunity to establish common ground associated with, for example; a common goal of creating a quality learning experiences. This then provides a more positive platform from which to discuss the more problematic issues relation to the potential impact on service delivery.

Stage 2: Your personal ability to negotiate a successful outcome

Do you know what impact you have on others? As individuals we all have our own preferred styles and ways of communicating; the person you are negotiating with may have a very different perspective on what they consider the most appropriate negotiating style. The most effective negotiators are those that have an understanding of their own strengths and weaknesses and can modify their approach to accommodate the needs of the listener. It is beyond the scope of this section to consider this topic in any detail, however there are numerous techniques available that assist in developing self-awareness of one's own negotiating style (see resources section at the end of this chapter). It would clearly be advantageous when entering negotiating with a hospital Consultant to have awareness of your own preferred negotiating style and the ability to assess the style of the Consultant. At the most basic level four 'dimensions of behaviour attributes' are identified:



Style	
Dominant	Pros: good decision makers – controlling – direct – self confident – meet challenges head on – good problem solver Cons: perceived as intimidating – arrogant – poor questioning and listening skills – impatient – may be seen as negative
Influence	Pros: good at 'telling' but less direct – want to convince and motivate – focussed on completing – see possibilities – potential visionaries Cons: may be seen as negative – unrealistic – like to make a favourable impression – impulsive - disorganised
Steadiness	Pros: positive – excellent listeners – focussed on people – dependable – solid team players Cons: do not like change – perceive themselves as less powerful – careful – methodical - reserved
Conscientious	Pros: task focussed – control focussed – like factual statements – perfectionists – their approach is indirect – business like – diplomatic- process and procedure driven Cons: introvert – reserved – people a secondary consideration

Stage 3: Listening



A successful outcome for the trainees can be more related to your ability to listen than talk. Listening and asking questions is the most powerful tool of negotiation. Three simple rules apply to most negotiating situations and invariably result in a more positive outcome – levels of listening:

Listening	
Selective	<ul style="list-style-type: none"> We hear things that we believe are important – use questions to ensure a common understanding of essential information.
Responsive	<ul style="list-style-type: none"> Use non-verbal and verbal cues to ensure your colleague knows you are paying close attention.
Playback	<ul style="list-style-type: none"> Restate what you think you have heard and understood..



Stage 4: Planning a negotiation

Prior to entering a negotiation with any colleague, planning is possibly one of the most crucial tasks. If you are badly prepared, do not have the information or appear unsure of your preferred outcome you are unlikely to succeed. Here is a suggested list of 'planning questions':

Questions	
What are my objectives ?	<i>Be very clear as to exactly what you wish to achieve from the negotiation.</i>
What issues may be of concern to my colleague that could influence the outcome	<i>Ensure you demonstrate understanding and an appropriate degree of empathy for the issues being faced by your colleague.</i>
What information will influence the final outcome	<i>Be sure you have the necessary information to hand and have completed adequate research – a lack of information on your part could significantly influence the successful outcome.</i>
What concessions can I make?	<i>Negotiation is a bargaining process - it is likely compromise will be required, be sure you have thought carefully about those elements of the negotiations that you may concede.</i>
How am I going to achieve my objectives?	<i>Have a strategy and plan, consider the stages of the negotiation –</i> Relate: build up a relationship Explore: interests of both sides Propose: a concrete proposal Agree: compromise and alternatives
What might be the negotiating style of my colleague	<i>Prior to the negotiation try to determine the negotiating style of your colleague. Do you know someone who has negotiated with them before?</i>

A summary of the elements of a successful negotiation

1. Positive attitude
2. Knowledge and understanding of the process
3. Understanding of people – negotiating styles
4. Grasp of your subject
5. Creativity
6. Effective communication
7. Be aware of tangibles and intangibles
8. Plan carefully – avoid surprises / always have options

Useful resources

- <http://www.londondeanery.ac.uk/general-practice/courses-and-conferences/teamwork-and-negotiation-skills>
- <http://www.gp-training.net/training/leadership/negot.htm>
- Events organized by the Royal Colleges for example:
- <http://www.rsm.ac.uk>
- NHS Education for Scotland Developing a frontline management and leadership programme for NHS Scotland:
- <http://www.google.co.uk/search?hl=en&biw=1259&bih=654&q=nhs+scotland+negotiating+skills&btnG=Search&aq=f&aqi=&aql=&oq=>
- Events organized by the BMA
- <http://www.bma.org.uk>

Department of Health Documents / Publications:

- <http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/index.htm>
- NHS Plan, 2000, Every Child Matters, 2003, Our Health, our Care, our Say, 2006, Equity and excellence: Liberating the NHS, 2010
- Royal College of General Practitioners; New MRCGP Curriculum (2007):
- <http://www.google.co.uk/search?hl=en&source=hp&biw=1259&bih=654&q=rcgp+curriculum&aq=7&aqi=g2g-s1g7&aql=&oq=rcgp>

Suggested Reading:

- Forsyth P. The negotiator's pocket book, 2nd edition. Management Pocketbooks Ltd, 2003.
- Donaldson M C. Negotiating for Dummies, 2nd edition. John Wiley & Sons, 2007.
- Shell R G. Bargaining for advantage. Negotiating strategies for reasonable people. Penguin Books, 2006.

References

- McEvoy, P (1998) *'Educating the future GP: the course organizers handbook'*, Second ed: Radcliffe Medical Press.
- Milburn, P. (2010) 'The role of programme directors as academic leaders', *Active learning in higher education, volume 11, number 2, July 2010, pages 87-95*
- Spencer J, Silverman J. (2001) Education for communication: much already known, so much more to understand. *Medical Education 2001;35:188-190.*
- Wachtel, D. (2004) 'Improving your negotiating skills: Tips learnt in the trenches' Hautacam Consulting, Incorporated.