

# PROCESS COMMUNICATION MODEL<sup>®</sup>

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It's not what you say, but the way that you say it



# People are our most valuable asset in healthcare

## Communication is their most vital skill in this complex arena

### How do we develop those skills?

Technology and the techniques within medicine have, and continue to, advance rapidly with a commensurate increase in the amount of knowledge which needs to be understood and delivered between people and systems. This increase necessitates high levels of cognitive and technical expertise by those who provide medical care. Despite these requirements, this is not where the real challenge lies. Rather, it is that these advances also demand that all healthcare workers communicate effectively and work collaboratively, an absolute necessity if the complex processes that have been built up around healthcare provision are to function properly.

A regular heard problem in adverse event analysis is 'There was poor communication' or 'We have a communication problem'. However, when asked what is meant by these types of statements, leaders and team members are often uncertain what is actually meant. Uncertain or not, they are correct in identifying communication as a key issue that leads to reduced efficiency, reduced motivation and consequently, increased error and reduced patient safety.

The effectiveness of a healthcare organisation, especially when it comes to patient safety, is often measured by the outcomes based on communications between individuals (patients and staff), team managers and executives. Most people think this means how key data is transferred, and how important decisions are made and communicated. However, what the majority are unaware of is that it is not what we say that is important, rather it is how we say what we say. The message contains two parts: firstly, the content which is naturally the essence of what we want to get across, and secondly, the how we say what we want to say is the process. Crucially, if we get the process wrong, the full impact of the message is distorted or even lost completely leading to frustration, conflict or lost business.

Therefore, the process is the HOW WE SAY IT, and it is the key to effective and efficient communications.

# Why Process is so important

The psychologist who discovered the importance of process in communication was Dr Taibi Kahler. He noticed that there were 'clusters' of behaviours that indicated how different people communicated. He also observed that by following the second-by-second behavioural interactions, he could identify six basic key personality types, all of whom used different patterns when connecting in communication. Over time he recognised that we each have our own preferred style of opening the communication and then we have our own unique way of hearing what is being said. He had discovered the keys that unlock the how to communicate effectively; when we adapt our style to that of the other, we make a good connection and our content is heard more clearly.

As he developed the model, he recognised that whilst we all have a basic type of personality, which he called the Base type, we also had elements of all the six types within us. Hence in the Process Communication Model® (PCM®) we don't speak of types of people, but rather 'types in people'.

As we have all the types within us, we also have the capacity to use all six different means of communication authentically. This increases the probability that when we open communication, the other will not only hear words, but will become open to receiving the important content. Learning this simple but effective method will dramatically improve our success rate for getting our message across.

The benefit of the model does not end there. Kahler discovered a range of important aspects unique to each personality, for example every personality has a different perception of how they see their environment, how they speak about their environment and how they want others to speak to them about the environment. Each type requires us to 'tune' to a different frequency by using individual styles conveyed by changes in the words selected, the tone of voice, the gestures, posture and facial expression. Each type is motivated differently, each type enters distress in clearly recognisable patterns and all of this is highly predictable once you know the method.

## What are the perception types within people?

PCM® does not pigeon-hole people. We have all six perceptions available to us, just that some are more accessible than others depending on whether we are getting our psychological needs met. The six personality types which reside in us all are:

**Thinker:** They are responsible, logical & organised, preferring to deal in logic.

**Persister:** They are dedicated, observant & conscientious, preferring to deal in values

**Harmoniser:** They are compassionate, sensitive & warm, preferring to deal in compassion

**Rebel:** They are spontaneous, creative & playful, preferring to deal in humour

**Imaginer:** They are imaginative, reflective & calm, preferring to deal in imagination

**Promoter:** They are adaptable, persuasive & charming, preferring to deal in charm

## Case Study - Changed Attitudes

Patricia is a 58-year-old Harmoniser who was diagnosed with breast cancer at the age of 22. She had surgery and a widespread bony metastasis. Doctors predicted only a short life expectancy for her. Her doctor profiled her, and Patricia began developing strategies to get her psychological needs met. She also started following holistic health practices, such as exercise and nutritional management, and setting lifestyle goals. She went back to school and specialised in counselling. She is now in a situation in which she feels accepted and is achieving her need to be successful. She also stopped helping out in a stress-inducing job in the family business. In addition, she moved to an area of the country where she feels more connected to nature and can get her Sensory needs met more easily. She learned to recognise the early warning signs of distress in herself and to take action to get herself out of distress quickly. This has helped Patricia live 15 more years, and she is now in robust health.

## Healthcare / Patient Communications

Many patients have changed doctors not because of the doctor's competence but because they did not feel comfortable with him or her. Frequently they attribute this to the doctor having a poor bedside manner. But what they really are saying is that they are not comfortable with the interaction style the doctor uses with them. If a patient has the perception of a Harmoniser, they want to be recognised as a person and dealt with in an emotional manner whereas a patient who is perceiving as a Thinker, wants all the details, when they will be well again and what detailed plan is going to be put together to achieve that, they don't want to be communicated in an emotional manner, just as the Harmoniser doesn't want lots of details. Communications need to be in the style of the listener, not the talker to be most effective.

# A tool for understanding one's own and other's personalities

## The Personality Inventory

People who wish to use the Process Communication Model® will first complete a questionnaire which, once processed, will enable them to discover their personality structure. The teaching metaphor of a condominium (in the USA a name for an apartment building) helps us to visualise the composition of each unique personality structure. Each of the six personality types is located on single floor with the size of the bar within the floor indicating the level of energy available when the person wants to use the corresponding personality type. The metaphor of an 'elevator' illustrates the person's ability to reach all of the floors and use all of their resources.

### The Base

The ground floor, called the Base, indicates the dominant, most highly developed personality type. Being able to identify another's Base helps us to use the most effective communication channel and perception to connect with that person.

### The Phase

The concept of Phase provides keys to understanding what motivates people. Satisfying the psychological needs of the Phase affects our motivation on a day-to-day basis and so guides us on how to motivate self and others to interact with the communicator; that might be sales, project management, HR or just social interactions.

## The Process Communication Model® Profile

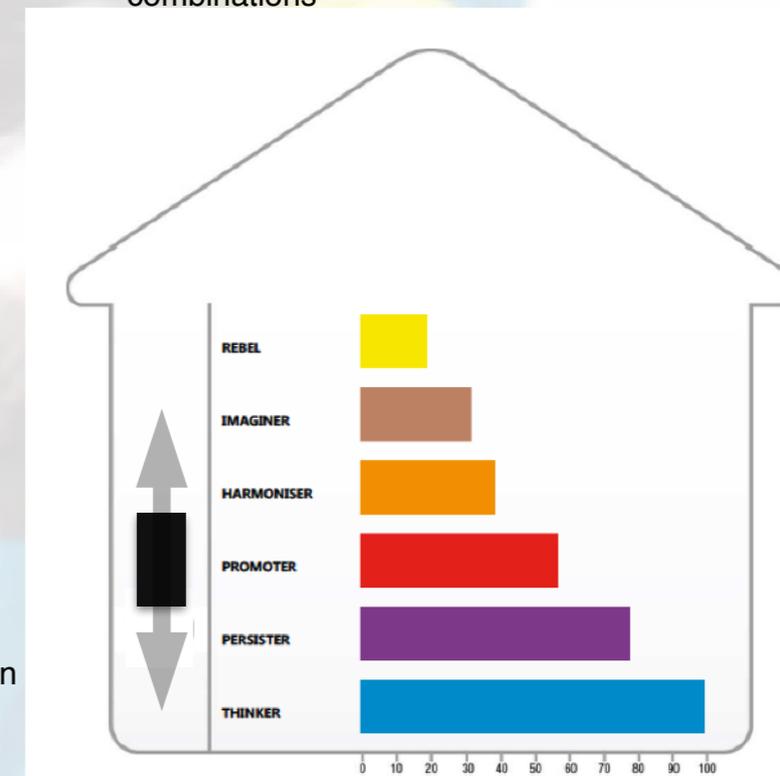
This personalised document of about forty pages contains valuable information for Process Communication Model® users. Each section provides keys and suggestions for optimising our everyday management by showing us what personality strengths and indicators to monitor and account for and what psychological needs we need to attend to in order to avoid being overcome by stress.

The following headings given an insight to the depth of the Process Communication Model® Profile

- Base and Phase character strengths
- Base and Phase perceptions
- Preferred communication channels
- Perceptual frames of reference
- Interactive preferences, including preferred leadership styles for managing and being managed
- Psychological needs, to ensure optimal performance when communicating
- Stress warning signs and signals of distress
- Action plan for interactions with others

## The condominium

Below is an example of a personality condominium, one of 4320 possible combinations



## Predictability and NASA: The origins of PCM®

It was this predictability of behaviours associated with distress, along with simple yet effective methods to help oneself out of distress as well as inviting others out of distress, that attracted the attention of NASA to this model. Dr Terry McGuire, NASA's lead psychiatrist for manned space flight, discovered Dr Kahler's work, and eventually used the model for assessing new recruits, selecting crews and training teams to remain efficient and effective whilst under stress.

Entering distress inevitably leads to communication failures, lost energy, unproductive conflict and loss of the capacity to think clearly, therefore avoiding distress is one of the major returns on investment for training staff with PCM®. An additional benefit for staff is that they gain tools to facilitate improved communication and relations in their private lives.

## How do I learn how to use the model?

PCM® can be taught in a relatively short period of time. A full Core Topics training session will take three days, and these days may be spread out over time if it suits the client. There are other seminars available and all PCM® training will equip the delegates with tools that they can immediately apply to improve their communication skills. The seminars include increasing understanding of self and others, motivation techniques, managing stress, connecting with others, using individual management styles, how to shift your internal energy for effective connecting and how to recognise miscommunication and apply corrective interventions.

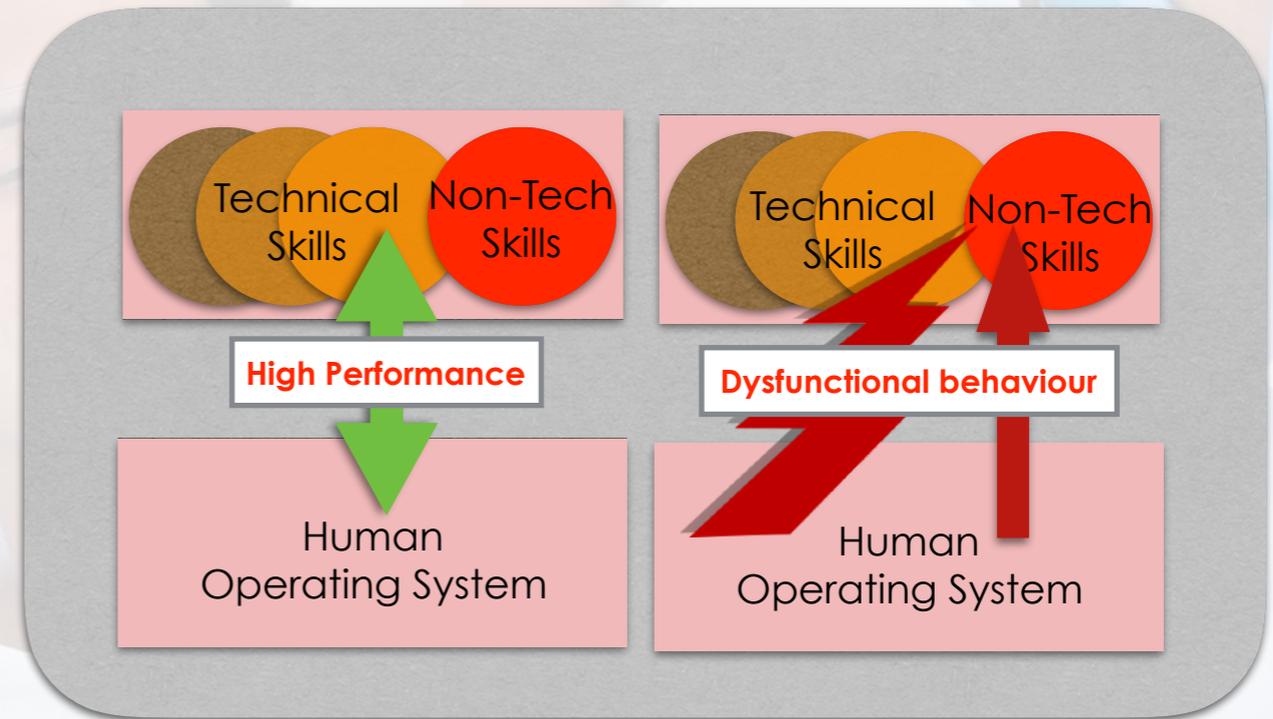
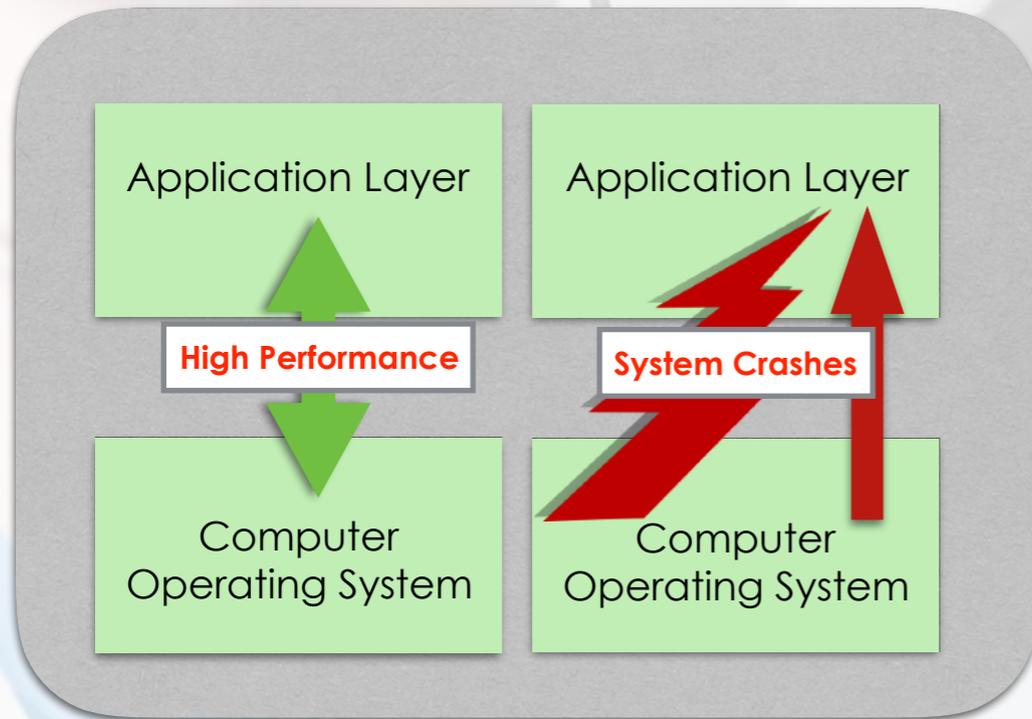
## Research into the value of PCM in Healthcare

*“Despite awareness of the consequences of miscommunication and its negative impact, the structured discussion of “professional communication” has, until now, largely remained absent from medical education and training. However, the benefits of targeted or and trained communication are generally well-known.*

Difficult and critical situations often lead to miscommunication, because what the other person needs can often be very contrary to what one needs themselves in the same situation. The targeted application of PCM-based communication results, in the long-term, to an improved working environment and productive cooperation of all people involved. This works only if you have mastered the use of the PCM and can correctly evaluate peoples' behaviour, reach the correct "channel of communication" of the counterpart and in addition, motivate their "needs" accordingly. In addition to education, communication should also have more significance in research.

Weinert, M, Mayer, H, & Zojer, E. (2015). Geschulte Kommunikation als „Intervention“. Der Anaesthesist, 64(2), 137–144

# Technical Skills, Non-Technical Skills and PCM



The models above show how PCM fits into technical and non-technical skills training and why it is crucial to understand the impact PCM can have in improving performance.

In a computer, if the operating system (OS) is working well, then the applications run well. In addition, the applications have been designed to work with the OS. However, if the OS crashes, then no matter how good the applications are, they are not accessible and a reboot is often required.

Now consider the same model in terms of human performance. Technical skills make up part of the application layer (pilot, surgeon, business management, teacher, father/mother etc). We also use non-technical skills (decision making, situational awareness, teamwork, cooperation & communications) to maximise the effectiveness and efficiency of our role. Because PCM is the process of communication, the how we communicate, it sits at the human OS level. Therefore if the human OS crashes due to distress, then it will impact all the applications above and we will end up with dysfunctional behaviour. So no matter how good your technical and non-technical skills are, if you don't look after the Human OS, then performance will drop. PCM helps you identify the bugs in the system and gives you tools to correct them before the crash happens.

# What does the language look like?

The language we speak, verbal and non-verbal, is made up of words, gestures, tones, body language and facial expressions. These attributes are influenced by our preferred perception of the world we interact with. The following shows how each of the perceptions is interpreted.

**Perception of Emotions** (said softly) "I always feel good when I see a patient who has been very sick recover fully and leave the hospital. I feel especially happy when they thank me for taking such good care of them."

**Perception of Thoughts** (said in a matter-of-fact tone) "In one case the doctor used 37 stitches to close a wound. The patient was bleeding profusely and had lost four pints of blood."

**Perception of Opinions** (said in a matter-of-fact tone) "I believe the doctor did an excellent job working with the patient. In my opinion we have one of the finest emergency room staffs in the state. I also believe that he is one of the finest emergency room doctors in the country."

**Perception of Reactions** (said energetically) "I don't like it when people say we don't care about our patients and I hate it when they complain about having to wait when we take a critical patient ahead of them."

**Perception of Action** (said rapidly) "When they bring a critical patient in, we swing into action. We diagnose the problem and immediately do whatever we have to do to stabilize the patient and give them the best possible care."

**Perception of Inaction** (said slowly) "After we stabilize the patient, we transfer them to one of the wards or the operating room. Then we can relax a minute and reflect on what we just accomplished. Then we focus on the next patient."

## Case Study - Distressed communication in the theatre

A stressful situation occurs with an experienced vascular surgery consultant of a large university hospital. Despite his high surgical aptitude and his usual, charming and courteous manner, he appears stressed to colleagues and expresses himself rather argumentatively. Through his "unpredictable" behaviour, his way of putting others under pressure, and the derogatory utterances, he is feared by the other staff, and everyone (including his colleagues) avoids working with him - where possible. Most of the problems arise when he has to wait for something or someone else does not act quickly enough. With phrases such as "Get on with it", "Hurry up!", "This can't wait!" he puts others under pressures, breaks rules and all refuses to accept responsibility for any mistakes. Particularly when in the operating theatre, where emergencies can create large amounts of stress, this additional stress factor caused by the senior physician is counter-productive and reinforces distress among others. Experienced nursing staff express this as "My God, he makes me so nervous I can't find anything on my instrument table."

# The many applications of the Process Communication Model®

The Process Communication Model® offers a wealth of wide ranging tools to develop a variety of competencies within your healthcare organisation. The strength of this approach lies in the originality of the model's components, which enable you to adjust your training investment to match organisational strategy, your staff and your patients' needs.

- > **Management** - Achieving excellence
- > **Team building** - Developing functional & competitive teams
- > **Team cohesion** - Strengthening the bonds of cooperation
- > **Individual coaching** - Raising awareness and fulfilling potential
- > **Team coaching** - Maximising on the talents in the team
- > **Conflict management** - Relieving tensions by managing conflict
- > **Patient communications** - Meeting their needs, not just yours
- > **Staff Retention** - Developing & motivating employees
- > **Internal trainers** - Efficiently transmitting competencies

## Coach or trainer certified in PROCESS COMMUNICATION MODEL®

Each year, Process Communications Model UK runs training programmes in the UK for training, coaching and recruitment professionals. Certification follows a final examination which qualifies the individual to use the Process Communication Model® in training, coaching and as a recruitment/selection tool.

Only certified coaches, trainers and other professionals are authorised to use this model in coaching, training or in recruitment and their certification is verifiable on

[www.processcommunication.co.uk](http://www.processcommunication.co.uk)

**Base Personality distribution within individual job roles within one UK NHS Trust**

	Non-Registered	AHPS	Nurses	Medical	Healthcare Scientists
Thinker	30%	15%	20%	58%	67%
Persister	8%	8%	7%	8%	3%
Harmoniser	52%	69%	66%	27%	24%
Imaginer	4%	4%	2%	4%	0%
Rebel	5%	2%	5%	0%	6%
Promoter	1%	2%	1%	4%	0%
Total staff	224	48	238	26	33

In 2016 the Royal Wolverhampton Trust won a patient safety award for the deployment of PCM amongst its staff. The data on the right shows the distribution of Base personality within those already trained in PCM.

**Do you want more information about PCM?**

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