

Name of Guideline	Guidance for digital communications
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1	May 2018	Dr David Eadington	New guideline

Section 1: Introduction

Email and social media have replaced the postal service and the text message has replaced the telephone call as the dominant modes of day to day communication. There are both positive and negative effects of these changes. This short guidance is written to remind faculty and trainees of some of the pitfalls that can easily occur when communicating with colleagues and trainees.

Section 2: Email

Emails can be written particularly from the stance of sharing concerns about a trainee, or giving negative feedback – when it is easy to unintentionally complicate a situation by the careless use of even a single word. The 2017 GMC National Training Survey highlighted that feedback in general was often poorly rated by trainees in Yorkshire and Humber – many of our Trusts were pink or red flagged on the national comparison chart, indicating a development need. There is ample material on verbal feedback in the HEE Educational Supervisor online training module, and it is always discussed at faculty update sessions.

The communication in a personal interaction is nuanced by non-verbal prompts and cues which most people recognise consciously or unconsciously – a subtlety which is completely absent in emails. People who know each other well can overcome this barrier – mainly by brevity and mutual clarity - but for everyone else it becomes more likely that something written down can be misunderstood by someone or could be expressed in a way which they find difficult to understand or even offensive. This can be done with one miss-placed word or comma.

A “Reply All” can often mean that people who may have been commented on in an e mail will eventually read this through future trails, although this may be unintentional in the first instance.

Therefore, always write with professionalism when commenting on others and with the thought that the content WILL be read by all eventually. How will they feel when reading it? Staying away from an over emotional format and sticking to factual content will protect the writer once an email is shared.

There is an important Equality and Diversity aspect to this; the Equality Act stresses that we all have a duty to treat everyone fairly and in the same way, and difference in many characteristics introduces additional risks to how we communicate in writing.

A few points to consider when composing an email;

1. Everyone will see it, eventually.

Once there are emails circulating about training concerns the Programme Support staff have a default instruction to include those on the trainee file held by HEE. Any trainee can request the contents of their file under a Subject Access Request, this includes all available emails in the server or the archive, and HEE will always supply everything available - the rare exclusion criteria that allow non-disclosure hardly ever apply to trainee materials. It is very easy to write and send something which in retrospect you might regret.

2. Who do you share it with?

Inclusive address lists reflect our desire to keep everyone in the loop, but multiply the potential for confusion, and many colleagues are irritated by ‘Reply All’ trails in which they have no direct interest.

It also raises the question of how the concerns should be shared with the trainee. The initial airing of concerns with a trainee should always be managed with a face to face meeting, but once the situation is declared (paragraph 1 above), means that there is no logical reason not to share further emails with the trainee. The Gold Guide highlights that trainees should not be surprised by progression decisions, and full information ensures this.

If trainers are not comfortable to share email content with the trainee, it raises the question 'Why?'. We are often uncomfortable giving negative feedback, but most trainees do want more feedback, and given in a way that helps them overcome problems or shortcomings. There will be some situations where you should not include the trainee, such as during prolonged sick leave or to protect confidentiality, but it is always worth asking yourself 'why should the trainee not read this?' before completing the distribution list, even if you do choose to leave them off it.

3. **What you write, and how, is coloured by everything you know about a situation (or think you know)** – but readers will not all have the same context and will interpret content in their own way. They may read it differently to how you thought you were writing it, creating unintended 'Chinese Whispers'.
4. **Long email trails become confusing** – different people reply at different times, crossover is common, and the initial message(s) becomes diluted or distorted.
5. **Complex subjects need a verbal conversation**; email can be effective to summarise the action points of a complex discussion – but it is much less likely to be the best way to conduct the discussion. If a topic is not clearly sorted out after two or three exchanges, it probably needs a phone call. Feedback is a good example.
 - Does this need to be done verbally to allow the non-verbal nuances to help with the communication?
 - Is an email appropriate to get this message across accurately?
6. **Avoid attempting humour**; it may seem like a pleasant way to lighten the tone of negative feedback, but the recipients may not understand it, or find it funny, and the trainee will not welcome the subject being portrayed as amusing.
7. **Read it twice, at least, before you press send**; impulsive or emotional responses are very likely to contain things that you would choose not to include after a period of reflection. Software can delay 'send' for a few seconds, but it is much better to impose this discipline on yourself, not be reliant on the electronics.

Example

1st email.

*Hi Dr John (CS and Consultant on the ward)
I will not be into today due to my previous problems.*

Bw

Simon (CT1)

cc. TPD and Med Ed department

2nd email.

Dr John forwards 1st email

"Forward" **all ward staff**

FYI

We will be short staffed today due to long term sickness. So let's help each other out.

Regards

Dr John

Forwarded to ward Manager (but all copied in including TPD and Med Ed still live)

3rd email

Hi Pete (cc TPD and Clinical Director)

Sue's not in again with same old story. LOL.

Can we get some cover as this only leaves us with Dr Anne (FY1?). Which is disastrous!

Best wishes

Dr John

What are the concerns?

1. Everyone now thinks they know that Simon has a recurring problem – why did they need to know?
2. It is actually Sue that is off work today, NOT Simon. His reason for not coming in was that he was covering Sue's ward to help out – which has happened before. But the trail leaves everyone associating Simon with recurring sickness absence.
3. Nobody needed to know either that it was Sue that was absent. The need to cover a gap would have been enough to get an appropriate response.
4. Emotional leakage (LOL) arises because someone feels stressed trying to manage a team, and has implied to everyone in the team that Sue may be a malingerer.
5. "The same old story" is that Sue has gone to the Court of Protection to represent the team in a complex case; she is not off sick either. The 'story' was the pressure caused by the difficult case that the team were dealing with, and that Sue was helping the team cope with. For confidentiality reasons not all the team are aware of this.
6. Finally, how would Anne (a FY1 trainee, though Dr John is not fully familiar with who his new team member is), who is new to the speciality and possibly wanting to pursue it as a career, feel about the final comment?

"Does Dr John really think I'm a disaster?"

Her confidence may be at risk, and possibly her specialty choice.

Section 3: Social Media

Social media are ubiquitous, are growing in scale and complexity all the time, and their advantages and disadvantages are continually changing. There is abundant guidance on using them responsibly, and both the GMC and the BMA have issued guidance (links below). You are advised to read this carefully.

Trainers and trainees should always consider whether anything posted online could compromise your professionalism or your reputation. You should also consider who and what you associate yourself with online, and what the implications of acknowledging someone else's post might be. Doctors face particular risks around confidentiality, consent, bullying and undermining, and relationships with patients – and many more.

General Medical Council; https://www.gmc-uk.org/guidance/ethical_guidance/21186.asp

BMA; Social media; Practical guidance and best practice - easily located on Google.