
Informality and Teamwork

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Abstract

This discussion paper considers examples of informal communication among multidisciplinary medical teams in the context of their weekly meeting. Informal exchanges are frequent, particularly at the beginnings and endings of meetings, are often private (1-2-1). This opportunity for synchronous face-to-face informal exchange is highly valued and reported to be a strong motivator for attendance at MDT meetings. The exchanges are both task and non-task related and tend to be conversational. We suggest that the informal communication we observe plays an important role in helping team cohesiveness.

Author Keywords

Interpersonal communication, Information, Teamwork, Informal Communication

ACM Classification Keywords

H.5.3 [Group and Organization Interfaces]:
Computer-supported cooperative work.

General Terms

Informal Information Communication

Introduction

Healthcare staff typically communicate within, and through, teams. Teams manage patients, talk to family

Who? and friends; teams provide support for their individual members, and teams develop and learn over time. This discussion paper considers the ways that multidisciplinary teams (MDTs) communicate and proposes that in order to design for informality, we need to improve our understanding of the reasons why staff utilise informal communication channels. Based on long-term studies of MDTs, we suggest it useful to review patterns of informality by giving consideration to the *who*, *when*, *where*, *what*, *why*, and *how*, of the informal communication observed in multidisciplinary teams (MDTs).

Background

It is well recognised that large scale IT systems are often poor in supporting collaborative dimensions of work [3], and informality is identified as one of those gaps between system engineering and the sociology of work [7] that makes design methods so unsatisfactory at times.

Methodology

For several years now we have been interested in medical teamwork: decision-making, interaction, information sharing, and focussing on particular issues of concern or special interest, from time to time. Our ethnographic study has involved several MDTs at St. James's Hospital in Dublin. Weekly meetings have been observed over several years now with up to 8 different teams. From time to time video recordings of the proceedings were analysed to examine for particular behaviours or incidents. Observations are supplemented with interviews and targeted questionnaires / exercises from time to time.

Findings

We review here our observations on informal communication behavior among multidisciplinary medical

teams surrounding their meetings.

Beginnings and Endings

The beginnings and endings of meetings are good opportunities for staff to have informal chats with team colleagues. It is not unusual for MDT members to arrive early and use the time for general conversation - which may be about patient cases that are going to be discussed, or maybe not on the agenda. The social activities at the weekend, family events are often recounted; or perhaps someone who has been on holiday wants to catch up with the 'news' while they were away. Teams usually arrange to have coffee, tea, orange juice and scones available on arrival [6], and the coffee table can provide a focus around which people can interact. Team members may also gather close to leaders who have taken their seat early and are available to talk, or engage with the administrative co-ordinator who will have patient charts for those to be discussed. Sometimes staff like to check the paper chart for some details ahead of the discussion. The informal exchanges can be among small groups, or between two individuals.

Jordan and Henderson [4] describe '*Beginnings and Endings*' as structured events that are an important component of any analysis of interaction. They also note that while frequently events have a formal start and finish, there is also often an informal component before the formal opening and after the official closing. For the MDTs in our study, these beginnings and endings are a very valuable component of the MDT meeting. At interview several team members mentioned these opportunities as a key motivator in their attendance from week to week.

Typically the end of an MDT meeting is announced by the Chair once the discussion on the final case is concluded.

Figure 1: Central Questions

Immediately staff tend to move to talk to colleagues and small groups can be seen in the front of the room, or outside the meeting-room door. Indeed outside the door is often a useful place to catch someone who is engaged inside the room in private informal discussion with another team member. Social norms dictate the distance that people will stand, and how they behave, while waiting for a colleague to be free for a 'quick word'. It is common practice for the team to break into groups for coffee breaks elsewhere after the meeting. The breakdown tends to be between the senior and junior members of the MDT, who happen also to be the main vocal participants and the non-vocal observers, respectively.

Each MDT meeting has several patient case discussions (PCD) - perhaps up to 25 per hour of meeting. While the transition from one to the next PCDs is quick, and without hesitation, the beginnings and endings of patient case discussions also provide opportunities for informal conversation, or extra-agenda items. These informal exchanges are usually 'group' exchanges, rather than one-two-one. For example a detail in a patient case might trigger a memory of a team member who will share his/her thought with team colleagues. These exchanges may be task, or non-task, related. Task related examples might be a reminder to the group about an upcoming conference on a topic related to an aspect of the patient's condition, or a reflection such as "don't we seem to be getting a lot of these sort of cases nowadays . . . or is it my imagination?". Non-task comments might relate to the scenery of the patient's hometown for example, or a reminder of an incident on the day the patient was last in hospital.

Before and After

As well as giving consideration of the Beginnings and Endings we should also include consideration of the

'Before and After'. It is not unusual for informal communication to take place prior to the MDT meeting, or afterwards.

We have noted that if a potentially controversial discussion is tabled for a meeting, the key participants may be contacted beforehand to 'flag' that there was an issue that one of the team was concerned about. For example, when a specimen is sent to the laboratory (or an imaging request to radiology) it is accompanied by clinical information to facilitate interpretation of the sample in the appropriate clinical context. It is also not unusual that the information that is sent to the laboratory (or radiology) is minimal and does not provide the full story. Then, when the case is tabled for discussion and the sample (or image) is reviewed in preparation for the MDT meeting more information is made available that undermines the initial report. In these situations it can be embarrassing, and upsetting, for the pathologist / radiologist who may have to revise their report in the light of this new information and they may call the clinician responsible for the patient to discuss the matter before formal discussion at the MDT meeting.

Informal communication after meetings typically is concerned with members checking if their understanding was correct, on an item that was discussed at the meeting. Nurse observer participants may confer afterwards to check their notes, or check their understanding on a case, for example.

Speech and Language

We have documented our observation on the fact that the conversation during patient case discussions can be quite relaxed and informal but that formal record of the conversation, and any notes, will be much more formal in the language used [5]. Goffman's metaphor describing



Figure 2: Puzzling over problems

'frontstage vs. backstage' [2] is useful to help our understanding of the behaviours we witness. The informality observed in the interactions 'backstage', contrasts with the formality and transformation recorded in the formal, 'front stage' record entry. Indeed, others too have observed these dual, parallel, interaction processes in interactive, collaborative, medical work [1]. The language used in informal communication, by definition, is conversational and even more relaxed than the discussion at the MDT meetings which (although relaxed) is relatively formal.

Non-Verbal Gestures and Shared Understanding

Informality is also expressed in gestures, such as a nod, facilitated by shared understanding in the MDT. When MDTs are particularly cohesive formal discussion can be brief. Common ground and having a shared understanding reduces the need for explicit statements.

Use of SMS

There is little use of text in the behavior we have observed. SMS messages are used by MDT members to advise of their delay, or to send apologies for unexpected absence. The SMS is sent to a close colleague or team leader who relays the message to the MDT.

Discussion and Conclusion

In providing these examples of informal communication among MDTs, we note that the most frequent use of informal communication opportunities are associated with synchronous, one-to-one, communication and face-to-face team meetings. We do not have examples of informal asynchronous communication (other than SMS messages to advise of delay). We identify the need for immediate feedback in these informal exchange, and also the motivation to maintain the informal communication event

'out of the official record'. The opportunities for informal communication with colleagues is valued and appears to contribute to building common ground and team cohesiveness.

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