This article is Part I of a two-part series on communication within medical practices and between medical practices and external resources, colleagues and organizations. Part II will appear in the July 2015 issue of The Triangle Physician.

Last fall we had the privilege of teaching a course on health care consulting to graduate students in the Health Policy and Administration Program at the University of North Carolina at Chapel Hill. We shared our thoughts on the nuts and bolts of consulting and arranged for each student to do a real consulting project for a client. Having been in the practice management consulting business for many years, we know that effective consultant-client communication can be more challenging than the substance of the project. Our students had much to learn!

The No. 1 lesson we taught was that communication between or among relevant parties has a significant impact on the outcome. Good communication between two or more parties facilitates problem identification and resolution. Poor communication can sink the ship.

Let’s get theoretical. Just what is communication? It’s a purposeful exchange of information and meaning between a sender and a recipient.

The sender develops the message as a concept, idea, information or feeling and sends the message to a receiver in words or other symbols, using available and preferred technical or natural means. At the receiving end, the receiver translates or decodes the words or symbols into a comprehensible concept or information.

Today’s technology makes it possible to send a message to a recipient that is not present or aware of the sender’s intent to communicate at the time of the communication. The transmission can occur across great distances in time and space.

Every student in our class was smart and ambitious. Each one believed that the analytical and problem-solving skills required in consulting would help them advance in their careers. Their similarities ended right there.

The students varied greatly in their abilities to clearly express themselves in both written and oral communications. A contributing cause for communication problems was the habitual way in which so many of us relate to each other, i.e., by dashing off quick and abbreviated text and e-mail messages and by using language that is ineffective in making a point. We coached and prodded, encouraging improvements in listening skills and in expressing observations and recommendations logically and respectfully in both informal and formal settings.

Although the technical nature of each project was unique, communication was a challenge not only for our students, but also for the clients who had graciously agreed to participate.

Two practices, one a concierge model and the other a primary care practice, explored expansion in both the number of geographic locations and number of providers. Both encountered the same challenge – difficulty in expressing their missions, goals, priorities and financial projections in a clear enough manner to attract the interest of potential employees or partners.

Another project was for a large physician organization that had successfully negotiated many pay-for-value contracts on behalf of its many member practices. The organization lacked an effective communication strategy to connect with both providers and office managers. Member practices lacked clarity on the details of each opportunity.

Still another practice wanted to explore the potential for expanded weekend hours. Both financial feasibility and staffing were important considerations. Poor communication between the practice administrator and the clinicians who would potentially staff the weekend clinic discouraged the very people who needed to provide care from making that commitment.

Next month we’ll recommend ways in which you can improve communication within your practice and between your practice and external resources, colleagues and organizations.