Chapter 11

MILITARY COMMUNICATION

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INTRODUCTION

Good communication is a cornerstone of effective leadership. To optimize influence, the medical leader must provide purpose, direction, and motivation. To this end, the medical leader's primary tools are written, spoken, and nonverbal communication skills. Military briefings, military correspondence, checklists, and appropriate communication style are all critical leadership skills needed in all military settings and mission profiles.

Communication is an important component to success in the military and in medicine. More than the process of exchanging or transferring information in an understandable way, effective communication is a key competency of military and medical leaders.[1] To accomplish this goal, military medical leaders need to develop social and interpersonal communication skills. Though they occur from the beginning of life, most people are unaware of their strengths and weaknesses when it comes to communication. The purpose of this chapter is to define communication, describe the relevance of military and medical communication, emphasize the importance of communication to leadership, and provide specific examples of effective communication. The chapter concludes with specifics about military communication forms and formats.

DEFINITION

Communication in its simplest form is defined as the exchange of information; it includes sending and receiving information verbally and nonverbally. It is inherently an interactive social process[2] that facilitates understanding between individuals. However, the purpose of communication among military leaders is not simply to exchange information; it is also to change or influence others so that they perform a desired action. Communication can be used to increase awareness of issues and provide possible solutions; it can help bridge cultural sensitivities and lead to consensus. Ineffective communication can have the opposite impact.

RELEVANCE OF MILITARY AND MEDICAL COMMUNICATION

Conveyance of information by the armed forces is vital to military success, and it is especially critical for the coordination of action.[3] Passing information among troops has been necessary since the first military engagements, and forms of military communication have been transformed along with military forces as technology has improved. The earliest communication was delivered on foot by runners carrying messages, followed by the use of visual and audible signals. Signals were transferred over long distances using drums, horns, flags, and riders on horseback. While the US Army was the first in the world to have a separate communication branch (the Signal Corps, formed in 1863, based on the adoption of signal flags developed by Army doctor Albert Myer), effective use of communications technology (signal flags) was a testable skill for certain naval ratings more than a century earlier.

Despite this long history, communication in the military and in medicine is subject to limitations. Information can be lost or distorted as it is passed among individuals. In business, it is estimated that 80% of information is lost as it is translated from top management to the lowest level of employees.[4] This distortion can occur if information is intentionally changed, or when there is a subtle change in each transmission, like the children's game of telephone. Changes occur based on assumptions as well as cognitive, physical, or social limitations[5] of the sender or receiver. In the military and in medicine, loss or distortion of information can have catastrophic consequences.

In the military, giving clear and precise instructions in the form of orders is important for success. For this reason specified formats have been developed to issue orders and for most forms of military communication (specifics appear later in this chapter). When performance is expected to occur under stressful conditions, training and rehearsal become particularly important, and communication cannot be forgotten in this process. A mark of a highly trained unit is rapid and accurate communication that results in automatic responses.[3]

Not only is effective communication vital to military success, but it is also key to providing quality medicine. Interpersonal and communication skills are one of six competencies expected of residents by the Accreditation Council for Graduate Medical Education[6] and may be as crucial as other technical proficiencies in patient care. According to a report by the US Department of Health and Human Services,[7] these skills commonly include data-gathering skills (eg, use of open-ended questions, particularly in the psychosocial domain); relationship skills (eg, use of empathy, reassurance, support, and emotional responsiveness); partnering skills (eg, paraphrasing, asking for patient opinions, negotiation, and joint problem solving); and counseling skills (eg, informativeness, persuasion).[8,9]

These necessary patient communication skills are collectively referred to as "patient-centeredness"[8,10,11] and are demonstrated via responsiveness to patients' values, needs, and preferences. Effective communication allows healthcare providers to build trust with their patients and enhance clinical care.[12–14] Further, patient-centered physician behaviors have been associated with positive patient relationships and health outcomes.[15,16] Specifically, communication skills have been linked to a number of valued patient outcomes, including satisfaction, adherence to treatment regimen, and positive health indicators.[8] With regard to these skills, it is important to consider how characteristics of the physician, either innate or shaped by experiences, contribute to the patient-provider interaction. Several specific components of physician-patient communication valued by American adults have been identified, including the values of any effective communication: respect, attentiveness, and assuring the communication is a dialogue. Beyond verbal communication skills, the physician must be able to interpret a patient's nonverbal cues and adapt communication to individual patients. Dyche[17] highlights valuable interpersonal skills for medicine, including understanding, empathy, and relational versatility. Communicating with patients to ensure that they understand the medical care they are receiving, often referred to as "informed consent," is also an important skill (Exhibit 11-1) and is especially nuanced in the military provider-patient relationship.

Not only is provider-patient interaction important, but also the interaction within medical teams can impact medical care.[18] Poor communication among medical team members (physicians, nurses, other caregivers) is related to greater conflict among these groups, disruption in service to patients, medical errors, and reduced quality of care.[19–24] Subtle factors involved in communication, such as status or power, values, and attitudes,[25] can affect the information exchanged among team members. Given these factors, optimal communication is key to the development and operation of teams. Specifically, the sharing of mutual knowledge is accomplished by team members frequently listening to each other, participating in joint decision-making, and engaging in informal as well

EXHIBIT 11-1

INFORMED CONSENT

Medical providers are often required to ensure the patient understands what will happen as it relates to medical care and procedures. This process is often done orally, and the provider explains potential risks and benefits of medical care or procedures and asks the patient if he or she understands and is ready to receive the care, such as in the case of inserting an intravenous line. The process entails transmitting information and receiving consent to ensure that the message is received. During treatment of active duty service members, the service members have some rights, but their right to refuse care is limited. Knowing these boundaries is important for the military medical officer (MMO). The context of the provider-patient information exchange is also important: on the battlefield, there are not a lot of alternative options for receiving care, but in the clinic there may be. Because of these circumstances, establishing a patient-provider relationship beyond the one that comes with the uniform or based on rank is important. To establish trust, the MMO should leverage commonalities between the patient and the provider (eg, both wear the uniform, speak a common language). Providers must know when to use or not use vernacular and be mindful of the context. Some tips for developing this kind of interaction include:

- engaging patients and patient populations at every opportunity
- ask about common acronyms
- ask about their jobs
- do not be afraid to ask
- understand patient identity
- practice military bearing
- seek out opportunities for improvement (eg, a committee that provides other people's perspectives, such as a risk management committee or patient complaint committee)
- break through rank structure when possible (eg, not wearing the uniform)
- be a lifelong learner, seeking answers and sharing information with colleagues
- know what must be disclosed to patients' leadership, which may differ by unit or service (eg, pregnancy, other potential limitations related to a diagnosis, substance abuse, suicidal ideation)
- try to develop a therapeutic alliance prior to making necessary disclosures that may facilitate the patient to self-disclose, eg, ask "who would you like me to talk to in your command?"
- support patients through the process

as formal interactions.[26] Enhancing the interaction of teams is ultimately about leadership, and leadership is an obvious intersection between being a medical provider and being a military officer. The following section addresses communication and its important implications for leading military medical teams.

COMMUNICATION AS IT RELATES TO LEADERSHIP

There is a strong positive correlation between communication and leadership effectiveness.[27] Leaders who demonstrate communication skills are considered more effective than leaders who do not communicate well. Each of the services incorporates communication into leadership principles in similar ways (Exhibit 11-2).

Leaders communicate more than do other group members, but it is not always about how much is communicated; rather, the quality of what is communicated and the way in which the communication occurs may be more important than the quantity.[28] Effective communication occurs when leaders are skilled in self-presentation and impression management[29,30]; when they listen and care about their followers' perspective; and when they motivate followers by framing their communication according to that perspective. These behaviors are all evidence of highly developed communication skills.[28] These skills go beyond the traditional personality traits often associated with "good" communicators (eg, sociability, extraversion, assertiveness); other necessary skills include the ability to decode information or cues from others and to adapt communication to changing situations.[28]

Leaders must develop social and interpersonal skills

EXHIBIT 11-2

COMMUNICATION AS IT RELATES TO LEADERSHIP BY SERVICE

Army

According to Army Regulation 600-100,[1] "Leaders communicate by expressing ideas and actively listening to others. Effective leaders understand the nature and power of communication and practice effective communication techniques so they can better relate to others and translate goals into actions. Communication is essential to all other leadership competencies." Additionally, according to Army Field Manual 6-22,[2] "Communication needs to achieve a new understanding . . . . Leaders cannot lead, supervise, build teams, counsel, coach, or mentor without the ability to communicate clearly."

Air Force

Air Force leadership doctrine (AFDD 1-1[3]) highlights communication as a tool for Air Force leaders, who must facilitate communication to "ensure a free flow of information and communication up, down, across, and within an organization by actively listening and encouraging the open expression of ideas and opinions."

Navy

The Naval Leadership Competency Model, proposed to improve the definition of leadership by defining the expected behaviors and knowledge of Navy leaders, includes "working with people" as one of its five core competencies, with subcompetencies of written and oral communication.[4]

Marines

One of the primary leadership resources for the US Marine Corps is Marine Corps Warfighting Publication 6-11, *Leading Marines*,[5] which emphasizes qualities of the individual leader and leadership principles. Critical communication components can be surmised from traits (eg, tact, bearing) and principles, which are trained starting in boot camp and professional training for officers.

1. Department of the Army. *Army Profession and Leadership Policy*. Washington, DC: HQDA; 5 April 2017. AR 600-100.
2. Department of the Army. *Army Leadership*. Washington, DC: HQDA; October 2006. FM 6-22.
3. Department of the Air Force. *Leadership and Force Development*. Washington, DC: USAF; 8 November 2011. Air Force Doctrine Document 1.1.
4. Air University website. Navy Leadership Competency Model. http://www.au.af.mil/au/awc/awcgate/navy/navy-ldr-comp.htm. Accessed August 26, 2018.
5. Department of the Navy. *Leading Marines*. Washington, DC: US Marine Corps; 27 November 2002. Marine Corps Warfighting Publication 6-11.

to be effective communicators, specifically, social skills such as self-monitoring,[31] behavioral flexibility,[32] and social intelligence, and interpersonal skills including interpersonal acumen[33] and emotional intelligence. An important aspect of social skill is self-monitoring. Self-monitoring can be described as the ability to adapt one's behavior to perform appropriately in social situations by assessing those situations.[34,35] High self-monitors adapt to situations around them better than low-self monitors and are more likely to emerge as leaders. Skillful communication requires this kind of adaptation.[28] Socially skilled communicators adapt based on audience reaction; critical feedback; changes in the environment or situation in which the communication is taking place; and updated facts or new developments relevant to communication. Socially skilled leaders perform better under stressful situations.[36]

In medicine, better social skills used in communication facilitate agreement from patients on difficult treatment decisions and long-term compliance with treatment plans.[37–40] Social skill in communicating includes expressivity (sending), sensitivity (decoding), and control (regulating communication), which occur in the verbal/social domain as well as the nonverbal/emotional domain. A skilled communicator demonstrates expertise by balancing each of these three competencies across both domains.[41] These skills are trainable and evolve with experience. Specifically, social expressivity and social control improve through clinical experience, receiving feedback from attending physicians, and interactions with patients and peers.[42]

Social expressivity and social control may contribute to a greater amount of social intelligence. As described by Zaccaro,[31] a person with social intelligence is able to perceive and interpret social situations and is also flexible and adaptable in his or her behaviors. Social intelligence is particularly important for effective leadership, especially the higher an individual moves up in an organization, where he or she is likely to experience more complex social situations.[31]

In addition to social skills, effective communicators possess necessary interpersonal skills or interpersonal sensitivity. These skills include listening and decoding abilities, which develop good relationships that lead to increased subordinate satisfaction.[43,44] Emotional intelligence is important for interpersonal interactions. Emotional intelligence represents the ability to:

- monitor the emotions of self and others,
- differentiate distinct emotions,
- label emotions correctly, and
- use this information to guide behavior.[45]

Leader-follower relationships are highly dependent on emotional intelligence. A leader needs to be able to perceive the emotions of others as well as generate and regulate his or her own emotions.[46] Emotional intelligence can be a leadership attribute (ie, it comes naturally to some leaders) or it may require training and practice to accomplish it fully and genuinely.

In practice, understanding and being receptive to the emotions of others enhances communication. To influence an audience of followers or subordinates, a leader must first appreciate how that audience feels and thinks, and what they care about, as well as genuinely respond to these thoughts and feelings.[2] To motivate followers into action through communication, the leader must first understand what motivates them, or "meet them where they are." Followers and patients have their own ideas, feelings, concerns, and perspectives, and effective communicators start by taking these aspects seriously. Leaders who arouse, inspire, and motivate followers via effective communication are typically demonstrating transformational leadership.[28] This form of leadership is associated with more satisfied and higher performing groups.

Active listening is another interpersonal skill that can be used to understand what motivates followers. An active listener avoids interruption, indicates to the speaker that he or she is attentive, keeps mental or written notes to follow up on once the speaker is finished, does not form a response instead of listening to the entire message being conveyed, and is not distracted or otherwise impeded from listening. An active listener is absorbing not only what is said, but also how it is said, and attempts to appreciate the emotion in the message in addition to the content.

It is clear why effective communication skills are important to military medical leadership, but exactly how to achieve skill with communication requires additional information. The next section provides specific examples about how to communicate effectively.

PRINCIPLES OF EFFECTIVE COMMUNICATION

Principles of effective communication stem from social psychological research, which originated with the concept of informal social communication. In a ground-breaking study, Festinger, Back, and Schachter found that functional space as opposed to the physical environment had a greater influence on the amount and quality of communication among neighbors in a housing complex.[47] Schachter's role in this research was influenced by his time serving in the Army Signal Corps. Functional space is a simple concept that can be applied on the battlefield as well as in the clinic. For example, the set-up of a triage area

or treatment tent in the field can make or break effective communication. If the surgeon is able to treat two patients simultaneously with the assistance of medics or corpsmen, then he or she will be more efficient, and this added efficiency can be facilitated by orchestrating the functional space. The communicator should always consider manipulating the environment to facilitate communication. Some specific examples for military medicine include horseshoe formations, noise reduction, face-to-face versus email communication, and use of social media.

Additional concepts for enhancing effective communication can be gleaned from psychological research. The timing or order of information presentation is important. For example, items or arguments offered at the beginning of the communication are best remembered, which is referred to as **primacy**.[48] In the military, the concept of giving the "BLUF," or "bottom line up front," is used to convey the most important information, or a summary, before providing all the details. This practice allows for efficient communication and is favored by many in military culture, especially senior leadership. Like primacy, research also supports the notion of **recency**, where arguments made at the end of a communication are well remembered.[48] Effective communication also includes **repetition** of key concepts to increase their salience for the audience.

The **credibility** of the communicator has a great effect on how and how well the information is received. Military medical officers (MMOs) are often challenged to prove their credibility in situations where they interact with line-level commanders and patients. For example, the unit surgeon is the medical advisor to the commander and therefore should establish credibility for providing necessary medical information about the unit and its mission. The credibility of a physician also may be key in patient interactions. Patients must find their doctor credible to take advice about their health. There are ways to increase the perceived credibility of the communicator. The first is to defend against or minimize **perceived self-interest**.[49] When it is perceived that the communicator stands to gain more from the communication than those who are receiving it, the information is often not effective. If the communicator is at least able to demonstrate a shared interest, he or she is more likely to be viewed as credible and the communicated information will be better received.

The MMO must know when to highlight medical credentials versus military credentials. For example, when building rapport, sometimes it may be important for the patient to be understood as a service member, and related to in that way; whereas, in other situations, patients may want to be more confident in their provider's medical knowledge and ability to address their concerns. Reading the patient's body language and developing a rapport that facilitates communication is important to establish credibility. In interactions in which trust seems lacking (eg, noncompliance by patient), the MMO must take steps to build credibility or trust. Asking, "What do you need to know about me as a physician?" may be a good place to start when it seems that the patient is questioning the MMO's medical knowledge. Then providing information about credentials such as, "I have these qualifications" or "I have this number of years of training" or "I have the same qualifications as doctors at X civilian hospital" may be good information to share.

Another way to establish credibility is to demonstrate it over time. The "sleeper effect" is a phenomenon in which over time the source of the information is forgotten and only the content is remembered.[50,51] An MMO may accomplish this form of credibility by slowly but consistently performing at or above the expectations of those around him or her. This consistent build, often in small ways (eg, respectful interactions with subordinates, always being early or on time for obligations), will over time lead to a positive regard for the leader or communicator. Ultimately, the best way to establish and maintain credibility is to ensure words are matched by actions; otherwise, the communicator is viewed as not credible.[2]

FORMS OF COMMUNICATION

There are two main forms of communication: verbal and nonverbal. Important aspects of verbal or spoken communication to keep in mind include volume, verbal tics, silence, tone, phrasing, pitch, tempo, rhythm, accents, dialect, and use of colorful language. Characteristics of nonverbal communication include attire, position and proximity, movement, facial expressions, body language, eye contact, gestures, interactions with media, and interactions with audience or listeners.

Military bearing is a key component of both verbal and nonverbal communication. Military bearing is described as projecting a commanding presence, an image of authority and discipline. This attribute carries great importance for communication and leadership for military officers. Leaders and communicators are judged based on three observable attributes: bearing, how the communicator engages with others, and words used for the interaction. Judgments based on bearing are made in the first 15 seconds. Before a word is even spoken, the audience is judging the speaker and deciding if they should pay attention, if they can rely on what he or she is saying, and whether or not he or she

is credible; these decisions can define the audience's reaction regardless of what the speaker has to say.[2] A communicator who displays nervousness or discomfort will cause the audience to look away and disengage, while one who displays comfort and confidence will capture the audience's attention. A communicator can establish a physical presence of confidence by planting his or her feet further apart than natural, or taking on a position of power.[52,53] Even if the speaker does not inwardly feel confident, taking on this position will convey confidence and command the audience's attention. Formal appearance, from the cleanliness of one's uniform, to adherence to height and weight standards, to style and amount of makeup, will also be judged as part of the communicator's bearing.

The communicator's subsequent behaviors are also important to connecting with the audience. Looking down, random hand movements, shuffling of feet, licking lips, looking at objects versus people, and speaking in a monotone voice all cause an audience to disengage. These behaviors can have compounding effects and diminish the speaker's effectiveness. However, the use of gestures should not be completely discouraged. In fact, when a speaker uses gestures the audience retains more of the information being transmitted, especially when the voice, gestures, and content of the speech are well aligned and gestures allow the speaker to use different voice effects (eg, varying volume, pitch, speed, pauses). The speaker should also move around in concert with what is being said, not randomly.

MILITARY-SPECIFIC COMMUNICATION REQUIREMENTS

There are requirements and nuances of communicating in the military, which include specifications for written communications, formal oral communications (military briefings), and counseling or feedback. This section outlines some of the resources available for written communication, military briefings, and providing counseling and feedback.

Written Communication

Specific regulations are associated with written correspondence and communication in the military. Memorandums and executive summaries (EXSUMs) are examples of specific written correspondence. An EXSUM is a short document or section of a document in which a summary of the longer report is provided to allow for rapid acquaintance with a large body of material without having to read it all. This summary is typically provided to higher leadership to inform them of a body of work or other important information. Table 11-1 provides a list of resources with guidance to prepare an EXSUM (however, organizations often develop their own guidance for writing an EXSUM based on the leadership preferences). Table 11-1 also lists specific service manuals for written communication.

Formal Oral Communication

Military briefings are a form of formal oral communication. Military briefings include informational briefings, operations orders briefings, course of action briefs, military decision-making processes, and rehearsals. Each service has a specific way in which these briefings are planned and carried out. See Table 11-1 for a list of resources available to prepare formal oral communications. Checklists are also useful in planning and delivering briefings. Various checklists are created at the service as well as unit levels and can be found in respective service field manuals and similar publications (see Table

EXHIBIT 11-3

CHECKLIST EXAMPLES

SOAP Note

The "SOAP note" is a way to document medical information and increase communication among members of a medical team.

S: Subjective, or what the patient tells you.
O: Objective, or the physical findings of the exam.
A: Assessment, or your interpretation of the patient's condition.
P: Plan, which may include medical treatment, additional diagnostic tests needed (eg, x-ray, magnetic resonance imaging); special instructions (eg, handouts, when to return to clinic).

"Time-out" Procedure

The "time-out" procedure is a standardized protocol used to prevent mistakes prior to medical procedures and enhance communication among team members. A time-out involves the immediate members of the procedure team (eg, individual performing the procedure, anesthesia providers, nurse). During the time-out, the team members agree, at a minimum, about the following:

- patient identity
- correct site
- procedure to be done

TABLE 11-1

MILITARY-SPECIFIC COMMUNICATION REQUIREMENTS

Topic	Service	Manual	Title
		Written Communication	
General	Army	AR 25-50	*Preparing and Managing Correspondence*[1]
		DA Pam 600-67	*Effective Writing for Army Leaders*[2]
	Air Force	Air Force Manual 33-326	*Preparing Official Communications*[3]
	Navy	SECNAV Manual M-5216.5	*Correspondence Manual*[4]
EXSUM	Army	TRADOC Regulation 1-11	*Staff Procedures*[5] (Chapter 3.5)
	Navy/Marine Corps	[No number]	*A Guide to Writing an Effective Executive Summary*[6]
		Oral Communication	
Formal	Army	Field Manual 6-0	*Commander and Staff Organization and Operation*[7]
	Air Force	Air Force Handbook 33-337	*The Tongue and Quill*[8]
Briefing	Joint	Joint Forces Staff College Publication 1	*The Joint Staff Officers Guide*[9] (Chapter 5)

AR: Army Regulation; DA Pam: Department of the Army Pamphlet; EXSUM: executive summary; SECNAV: secretary of the Navy; TRADOC: Training and Doctrine Command

1. https://armypubs.army.mil/epubs/DR_pubs/DR_a/pdf/web/r25_50.pdf
2. http://www.au.af.mil/au/awc/awcgate/army/p600_67.pdf
3. http://static.e-publishing.af.mil/production/1/saf_cio_a6/publication/afman33-326/afman33-326.pdf
4. https://www.marines.mil/Portals/59/Publications/SECNAV%20M%205216.5.pdf
5. http://www.tradoc.army.mil/tpubs/regs/tr1-11.pdf
6. https://www.med.navy.mil/sites/nmcphc/Documents/environmental-programs/risk-communication/Appendix_E_Guide_to_Writing_Effective_Executive_Summary.pdf
7. https://armypubs.army.mil/ProductMaps/PubForm/Details.aspx?PUBNO=FM+6-0
8. http://static.e-publishing.af.mil/production/1/saf_cio_a6/publication/afh33-337/afh33-337.pdf
9. http://www.au.af.mil/au/awc/awcgate/pub1/index2000.htm

11-1). Other checklists relevant for MMOs include "SOAP" notes and "time-out" checks before procedures (Exhibit 11-3 provides examples). Rehearsals (often called rehearsal of concept, or ROC, drills in the military) can allow leaders to ensure their subordinates understand the upcoming operation and know how and when to act and how to communicate during the operation ("operation" refers to any collective task that a group may be attempting to accomplish).

Combat orders enable a leader to communicate in a timely manner (see Chapter 18). There are three types of combat orders: operation order (OPORD), warning order (WARNO), and fragmentary order (FRAGO). The OPORD is utilized by a commander to effect the coordinated execution of an operation. A WARNO normally precedes the full operation order and is a preliminary notice that the complete order is to follow. A FRAGO is used to communicate updates or changes to an existing order. The OPORD follows a five-paragraph format, which is shared among the US armed forces and NATO allies. These orders are given in written and oral formats.

Counseling and Feedback

Providing subordinates with evaluation of their performance is a critical part of leadership in the military. Evaluation is accomplished in a number of informal and formal ways. "On-the-spot" feedback is an example of informal evaluation in which the leader makes a necessary corrective action to undesirable behavior or provides praise for a job well done. Formal evaluation takes place through counseling (written and oral), performance evaluation, and awards. As mentioned earlier, it is important to provide subordinates with expectations of their behavior and performance. These expectations are communicated during formal counseling sessions, often in the form of performance objectives to be accomplished.

Good behavior should be rewarded through various methods. The first is public praise, such as positive words spoken in front of peers at a staff meeting. Good behavior can also be recognized with coins, certificates of appreciation, and awards. Awards should be used to recognize performance that goes above and beyond duties as assigned. Specific guidance for these pro-

cesses can be found in service regulations, department instructions, and other similar publications (eg, Army Regulation [AR] AR 600-8-22[54] and AR 215-1,[55] Navy Bureau of Medicine and Surgery Instruction 1650.1A,[56] and Air Force Instruction 36-2803[57]).

Behavior that detracts from the unit's mission, disparages others, or is in general conduct unbecoming a military member should also be addressed. For the most part, this kind of behavior should be corrected in private. Leaders need to hold all their subordinates accountable for their actions to facilitate mission success. To do this, the leader must sometimes correct bad behavior. The process by which undesirable behavior can be addressed includes both informal leader-subordinate interactions and formal actions (eg, counseling statement, reprimand, or admonition; see service-specific publications such as AR 600-8-104, *Army Military Human Resources Management*,[58] and AFI 36-2907, *Unfavorable Information File Program*[59]). Proactive and constructive feedback, including assertive communication and the effective use of praise, can facilitate good leader-subordinate relationships while increasing morale and resilience in groups.

There are also tools available to facilitate unit-level feedback. After action reviews (AARs), for example, are an excellent venue to assess the performance of a unit. AARs are important to define best practices as well as ensure process improvement. Originally developed by the Army and described in Training Circular (TC) 25-20, *Leader's Guide to After-Action Reviews*,[60] AARs are now used in all services as well as in many nonmilitary settings. The formal process to conduct an AAR includes statements regarding (*a*) a description of events that occurred, (*b*) things that went well, and (*c*) things that can be improved. Whether or not the AAR is conducted in a formal or informal manner, this form of communication is a valuable tool in the operation of any organization.

OTHER COMMUNICATION CONSIDERATIONS

Addressing Difficult Topics

A communication challenge that MMOs often face is the need to address difficult material or topics. The burden is often on leaders to handle uncomfortable topics[2] and on medical providers to address negative health issues. In these situations, it is best to ensure consistency of message, appropriate tone, and timeliness. Allowing the situation to linger because of personal worry, embarrassment, or fear may only make things worse. Followers want to know that their leader is in control, and patients look to the provider for answers and guidance. However, rash decision-making is not a good option either. As mentioned in the attachment to this chapter, the "first mover advantage" should be used in situations when the leader is expected by followers to act immediately, when the followers or others (critics) are already discussing the situation, and especially when silence will be perceived as indifference. A leader who delays communication in these instances loses the ability to control the outcome of the conversation or situation.[2] In these circumstances it is also important to be aware that words matter and different words can have different impacts, which are additional reasons to plan and prepare for difficult communications.

Importance of Communication to the Military Family

While beyond the scope of this chapter, consideration of similarities and differences when communicating with military family members compared to the military member should not be overlooked. Dependents play vital support roles in the medical care and life of the service member, and he MMO should be aware of any unique circumstances. The MMO must recognize the unique stressors and dynamics associated with military life that may be operating in their patients' and patients' family lives. According to the civilian literature, the four most important factors for a family member of a patient when receiving bad news from a medical provider are (1) the provider's attitude, (2) clarity of the message, (3) privacy, and (4) the provider's ability to answer questions. Also, it is important for MMOs to be aware of and educated about the different rules for disclosure of information when treating service members versus dependents (see Chapter 5).

RESOURCES

Key components of communication for MMOs include purpose, direction, motivation, style, and planning. These are discussed in the attachment to this chapter. Other resources include Garcia's book, *Power of Communication: The Skills to Build Trust, Inspire Loyalty, and Lead Effectively*,[2] and Dyche's article, "Interpersonal Skill in Medicine."[17] As mentioned, each service has published communication manuals listed in Table 11-1; the services have also posted writing advice on the following websites:

- http://www.armywriter.com/army-writing-references.htm
- http://www.navywriter.com/
- http://www.airforcewriter.com/

SUMMARY

Effective communication is important for military and medical leadership. MMOs must strive to develop, refine, and master social and interpersonal skills to become effective communicators and leaders. In military leadership and medicine, saying the right thing in the right way may not be enough. Skillful communication should be considered a "force multiplier" to be used alongside other important technical and tactical competencies in the MMO's toolkit.

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ATTACHMENT: KEY COMPONENTS OF MILITARY COMMUNICATION FOR MEDICAL OFFICERS

Clarity in military communication has long been recognized as critical. As military operations became increasingly complex, military communication styles became more rigorous. In 1897, Eden Swift introduced a stylized field order based on Prussian staff experience.[1] This format evolved under the influence of the US Army's new Staff College at Fort Leavenworth, Kansas, and became a global military standard.[2] Military services today share a passion for clarity in communication; modern business and other public communications have benefited from the military example and history. Currently, five key components of effective communication are recognized, as discussed below.

Purpose. Communication that provides purpose demonstrates to the receiver the leader's or speaker's vision for necessary subsequent action.[3] Providing purpose ensures the receivers of the communication have a "bigger picture" idea about the work or tasks they are being asked to carry out. When followers are able to see or understand the greater purpose of their tasks, they may be more invested in a successful outcome.

Direction. In addition to purpose, military communication should provide direction. Direction includes additional information regarding the intent of the leader or speaker, and also conveys expectations of how or to what standard the tasks must be accomplished. As the US Marine Corps manual *Warfighting* makes clear, communicators, regardless of format, must "establish what we want to accomplish, why, and how. Without a clearly identified concept and intent, the necessary unity of effort is inconceivable."[4(p82)] When followers are given clear and specific guidance, they are more likely to accomplish the task in a timely manner and in a way consistent with the desires of the leader. Followers may have the ability to meaningfully contribute to the way in which a task is carried out. For this reason, the leader must be adaptive in how he or she communicates direction. Often a focus on the standard (eg, deadline, quality, quantity) will convey enough information to allow for effective and efficient completion without the leader specifically stating "how" to do it.

Motivation. Effective military communication should inspire an individual to complete the task while setting expectations. If expectations are ambiguous or not met, it leads to disappointment. For this reason expectations must not only be set, but also managed. If the situation changes and expectations must be altered, it is better to alter the expectations than allow them to go unmet altogether.

Communication is a facet of human interaction; it is shaped by human nature in both sending and receiving. As the purposes of stylized communication have become broader, the need for more complex communications has become clear. Many modern communications experts have based their studies on military doctrine. One of the more successful was Professor Helio F. Garcia. According to Garcia, the ultimate goal of communication is changing how people think, motivating them to action. Communication will therefore invariably be shaped by emotions and subject to the "complexities, inconsistencies, and particularities which characterize human behavior."[5(p188)] In some situations, a communicator cannot meet emotion coming from a listener with a logical argument. Emotional communications must first be met with an emotional response, and then guided to logic. For example, an aggrieved individual must be addressed first with regret, sorrow, or at least empathy, regardless of the end goal of the communication.

Style. Effective communicators consider the following: the goal of the communication; the audience; how to engage the audience to get them to care; what actions or words are needed to get the audience to care; and ways to connect with the audience about things the audience cares about.[5] Effective communicators successfully engage an audience by using logic, personal character, and passion simultaneously, often beginning with the audience's perspectives in mind. This ability is especially important in crisis situations when followers and critics will look to leaders for a response.[5] The "first mover advantage" is a concept gleaned from Marine doctrine,[5] in which a communicator is able to define a crisis, his or her motives, and the next steps involved in a situation before any other party is able to intervene or interject.

See Garcia's *Power of Communication*[5] for a complete description including impactful examples of utilizing this concept in communication. Briefly, in a crisis situation, silence and delay may make a problem worse. Action, however, is not just about speed; a "first mover" must have a "predisposition to make sound decisions quickly and communicate them effectively."[5(p81)] In dangerous or rapidly evolving situations (eg, on the battlefield, in the emergency room), taking initiative in communication can lead to greater influence over others, because this initiative allows the speaker to define the issue, his or her motives, and actions. Often, the longer it takes to gain control the situation or communication, the harder it is to do so.[5] This concept can also be applied in less serious situations, such as in instances where allowing an issue to linger before addressing it (eg, poor performance of a subordinate, rumors spreading through a department) will weaken the leader's ability to effectively manage the outcome and ultimately prevent him or her from providing support that followers need and upon which they rely.

Planning. Planning communication is not just about figuring out what to say, but also includes consideration for how others will react to what is said and how it is said, predicting and anticipating listeners' expectations and meeting them, establishing goals, assigning resources, and imposing conditions. Something as simple as preparing for the setting in which the communication will take place (ie, the functional space) can make or break a communication.

In planning, do not overestimate the audience's ability to pay attention; people see the world through their own frame and think they capture the world as it is, but they miss a lot. A communicator must first understand what frames are important to the audience (beyond demographics and concerns). This assessment is necessary to demonstrate that the speaker knows who the audience is and communicates understanding of the listeners' perspective. The audience will feel well-regarded and deduce that the speaker has taken time to consider their alternative view. This consideration is especially true in stressful or emotional situations, whether leading a team in combat conditions or speaking to patients about their health. Individuals also experience "cognitive tunneling" or an inability to shift attention away from a threat, which impairs their ability to hear, listen, and remember effectively. Again, the Marine Corps is clear that the human factors are critical: "Our philosophy must not only accommodate but must exploit human traits."[4(p78)] Therefore, the burden is on the communicator to ensure he or she is thoroughly considering the listener and planning for the communication.

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