Physician Engagement Strategy for Improving Patient Experience: Mastering Communication for Residents

April 2016

Healing humanity through science and compassion, one patient at a time...

by improving health and wellbeing, alleviating suffering, and delivering acts of kindness.
Overview

- Overarching Goals and Framework
- Resident Communication Assessment Program
- Communication Program Workshops
- Coaching
- Next Steps
MD C-I-CARE Goals (Programs, Services, Resources)

- To enhance:
  - physician communication and interpersonal skillsets
  - patient/family experience of care
  - physician professional fulfillment
  - team effectiveness

- To contribute to evidence-based best practices to improve quality of care delivery and patient outcomes
MD C-I-CARE Framework

Coaching
Direct observation and feedback

Communication Mastery Workshops
Difficult conversations, responding to emotions, dealing with uncertainty, wellness

Foundational MD C-I-CARE Education
Optimizing Wellness through MD C-I-CARE workshop

Behavioral Changes

Awareness

Reward & Recognition
Collaboration
Clear Expectations & Team Goals
Continuous Learning & Improvement

Time Management & Wellness Focus
Personal Development
Support
Alignment & Integration of Resources, Programs, and Services
Program Faculty

Jonathan Berek, MD, MMS
   Director

Paul Costello

Sang-ick Chang, MD, MPH

Joshua Fronk, MD

Stephanie Harman, MD

Joseph Hopkins, MD

Laurence Katznelson, MD

Manuela Kogon, MD

Neda Pakdaman, MD

VJ Periyakoil, MD

Kavitha Ramchandran, MD

Christy Sandborg, MD

Lidia Schapira, MD

David Spiegel, MD

Abraham Verghese, MD, MACP

Barbette Weimer-Elder, PhD, RN

Ann Weinacker, MD
Modeled after UCLA’s ARC Program (Assessment of Resident Communication) that has been collecting resident communication data and providing feedback for over 10 years

Pilot launched in August 2015 in ENT, Plastic Surgery, Orthopedic Surgery, and Neurology

Patient and family interviews are conducted by trained student volunteers in the patient care units and data is entered on iPads in the MedHub application

MedHub portal enables Residents and their Program Directors to view feedback after every three patient interviews are collected

The program has had 5 active volunteers who completed 276 patient interviews as of March 31, 2016

Due to the success of the pilot program, we’ve been asked to expand to all of Medicine, which is going live the last week in April
# Resident Communication Assessment

## The Question Set

<table>
<thead>
<tr>
<th>Resident Assessment</th>
<th>Very Poor</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very Good</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Greet you in a way that made you feel comfortable?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>2. Treat you with respect?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>3. Show interest in your ideas about your health?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>4. Understand your main health concerns?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>5. Pay attention to you (look at you, listen carefully)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>6. Let you talk without interruptions?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>7. Give you as much information as you wanted?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>8. Talk in terms you could understand?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>9. Check to be sure you understood everything?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>10. Encourage you to ask questions?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>11. Involve you in decisions as much as you wanted?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
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<tr>
<td>12. Discuss next steps, including any follow-up plans?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
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<tr>
<td>13. Show care and concern?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>14. Spend the right amount of time with you?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
</tbody>
</table>

## Open-ended questions

<table>
<thead>
<tr>
<th>Open-ended questions</th>
<th>Open Response</th>
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</thead>
<tbody>
<tr>
<td>15. What did you like about your resident’s communication?</td>
<td></td>
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<tr>
<td>16. How can this resident improve?</td>
<td></td>
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<tr>
<td>17. Do you have any other comments, questions, or concerns?</td>
<td></td>
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</tbody>
</table>
What did you like about your resident’s communication?

- Help see through all angles. Dr. is phenomenal, attentive, thorough, bedside manner, empathetic.
- Patient experience with Dr. was remarkable. Patient had a lot of pain with dressing changes after amputation. Dr. did a lot of homework on his own to find a solution to best manage his pain. This meant a lot to the patient to show his genuine care for him.
- Lets him know what’s going on in basic terms, makes sure patient is on same page and comfortable with everything.
- Strong interest, smiling, acknowledging, sincerely interested, very focused.
- Good eye contact, let pt. talk without interruptions and paid attention/very interested in pt. questions.
- Very compassionate, excellent beside manner. Shows she cares. Her interest and care was authentic and genuine.

How could this resident’s communication improve?

- Need better anticipating what questions patients might have. They come unannounced and felt unprepared. It would have been helpful to talk about follow-up plans and what to expect.
- Dr came in 5am without knocking, uncomfortable. Dr. team promised to come back to check, but no one came. Dr/residents came, no communication, mainly by nurses. Dr/Res. Came to see other patients in same room, no greetings at all.
- Give introduction before starting treatment. 3 people came in with Dr without any introductions.
- Give more info on what’s coming next few days.
- Didn’t really inquire about patient’s questions, just explains everything to patient.
- Dr was not attentive, always walking in and out of the room.
- Take time. Was in and out quick, in a hurry and aloof.
MD C-I-CARE Communication Program Workshops: Current State

- 4 Primary Care Clinics
  - 31 physicians

- 1 ICU fellow program
  - 5 physicians

- Ob/Gyn Residency Program (series of 3 workshops)
  - 17 physicians

- ED Faculty Development course on Patient Experience
  - 11 physicians

- Alda Center Communication Workshop
  - 29 physicians (residents, fellows, faculty)

As of April 2016, 93 physicians participated in one of the communication workshops
Ob/Gyn Residency Workshop - Overview

- 3 sessions, 1 hour each
- Facilitated by two physician “master communicators”
  - Dr. Manuela Kogon (Psychiatry, Internal Medicine)
  - Dr. Joshua Fronk (Palliative Care)
- Communication theory, practical application, discussion of difficult situations from the residents
- Use of film clips as prompts
  - Dealing with uncertainty
  - Dealing with emotions
  - Breaking bad news
Workshop Details

- Class 1: combination of introduction/lecture/theory/models of communication with interactive/resident brainstorming about components/relevance of communication.
  - This allows the students to ease into it and not have to expose themselves in the first class.
- Class 2: Interactive exploration of communication, including small group activities (e.g. splitting into groups of 3 with one interviewer, one interviewee, one recorder)
- Class 3: Patient oriented with group role play around challenging conversations
Qualitative Feedback from Ob/Gyn Residents Following Third Workshop:
Please describe how participating in these workshops has impacted you personally and professionally

- Professionally it has helped me learn ways to deal with challenging patients/scenarios
- It is very useful to review difficult patient interactions and discuss tools for dealing with these situations in the future. This will help me going forward professionally.
- Biggest change was on the personal fulfillment scale. Talking through these issues has helped me be less hard on myself for communication issues - less feeling of isolation.
- It has been great to have a balance of didactic and practical approaches to take re: communication
- Brings awareness to the importance of good communication with patients, their families, and the people we work with
- Better awareness and understanding of difficult patient situations
- It has been helpful to set aside time to think about important issues.
- Provides opportunity to take a moment to reflect on previous experiences, not just think forward. Validates my experiences and reactions by seeing my colleagues deal with similar situations.
- Personally helpful to have space to acknowledge and discuss stress as physicians we feel with difficult patients. Professionally, good phrases, modes of interacting on how to handle difficult patients.
- I think it is helpful to get at difficult situations relevant to our profession to talk about them/ debrief
Pilot Successes and Lessons Learned

Pilot Successes

- Achieved engagement and buy-in of leadership and physician teams
- Demonstrated to the physicians that we’re investing in developing them
- Built awareness around the importance of focusing on communication
- Shared best practices regarding communication and wellness
- Tested modalities of education to see what participants connected most with
  - 89% attendees would attend a second workshop

Lessons Learned

- Physicians like the interactive nature of the workshop
- Physicians want more coaching and leadership development
- Physicians want help thinking through issues related to their specific work with targeted tactics that could be applied
- Physicians value being able to talk to colleagues and having the space and time to share
- Videos need to be short and succinct with clear behavioral techniques offered
- Learning experientially has been more impactful than through videos
Coaching Principles

- Voluntary and confidential
- Non-evaluative, “Neutral” party
- Appreciative, Supportive, Co-Active Coaching
- Values Based, Self Awareness, Intentional
- Theories: Appreciative Inquiry, Strengths Based, Self Efficacy, Planned Behavior, Reasoned Action, Social Cognitive etc.
Initiating Coaching

- To initiate physician coaching services, e-mail physiciancoach@stanfordhealthcare.org

- 2 types of coaching available
  - Clinical
  - Expanded: leadership and team

- High-Level Process
  - 1:1 prior to or same day (prior to is advantageous but not always feasible due to (mostly) the MD’s schedule
  - Clinic Observation
  - Debrief / Plan of Action
  - Practice / Follow-up within 2-3 weeks, then quarterly if warranted
Next Steps

- If you are interested in bringing any of our communication programs or coaching services to your teams, please contact us at:

  physiciancoach@stanfordhealthcare.org

- Our team:
  - Jonathan Berek, MD, MMS
  - Barbette Weimer-Elder, PhD, RN
  - Lisa Miller, EdD, RN
  - Merisa Kline, MHA
Stanford Health Care Communication Program: Approaches for Teaching Effective Communication
- Presented by Jonathan Berek, MD, Barbette Weimer-Elder, PhD, Merisa Kline, MHA

GME Task Force, Presented by Larry Katznelson, MD

Annual Program Evaluations at Program Evaluation Committee Meetings
Annual Program Evaluation (APE)

What are the Purposes?

• Review Program using evaluations and other outcome data.

• Facilitate Program Improvement and Innovation.

• Document Systematic Evaluation of Program’s Curriculum.
  • Annual Action Plan
  • Meeting Minutes

• Prepare for the Longitudinal Self Study of Your Training Program.
Who Participates in the APE at the PEC Meeting?

• V.C.1. The **program director must appoint** the Program Evaluation Committee (PEC).

• V.C.1.a) The Program Evaluation Committee must be composed of at least **two program faculty members** and should include **at least one resident**.
What Is the PEC Required to Cover?

• Review and Revise Competency-Based Curriculum Goals & Objectives.

• Develop and Improve Program’s Educational Activities.

• Address Non-Compliance with ACGME Standards.

• Review the Program, identifying strengths and weaknesses.
## Curriculum Objectives

<table>
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<th>Service/Curriculum</th>
<th>Documents:</th>
<th>FY:</th>
<th>Updated:</th>
<th>Actions:</th>
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<td>R1</td>
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<td></td>
<td>R2</td>
<td>2</td>
<td>09/19/2012</td>
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<td>R1</td>
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<td></td>
<td>R2</td>
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<td></td>
<td>R0</td>
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<td>10/10/2012</td>
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<tr>
<td>Education - Board Prep Review Courses</td>
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<td>Endoscopy</td>
<td>Endoscopy G&amp;O</td>
<td>3</td>
<td>08/13/2008</td>
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</table>
Break Down of the APE Process

• Pre-APE
  • Gather and analyze program data in key areas.
  • Consider developing a presentation of the data to the PEC.

• APE
  • Review Previous Year’s Action Plan.
  • Develop New Action Plan (based on data).
  • Document in Meeting Minutes.

• Post-APE
  • Teaching Faculty Approve Action Plan.
  • Upload Documentation in MedHub.
  • Follow Up on Action Items.
# Pre-APE: The APE Checklist

**ACGME Requires Programs To Monitor and Track Resident Performance, Faculty Development, Graduate Performance, and Program Quality**

## Annual Program Evaluation (APE) Checklist

<table>
<thead>
<tr>
<th>Item</th>
<th>Responsibility</th>
<th>Source &amp; Path</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RESIDENT PERFORMANCE</strong></td>
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</tr>
<tr>
<td>Scholarly Activity of Residents</td>
<td>Program</td>
<td>WebADS</td>
</tr>
<tr>
<td>In-Training Exam Scores™</td>
<td>Program</td>
<td>Program Coordinator</td>
</tr>
<tr>
<td>Aggregated Resident Performance Report</td>
<td>Program</td>
<td>Medhub - Resident/Faculty/Service Ranking under Evaluation Reports</td>
</tr>
<tr>
<td>Procedure Logs*</td>
<td>Program</td>
<td>Varies for each program</td>
</tr>
<tr>
<td>OSCEs (Objective Structured Clinical Examinations)*</td>
<td>Program</td>
<td>Program Coordinator</td>
</tr>
<tr>
<td><strong>FACULTY DEVELOPMENT</strong></td>
<td></td>
<td></td>
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<tr>
<td>Scholarly Activity of Faculty</td>
<td>Program</td>
<td>WebADS</td>
</tr>
<tr>
<td>ABMS Certification Status</td>
<td>Program</td>
<td>Board Certification Verification Websites</td>
</tr>
<tr>
<td>Faculty Attendance in Grand Rounds &amp; Conferences</td>
<td>Program</td>
<td>Medhub - &quot;Reports&quot; tab - Faculty Conference Attendance</td>
</tr>
<tr>
<td>Faculty Professional Development Courses</td>
<td>Program</td>
<td>Program Coordinator</td>
</tr>
<tr>
<td><strong>GRADUATE PERFORMANCE</strong></td>
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<td>Aggregated Board Exam Pass Rates From Each of the Past 5 Years</td>
<td>Program</td>
<td>Program Coordinator/Program Director</td>
</tr>
<tr>
<td>Alumni Survey*</td>
<td>Program</td>
<td>Program Coordinator/Program Director</td>
</tr>
<tr>
<td>Graduate Placement</td>
<td>Program</td>
<td>Program Coordinator/Program Director</td>
</tr>
<tr>
<td><strong>PROGRAM QUALITY</strong></td>
<td></td>
<td></td>
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<tr>
<td>2013-2014 Action Plan</td>
<td>Program</td>
<td>Program Coordinator/PEC</td>
</tr>
<tr>
<td>2015 Annual Evaluation of Program by Residents/Fellows</td>
<td>GME</td>
<td>Medhub - &quot;Program Accreditation&quot; under &quot;Site Management&quot; in &quot;myHome&quot; - &quot;Annual Program Evaluations&quot; tab</td>
</tr>
<tr>
<td>2015 Annual Evaluation of Program by Faculty</td>
<td>GME</td>
<td>Medhub - &quot;Program Accreditation&quot; under &quot;Site Management&quot; in &quot;myHome&quot; - &quot;Annual Program Evaluations&quot; tab</td>
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<td>2014-2015 GME House Staff Survey</td>
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<td>Medhub - &quot;Program Accreditation&quot; under &quot;Site Management&quot; in &quot;myHome&quot; - &quot;Annual Program Evaluations&quot; tab</td>
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<td>2015 Trend Analysis*</td>
<td>GME</td>
<td>Medhub - &quot;Program Accreditation&quot; under &quot;Site Management&quot; in &quot;myHome&quot; - &quot;Annual Program Evaluations&quot; tab</td>
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<td>2014 ACGME Faculty and Resident Surveys*</td>
<td>GME</td>
<td>Medhub - &quot;Program Accreditation&quot; under &quot;Site Management&quot; in &quot;myHome&quot; - &quot;Annual Program Evaluations&quot; tab</td>
</tr>
<tr>
<td>ACGME Letters of Notification and ACGME citations</td>
<td>GME</td>
<td>Medhub - &quot;Site Visits/Self-Study&quot; tab or &quot;Correspondance&quot; tab/WebADS</td>
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<tr>
<td>Overview of the Curriculum and Rotations</td>
<td>Program</td>
<td>Medhub - &quot;Curriculum Objectives/Goals&quot; under &quot;Portal Management&quot; in &quot;myHome&quot;</td>
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<tr>
<td>Exit Summative Evaluation/Interview*</td>
<td>Program</td>
<td>Program Records</td>
</tr>
</tbody>
</table>
**Annual Program Evaluation Meeting**

**Program:**  
**Date/Time:**  
**Location:**  

**AGENDA**

I. Review Previous Year’s Action Plan Items.

II. Review All Elements of Program:
   a. Resident Performance
   b. Faculty Development
   c. Graduate Performance
   d. Program Quality

III. Create Action Plan For Upcoming Academic Year.
   a. Action Plan
   b. Cause-Effect Diagram for Self-Study

IV. Program Faculty Review/Approval of Action Plan at Next Program Faculty Meeting

**ATTENDEES**

<table>
<thead>
<tr>
<th>Faculty</th>
<th>Sign Name:</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Residents/Fellows</th>
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<td>Print Name:</td>
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</tbody>
</table>
# APE: Review Previous Year’s Action Plan

Use the APE Guidebook from last year.

- **Previous Action Plan Review**
  - What was the outcome for each issue from last year?
  - Was each issue resolved?
  - If the issue isn’t resolved, carry it over to this year’s action plan.

<table>
<thead>
<tr>
<th>Issue Synopsis</th>
<th>Description</th>
<th>Proposed Actions</th>
<th>Person(s) Responsible</th>
<th>Targeted Outcome/Due Date</th>
<th>Actual Outcome</th>
<th>Resolved (Y/N)</th>
</tr>
</thead>
</table>
# APE: Develop This Year’s Action Plan

Use the APE Guidebook from last year.

## 2015-2016 APE Meeting - Action Plan for Next Year

<table>
<thead>
<tr>
<th>Issue Synopsis</th>
<th>Description</th>
<th>Proposed Actions</th>
<th>Person(s) Responsible</th>
<th>Targeted Outcome/Due Date</th>
<th>Actual Outcome</th>
<th>Resolved (Y/N)</th>
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<tbody>
<tr>
<td>Weakness #1</td>
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<td>Weakness #2</td>
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<td>Weakness #3</td>
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<td>Weakness #4</td>
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<td>Weakness #5</td>
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</tbody>
</table>

*DATE:* <Enter Date>  

*PROGRAM:* <Your Program’s Name>
APE: SWOT Analysis for each Self-Study Year
Use the APE Guidebook from last year.

The APE Guidebook contains:
- Pre-Meeting Preparation Instructions
  - APE Checklist
  - APE Meeting Agenda
- Last Year’s Action Plan
- Current Year’s Action Plan
- SWOT Analysis for Self-Study
Post-APE: Upload All APE Documentation to MedHub

Annual Program Evaluations Tab (within Accreditation)
Use the GME Website for APE Resources
Forms, Templates & Examples Tab in the Directors & Coordinators Section

Templates

  - Instructions on Annual Program Evaluation
- Annual Program Evaluation Checklist (PDF / DOC) [New!]
- Annual Program Evaluation Agenda (PDF / DOC) [New!]
- A Quick Method to Analyze Program Evaluations [New!]
- APE Powerpoint Presentation Example [New!]

- Clinical Competency Committee Policy (NAS Program Requirement) [REQUIRED]
- Program Evaluation Committee Policy (NAS Program Requirement) [REQUIRED]
Questions are guaranteed in life; Answers aren't.