Doctor Communication

Question Details

Communication with Doctors is an HCAHPS "summary measure" consisting of three questions:

- During this hospital stay, how often did doctors treat you with courtesy and respect?
- During this hospital stay, how often did doctors listen carefully to you?
- During this hospital stay, how often did doctors explain things in a way you could understand?

The scale for rating these questions is "always," "usually," "sometimes" and "never."

Overview of Physician–Patient Communication

Poor communication skills in the physician-patient relationship are associated with lower patient satisfaction and more patient complaints. [1] Although communication training has been introduced into medical education, assessment of the physician's skills was lagging until a few years ago.

In 2004, a clinical skills section was added to the United States Medical Licensing Examination. The Clinical Skills Examination was developed to assess medical school graduates' skills in establishing rapport, interviewing patients, answering patient questions and counseling patients. Hopefully, the recent changes in training will ensure that medical school graduates develop requisite skills to interact with and relate to patients. [2] Research in 2008 found that physicians who had been practicing medicine less than 10 years appeared to possess stronger skills in interacting with patients than physicians practicing medicine more than 10 years. [3] Many factors may have contributed to this finding. For example, several of the physicians practicing less than 10 years reported receiving formal education regarding patient-physician relationships. The addition of formal training may have provided physicians with stronger skills and experiences in relating to patients.

Effective physician communication between the physician and the patient is important because it improves patient care and outcomes. Direct results of effective communication are:

- **Higher patient satisfaction**
- **Improved patients' compliance**
- **Enhanced physicians' ability to diagnose and treat their patients** [4]
- **Better self-management of chronic disease** [5]

A frequent complaint heard from patients is that the time a physician spends with the patient is too brief, the patient didn't understand what the physician said and the patient

did not have a chance to ask questions. An analysis of 29 medical interviews found that 38% of physicians did not specify to the patient the amount of medication prescribed and 50% of the physicians did not inform the patient about the duration of their treatment. None of the physicians checked for patients' understanding of the instructions, and none of them attempted to identify potential barriers to patient compliance or explain to the patient why a follow-up visit was necessary. Consequently, only a third of the patients kept their follow-up appointments, and immediately following their medical visit these patients could remember only half of what they had been told. [6] Beckman and Frankel, [7] upon reviewing 74 audiotapes of medical visits, found that patients were allowed only 18 seconds to respond to physicians' questions before being interrupted.

Communication failures have been identified as the root cause of the majority of both medical malpractice claims and major patient safety violations, including errors resulting in patient death. [8] Even the Joint Commission for Accreditation of Healthcare Organizations (JCAHO) has noted, "Physicians are most often sued, not for bad care, but inept communication" (2005). A 2003 study by JCAHO documented that communication breakdown was the root cause of more than 60% of 2,034 medical errors, of which 75% resulted in the patient's death (COPIC, 2005). **In other words, 915 people died as a result of a communication error.**

Patient Satisfaction and Risk

A strong relationship is exhibited between patient satisfaction and complaints against physicians and malpractice lawsuits. Studies have shown that for every one-point decrease in satisfaction, there is a 6% increase in complaints and a 5% increase in rate of risk management episodes. It was also found that physicians in the middle third of patient satisfaction rankings had 26% higher malpractice lawsuit rates than doctors in the top third. Physicians in the lowest third of patient satisfaction rankings had 110% higher lawsuit rates than those in the top third. [9]

Malpractice lawsuits serve as a great source of pain, consternation and loss for physicians and patients alike, usually leaving all parties involved in the process with a sense of betrayal. [10] Research shows that inadequate communication between physicians, patients, and the patient's family has emerged as one factor that is an important determinant of malpractice lawsuits. [11] Levinson, et al., compared communication behaviors among physicians with two or more malpractice claims with physicians having no claims, documenting significant differences on several parameters. The most successful physicians, measured here as those with no malpractice claims, were characterized by the following:

- Spending more time with patients
- Orienting the patient more frequently to the flow of the visit and
- Using more humor and laughter during the encounter.

Several factors contribute to poor physician-patient communication. One is a lack of physician training on basic communication skills. The introduction of HCAHPS mandated monitoring of patients' perceptions of their interactions with physicians is an opportunity to identify a medical staff that needs training and to provide the tools and

training to improve their communication skills. An ever increasing demand on physicians' time is also a factor in the length of time a physician spends with the patient and the quality and focus of the interaction with the patient. The commodity of time is precious to physicians. It is common for physicians to name myriad challenges and "time wasters" to making their visits to the hospital productive and of higher quality in patient interaction. **Hospitals that provide an efficient care environment and respect physicians' time are likely to attract and retain physicians to their staff and to become the hospital of choice for physicians to refer their patients.** Following are some ideas and potential solutions to improving physician-patient communication:

Improving Physician-Patient Communication

Improvements driven by Physicians:
To hone patient-centered communication skills, physicians can participate in programs provided by medical societies, large medical groups, or hospitals they are associated with. These programs, typically lasting half a day to five days, commonly use role playing to allow physicians to practice communication skills while receiving feedback they don't normally get. Reviewing videos of patient encounters can also be helpful to reinforce effective communication strategies and change ineffective ones. [12] In the absence of formal training programs, the following tactics can improve physician-patient communication:

- Let the patient speak without interruption
- Probe the hints the patient drops
- Offer facilitating remarks
- Ask open-ended questions
- Maintain eye contact
- Be reflective and check for accuracy
- Determine patient's expectations for treatment
- Ask "What else is on your mind today?"

Consider adapting Organizational Communication Standards or Scripting for Physicians
Many organizations have adopted some sort of standardized scripting or expectation for communication with patients. Whether the standardized approach used is AIDET (Studer Group) or RELATE (Baptist Leadership Group) or something developed in-house, physicians are often slow to adapt. Below is a physician-specific adaptation of AIDET created by Dr. Wolfram Schynoll, Studer Group Medical Director. [13]

1. The Beginning
Goal: Creating a good first impression with every patient encounter

1. Knock on the door or announce through the curtain, "Hello, may I come in?" Wait a second or two for a response before entering the patient's room.

2. Smile. Acknowledge the patient by name and greet them in a warm and friendly manner.
3. Introduce yourself and the role you will play in their care.
4. Acknowledge all visitors and inquire who they are.
5. Sit down whenever possible.
6. Maintain consistent eye contact.
7. Begin the conversation with a very brief sentence or two on a non-medical topic. Show them that you are easy to talk to, do not come across as rushed, and show them you are genuinely interested in them as a person. Examples might include: the weather, their genealogy, recent travels, sports, or pets.
8. Now, begin your medical interview.

Total amount of time needed to create a great first impression: 60-90 seconds
AIDET components used: A, I, E

2. The Middle
Goal: Providing a great explanation to patients using language that they understand

1. Perform the history and physical exam.
2. Maintain eye contact when speaking.
3. Explain next steps in the plan of care: tests to be performed, approximately how long until results are back, additional people they will meet (e.g., respiratory therapist, CT technician, consultant, etc.), or any needed procedures (explain indications, risks, and procedure details).
4. If test and/or procedure results are completed during the visit, explain all findings.
5. Explain the three elements of their plan of care: what is the diagnosis or status of their condition, what is the proposed treatment, and what follow-up is/may be needed.
6. Use language patients can understand. Avoid using any medical jargon.

AIDET components used: D, E

3. The Close
Goal: Concluding the patient encounter with a strong ending

Ending strongly significantly influences patient perception of care and creates a lasting positive impression of the encounter. A strong ending will make patients feel that you listened well, answered all their questions, gave them a chance to participate in the decision making process, and will portray you as a more caring, sensitive, and attentive physician. There are a number of key words/phrases that should be imbedded into the closing conversation.

1. (Used selectively): If you sense that a patient looks confused, frightened, or anxious based on what you have told them, say: "What are you most worried about?" or, "I can sense that you are concerned or worried. Please tell me more."
2. Summarize the plan of care: "Let me summarize the plan of care so that both of us have a good understanding of what happens next." Summarize the plan of care by restating the diagnosis, treatment details, and follow-up instructions. After giving the patient your summary, ask: "How does this sound to you? Are you okay with this plan?" This allows the patient an opportunity to feel like they are participating in the decision making process and promotes better buy-in and compliance.
3. After you are finished explaining the diagnosis and treatment plan to the patient, say: "I want to make sure that I have thoroughly explained everything well to you. Based on everything I just covered, what questions do you have?" Pause until the patient answers.
4. End with a statement that makes the patient feel appreciated and lets them know you enjoyed meeting them. Create a phrase that fits your personality and use it consistently. Examples: "It was a pleasure meeting you today," "I hope you feel better soon," "I'm glad you came in to see me today," "I'm glad I was able to help you today," or, "I'm glad you are doing better."

AIDET components used: E, T

An Organizational Approach for Engaging Physicians

With the inception of HCAHPS and the approaching impact of HCAHPS scores on reimbursement, hospitals have become increasingly interested in driving improvement in each area or theme of the survey. Physician Communication as a theme (3 questions) provides hospital leadership, physician groups and individual physicians the opportunity to examine the patient's experience of their communication. Increasingly, hospitals are asking for individual physician-specific data to be able to recognize high performing physicians and drive improvement in others. Physician HCAHPS performance in some institutions is being used as a performance measure to partially determine compensation and as part of the recredentialing process.

Recommendations for Physician Engagement in HCAHPS Improvement (Appendix I) provides an organizational approach for engaging physicians and driving improvement on Physician Communication and other physician-related HCAHPS questions.

Improvements driven by Nursing Staff:

Nurses can be instrumental in giving physicians who round on patients in their unit the gift of time by:

- Housing **charts** in the same location on every unit to simplify the process of searching for a patient chart on several different units.

- Keeping **current progress notes** on all patient charts. Physicians are frustrated when delayed by having to take time to search for clean progress notes before they can complete notes concerning their visit with their patients.
- Ensuring that bedside **equipment** and any other equipment needed by doctors for exams when rounding are in working order and readily accessible.
- Making it a priority to have **test results** available on chart or available electronically by early morning rounds 100% of the time (This also serves to reduce length of stay).
- Helping patients to prepare for the doctor's visit by encouraging **patients to write down the questions they want to ask when their physician rounds**. At the time of admission, some hospitals provide patients with a pen and a pad of paper on which to write their questions. Other staff encourage patients to write their questions on the bottom of their tissue box. Patients who are clear in communicating their symptoms and changes in condition assist their doctors in diagnosing and treating them. Paraphrasing what they heard their physician say is helpful to patients in understanding their condition and treatment and in becoming a partner in their care.
- **Coaching patients** in questions to ask prior to the doctor's rounds. A nurse may review the chart together with the patient and generate a list of questions the patient has for the doctor.
- **Rounding with physicians** on their patients whenever possible.
- Training clerical staff, such as unit clerks, to **anticipate physician requests**.
- Monitoring **Operating Room turn-over time** between cases and posting results for physicians to see.
- Starting first surgical case of the day on time 100% of the time and **posting success rate for surgeons to see.**
- Practicing personal accountability.

Improvements driven by Administration:
Hospital and physician leadership can facilitate improved physician-patient communication by:

- **Providing training to physicians** on improving communication with their patients.
- **Communicating results of physician-related HCAHPS scores** to physicians.
- **Provide physician-specific HCAHPS scores** to physicians to allow them to track their progress, both absolutely and relative to their peers, over time. This individualized feedback can be a powerful tool. [14]
- **Setting expectations** of physicians on standards and scores of physician-patient communication.
- **Modeling personal accountability** and mentoring staff on practicing personal accountability.
- **Providing a culture of efficiency** that allows physicians to focus on caring for their patients without distractions.
- **Being accessible to and candid with physicians** about operational issues and barriers to their expanded practice at the hospital.

- **Engaging physicians in quality initiatives** to improve safety, patient care and outcomes.
- **Responding to all physician concerns**, regardless of how minor they may seem.
- **Monitoring disruptive behavior** and intervening as appropriate.

Additional Resources

www.ahrq.gov
www.healthcarecomm.org
www.peacehealth.org/system/news/sharedcareplan061306.htm

Recommendations for Physician Engagement in HCAHPS Improvement Efforts

Establish physician leaders

These leaders will work with Service Champion and CMO on engaging physicians and will help drive improvement efforts on HCAHPS. Improvement efforts should be focused on the following HCAHPS questions: Doctor Communication (3 questions), Pain Management (2 questions) and Overall Rating of Hospital. The same improvement activities will also prove valuable to physicians in their office practices as the CG-CAHPS becomes a reality.

Selection considerations:

- Strongly recommend President of Medical Staff to be one of the physician leaders
- Consider 1-2 other formal and informal physician leaders
- Look for representation from larger specialties
- Two key criteria:
    - Positive relationship and engagement with hospital/medical center
    - Ability to influence/galvanize other physicians in positive direction

The engagement/improvement activities will need to include the following:

Goal setting

- Set aggressive level goals on the 5 HCAHPS questions with the assistance of HealthStream
- Set goals at organizational, site and specialty/medical department levels
- Link pay to performance whenever possible (ED, any contracted physician services)

Education for all Physicians

- HCAHPS and the physician's role
- Value Based Purchasing (VBP) and impact on the hospital
- Linking HCAHPS to CG-CAHPS survey (Office Practice-Clinical Group)
- Impact of physician communication on patient care, outcomes and safety
- Best Practices for physician-related HCAHPS questions (HealthStream Insights Online Website)
- AIDET adaptation for physicians (Appendix I)
- New HCAHPS Improvement Library (HealthStream online learning –Physician appropriate modules…CMEs available)

Share Results

- HCAHPS Standing Agenda Item
    - Results shared quarterly
    - Discuss new or successful strategies
    - Note positive reactions from patients
- Physician-level reporting
    - Initially (6 months) publish scores on these questions in appropriate publications and share scores for specialty groups within those meetings each quarter
    - Immediately offer availability of individual physician scores
    - Increase organizational transparency of HCAHPS data
        - Post individual physician scores using NPI numbers
        - Ultimately, individual scores would be published with physician names

Recognize, Reward & Coach Individual Physicians

- Coach physicians with consistently low scores
- Identify, recognize physicians with consistently high scores
- Consider an annual physician award at physician dinner
- Low scores discussed with individuals

Appendix I

Enhancing Communication Skills for Physicians: Beyond the Fundamentals of AIDET to Build an Even More Effective Patient Care Experience
By Wolfram Schynoll, MD, FACEP, Studer Group® Medical Director

To watch Dr. Schynoll demonstrate AIDET with a patient, click on the link http://www.studergroup.com/thoughts/archive/enhancing_communication_skills.dot .

In the present-day medical era, patient perception of care has evolved to being dependent on the ability of the provider to match excellent clinical care quality with equally excellent communication quality. Physicians have relied on the use of communication tools such as AIDET℠ to aid them in their ability to practice effective communication with patients. However, the application of AIDET skills has remained challenging for physicians, as they have been slow to adapt AIDET into their daily practices.(AIDET is a communication tool that explains things to help reduce anxiety and stands for Acknowledge, Introduce, Duration, Explain and Thank You)

There are various reasons why this may be so. One is that physicians may not have a simple communication model to follow. If they did, it would show them how to imbed AIDET into their patient conversations and would help them remember the individual AIDET components.

As such, it has become evident that physicians are inconsistent in their ability to maximize their communication skills. It is also apparent that the components of AIDET represent the basic foundation of good communication, but there are other key communication attributes that also contribute to communicating well. A physician can be compliant with using all components of AIDET during a patient conversation, yet fail to achieve high patient satisfaction. The provider's use of AIDET alone does not result in achieving consistently great perception of care results.

When a provider uses the AIDET tool during a patient encounter, it helps to relieve patient anxiety and can drive compliance. The use of AIDET alone—without emphasis on the other key communication attributes—results in meeting, but not exceeding, patient expectations.

Meeting patient expectations yields a 3 or 4 on a patient experience survey and results in a "usually" response on an HCAHPS survey. To achieve a result of 5 on a patient experience survey or move to a culture of "always" on an HCAHPS survey, providers need to exceed patient expectations. They need to make sure the patient is at ease and has complete confidence in his or her care; this is, after all, what these result rankings are really about. In short, they need to "wow" the patient.

How does a provider "wow" a patient? By following the simple concepts outlined in the communication model below:

1. AIDET communication components need to be used throughout the entire patient conversation.
2. Equally important in the use of AIDET skills are the non-verbal communication attributes that influence patient perception. These include:
    1. Warm tone of voice and demeanor
    2. Engaging body language

3. Consistent eye contact
4. Showing empathy and appropriate use of touch
5. Not coming across as rushed: demonstrating a relaxed bedside manor
6. Showing appropriate emotions such as enthusiasm, positive attitude, and warmth

3. Understanding that the above communication skills need to be imbedded into the three components that make up every patient encounter: the beginning, middle, and close. Maximizing the quality of each of these three components will yield a great patient experience. Here's how to create a best practice for each of the three components:

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3. After you are finished explaining the diagnosis and treatment plan to the patient, say: "I want to make sure that I have thoroughly explained everything well to you. Based on everything I just covered, what questions do you have?" Pause until the patient answers.
4. End with a statement that makes the patient feel appreciated and lets them know you enjoyed meeting them. Create a phrase that fits your personality and use it consistently. Examples: "It was a pleasure meeting you today," "I hope you feel better soon," "I'm glad you came in to see me today," "I'm glad I was able to help you today," or, "I'm glad you are doing better."

AIDET components used: E, T

Conclusions

The ability to "wow" a patient and exceed their expectations will depend on the provider's skill in demonstrating effectiveness in their non-verbal communication, use of AIDET throughout their conversation, and creating a best practice style in the three components of the patient encounter. Consistent use of this communication model will maximize patient perception of care and positively impact clinical outcomes through improved compliance. It's not only the right thing to do, but it makes us all better physicians.

Learning Modules

- **HCAHPS Preparation & Improvement Library**
  Module: Doctor Communication
- **RELATE: Meaningful Communication with Every Patient, Every Family, Every Time**
- **Communication: Bedside Manner**
- **Discovering What Your Customers Want**

To view courses in the HealthStream catalog that correspond to our Best Practices, please go to http://catalog.healthstream.com. On our catalog you can search by course title, subject area or by HealthStream's courseware partners. To view a demo of a course please register and then click the "View Demo" link. Available courses are subject to change.

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