

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

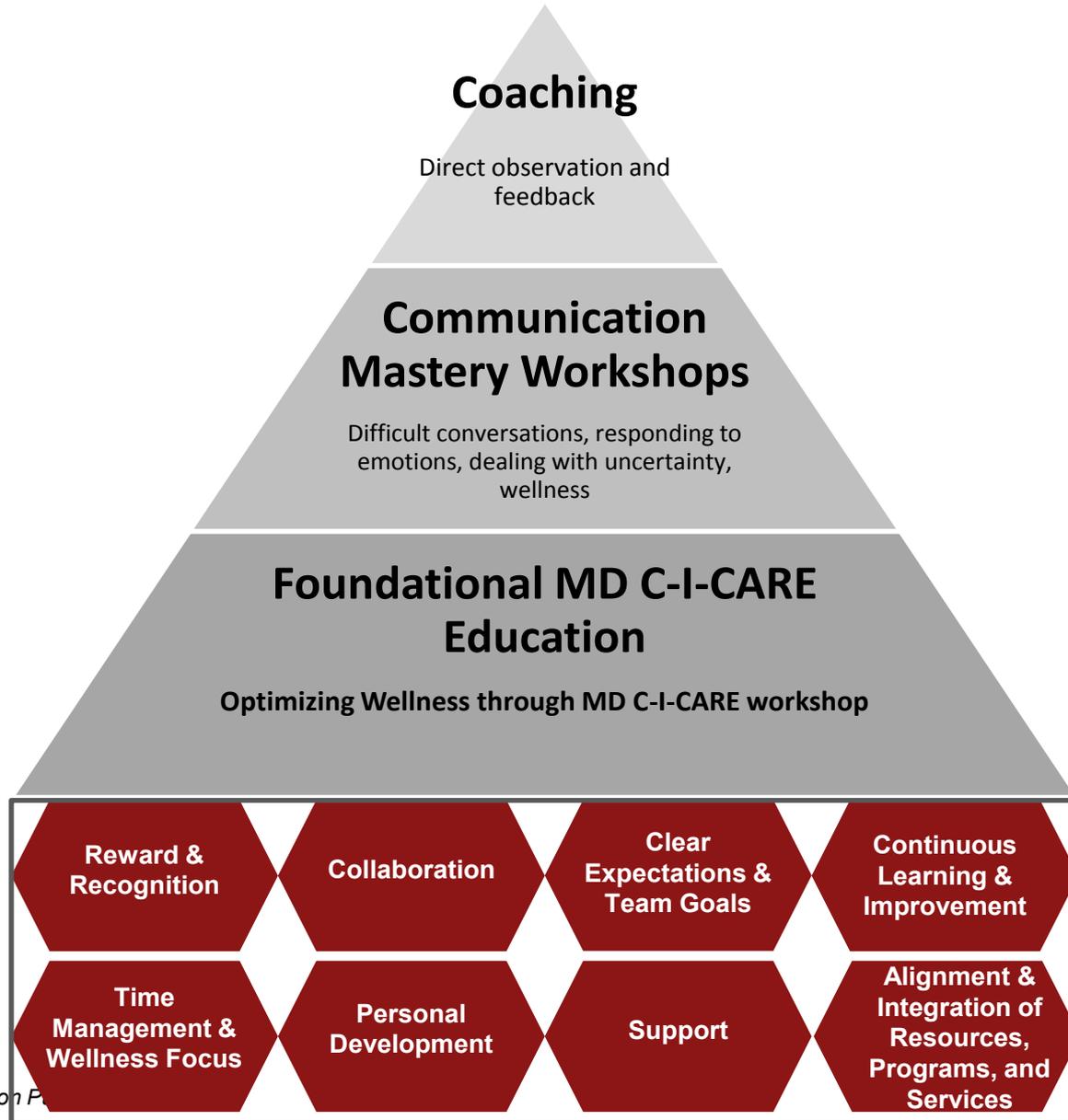
- ▶ To contribute to evidence-based best practices to improve quality of care delivery and patient outcomes

MD C-I-CARE Framework

Behavioral
Changes



Awareness



Program Faculty



Jonathan Berek, MD, MMS
Director



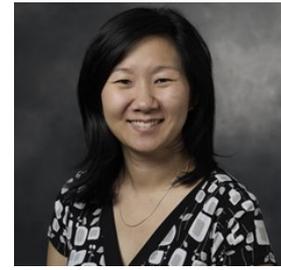
Paul Costello



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



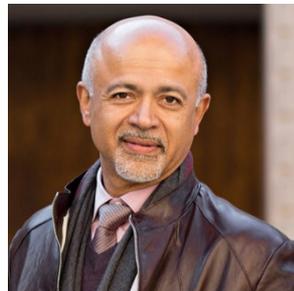
Christy Sandborg, MD



Lidia Schapira, MD



David Spiegel, MD



Abraham Verghese, MD,
MACP



Barbette Weimer-Elder,
PhD, RN



Ann Weinacker, MD

Resident Communication Assessment

Program Overview

- ▶ 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

Resident Assessment "How well did the resident physician..."	Very Poor	Poor	Fair	Good	Very Good	N/A
1. Greet you in a way that made you feel comfortable?	1	2	3	4	5	N/A
2. Treat you with respect?	1	2	3	4	5	N/A
3. Show interest in your ideas about your health?	1	2	3	4	5	N/A
4. Understand your main health concerns?	1	2	3	4	5	N/A
5. Pay attention to you (look at you, listen carefully)?	1	2	3	4	5	N/A
6. Let you talk without interruptions?	1	2	3	4	5	N/A
7. Give you as much information as you wanted?	1	2	3	4	5	N/A
8. Talk in terms you could understand?	1	2	3	4	5	N/A
9. Check to be sure you understood everything?	1	2	3	4	5	N/A
10. Encourage you to ask questions?	1	2	3	4	5	N/A
11. Involve you in decisions as much as you wanted?	1	2	3	4	5	N/A
12. Discuss next steps, including any follow-up plans?	1	2	3	4	5	N/A
13. Show care and concern?	1	2	3	4	5	N/A
14. Spend the right amount of time with you?	1	2	3	4	5	N/A
Open-ended questions	Open Response					
15. What did you like about your resident's communication?						
16. How can this resident improve?						
17. Do you have any other comments, questions, or concerns?						

Resident Communication Assessment

Qualitative Feedback

What did you like about your resident's communication?

- ▶ *Help see through all angles. Dr is phenomenal, attentive, thorough, bed side 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



Program Directors Meeting

April 14, 2016

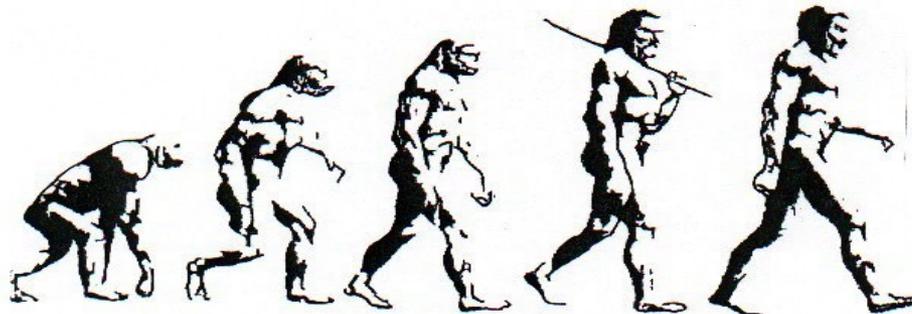
Agenda

- ❑ 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.**

Annual Review of the Curriculum

Tuesday, April 7, 2015

Ann Dohn [GME Office](#) [Account](#) [Log Off](#)



[myHome](#) [Residents](#) [Schedules](#) [Evaluations](#) [Reports](#) [Help](#)

You are here: [myHome](#) » Curriculum Objectives

Curriculum Objectives

Service/Curriculum:	Documents:	PGY:	Updated:	Actions:
ACS-Day	R1	1	09/19/2012	Download
	R2	2	09/19/2012	Download
ACS-Night	R1	1	09/19/2012	Download
	R2	2	09/19/2012	Download
Acute Care Service	R4	4	09/19/2012	Download
	Trauma/ACS Goals & Objectives for Neurosurgery Intern	1	05/14/2012	Download
Anesthesia	Anesthesia G&O R1	1	09/25/2012	Download
Breast Service	R1	1	10/10/2012	Download
	R3	3	10/10/2012	Download
Cardiac	(no files)			
Cardiac Care Unit	(no files)			
Cardiovascular ICU	(no files)			
Colorectal Service	(no files)			
Education -Board Prep Review Courses	(no files)			
Emergency Medicine	Emergency Med G&O	1	09/25/2012	Download
Endoscopy	Endoscopy G&O	3	08/13/2008	Download

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

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

APE: Meeting Agenda

Document attendance and meeting discussion.

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

Faculty
Print Name:

Sign Name:

Residents/Fellows
Print Name:

Sign Name:

PGY Level:

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.

2014-2015 APE Meeting - Action Plan for Next Year

DATE: <Enter Date>							
PROGRAM: <Your Program's Name>							
<i>Used For Current Year's Meeting</i>						<i>Used For Next Year's Meeting</i>	
	Issue Synopsis	Description	Proposed Actions	Person(s) Responsible	Targeted Outcome/Due Date	Actual Outcome	Resolved (Y/N)
Last Year's Unresolved Issues							
Current Year's Issues	Weakness #1						
	Weakness #2						
	Weakness #3						
	Weakness #4						
	Weakness #5						

APE: Develop This Year's Action Plan

Use the APE Guidebook from last year.

2015-2016 APE Meeting - Action Plan for Next Year

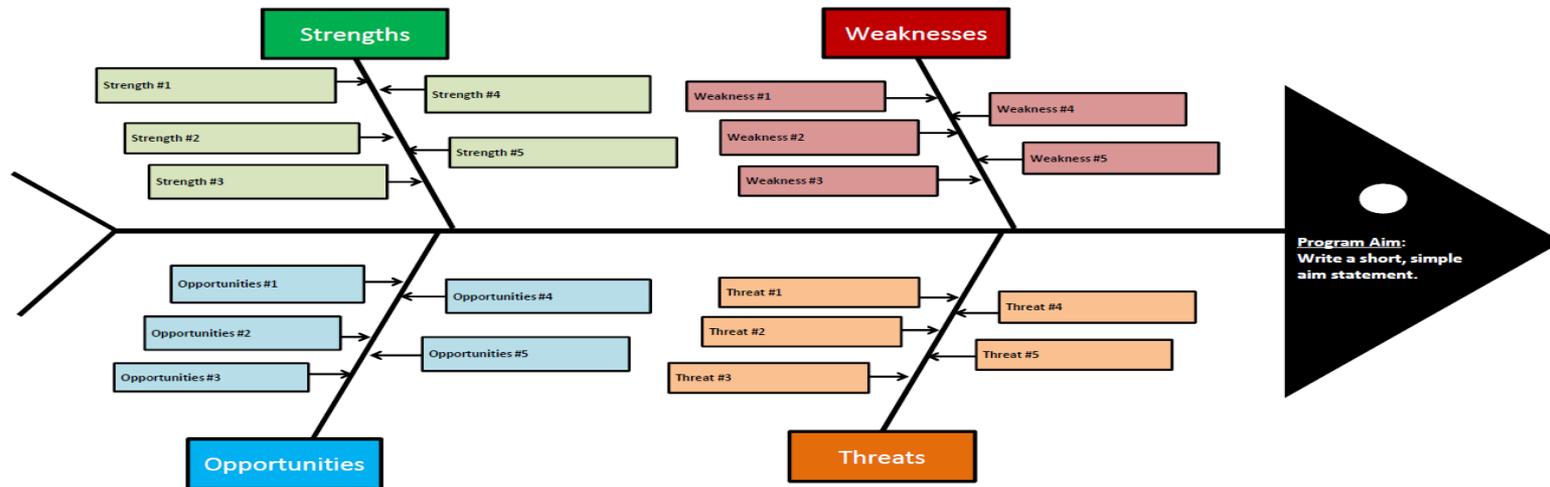
DATE: <Enter Date>

PROGRAM: <Your Program's Name>

Used For Current Year's Meeting						Used For Next Year's Meeting	
	Issue Synopsis	Description	Proposed Actions	Person(s) Responsible	Targeted Outcome/Due Date	Actual Outcome	Resolved (Y/N)
Last Year's Unresolved Issues							
Current Year's Issues	Weakness #1						
	Weakness #2						
	Weakness #3						
	Weakness #4						
	Weakness #5						

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)

You are here: [Home](#) > Accreditation - Annual Program Evaluations

Accreditation - Annual Program Evaluations

Dashboard Internal/Special Reviews Site Visits/Self-Study Surveys CLER Visits Policies Correspondence Annual Program Evaluations

Annual Program Evaluation updated

PRINT VERSION

Program: Adolescent Medicine

Status: Program Review Completed

Program (Prd): GME/DIO Review
 Review Dates: 02/25/2018 (MMDDYYYY)

Review Comments:

Program Strengths:

Program Areas for Improvement:

Action Plan:

GME/DIO Notes:

Submit

Delete Program Review

Attached File	File Name	Size	Updated	Author	Actions
	2015-2016 Annual Program Evaluation SWOT	254K	3/24/2018	Fraser	Modify Delete
	2016 Annual Program Review Action Plan	123K	3/7/2018	Fraser	Modify Delete
	2016 Annual Program Review Attendance Sheet	339K	3/7/2018	Fraser	Modify Delete
	Adolescent Medicine 2015-2016 Program Evaluation by Faculty	233K	4/8/2018	Dinh La	Modify Delete
	Adolescent Medicine 2015-2016 Program Evaluation by Fellow	249K	4/5/2018	Dinh La	Modify Delete

Attach File

Program Review Committee

Name	Role
Golden, Neville	Director
Halpern-Felsher, Bonnie	Director
Aggarwal, Shelly	Faculty Member
Ammerman, Seth	Faculty Member
Anoshiravani, Arash	Faculty Member
Carlson, Jennifer	Faculty Member
Kasphahn, Cynthia	Faculty Member
Miller, Catherine	Faculty Member
Yen, Sophia	Faculty Member
Fraser, Ana	Administrator
Bar, Shelly	Resident
Goldstein, Rachel	Resident
Seetharaman, Sujatha.Sri	Resident

Add Update Committee Members

GME Reviewers

Name	Role
Dohn, Ann	DIO
Steinberg, Diane H	GME Staff

Add Update GME Reviewers

Review Checklist

- A. Resident Performance
Aggregated evaluations of the residents; in-training/in-service exam scores; procedure logs; scholarly activity; learning portfolios
- B. Faculty Development
ABIM certification status for all faculty; updated faculty CVs; documentation (faculty survey; attendance logs) of faculty participation in faculty development activities
- C. Graduate Performance
Aggregated board exam pass rates; aggregated alumni survey results; other outcome measures
- D. Program Quality
aggregated evaluations of the program by faculty; aggregated evaluations of the program by residents; aggregated evaluations of the faculty by residents; ACGME/GME survey results; curriculum; assessment methods; resources
- E. Reviewed Actions Items from last APE

Submit

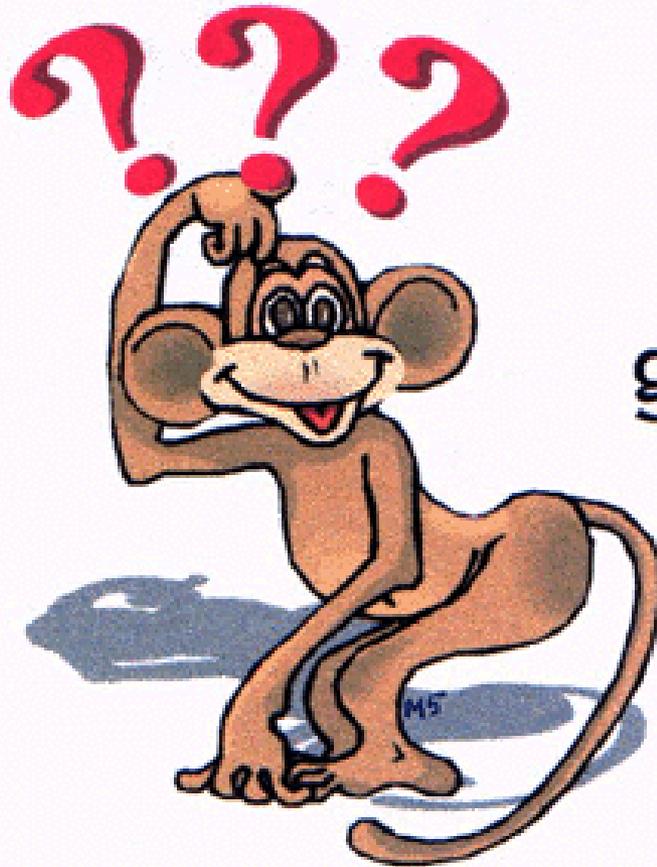
Use the GME Website for APE Resources

Forms, Templates & Examples Tab in the Directors & Coordinators Section

Templates

- Annual Program Evaluation Guidebook: Diagrams & Action Plans **New!**
 - 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



Questions
are
guaranteed in
life;
Answers
aren't.