Communication Advisor Program

Engaging Patient and Family Advisors
to Directly Provide Feedback

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Today’s Objectives

Participants will be able to:

• Articulate the benefits of Patient & Family Advisor engagement in provider professional development related to communication

• Utilize a roadmap for developing a Communication Advisor Program

• Increase familiarity with a validated assessment tool for provider communication
UW Health is the integrated health system of the University of Wisconsin-Madison caring for more than 600,000 patients each year, comprised of seven hospitals, 1,750 employed physicians, 87 outpatient clinics and a partnership in a 350,000 member health plan.

UW Health is governed by the UW Hospitals and Clinics Authority and partners with the UW School of Medicine and Public Health to fulfill its patient care, research, education and community service missions.

Madison Hospitals
• University Hospital
• American Family Children’s Hospital
• UnityPoint Health-Meriter*
• UW Health at The American Center
• UW Health Rehabilitation Hospital

Regional Hospitals
• SwedishAmerican Hospital, Rockford, IL
• Belvidere Medical Center, Belvidere, IL

UW Health Clinics
UnityPoint Health-Meriter Clinics*
Throughout Wisconsin and Northern Illinois

UW Medical Foundation
UW faculty physician practice

UW Carbone Cancer Center
Only Comprehensive Cancer Center in WI designated by the National Cancer Institute (NCI)

Quartz
Health insurance products of Unity Health Insurance, Gundersen Health Plan and Physicians Plus

Joint Ventures and Affiliations
Cancer centers, surgery centers, dialysis programs, home health, infusion and many other programs and services including a *Joint Operating Agreement with UnityPoint Health-Meriter
By the Numbers

- Physicians: 1,752
- Residents and Fellows: 687
- Staff: 20,980
- Beds: 1,467
- Admissions: 68,594
- Outpatient Visits: 3.05 million
- Emergency Visits: 201,634
- Surgeries: 56,012

Fiscal Year 2018
A Dual Purpose!

Promote positive patient experience

Provide unique development opportunity for providers
Patient & Family Advisor Program

UW Health’s structured program for patients and families to engage as stakeholders in improving quality, safety, and patient experience

- 200 Patient & Family Advisors
- 11 Patient & Family Advisory Councils
- 120 Committees, Workgroups, Focus Groups
Patient & Family Advisors observe providers’ communication with patients in clinical encounters.

Patients may also complete survey.

Positive communication practices are encouraged and growth opportunities are identified.
Project Components

Foundational Planning
Selecting and Preparing Participants
Logistics
Program Assessment
Moving Forward
Communication is a critical component of quality patient care and has a significant impact on the patient and family experience.

Direct observation provides rich, timely feedback on communication skills.
Select an Assessment

**Communication Assessment Tool**

Communication with patients is a very important part of quality medical care. We would like to know how you feel about the way your doctor communicated with you. Your answers are completely confidential, so please be as open and honest as you can. Thank you very much.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>poor</td>
<td>fair</td>
<td>good</td>
<td>very good</td>
<td>excellent</td>
</tr>
</tbody>
</table>

Please use this scale to rate the doctor’s communication with you. Circle your answer for each item below.

<table>
<thead>
<tr>
<th>The doctor</th>
<th>poor</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Greeted me in a way that made me feel comfortable</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>2. Treated me with respect</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>3. Showed interest in my ideas about my health</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>4. Understood my main health concerns</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>5. Paid attention to me (looked at me, listened carefully)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6. Let me talk without interruptions</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>7. Gave me as much information as I wanted</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>8. Talked in terms I could understand</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>9. Checked to be sure I understood everything</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>10. Encouraged me to ask questions</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>
Selecting and Preparing Participants
Provider Recruitment

Possible provider groupings

- Opt in
- New-to-practice
- New to the organization
- Middle- to low- performers
- Follow-up from formal coaching
Benefits for Providers

Residents/ Training Program

- Valuable developmental feedback
- Sometimes their only feedback from patients on communication
- Helps meet accreditation requirements for patient feedback

Faculty Providers

- Richer and more immediate feedback than traditional patient surveys
# Care Environments

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Ambulatory</th>
<th>Inpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduled visits</td>
<td>All</td>
<td>Some</td>
</tr>
<tr>
<td>Interaction time</td>
<td>15-45 minutes; clinic visits</td>
<td>5-15 minutes morning rounds</td>
</tr>
<tr>
<td>Quality of two-way communication</td>
<td>Patients alert and communicative</td>
<td>Some patients unable to communicate well due to illness, medication, sleepiness</td>
</tr>
</tbody>
</table>
Patient & Family Advisor Recruitment

Opportunity Listing:

• Advisors silently observe providers as they communicate with patients, then provide a written report of their ratings and observations

• Advisors select observation times that match their availability (3-4 hours/month)

• A minimum one year commitment is preferred

• Training is provided
Training design

Training for advisors (2 hours)

- Purpose and overview
- Qualities of effective feedback
- Assessment rating scale and example behaviors
- Video practice
- Observer role expectations
- Procedure for reporting
# Qualities of Effective Feedback

<table>
<thead>
<tr>
<th>Quality</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balanced</td>
<td>Acknowledge strengths <em>and</em> areas of improvement</td>
</tr>
<tr>
<td>Detailed</td>
<td>Record actual behaviors to support rating</td>
</tr>
<tr>
<td>Tactful</td>
<td>Show sensitivity to provider; assume best intentions</td>
</tr>
<tr>
<td>Honest</td>
<td>Don’t sugar-coat the truth</td>
</tr>
<tr>
<td>Unbiased</td>
<td>Don’t let anything besides <em>observed behaviors</em> influence your feedback</td>
</tr>
</tbody>
</table>
Effective Feedback

Showed care and concern:

“I noticed that after provider delivered the bad news (invasive cancer) he was no longer able to maintain eye contact with the patient, even though this is something that he did very well up until this point.”

Balanced

Detailed

Tactful

Honest

Unbiased
Effective Feedback

Paid attention to the patient/family:

“The patient mentioned that he would be having his third biopsy today and rolled his eyes. Provider picked up on that and provided an explanation for the need of another biopsy. She acknowledged it had been a hectic road and expressed appreciation for his patience. He agreed it was going to be helpful.”

Balanced
Detailed
Tactful
Honest
Unbiased
Effective Feedback

Talked in terms patient/family could understand:

“When explaining the sections of the colon, he used technical terms like 'sigmoid' but pointed to its location on the screen and called it 'that swigglely thing there'. . .

Used 'resection' when 'removal' might be more easily understood.”
Feedback Pitfalls

- Restating the question
  
  Treated patient/family with respect:
  
  “Very respectful of patient and patient’s wife”

- Providing out-of-scope feedback
  
  How can this provider improve?
  
  “Provider spent a long time charting between patients which caused a delay in the schedule”
Try it!

Evaluate a simulated interaction

5. Paid attention to the patient (looked at them, listened carefully)

8. Talked in terms the patient could understand

9. Checked to be sure patient understood everything

13. Showed care and concern
Logistics
Scheduling is easiest if you have:

- Clear buy-in and direction from leadership
- Engaged, willing, available participants
Workflow

1. Permission obtained from patient verbally
2. Advisor silently observes interaction
3. After the interaction, advisor gives patient an assessment and envelope
4. Patient leaves assessment form in envelope at desk or bedside
5. Advisor picks up form if possible [or staff mail them to program office]
6. Advisor may offer brief verbal feedback
7. At home, advisor enters all feedback into an online form
8. Report reviewed and sent to provider by program manager
Observation Reporting

- Advisor enters ratings and comments into secure, HIPAA-compliant portal

- Aggregate results reviewed and sent to provider by program staff
Program Assessment
Communication Advisor Program Stats

- Trained Communication Advisors: 20
- Observation sessions: 60
- Unique providers observed: 49
- Patient visits observed: 154

March 2018 to March 2019
Program Assessment

Options:

• Entrance and exit interviews
• Informal Feedback
• Surveys
• Pre- and post- intervention simulation exercises
• Patient satisfaction survey data pre- and post-intervention
What communication skills would you like to improve?
- Giving bad news
- How to deal with anger, dissatisfaction, strong emotion
- Being efficient while incorporating patient questions and concerns

What is the best way to learn communication skills?
- Direct observation and nearly immediate feedback
- Feedback should include direct quotes
Informal Feedback

“The observations were truly an amazing experience. I am so grateful to have this opportunity given me a different perspective.”

– Lisa Pearlman, PFA Communication Advisor

“I have only heard positive things from the residents.”

– Dr. Sean O’Neill, Asst Director, Internal Medicine Residency Program

“Thanks much – this is such wonderful data!”

– Michelle Kipp, Internal Medicine Residency Program Administrator

“I think it was really helpful to have an objective person evaluate how we communicate with patients. Thank you so much for organizing; this is really helpful as I go forward in my career.”

– Dr. Ryan Schmocker, Surgery Resident

“It is always super useful to get feedback. I am always wanting and trying to get better at what I do.”

– Dr. Jeremy Smith, UW Health Physician
Moving Forward
Lessons Learned

• Accountability improves if participation is formal part of resident’s development plan

• Need “Does not apply” choice due to communication limitations of some patients

Changes

• Reports will be sent to participating program administrators in 2019 academic year

• Consider alternate assessments to suit care environment
Data Analysis for Program Development

Analysis of assessment scores and observational data may inform:

• Graduate Medical Education approach to communication training
• Professional development offerings
• Organizational messaging campaigns
Program Growth

- Grow advisor pool in proportion to provider demand
- Create new partnerships with leaders of provider groups
- Share results in organization communication briefings
- Encourage word-of-mouth referrals
Would you find a program like this useful at your organization?

If so, what would you need to get started?

– Do you have a pool of advisors or volunteers to engage?

– What provider group would you select for a pilot?
A Team Effort

- UW Health Patient & Family Experience
- UW Health Patient & Family Advisor Partnerships
- University of Wisconsin School of Medicine & Public Health
- Center for Patient Partnerships- University of Wisconsin
- UW Health Nursing Patient Education
- UW Health Graduate Medical Education
- UW Health Clinical Simulation Program
Select References


Questions?
Thank You!

To learn more, contact:

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Program Manager, Patient and Family Advisor Partnerships
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Emily Winslow, MD
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Emily.R.Winslow@gunet.georgetown.edu
Appendix
COMMUNICATION ADVISOR PROGRAM

Providers and Patients Partnering for Effective Communication

SUMMARY
Communication is a critical component of quality patient care and has a significant impact on the patient and family experience. Because of this, we at UW Health promise to listen with compassion, communicate effectively and respect patients and families. The Communication Advisor Program gives providers a unique opportunity to partner with Patient and Family Advisors (PFAs), who will give detailed and timely feedback on communication skills from patient-provider interactions.

OBJECTIVES
- Foster development of relationship-based communication skills
- Build mutual understanding with patients and families

COMPONENTS
Self-Assessment
- Identify challenging communication situations
- Determine areas for improvement

Observations
- Who: Communication Advisor (PFA) observes patient-provider interaction
- What: Three two-hour observation sessions over time
- Where: Ambulatory and/or inpatient settings
- How: Communication Assessment Tool (CAT*) completed by Communication Advisor and patient

Feedback
- Optional verbal debrief with Communication Advisor
- Confidential written report sent to providers
- Provider analyzes feedback for areas of strength and development opportunities

Program Evaluation and Continued Support
- Identify benefits of participation
- Provide program feedback
- Patient and Family Experience team recommends support and resources as needed, including:
  - Professional communication coaching
  - Patient and family experience survey data interpretation in QlikView
Observation Appointment Email

Email to provider and advisor includes:

– Program overview attachment
– Assessment tool attachment
– Script for patient permission
– Logistics: date, time, location, parking info
– Provider and observer names, photos, profiles
– Whom to contact for changes
1. Advisor enters observation ratings and comments at home via secure survey through REDCap
2. Program Manager exports REDCap data to prepare observation report
3. Patient surveys that are mailed to program office are added to observation report
4. Program Manager works with advisor on edits if needed
5. Program Manager approves final report and sends to provider (and others as appropriate)
<table>
<thead>
<tr>
<th>Patient code:</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider name:</td>
<td>xx</td>
<td>xx</td>
</tr>
<tr>
<td>Service:</td>
<td>Outpatient clinic visit</td>
<td>Outpatient clinic visit</td>
</tr>
<tr>
<td>Greeted patient/family in a way that made them feel comfortable</td>
<td>excellent (5)</td>
<td>excellent (5)</td>
</tr>
<tr>
<td>Observed behaviors</td>
<td>Provider said hello and made small talk with patient (asking about work), patient was actively participating in conversation. Example: Patient asked if UW had the correct cell phone number, a conversation got started regarding the patient’s phone and that they had forgotten it at work. Provider was actively involved in the conversation asking things such as ‘did you need your phone?’</td>
<td>Patient’s doctor left and went to another city. The provider had a conversation with the patient about the move and the patient also being from said city.</td>
</tr>
<tr>
<td>Treated patient/family with respect</td>
<td>excellent (5)</td>
<td>excellent (5)</td>
</tr>
<tr>
<td>Observed behaviors</td>
<td>Provider actively listened to patient. Started out conversation by saying ‘So you’re having surgery, how are you feeling about that?’</td>
<td></td>
</tr>
<tr>
<td>Showed interest in patient/family’s ideas about their health</td>
<td>excellent (5)</td>
<td>excellent (5)</td>
</tr>
<tr>
<td>Observed behaviors</td>
<td>Had a discussion with the patient regarding a medication they were taking and how long to take it before eating with regard to a standard morning routine. Provider listened to the patient’s concerns and told them how the medication</td>
<td>Patient was concerned about weight gain. The provider made note of this and brought it up multiple times in the visit (even after a break from seeing the patient while waiting for lab results) to discuss how different treatments</td>
</tr>
</tbody>
</table>
## Report Example, Cont’d.

<table>
<thead>
<tr>
<th>Observed behaviors</th>
</tr>
</thead>
</table>
| Paid attention to the patient/family (looked at them, listened carefully)         | very good (4)                     
|                                                                                   | very good (4)                     
|                                                                                   |                                   
| Let patient/family talk without interruptions                                      | excellent (5)                     
|                                                                                   | excellent (5)                     
| Observed behaviors                                                               | Did not observe provider interrupting patient.                                  
|                                                                                   | Provider did not interrupt patient during visit.                                
| Gave patient/family as much information as they can                                | excellent (5)                     
|                                                                                   | excellent (5)                     
| Observed behaviors                                                               |                                         
|                                                                                   |                                   
| Patient asked if they could shave prior to surgery.                               | Patient was concerned with the effect of the surgery on weight gain, provider gave the patient information on this multiple times during the visit and tied the test results to this specific topic. The provider also stressed on multiple occasions that if the patient were to continue to lose weight, they should come in again for a blood test as their medication may need to be adjusted. |  
| Talked in terms patient/family could understand                                   | excellent (5)                     
|                                                                                   | excellent (5)                     
| Observed behaviors                                                               | Did not observe any instances of provider using jargon while talking with patient. Patient gave the impression they understood everything the provider was saying. |  
|                                                                                   | Provider provided explanation of one full test name to ensure the patient understood what the test checked for, said the test was checking for thyroid hormone cells. No other instances of jargon noted. |
How has your experience with the Communication Advisor Program influenced how you will interact with patients?

<table>
<thead>
<tr>
<th>Option</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel encouraged to continue certain communication practices.</td>
<td>100%</td>
</tr>
<tr>
<td>I will avoid certain communication practices.</td>
<td>50%</td>
</tr>
<tr>
<td>I will try one or more new communication practices.</td>
<td>100%</td>
</tr>
</tbody>
</table>

How can we improve this program?

<table>
<thead>
<tr>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continue to provide specific feedback on observed behaviors</td>
</tr>
<tr>
<td>Make it mandatory?</td>
</tr>
</tbody>
</table>