

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 at a Glance

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.



School of Medicine
and Public Health
UNIVERSITY OF WISCONSIN-MADISON



**Madison,
Wisconsin**

**Rockford,
Illinois**

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

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

Communication Advisor Program

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



Foundational Planning

Articulate Purpose

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.

PATIENT & FAMILY
Experience
Promise

At UW Health, we hold ourselves accountable to the highest standards of care, and strive to provide an exceptional experience for you, our patients and families, every time.

WE PROMISE TO:

- ▶ **LISTEN WITH COMPASSION**
We will be focused and considerate while listening to you.
- ▶ **COMMUNICATE EFFECTIVELY**
We will communicate clearly and make decisions in partnership with you.
- ▶ **RESPECT YOU**
We will respect your privacy, confidentiality and self-worth, as well as honor diversity.

UWHealth

Select an Assessment

Form R

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.

1	2	3	4	5
<u>poor</u>	fair	good	very good	excellent

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

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

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

Criteria	Ambulatory	Inpatient
Scheduled visits	All	Some
Interaction time	15- 45 minutes; clinic visits	5-15 minutes morning rounds
Quality of two-way communication	Patients alert and communicative	Some patients unable to communicate well due to illness, medication, sleepiness

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

Balanced	Acknowledge strengths <i>and</i> areas of improvement
Detailed	Record actual behaviors to support rating
Tactful	Show sensitivity to provider; assume best intentions
Honest	Don't sugar-coat the truth
Unbiased	Don't let anything besides <i>observed behaviors</i> influence your feedback

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 **swiggley thing** there’ . . .

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

Balanced
Detailed
Tactful
Honest
Unbiased

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 Observations

Scheduling is easiest if you have:

- Clear buy-in and direction from leadership
AND/ OR
- Engaged, willing, available participants

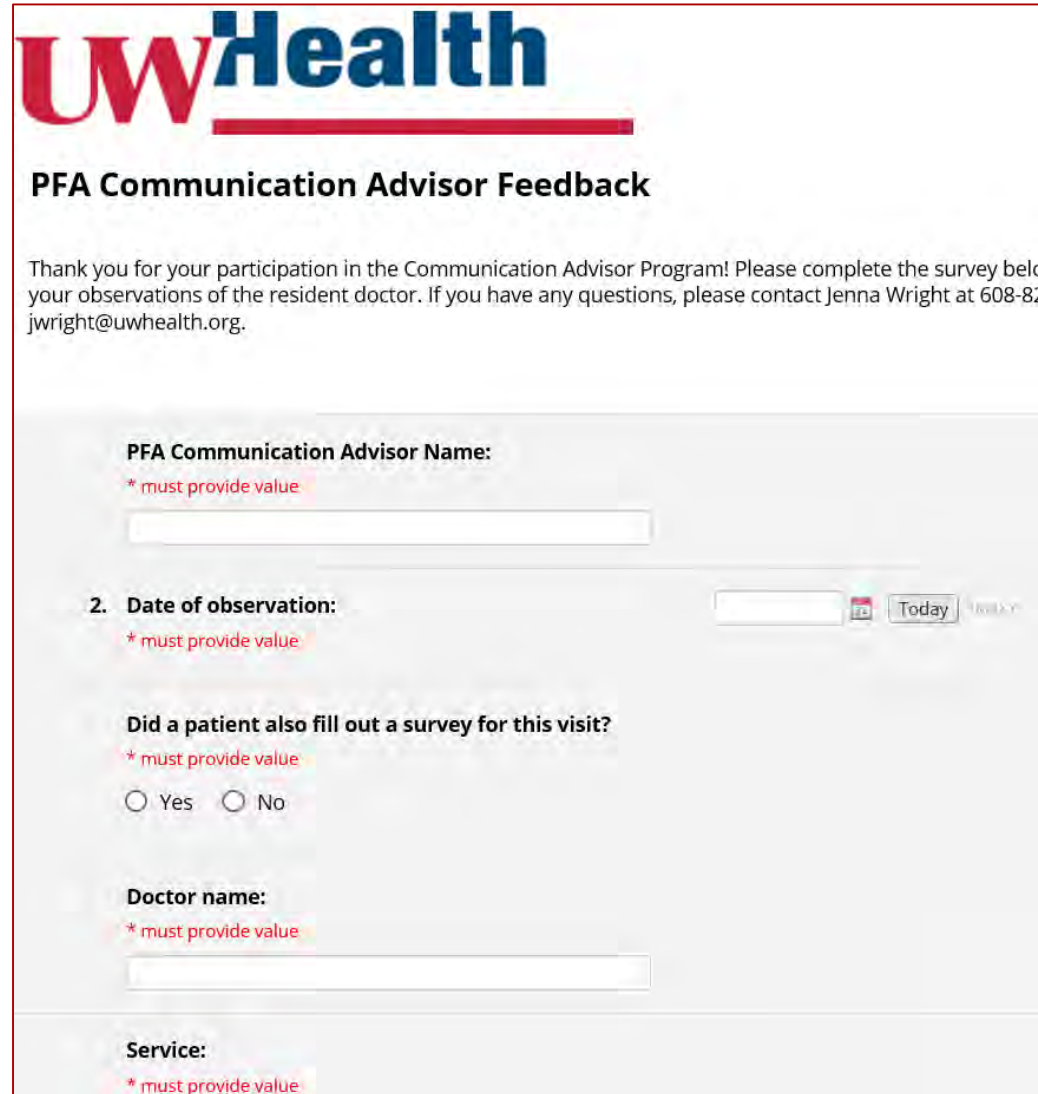


Workflow

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



UW Health

PFA Communication Advisor Feedback

Thank you for your participation in the Communication Advisor Program! Please complete the survey below with your observations of the resident doctor. If you have any questions, please contact Jenna Wright at 608-823-4444 or jwright@uwhealth.org.

PFA Communication Advisor Name:
* must provide value

2. Date of observation:
* must provide value

 Today Tomorrow

Did a patient also fill out a survey for this visit?
* must provide value

Yes No

Doctor name:
* must provide value

Service:
* must provide value

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



Entrance and Exit interviews

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 new perspective on Communication.”

“Thanks much – this is such wonderful data!”

Dr. [Name], Internal Medicine
[Title] 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

“I have only heard good things from the residents.”
Dr. Sean O’Neill, Asst Director,
Internal Medicine Residency Program

... to get
... I am always
to get better at

what I do.” - Dr. Jeremy Smith,
UW Health Physician

Moving Forward

Continuous Improvement

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

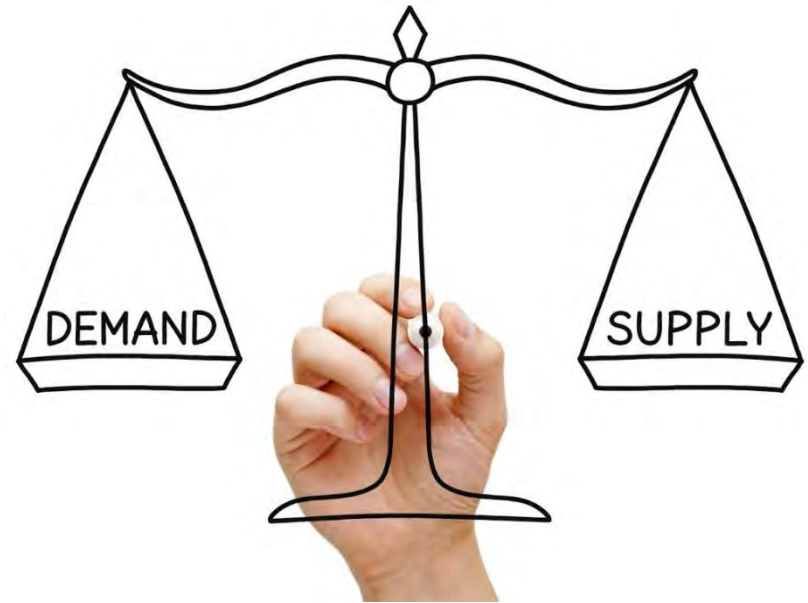
Data Analysis for Program Development

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



Discuss at your table

- 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

Makoul, G., Krupat, E., & Chang, C. (2007). Measuring patient views of physician communication skills: Development and testing of the Communication Assessment Tool. *Patient Education and Counseling*, 67(3), 333-342.

Mercer, S. W., Mcconnachie, A., Maxwell, M., Heaney, D., & Watt, G. C. (2005). Relevance and practical use of the Consultation and Relational Empathy (CARE) Measure in general practice. *Family Practice*, 22(3), 328-334.

Myerholtz, L. (2014). Assessing Family Medicine Residents Communication Skills From the Patients Perspective: Evaluating the Communication Assessment Tool. *Journal of Graduate Medical Education*, 6(3), 495-500.

Peterson, E. B., Calhoun, A. W., & Rider, E. A. (2014). The reliability of a modified Kalamazoo Consensus Statement Checklist for assessing the communication skills of multidisciplinary clinicians in the simulated environment. *Patient Education and Counseling*, 96(3), 411-418.

Towle, A., Bainbridge, L., Godolphin, W., Katz, A., Kline, C., Lown, B., . . . Thistlethwaite, J. (2010). Active patient involvement in the education of health professionals. *Medical Education*, 44(1), 64-74.

Questions?

Thank You!

To learn more, contact:

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Appendix

Communication Advisor Program Overview

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

Reporting Process



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)

Report Example

Patient code:	1	2
Provider name:	xx	xx
Service:	Outpatient clinic visit	Outpatient clinic visit
Greeted patient/family in a way that made them feel comfortable	excellent (5)	excellent (5)
Observed behaviors	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?'	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.
Treated patient/family with respect	excellent (5)	excellent (5)
Observed behaviors	Provider actively listened to patient. Started out conversation by saying 'So you're having surgery, how are you feeling about that?'	Provider was respectful of patient during visit. Provider listened to the patients concerns and addressed them (ex. weight gain). Provider was also respectful of patients time, Example: Blood test results were still in process, provider told the patient 'Its up to you if you want to stick around to wait for the results.' Gave the patient the option to leave if they wanted.
Showed interest in patient/family's ideas about their health	excellent (5)	excellent (5)
Observed behaviors	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	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

Report Example, Cont'd.

Paid attention to the patient/family (looked at them, listened carefully)	very good (4)	very good (4)
Observed behaviors	Provider had a very welcoming neutral position while listening. While not typing, body was positioned away from the computer, facing patient, looking at them, slightly leaned in, hands crossed in lap. Nodded to acknowledge they heard what was being said.	Most of the time the provider would face the patient, hands crossed in lap, away from the computer, making eye contact. When the provider had to type notes it seemed like the patient may have a hard time hearing when the provider was facing the computer while talking. The patient wrinkled their brow and leaned in slightly.
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	excellent (5)	excellent (5)
Observed behaviors	Patient asked if they could shave prior to surgery. Provider answered the question with care regarding how concerned the patient was about it. Provider stated they were concerned with infections and said 'the evidence shows...' but the patient interrupted to say they understood. The provider didn't continue to press the issue after the patient dropped it.	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.

Survey

How has your experience with the Communication Advisor Program influenced how you will interact with patients?

I feel encouraged to continue certain communication practices.	100%
I will avoid certain communication practices.	50%
I will try one or more new communication practices.	100%

How can we improve this program?

Continue to provide specific feedback on observed behaviors
Make it mandatory?