

Doctors

How well doctors kept you informed

QUESTION DEFINITION

This question measures the extent to which the physician met the patient's expectations about communication regarding the treatment process. Today, patients demand a greater amount of disclosure than that which occurred under the older, paternalistic view of medical care. Patients make assessments about the amount as well as the timing of information and respond positively to physicians who give them relevant, timely information. Disclosing information in a timely manner requires that the physician gauge how much information the patient can assimilate at any one time, as well as informing the patient about recent developments in his or her condition.

Patients respond negatively to physicians who do not keep them informed, who are inconsistent in what they communicate, or who fail to mention unpleasant consequences of particular treatments.

VOICE OF THE PATIENT

👤 “Dr. Roberts is an outstanding physician and has a wonderful bedside manner. He took all the time we needed (family and I) to explain my procedure, options, outcomes and risks. I'm a bone marrow transplant patient, and the doctor was particularly cognizant of my safety. Additionally, the team of doctors who visited after surgery for follow up were caring, well informed and easy to speak with. Outstanding in all ways!”

👤 “I was not really informed of my care. Different physicians provided me with pieces of information, some contradictory, which left me confused. I feel like the physicians should have visited me at least once per day.”

IMPROVEMENT SOLUTIONS

Set a standard for Shared Decision Making.

When implemented effectively, Shared Decision Making (SDM) promotes patient engagement, emphasizes the patient as an important part of the health care team, identifies what the patient knows about his condition and treatment options, and detects misconceptions the patient may have. It improves physician-patient communication and is an excellent model for patient-centered care.

- Highlight the patient-centered principles of SDM.
 - Ask probing questions to uncover patients' concerns about a proposed course of treatment.
 - Address the patient's apprehension immediately and—if necessary—suggest other treatment options.

- Help patients explore and compare treatment options.
 - Provide patients with decision aids that inform them about the options available and the risks and benefits of each.
 - Decision aids must be appropriate for the patient’s level of health literacy.
 - Decision aids can be provided in print, on DVD/video, and in web-based formats and should include:
 - Current, evidence-based information
 - Potential risks and benefits of each option
 - Expected outcome for each option
 - Patient stories that show experience with each choice
- Consider using the [Elwyn three-step model](#):
 1. Discuss available choices
 2. Discuss details about each option
 3. Discuss the patient’s decision
- If there are problems or issues, resolve the problem fairly and in a timely manner, involving the patient in the solution. If possible, give the patient treatment or testing options and ask about the patient’s preference.
- If information cannot be obtained or provided, explain why and apologize.

Offer resources to support physician-patient communication.

- Encourage patients and/or families to write down “Questions for the Doctor.”
 - Provide notepads with this headline and pens or pencils.
 - Include “The Top Three Questions You Should Ask Your Doctor” with/on notepads or in welcome/information packets distributed on admission. Work with physicians in your organization to develop the questions.
 - Make it a standard for nurses to ask patients and family members for these questions before the provider arrives. Sharing the questions ahead of time will demonstrate the coordination of care and allow the provider to be prepared with answers.
 - Encourage patients and families to enter questions in a dedicated space on the whiteboard.
- Provide internet access to patients so they can continue to take advantage of online patient portals and educational material.
- Consider purchasing on-demand educational videos accessed through the patients’ TVs. Inform physicians about the resource and encourage them to promote their use with patients.
- Provide physicians with educational materials that can be distributed to patients while explaining

tests and procedures. Use the following guidelines to ensure that written educational materials are patient-friendly:

- Take care to ensure that the reading level of patient materials matches the reading skills of patients. Materials should be written at or below the sixth-grade reading level, as a general rule.
- Limit content to what patients really need to know. Avoid information overload. Use only words that are well known to individuals without medical training (i.e., plain language).
- Read materials aloud. Whatever written materials are used, their effectiveness will be increased if read aloud with the patient.
- Highlight, underline, circle, and/or number key points to help patients remember important information about caring for themselves at home, medications, side effects, contact information, etc. Provide patient autonomy by handing them the highlighter and having them make important notes and highlights as you go over the material.
- Draw pictures and write out steps and directions for individual patients when providing explanations. Explain the pictures and written steps and directions to patients and family as they are being created. Be sure to send pictures and written steps and directions home with patients for future reference.
- Consider patients' language needs. Offer information sheets in different languages to serve the needs of your patient population.
- Put the patients' care plans in writing. For common elective surgery patients, have a typical pathway or plan described in a brochure for the patient upon admission.
- Train physicians on the teach-back method as a tool that can be used to ensure that patients understand explanations provided by doctors. Studies show that 40 to 80% of the medical information patients receive is forgotten immediately, and nearly half of the information retained is incorrect. It helps physicians confirm that they have explained something to a patient in a manner the patient understands.

Set expectations for patient-centric communication practices.

- Use plain language. Medical jargon, acronyms, tests, procedures, lab results, etc. are not commonly understood by patients.
 - Use the full name of tests (rather than acronyms).
 - Review lab results together, explaining what each lab test is for and what the results mean.
 - Use non-technical terms (e.g., instead of saying a drug may cause fatigue, say that it may make the patient feel tired or sleepy).
- Use written materials to complement verbalized instructions. Patients with hearing challenges may not be able to understand what is being explained.

- Repeat important information several times during a patient's stay.
- Do not interrupt patients when they are speaking. Refrain from asking a question, voicing an opinion, or analyzing their symptoms until they are finished speaking. Hear patients out completely and do not rush your response. By doing this, you can better answer questions and help them feel informed.
- Pay special attention to nonverbal gestures and body positioning. This ensures that you will get all available information before reaching a conclusion and give the patient confidence that you are addressing their concerns.


Use physician champions.

Leverage physician champions to connect to other physicians, subgroups of physicians, and disciplines within the system. Physician champions are critical to strategy rollout because physicians listen to other physicians. Physician champions accelerate the buy-in of a concept or process among physicians and other disciplines.

The use of physician champions also elevates physician engagement in the continuous improvement of safety and patient and workforce experience.

- Identify your champions.
 - Use self- and peer-nomination processes to identify the right fit.
 - Employ physicians with leadership experience, the respect of their clinical colleagues, and strong communication skills as physician champions.
- Be sensitive to clinical workloads.
 - Offer compensation for the additional work hours.
- Engage Human Resources to create a formal title with a job description.
 - Define responsibilities and objectives.
 - Identify milestones and deadlines for each objective.
 - Include a discussion of champion responsibilities in annual performance reviews.
- Coordinate and align physician champion efforts.
 - Provide a forum for all champions to routinely meet and discuss successes and barriers.
 - Include champions on local and executive committees to participate in decision-making and to act as a liaison between clinical staff leadership.

Connect recognition to expected behaviors and the organization's mission.

- **VIDEO:** Recognizing Excellence 
- Make recognition personal, specific, meaningful, and timely.
- Measure and recognize results.

- Leverage patient comments for individual and group success stories.
- Write notes to physicians identified in the survey comments.
- Publish the positive comments in newsletters or intranet communications, or on a bulletin board dedicated to a recognition process.
- Publicly acknowledge accomplishments, including innovation.
- Engage physicians in peer-to-peer recognition, such as the nomination process for awards.
- Identify available funds for financial incentives.
- Celebrate excellence.