

## Doctors

### Time doctors spent with you

#### QUESTION DEFINITION

This question measures the extent to which the time the physician was physically present with the patient met the patient's needs effectively.

This measure takes into account both the patient's subjective evaluation of time with the physician and the objective, clock-measured time with the physician. The actual number of minutes is not as important as whether the patient was able to discuss his or her concerns with the physician, and had the impression that the physician was listening. Patients also will consider the time of day and convenience of the physician's visit times. The physician's manner during patient visits is critical to this variable because a rushed visit is likely to be rated less satisfactory than a more leisurely one, even if the clock-measured time is the same for the two visits.


#### VOICE OF THE PATIENT

🗣️ “The cardiologist sat down with me and took the time to explain what was going on. He even spent a significant amount of time answering my questions.”

🗣️ “I feel like sometimes physicians rush in and rush out without taking the time to fully explain what the medical issues are and take the patient into consideration. Physicians on the hospital floors should not have the demeanor of emergency room treatment.”

#### IMPROVEMENT SOLUTIONS

##### Focus on compassionate communication.

- **VIDEO:** Reducing Suffering Through Compassionate, Connected Care 
- Compassionate communication goes far beyond the verbal exchange of information. What we say, how we say it, how we listen, our body language, and how we present information in writing are critical components of good communication skills. Press Ganey addresses emotional care in the [Compassionate Connected Care™](#) model. The model includes:
  - **Acknowledge suffering:** We should acknowledge that our patients are suffering and show them that we understand.
  - **Body language matters:** Non-verbal communication skills are as important as the words we use.
  - **Anxiety is suffering:** Anxiety and uncertainty are negative outcomes that must be addressed.
  - **Coordinate care:** We should show patients that their care is coordinated and continuous, and that we are always there for them.

- **Caring transcends diagnosis:** Real caring goes beyond the delivery of medical interventions to the patient.
- **Autonomy reduces suffering:** Autonomy helps preserve dignity for patients.

### Apply patient-centric communication tactics.

- Stop and focus completely on the patient. This sends a powerful message of respect and concern.
- Greet the patient by name; introduce yourself; acknowledge people accompanying the patient.
  - Greet the patient using the appropriate name and title (Mr., Ms., Mrs., or Miss). If unsure how to pronounce the name, apologize and inquire (e.g., "I'm sorry, I don't know how to pronounce your name. Would you help me?").
  - If the patient is represented by someone else, extend the same greetings to the patient's representative, but always direct questions and explanations to the patient himself or herself.
  - Introduce your role on the care team and what that means (e.g., attending, consultant, resident, intern, etc.) Explain your role in simple terms, avoid medical terminology.
- Listen attentively to all the patient's concerns. Let the patient speak without interruption.
  - Allow the patient to tell their story without interruption. Actively listen to the patient.
  - Be aware of who is doing the majority of the talking. During the early part of the visit, the patient should be speaking more, and during the latter part, the physician.
  - If family members are attempting to speak for the patient, be sure to re-direct the questions to the patient to ensure that patient has the same point of view.
- Convey attentive listening through body language. Patients care more that their concerns and issues are heard, and less about the actual amount of time the providers spend in the room.
  - Make eye contact whenever talking to patients.
  - Sit down. Physicians who sit during their visits are rated by patients as having spent more time than those who remain standing.
  - Watch things such as crossing your arms or leaning back, which could make you look closed off or unapproachable.
  - Refrain from looking at your watch or keeping one hand on the doorknob. These behaviors imply that the patient in the room isn't as important as the one you will visit next. It is important to make each patient feel as if he or she has your full attention.
- Do not appear rushed, even if you are.
  - Speak with a calm pace and tone of voice. Occasional pauses allow patients to ask questions, as well as have a moment to absorb what you said.
  - Do not be afraid of a silent pause. Sometimes it takes a patient a moment to gather his thoughts and articulate what he is feeling.

- If a patient is dominating the conversation, redirect the conversation (e.g., “Let’s slow down and address the concerns one by one.”).
- The average amount of time a physician allows a patient to speak before interrupting with a question or observation is only approximately 20 seconds. Patients do not feel this is an adequate amount of time to explain their situation fully. Actively listening to the patients, allowing them their full voice doesn’t take additional time. In fact, it may take less time in the long run.
- Review all available information about patients, such as new symptoms, pain level, test results, vitals, etc., before seeing the patient in person. Being prepared with this information will allow more time to discuss treatments and answer patients’ questions.
- Involve the patient in care decisions. Make sure to provide a variety of explanations and options for treatment. Respect the patient’s beliefs, wants, and needs, and try to work with the patient to develop a treatment that is right for him or her.
- Spend a minute connecting with the patient. Talk about non-medical topics, such as children or jobs. Use items in the room as cues to initiate conversation.


### **Provide 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, or a space on the whiteboard.
  - 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.
- Create awareness among physicians. Design and print a flyer or brochure that explains the importance of the time spent with patients. Place the reading material in physicians’ lounges as a thought-provoking reminder.
- Recognize physicians who score well on this question. Search for positive comments from the patients’ surveys and forward them to the respective physicians. If a doctor is recognized personally by name, have the care team send a thank-you note recognizing this positive feedback. Track this activity so the team can identify which physicians are consistently singled out for excellent patient service.

### **Include compassionate communication in expected behaviors.**

- **VIDEO:** Set Specific Behavioral Standards 
- Collaboratively establish customer service behavioral standards. Review your standards to ensure

that they remain relevant and important.

- Tie behavioral expectations to the organizational mission and the care team’s shared vision for patient care.
- Hold providers accountable for the same behavioral standards as the rest of the staff.
- Use scripting to standardize interactions with patients.
- Build expectations into job descriptions and annual reviews. Include standards and patient experience in performance evaluations.
- Recognize and reward service excellence.
- **VIDEO:** Peer Accountability and Culture Change 
- Provide service behavior reminders in facility communications (e.g., in newsletters and intranet posts).
- Understand the link between care provider engagement and patient experience. Significant increases in the work experience of medical staff and other employees are strongly associated with increases in patient experience.
- Raise awareness among physicians of your organization's commitment to becoming more patient-centered. Physicians are invested in patient care and service quality. Actively solicit opinions as to what can be improved.
- Leverage physician champions to promote compassionate communication and active listening.

### **Offer formal communication skills training programs.**

- Select a communication program that best suits your organization’s needs.
- One method of training is through relation-centered communication programs such as Press Ganey’s Compassionate Connected Care™ eLearning program. This provides foundational, interactive education for learning skills to build relationships through listening carefully, treating with courtesy and respect, and explaining things in a way that patients can understand.
- Courses should provide interactive training and practice on foundational skills, including establishing rapport, eliciting patient concerns, exploring the patient’s perspective, listening reflectively, and responding with compassion and empathy.
- Communication courses should include simulations, skills practice, and role-playing tailored to suit individual organizational needs. These types of programs improve patient experience and physician engagement by enhancing communication skills among clinicians and across health care teams and systems.
  - Employ actors to role-play difficult situations with physicians. Have the physician participate in the role-play activity and take part in a 360 review. The goal of this review is to help the physician identify opportunities for further development and to improve his or her skill set. The reviewers, who consist of fellow colleagues, observe the physician participating in the role-play

activity. Then the reviewers are asked to comment and rate the physician's professional skills. The team provides written feedback for the physician.

- Consider having actors perform all scenarios and ask a group of physicians to evaluate. What would they do differently? What was done correctly?
- Have doctors use the teach-back method to evaluate patients' understanding.
- Provide ongoing, routine training such as booster educational sessions to maintain competencies.
- Ask physicians to self-evaluate how they communicate with patients and families.
  - Do you connect with patients about a personal topic before moving onto the purpose of your visit by asking at least one question about the patient's life outside of hospitalization? Patients who feel comfortable personally will open up more regarding sensitive medical issues.
  - Do you use open-ended questions to better understand concerns the patient may have? Examples include:
    - “What were you most hoping to accomplish today?”
    - “Is there anything in particular you were hoping I would do today?”
    - “How were you hoping I could help you with your concern?”
    - “Before we go any further, is there anything else that's on your mind?”
  - Do you assess the patient's comprehension of the information given? Consider saying, “We have given you a lot of information. What questions do you have?” Provide answers in understandable, nontechnical language. Technical language may isolate and dissatisfy patients by causing them to feel confused or anxious. Watch for cues to indicate lack of understanding, such as if the patient stops nodding, begins fidgeting or frowning, exhibits facial signs of confusion such as furrowing the brow, etc.
  - How do you respond to patients' questions? Do not answer a patient's question with another question. Instead, obtain more information. It is helpful to use phrases such as, “Well, that depends. Do you notice when that happens?” or, “I can give you an answer after I get a little more information from you. Can you tell me more about that?”
  - How do you empathize with patients? Compose phrases designed to communicate to the patient in a comforting manner about how a procedure may feel, how you will care for the patient, etc.
  - Do you take notes about patient conversations? Keep track of patients' decisions about treatment in their records, and mention these decisions in repeat or follow-up visits. This provides continuity between visits.
- Engage physician leadership in the development or selection of communication training programs to ensure the teachings will resonate with the physicians.

### **Understand the physician work environment.**

- Monitor workforce trends using annual safety culture and engagement surveys. Use the information

to identify areas to target improvement efforts.

- Have senior leaders promote participation in surveys and explain why they are conducted and how the data are going to be used.
  - Use the results to inform engagement and culture improvement strategies based on provider readiness for change, leadership development opportunities, and coaching and readiness planning for leaders and teams with low engagement.
  - Include measures of burnout and address resilience if results indicate high risk.
  - Be transparent about results. Share the findings with all providers and employees.
- During leadership rounds, encourage patients to provide feedback about their experience with their doctors. Offer non-judgmental responses. Take note of the issues and thank the patient for the feedback.

### **Establish standards for involving practitioners in quality and process improvement.**

- In high reliability organizations, leaders seek out subject matter experts and individuals with experience in the area targeted for improvement or review, regardless of rank or status.
- Executive leadership should defer care delivery decisions and improvement plans to the experts, the people delivering care.
- Embed physicians in executive- and board-level meetings to share ideas for improving quality, safety, and patient experiences, and communicate action plan details. This allows the board to hear regularly from physicians and for the physicians to understand the perspective of the laypersons on the board of directors.
- Involve physicians on committees that evaluate new technology, new medical equipment, new pharmaceutical additions to the formulary, and any other changes under consideration to existing resources.
- Consider pulse surveys circulated as needed among all providers to obtain input on proposed and active initiatives.
- Be proactive and transparent with providers about anticipated decisions regarding staffing, ancillary services hours, and the financial impacts to the organization.