

PATIENT FEEDBACK OF GRADUATE MEDICAL TRAINEES: CAPTURING AN ELUSIVE ASPECT OF PROFESSIONAL DEVELOPMENT

Marc Atzenhoefer, MD¹; Jodie Ruffin²; David Parewski, BBA³; Nicole Deklotz MHA³; M. Fuad Jan, MD¹; Ana C. Perez, MD, PHD⁴; Suhail Q. Allaqband, MD, FACC, FACA, FCCP¹

¹Aurora Cardiovascular and Thoracic Services, Aurora Sinai/Aurora St. Luke's Medical Centers, University of Wisconsin School of Medicine and Public Health, Milwaukee, Wisconsin; ²Department of Institutional Medical Education, Aurora Sinai/Aurora St. Luke's Medical Centers, Milwaukee, Wisconsin; ³Department of Patient Experience, Aurora Sinai/Aurora St. Luke's Medical Centers, Milwaukee, Wisconsin; ⁴Advocate Aurora Research, Cardiovascular Division, Advocate Aurora Health, Milwaukee, Wisconsin

PROBLEM

THE ACGME SUPPORTS THE USE OF PATIENT EXPERIENCE DATA IN RESIDENT AND FELLOW FEEDBACK; HOWEVER, MECHANISMS FOR THIS ARE LIMITED.

BACKGROUND

Business card use by residents has been shown to improve patient experience and is thought to improve the patient-physician relationship. The Accreditation Council for Graduate Medical Education (ACGME) outlines domains of clinical competence that trainees should develop. Patient experience data are particularly important in the domain of interpersonal and communication skills.

OBJECTIVE

Elicit patient feedback of cardiovascular fellows via the use of business cards and the Healthcare Assessment of Healthcare Providers and Systems (HCAHPS) survey.

METHODS

Cardiovascular disease (CVD) fellows' patient encounters were tracked over a two-month period. Six weeks were allowed for randomly distributed HCAHPS surveys to be returned. Business cards were subsequently deployed and encounters similarly tracked.

YOUR CARE FROM DOCTORS

5. During this hospital stay, how often did doctors treat you with courtesy and respect?

Never
 Sometimes
 Usually
 Always

6. During this hospital stay, how often did doctors listen carefully to you?

Never
 Sometimes
 Usually
 Always

7. During this hospital stay, how often did doctors explain things in a way you could understand?

Never
 Sometimes
 Usually
 Always

19. Would you recommend this hospital to your friends and family?

Definitely no
 Probably no
 Probably yes
 Definitely yes

Figure 1. Example HCAHPS questions of interest sent to patients.

RESULTS

During control-group monitoring, 721 patient encounters were logged and 80 (11.1%) surveys were returned. Qualitative feedback was provided in 41/80 (51.3%). With business card use, 508 patient encounters occurred and 97 (19.1%) surveys were returned. Qualitative feedback was provided in 52/97 (53.6%). No feedback specific to fellows was provided in surveys from either group.

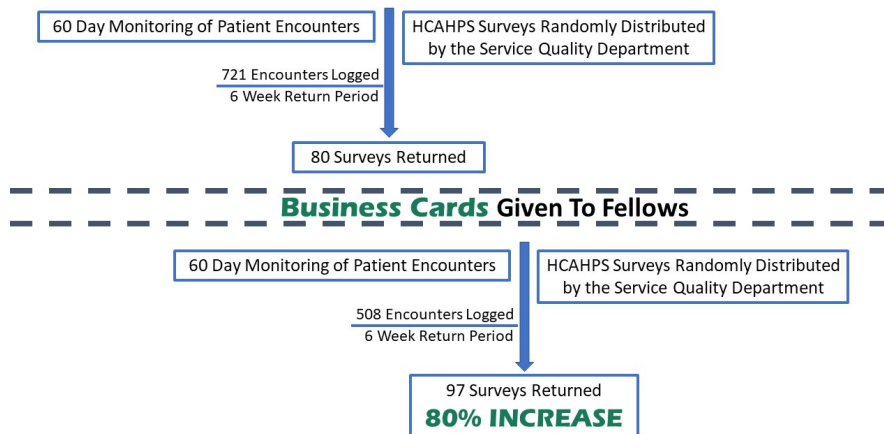


Figure 2. Outline of process, number of encounters logged, and surveys returned

	Control	Intervention	Control
Definitely No	69 (86.3%)	66 (82.5%)	66 (82.5%)
Probably No	9 (11.3%)	10 (13.0%)	11 (14.3%)
Probably Yes	0 (0%)	3 (3.9%)	2 (2.6%)
Definitely Yes	2 (2.6%)	1 (1.3%)	1 (1.3%)

Table 1. HCAHPS survey responses in control group

	Control	Intervention	Control
Definitely No	79 (81.4%)	74 (76.3%)	62 (63.9%)
Probably No	15 (15.5%)	19 (19.6%)	29 (29.9%)
Probably Yes	2 (2.0%)	3 (3.1%)	5 (5.2%)
Definitely Yes	1 (1.0%)	1 (1.0%)	1 (1.0%)

Table 2. HCAHPS survey responses in business card group

CONCLUSIONS

Business card use improved the rate of HCAHPS survey return but had no impact on fellow feedback. Immediate verbal feedback from patients via ancillary staff was frequently observed. An institutional method of relaying communication from the patient to the medical education program via ancillary staff is needed.

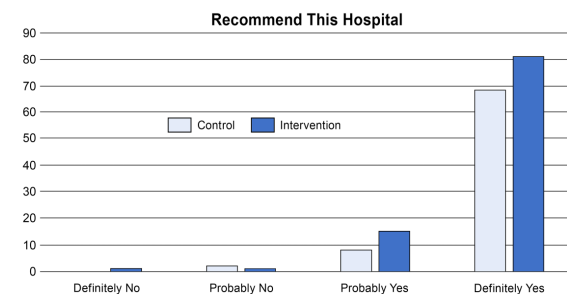


Figure 3. Would the patients would recommend our hospital

REFERENCES

1. Van Geertruyden PH. The AWOL Business Card. Journal of the American College of Radiology. 2018;15:1188-1189.
2. Spasic M, Lagman C, Chung LK, et al. Evaluating the use of business cards among neurosurgery residents and its impact on patient satisfaction. Interdisciplinary Neurosurgery. 2016;2017;8:68-71.
3. Arora VM, Schaninger C, D'Arcy M, et al. Improving inpatients' identification of their doctors: Use of FACE™ cards. Joint Commission Journal on Quality and Patient Safety. 2009;35:613-619.
4. Appel L, PhDc, Abrams H, MD, Morra, Dante, MD, MBA, Wu, Robert C., MD, MSc. Put a Face to a Name: A Randomized Controlled Trial Evaluating the Impact of Providing Clinician Photographs on Inpatients' Recall. American Journal of Medicine. The. 2015;128:82-89
5. Campbell S, Goltz HH, Njue S, Dang BN. Exploring the Reality of Using Patient Experience Data to Provide Resident Feedback: A Qualitative Study of Attending Physician Perspectives. The Permanente journal. 2016;20:24-30