Do Practitioners in The Southeast Permanente Medical Group Value Participation in Clinician-Patient Communication Programs?

Introduction
For the past three years, the Continuing Medical Education (CME) Department of The Southeast Permanente Medical Group, Inc (TSPMG) has had two major goals: 1) to assist practitioners in enhancing patient communication skills; and 2) to provide stress reduction skills for practitioners. Since there are situations that can make the clinician-patient encounter stressful (and because any less-than-excellent patient satisfaction creates stress), we believe that our clinician-patient communication programs are the foundation for both of our CME goals.

This article gives an overview of what we have learned after offering to our physicians and associate practitioners 13 clinician-patient communication programs, three five-day intensive communication skills programs, and more than 50 direct observation sessions during a two-year period. We describe our experience along with participants' opinions of the value of TSPMG's CME Clinician-Patient Communication Programs. As mentioned below, these programs were adapted from programs from the Permanente Medical Groups in Colorado, the Northwest, and Northern California.

CME Program Description
Basic Clinician-Patient Communication Workshop
Our basic introduction to the communication skills program is the four-hour (1/2-day) TSPMG Clinician-Patient Communication Workshop customized for TSPMG from a program developed jointly by Bayer Healthcare Institute and Terry Stein, MD, from The Permanente Medical Group (TPMG) in Northern California. We have found that many practitioners are skeptical about communication programs that claim to fix any problems, so we begin by reinforcing the validity of the program through personal testimony of the clinical faculty, and through published studies on the subject. We then move forward to address the 4-E Model of communication—Engaging the patient, Empathizing with the patient, Educating the patient, and Enlisting the patient—in which we discuss how to blend this new model with the existing (find-it-and-fix-it) model of care. Although participants are not charged a fee for attending, they must use their CME time to do so.

This program has been very successful for all practitioners regardless of their preprogram patient satisfaction survey results. Preliminary analysis of our data suggests that after this workshop, practitioners who initially scored low showed a substantial increase in patient satisfaction scores. Practitioners who receive high patient satisfaction scores before participating also showed an increase, although not as great.

What feedback do Permanente physicians and associate practitioners give us regarding the value of this experience? First of all, practitioners report comfort in knowing three things: 1) that they are not the only ones who experience frustration and communication gaps and that this situation is not unique to them; 2) that tools exist for helping clinicians to bridge communication gaps; and 3) that communication skills can be learned.

Direct Observation Program
A communications training initiative that complements our TSPMG Clinician-Patient Communication Workshop is the TSPMG Direct Observation program, modeled after successful programs in the Northwest and Colorado Permanente Medical Groups. Although it is open to all TSPMG practitioners on a voluntary self-referral basis, we prefer that practitioners first attend the communication workshop. We believe that direct observation is a perfect next step to reinforce the new communication tools introduced to practitioners in the communication workshop. Experience has taught us that observing practitioners before they attend the communication workshop puts them at a disadvantage. Practitioners who wish to be directly observed first submit a request to the program. A trained observer then conducts an initial

Typical practitioner comments after attending CPC programs:
• A real learning experience
• Fun and interactive
• Live patient simulations are great
• I have learned how to better manage my frustration
• I feel better about my patients
• I feel better about my job
• Why didn’t they teach this ten years ago?
one-on-one session with the practitioner. This session is designed to explain the observation process, to seek information about any areas of discomfort the practitioner has in interactions with patients, and to gain commitment from the practitioner to work toward improvement. For a half day after the session, the practitioner is observed interacting with patients during actual visits in the medical office. Directly after this observation process is completed, the observer collates the notes taken during the session, identifies the clinician’s strengths and any areas requiring improvement, and recommends a plan for achieving this improvement. Within the next seven days, the observer gives feedback to the clinician. Typically, the observer identifies two or three skills areas and negotiates with the clinician to work on these areas. Feedback may include such statements as “I have observed that you have very little eye contact with your patients” or “At times, your patients’ facial expressions seem to indicate that they do not understand.” At the conclusion of this meeting, practitioners are given the option of scheduling future coaching sessions to further refine their communication skills.

The TSPMG Direct Observation Program has been received extremely well by our Permanente practitioners. Our observers are trained and experienced in helping practitioners to feel comfortable applying what they have learned. Before participating in this program, many practitioners are unaware of the impact that their everyday communication habits—good as well as bad—may have on their relationship with patients. Participants have expressed surprise at how much their enhanced skills can improve interactions with patients during a visit, patients’ satisfaction and adherence to instruction, and participants’ own professional satisfaction. We have received comments such as “I didn’t realize that the patients cared to know such and such,” “I never thought about negotiating an agenda with the patients,” or “I didn’t realize the importance of engaging the patient in the treatment plan.”

Summary

Do practitioners actually alter their communication style after participating in this communication training? Most tell us that they have, that they listen to patients more attentively, that they plan for difficult situations, that they ask more open-ended questions, and that they are more empathetic. Not surprisingly, we are seeing substantial subsequent improvement in these practitioners’ patient satisfaction scores.

Just as important as improving the care-related experience, participants relate that they feel better equipped to deal with the most challenging communication issues and that this result makes them feel better about their jobs.

For TSPMG in the KP Georgia Region—and probably for all the Permanente Medical Groups—these clinician-patient communication CME programs have been

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**TSPMG Clinician-Patient Communication Workshop:**

- A fun, interactive learning experience that enhances clinician communication skills through live simulation with experienced actors;
- A way to increase practitioner satisfaction by 1) making patient interviews more efficient and less frustrating, 2) reducing risk of litigation, and 3) earning four Category 1 CME credit hours;
- A way to increase patient satisfaction by 1) promoting better understanding between patients and their health care practitioners, 2) facilitating patients’ ability to adhere to prescribed regimens, and 3) improving health outcomes as a consequence of 1) and 2).
essential components of our organization’s effort to improve both patient and provider satisfaction. The Permanente Medical Groups will continue to learn, will continue to develop exciting new clinician-patient communication programs, and will continue to set high standards for delivering high-quality, patient-centered care.

Acknowledgments
Joe Pringle, LPC; Heather Roseberry-Love, MS; and Robert Schreiner, MD, assisted in conducting the Clinician-Patient Communication Programs.

References

Don’t Turn Your Head
This single sentence conveys an essential ingredient of mindfulness practice. The words simply ask us to be present. Looking deeply into whatever is before us, looking closely at that which we’d rather not. Nothing more.
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