Improving Patient Doctor Relationship

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The Need.....

1. I am only here for 3 years, so these are not my patients.
2. I am here 1 day of the week, why should I make so much effort! I will try next year.
3. I am seeing so many patients, it is hard to keep up.
4. I have so much to learn.
5. Residents identifying patients as residency clinic patient and not as a particular resident patient.
6. Why do faculty clinics work well and resident clinics do not?

Why is this important?

Doctor-patient relationship is a unique human interaction that is best if taught to residents rather than something that needs to be figured out on their own.

Residency Clinic with a high turnover and new physicians every year lends itself more readily to an urgent care atmosphere rather than PCMH primary care setting model.

Teaching the doctor patient relationship helps avoid pitfalls that may lead to patient dissatisfaction with primary care.

What can we do?

What can we do to help residents own their patients?

What can we do to have patients own their doctor?

The Program Director, Core Faculty, Behavioral Therapist, and our Nurse Educator put their brains together
AND
made these following changes:

Change #1: Rooming

We made our first years room their own patients for the first 6 months.

They would be the ones initiating conversation by introducing themselves, "I am Dr. Smith, how are you doing today?" The patients are also pleasantly surprised that the doctor is bringing them in.

Then, they would take vitals and take them to the assigned room.

They would indulge in casual talk such as, "Oh! It's so cold outside. I am waiting for spring to come." which would help break the ice.

Once in the room, they would ask the purpose of visit. By this time, the patient would feel comfortable talking to them.

Change #2: Business Cards

We encouraged the residents to carry a stack of their own business cards with them.

We printed special cards for them with their picture on it with which the patients would remember/recognize their doctor.

We highly encouraged residents to give their cards to their patients and let them know that they will take care of them from now on.

It helped the patient and the resident enter into an unwritten agreement, where the patient gets a new doctor and the doctor takes responsibility of his/her patient's health.

Change #3: Follow up visits

We encouraged residents to make follow up visits for their new patients.

If they were seen for an acute visit, then the patients were encouraged to see their doctor back to make sure they were doing well.

Have them return for an annual physical if that has not been done yet.

Follow-up visits with the same doctor improved bonding; patients as well as doctors started associating with each other.

Change #4: Personal Info

We asked residents to get at least one personal piece of information during a visit with which they would be able to recognize their patient.

For example, the patient lets you know that she is the sole caregiver of her elderly mother, she will be hosting the Thanksgiving dinner this year, or she is planning a surprise trip to Europe. Be ready to ask her the next time she is in about the health of her mom, how thanksgiving dinner went, or when she will be going to Europe.

Patients felt more connected and knew that their doctor was listening.

Change #5: Claim your patients

We encouraged residents to start claiming their patients by putting their names in the PCP section.

For example, all patients who did not have a PCP, transferred care or had a name of a resident who had already graduated.

The residents felt pride and responsibility towards their patient panel and it also helped them track their numbers for A1C, colonoscopy, mammograms and other quality indicators.

It helped other residents in communicating health info to their PCP.

Change #6: Resident Teams

We divided our residents into 6 teams, which were color coded.

We made them think like a practice in which we all watch out for each other. If I was on vacation, my colleague would take care of my patients in my absence and would take care of my orders.

Similarly, residents in one team would watch out for each other and would take care of a resident's patients if he/she was gone.

It helped residents feel connected even though they were gone.

Change #7: Follow up with PCP

In the case of a resident seeing a patient for an acute visit, they will inform the patient that they will let the PCP(Resident) know what was done on that visit and will also ask the patient to follow up with the PCP(Resident).

This is reinforcing continuity and increasing the bond between the patient and the doctor.

Change #8: Phone Calls

We asked the residents to call patients themselves for any information that needed to be communicated such as lab results or imaging studies.

We encouraged them to call even if the results were normal just to have that personal touch.

We also encouraged residents to call their patients if they got a notification that their patient was in the ER, to know how they are doing now and if they needed anything.

Change #9: Transition of care

Around the months of March and April, when 3rd years are trying to wind up, we start to introduce the first or the second year residents to the patients.

When the patient comes to the clinic, the 3rd year resident will take their junior resident to the room and let the patient know that they will be graduating soon, and they would like to introduce their colleague who will take good care of them.

The patient has a chance to see and meet the new provider and ask questions if they have any.

This helps smooth transition of care and the patient does not feel abandoned.

Change #10: Scheduling Patients

An effort was made by the administration to schedule patients with the PCP residents only, if possible.

This helped improve continuity of care

This also helped residents develop the bond with their patients

Change #11: Collaborative and inclusive language

Our patient population is very diverse. Some cultures included their close family members in decision making.

We advised residents to use language that is inclusive and have family members present who play a role in the patient's health.

Use "shared decision making" rather than "being directive" approach.

It helped improve the resident's bond with not only the patient, but with their family as well.

Results/Achievements

Residents ended up making such strong bonds with patients that some of the patients followed them if the resident stayed in the area after graduating!

Residents started owning their patients and we could hear them say, "My patient was admitted in the hospital 2 days ago," not referring to them as "resident clinic patient."

Patients started identifying themselves with residents as their PCP and not the faculty as the PCP.

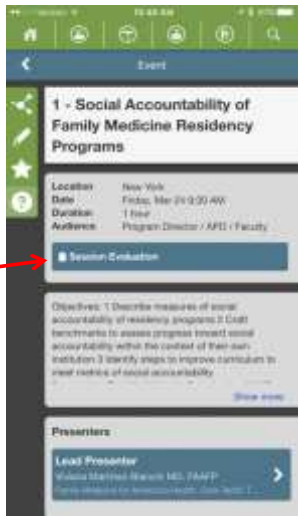
Thank you

Questions?

Please…

Complete the session evaluation.

Thank you.



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