

## Background

- Effective physician communication has been correlated with better patient outcomes.<sup>1,2</sup>
- In the inpatient medicine setting, high quality communication becomes imperative secondary to the mostly unplanned nature of hospitalizations and the fact that many patients are not cared for by physicians they have a previous relationship with.
- There has been a great deal of work done studying ways to optimize communication in the inpatient space, predominantly focusing on hospital medicine providers.
- However, there is little data to date on optimizing communication in the academic setting, where teams consist not only of the direct care provider (hospitalist) but also residents and medical students.

## Work Performed

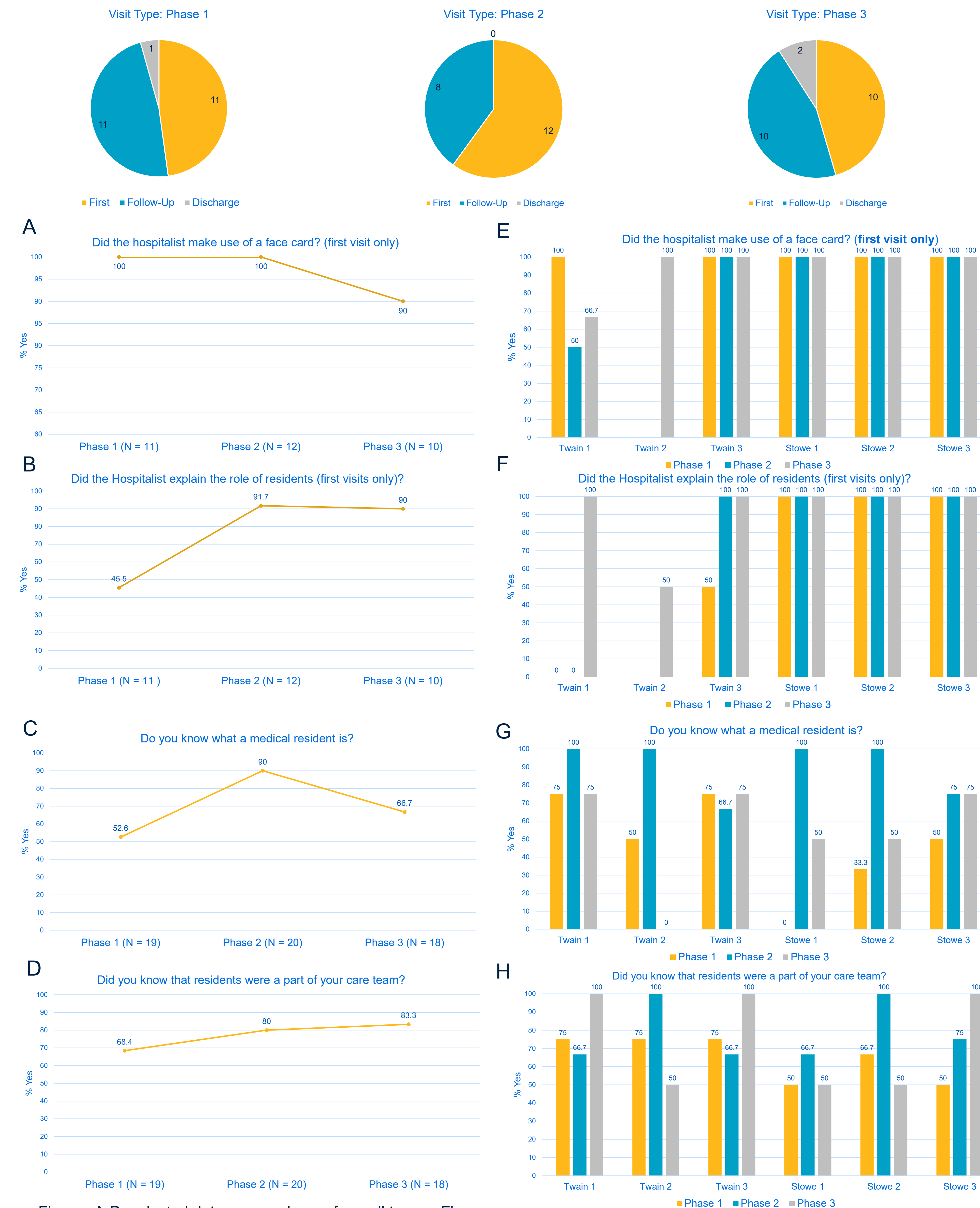
- We hypothesized that it may be more difficult to optimize communication for patients admitted to a medicine service in an academic team setting as compared to their non-teaching hospitalist counterparts.
- Using best practices delineated in the literature, we observed resident teams and solicited feedback around communication from patients.
- Our aim was to evaluate whether frequent feedback to all members of the care team would improve patient/provider communication.

## Methods

- Teaching hospitalists at Hartford Hospital were observed during patient rounds.
- Conformance to communications 'best practices' was evaluated while rounding using a standardized survey.
- Patients were then interviewed without the teams present to evaluate the patients' experiences, also with a standardized survey.
- There were 6 teams, composed of teaching hospitalists, medical residents, and students.
- Each team was observed 3 times and given feedback prior to each subsequent observation within 48 hours of completion of their patients' interviews.
- Each round of observations and interviews are referred to as Phase 1, 2, and 3.

## Results

A total of 65 physician observations and 57 patient interviews were completed. 9 'Best Practices' were done 100% of the time by physicians, including: using the patient's name, delineating a clear plan for the day, and allowing the patient to speak without interruption.



Figures A-D, selected data across phases from all teams; Figures E-H, selected data across phases broken down by individual team.

## Concordance Scores

- After some visits, physicians were asked for the three main takeaways they hoped the patient would come away with regards to their plan for the day.
  - Patients were then asked if their physician went over the plan for the day, and if they could recall 3 components of it.
  - A concordance score was assigned based on the similarity between physician and patient responses, ranging from 0/3 – 3/3.
- Phase 1 concordance scores: 3/3, 1/3, 0/3
  - Phase 2 concordance scores: 2/3, 1/3, 1/3, 0/3, 1/3
  - Phase 3 concordance scores: 1/3, 1/3, 2/3, 1/3, 1/3

## Discussion

- 9 'Best Practices' were performed 100% of the time across all phases, highlighting consistent behaviors and experiences for patients.
- Communications best practices generally saw improvement between phases, rarely dropping below phase 1 values by phase 3
- While scores rose between phases, when observing total scores inter-team variability persisted.
- A focus from physicians on explaining the members of the care team (attending, residents, students) led to an increase in patient understanding of the role of residents as they related to their own care.
- Feedback appeared to impact physician behavior in positive ways, reflected in their direct observations and patient feedback.

## Conclusions

Communications 'best practices' can be reinforced and the patient experience improved, but questions remain on the relationship between communication practices, patient understanding, and the effectiveness of care.

## Future Work

Future work will build on these results to examine if better continuity across physician teams has a similar impact on the patient experience.

## References

1. Moslehpour, M., Shalehah, A., Rahman, F. F., & Lin, K. H. (2022, March). The Effect of Physician Communication on Inpatient Satisfaction. In *Healthcare* (Vol. 10, No. 3, p. 463). MDPI.
2. Zolnierok, K. B., & Dimatteo, M. R. (2009). Physician communication and patient adherence to treatment: a meta-analysis. *Medical care*, 47(8), 826-834. <https://doi.org/10.1097/MLR.0b013e31819a5acc>