# Patient Centered Communication

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## Background

- As physicians we want to provide the best care to our patients while being efficient with our time and balancing our patient's needs and expectations of what we can cover in one doctor's visit. In one study, it was found that physicians solicited the patient's concerns in 75.4% of the interviews but only 28% of those initial concerns were completely addressed (3) and according to Epstein 30 to 80% of the patient's expectations are not met during a visit (2).
- According to Bergeson, sometimes physicians think if patients bring a list of concerns then the visit may be prolonged however when physicians are able to negotiate this list with the patients and set expectations, patients still felt like their concerns are addressed and they have increased satisfaction in their visits (1). In a randomized control trial, an agenda form was given to patients to fill out and as a result during each visit, a total of 0.2 additional problems were identified and only 0.9 minutes were added to the duration of the visit with a significant increase in patients' satisfaction in their physician-patient relationship using the agenda form (4).).
- By starting with a list of the top 3 problems a patient would like to address, the agenda has already been set for the visit and patient has already become more involved in their care by creating this list so there are not any concerns left unspoken. This organizes the patient as well as the physician so the visit can be more structured, efficient, and the patient can feel as though their concerns were completely addressed thus strengthening the physician-patient relationship and the patient's satisfaction in the care they receive

## Objective

 The intent of this quality improvement project was to improve the physician's confidence, organization, and efficiency while improving patient centered communication in order for a PCP to adequately address up to 3 concerns a patient may have in one visit.

#### Methods

- When established patients came to sign in, they received a form with 3 lines on it in which a patient can write up to 3 concerns they would like to address in that one visit. Patients then took this form with them when they went into the patient's rooms. When the provider came in, the patient gave this form to the provider.
- The provider and patient then went through the concerns listed on the form. A pre survey was sent to the providers of the clinic before implementation of the form and then a post survey was sent out 4 months after the form was implemented. These surveys aim to measure if there was a difference in the physicians clearly knowing the patient's concerns they would like to address at that visit and being able to set the agenda for the visit with the patient to cover those concerns adequately.
- The pre and post survey passed through an improvement process, which involved elicitation and face validity using the Internal Medicine Residents and two faculty members of the Family Medicine Residency..

This research was supported (in whole or in part) by HCA Healthcare and/or an HCA Healthcare

affiliated entity. The views expressed in this publication represent those of the author(s) and do

not necessarily represent the official views of HCA Healthcare or any of its affiliated entities.

# Results

Questions on survey	Pre survey	Post survey
PCP felt they could accurately list of the concerns they wanted addressed during the visit	44% agreed	72% agreed or strongly agreed
PCP felt organized going through the patient's concerns during the visit	67% agreed or strongly agreed	72% agreed or strongly agreed
PCP said most of the time or all the time the patients added on concerns at the end of the visit.	67% agreed or strongly agreed	54% sometimes concerns were added
PCP felt they could structure the patient's visit so that their concerns are addressed adequately	67% agreed or strongly agreed	72% agreed or strongly agreed
PCP felt they could structure the patient's visit so that their concerns are addressed adequately	67% agreed or strongly agreed	72% agreed or strongly agreed



## Discussion

- Prior to the form, 44% residents agreed they could accurately list of the concerns they wanted addressed during the visit. After the form, 72% agreed or strongly agreed the form helped them form an accurate list of concerns the patient wanted addressed.
- Prior to the form, 67% residents agreed or strongly agreed that they
  felt organized going through the patient's concerns during the visit.

  After the form, 72% agreed or strongly agreed the forms helped them
  feel more organized going through the patient's concerns during the
  visit
- Prior to the form, 67% residents agreed or strongly agreed they could structure the patient's visit so that their concerns are addressed adequately. After the form, 72% agreed or strongly agreed the form helped them structure the patient's visit so that their concerns are addressed adequately.
- Prior to the form, 67% residents said that the most of the time or all the time the patients added on concerns at the end of the visit. After the form, 54% residents said that sometimes the patients added on concerns.
- The form overall helped physicians feel more organized and helped them structured their visits based on the patient's concerns. The physicians felt more confident being able to list their patient's concerns after the visit. It also decreased the amount of times the patient added on concerns towards the end of the visit. In the beginning, there was a hindrance to handing out the forms to the patient as the front desk was not able to do this, instead we kept the forms in a stack in the front. When the patients checked in, they could take the form and fill it out while they were waiting to be seen

### Conclusion

• The form overall helped the physicians consolidate the patient's concerns so they felt they were able to properly structure their patient's visits based on those concerns and they felt more organized doing so. The patients in turn did not add on concerns as often as they felt their needs were met. This form can be used as a tool to help physicians and patients get the most out of healthcare as it makes visits more structured, efficient, and organized while keeping the patient the main focus with using patient centered communication.

#### References

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<sup>&</sup>quot;This project was undertaken as a Quality Improvement Initiative at Grand Strand Medical Center, and as such was not formally supervised by the IRB per their policies."

