

Pauline Yang
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Doug Bradley

Assignment 3

Title: Communication Skills Training for Physicians Improves Patient Satisfaction

Authors: Adrienne Boissy, Amy K. Windover, Dan Bokar, Matthew Karafa, Katie Neuendorf, Richard M. Frankel, James Merlino, Michael B. Rothberg

Journal/Database: PubMed

Introduction/Background

Patient reviews, adding up into a score, plays a role for hospital services to get fully reimbursed. More information is showing that patient experience influences clinical health outcomes and how care is delivered based on organizations based on these reviews. These scores are connected to the discharging physician, and are a strong motivation for hospitals and physicians for improve they're score.

How physicians communicate plays a big role in patient review/score and directly relates to the care physicians provide.

Methods

Participants were attending physicians at Cleveland Clinic. This was an observational study. Participants were 1537 attending physicians who participated in a communication skills training. There were also 1951 physicians who did not participate in the training. The training emphasized a relationship-centered model of care. To assess whether the training was beneficial, empathy was measured, as well as burnout, self-efficacy, post course satisfaction, and patient reviews/scores.

Interpretation

Results showed that patient reviews/scores for how physicians communicate were higher for physicians who had the training. After having the training, patient review/scores had significant improvements.

Conclusion

Relationship-centered communication skills training did improve patient satisfaction scores. It also improved physician empathy, self-efficacy, and reduced physician burnout.

Article Analysis

Is the topic of the paper somewhat original?

This paper is pretty original in terms of what they are researching. One of the first things the reader sees is that “large-scale studies of exposure to communication skills training and its impact on patient satisfaction have not been conducted”. This shows that their study is the first of its kind.

Do the study’s findings have practical importance, regardless of whether they have statistical significance?

The study’s findings do have practice importance. Physicians and medical organizations do want to achieve high patient satisfaction, not only because that should be their main goal, but because they get full reimbursement of hospital services. This study shows that system-wide relationship-centered communication skills training improved patient satisfaction. They do note that future research should look at the training’s long-term sustainability. This is a possible route physicians and medical organizations can take to improve patient satisfaction.

Within the study, the researchers go into further detail as to how investing in a communications training can benefit their scores. For example, they mention that even small improvements may translate into large percentile changes. Improvements of 1-2 points can translate into increases up to 14 percentile points.

Were the outcome measures appropriate?

The outcome measures were appropriate. The researchers utilized the two patient satisfaction scoring techniques, *Hospital Consumer Assessment of Healthcare Providers and Systems* and *Clinician and Group Consumer Assessment of Healthcare Providers and Systems*, to measure patient satisfaction. They also measured physicians empathy, burnout, self-efficacy, and post course satisfaction. By measuring empathy, researchers can see if relationships with patients have improved. Measuring burnout and self-efficacy can play into quality of care which will aid toward increasing patient satisfaction.

What was the aim of the study?

The aim of this study is to examine the impact of experiential relationship-centered physician communication skills training on patient satisfaction and physician experience.

Do the results and methods section match?

The results and methods section to match in terms of the outcome measures they used. Researchers did report whether changes had to be applied in the results. For example, the reported that 6 physicians declined to participate in the study.

Have the authors discussed possible limitations of the study?

In the discussion section, they dedicate a paragraph to important limitations. The first limitation they address is that they could not rule out other causes for improvement in scores among those who took the course because this study was observational. The second limitation is that they included some self-reported outcomes, and reporting was not anonymous. The participants/physicians could have exhibited a social desirability bias when responding to the questions. Their final limitation is that the response rate at 3 months was low and may not be representative of all participants.

Who sponsored the study?

In the acknowledgements section, the study did not receive grant funding. However, all of the authors work for the Cleveland Clinic Foundation.