

# ○ Collecting feedback on Consultants' communication skills

A PILOT TEST AMONGST CARDIOLOGY AND CARDIAC  
SURGERY CONSULTANTS, UNIVERSITY HOSPITAL OF  
SOUTH MANCHESTER (UHSM)

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INDIVIDUAL REPORT FOR: DR NEIL DAVIDSON

PRIVATE AND CONFIDENTIAL

## About the pilot test

### Background

It is recognised more than ever that communication and interpersonal skills sit alongside clinical decision-making and medical expertise as components of competence. Furthermore, patients nowadays also expect clinicians to respect their autonomy, to listen to them, to inform them, to take account of their preferences, to involve them in treatment decisions and to support their efforts in self-care (Coulter & Magee 2003).

Good Medical Practice (GMC, 2006) sets out the principles and values on which good practice is founded. But until recently, unless a complaint was made, there was no way to evaluate the extent to which the work of an individual doctor reflects this medical professionalism in action. Revalidation – the process by which licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practise – came into effect in December 2012. Patient feedback forms part of the portfolio of evidence that doctors must submit in order to be revalidated.

University Hospital of South Manchester already values regular patient feedback and is committed to continuous improvement of services in the future. Picker Institute Europe was approached by one of the Trust's consultant cardiologists – Mr Ben Bridgewater – with a view to investigating and developing a robust method for gathering patient feedback at an individual clinician level. Such feedback would be used for individual performance evaluation and to ultimately improve patient experience. The Trust's wish was to focus specifically on the area of consultant's communication skills.

### Objectives

The short and long term objectives of the pilot study were as follows:

- Short-term:
  - Develop a tool for collecting individual consultant feedback from patients that is robust, sustainable and fit for purpose
  - Investigate a new method of data collection in order to understand each one's efficacy, validity, logistical ease
- Long-term:
  - Use the tool and its findings to drive quality improvement
  - Use the tool and its findings to identify poor performance and work to resolve it
  - Use the tool and its findings to provide data for revalidation
  - Use the tool and its findings to bring about cultural change
  - Publish results alongside clinical outcomes

The pilot test was developed during July 2012 and conducted between August 2012 and January 2013.

## How was the feedback collected?

- Feedback was gathered from patients on 22 cardiology consultants employed by UHSM who hold regular (weekly) outpatient clinics in Wythenshawe hospital in Manchester. Thirteen of the consultants specialise in Cardiology while the remainder nine specialise in Cardiac surgery.
- Questionnaires were posted to patients' homes. Mailing out questionnaires to a patient's home address is the method most commonly used for national patient surveys and usually achieves reasonable response rates. It was therefore agreed that this pilot test would include data collection via questionnaire mailed to the patient's home shortly after their appointment with a consultant at one of the outpatient clinics of the Trust.
- A list of eligible patients was compiled using the hospital's Digital Dictation system, used by all participating consultants which was then cross-referenced with the hospital's electronic record system

## What was asked in the patient questionnaire?

The feedback questionnaires included a mixture of closed and open questions. Patients were asked some similar and some different questions in order to understand their experiences of being in your care. The competencies being measured in the questionnaires are based on the GMC's "Good Medical Practice" which sets out the principles and values on which good practice is founded and describe medical professionalism in action.

## Summary of the pilot test findings

- The tool used in this pilot has been found to be statistically robust and analyses have shown that it is capable of differentiating consultant's communication skills.
- Some minor adjustments to the pilot questionnaire were recommended, although its current length is not a barrier to completion. There were some questions (Q16 and Q17 in particular) which were only relevant to a small number of patients, it was therefore recommended to remove them from the questionnaire.
- Response scale: although there was a tendency to use the highest ratings, the full range of responses was used and therefore could potentially differentiate between clinicians, particularly when using the overall score.
- The minimum number of questionnaires required to achieve a physician-level reliability of at least 0.8 is 51 per consultant while more than 30 raters will still provide reasonable precision.
- Results demonstrated high levels of consultant performance overall.

## How to use this individual feedback report

This report is designed to give you feedback from your patients in three ways:

- **Chart 1: “Your Picker Consultation Score<sup>©</sup>”**
  - Use this chart to see at a glance whether you need to make improvements to your communication skills.
  - This is a robust ‘overall’ measure that brings together feedback from all questions into one ‘overall’ score.
  - It is calculated as the mean of the scores for those communication skill questions that were applicable to all respondents. In calculating the Picker score, patient responses have been weighted to a standard respondent profile in terms of age and the number of previous consultations.
  - The Picker Consultation Score<sup>©</sup> shows the level to which you meet patients’ expectation and consequently your level of compliance with the General Medical Practice as **indicated by patients**.
- **Chart 2: “Your communication skills in detail”**
  - Use this chart to understand your individual strengths and potential areas for improvement on specific aspects of communication.
  - Scores shown for each question are an unadjusted mean (average) score from all respondents who made an evaluation on each specific question. ‘Not applicable’ and ‘don’t know’ responses have been excluded.
- **Chart 3: “How you compare to others”**
  - Use this chart to understand how you compare to the other consultants who participated in the pilot study and to understand whether specific aspects of your communication skills are above or below the average for the pilot group.

### **Important note:**

In order to protect patient confidentiality, feedback will usually only be shown where 10+ patients responded.

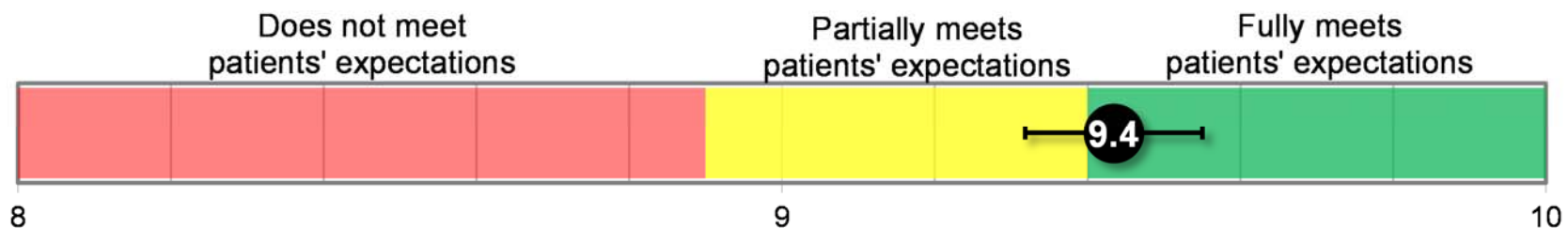
This criterion is relaxed to 5+ respondents when asking patients to explain ‘why their questions did not get discussed’.

## Your patients' profile

Results obtained from 37 completed surveys.

		No of patients	%
<b>Patient demographics</b>			
Age	Under 18	0	0%
	18-44	8	23%
	45-64	15	43%
	65-74	9	26%
	75+	3	9%
Gender	Male	21	58%
	Female	15	42%
<b>Appointment characteristics</b>			
Waiting time	Under 30 minutes	17	46%
	31-60 minutes	6	16%
	More than 1 hour but no longer than 2 hours	8	22%
	More than 2 hours	6	16%
How many times have you met this consultant before?	This was the first time	12	32%
	Two to four meetings	15	41%
	Five or more meetings	10	27%

## Chart 1: Your Picker Consultation Score<sup>®</sup> - meeting your patients' expectations



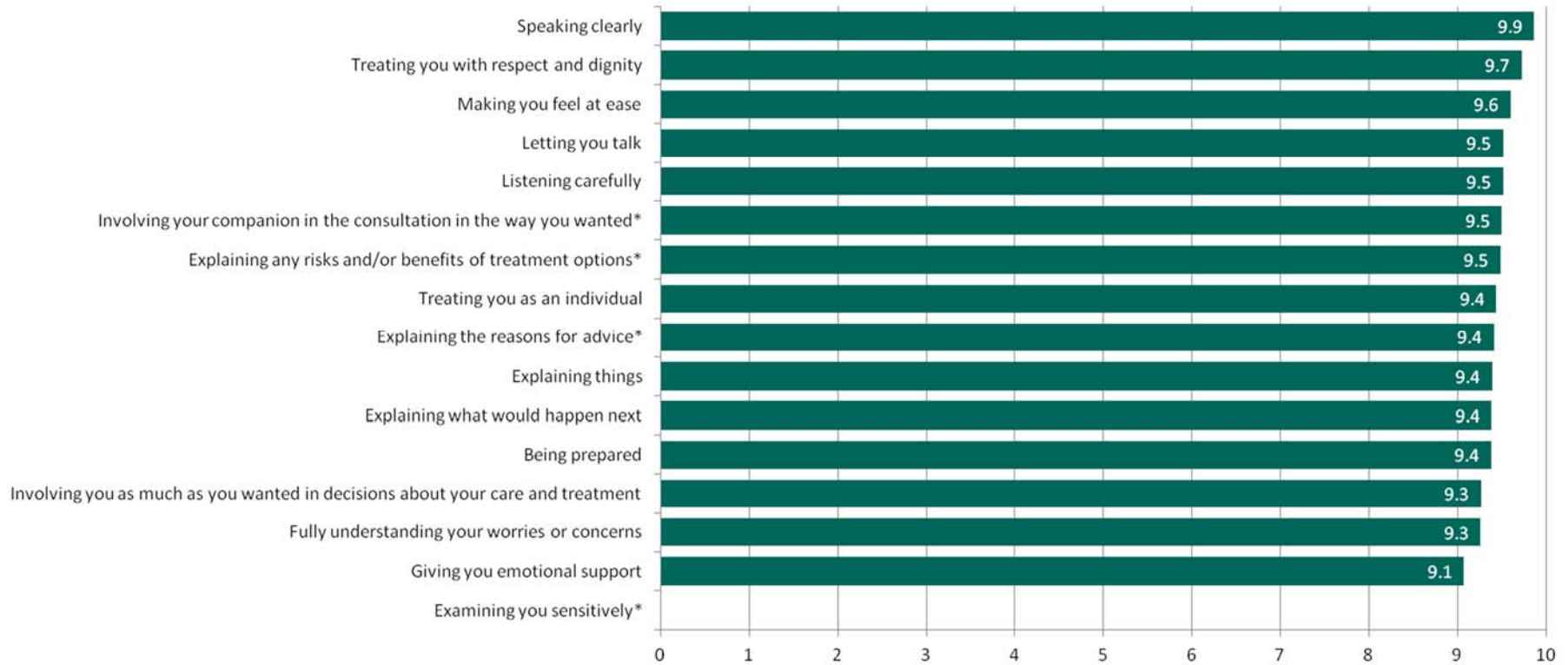
### Score calibration

The score above is calibrated using Q31 in the patient questionnaire. If you would like to know more about how this score is calculated, please contact Picker Institute Europe for more information.

### Confidence intervals

The confidence interval shows the range within which your (overall) score would fall in 95 out of 100 equivalent samples of patients. This shows how reliably your level of communication skill has been estimated.

## Chart 2: Your communication skills in detail



\* Lower sample size (question only applied to some patients).

### Chart 3: How you compare to others

Question	Your score	Average score	Significant difference
Speaking clearly	9.9	9.6	None
Treating you with respect and dignity	9.7	9.6	None
Making you feel at ease	9.6	9.4	None
Letting you talk	9.5	9.3	None
Listening carefully	9.5	9.4	None
Involving your companion in the consultation in the way you wanted*	9.5	9.4	None
Explaining any risks and/or benefits of treatment options*	9.5	9.5	None
Treating you as an individual	9.4	9.3	None
Explaining the reasons for advice*	9.4	9.5	None
Explaining things	9.4	9.5	None
Explaining what would happen next	9.4	9.4	None
Being prepared	9.4	9.3	None
Involving you as much as you wanted in decisions about your care and treatment	9.3	9.1	None
Fully understanding your worries or concerns	9.3	9.2	None
Giving you emotional support	9.1	9	None
Examining you sensitively*	-	9.6	-

\* Lower sample size (questions only apply to some patients).



## Patient comments

Comments are only edited if any patient-identifiable information needs to be anonymised. Where this is the case, the edit will be shown between square brackets [...]. In all other cases, comments are reported verbatim.

### Q36: Was there anything that your consultant did particularly well in your most recent appointment?

Neil Davidson was absolutely outstanding to me. he carried out the procedure which has been a success and each time I have visited the unit I have been so impressed with him. Thank you very much.

He spoke very clearly so I could understand him, as I am deaf and explained what my treatment would be, he was marvellous.

He is polite, very caring and I would give him 10/10.

He has as easy reassuring manner and inspires confidence.

Very good in the questions I asked him, I got told everything I wanted to know.

Seen quickly appropriate tests done in advance.

Everything done very well

I have met Mr Davidson on numerous occasions & his ability to explain in detail his assessment of my condition and reassurance of the next step/outcome always instils confidence & clarity. Along with [NAME], Neil is a gent!

My first visit I was made to feel important, so very satisfied

<b>Q37: Was there anything that your consultant could have improved on?</b>
He could see his patients more on time not two hours from appointment time. He saw his new patient first so it didn't matter what time your appointment was.
No.
I was told the clinic was already running 1 hour late by 10.30 (why?) but not that I needed to stay in the clinic area for other tests - fault of clinic staff rather than consultants.
No
A fuller explanation, the likely outcome of ablation & how to cope with them

Q38: Any other comments
Directions to hospital and location of car parks would be good, refreshment facilities in clinic area.
I believe I have had first class treatment.
Waiting for an appointment is always overdue and when the consultant comes to collect the file from the reception they always pick and choose the file and do not take them in order and time of appointments, which always causes distress and frustration of all outpatients.
Only issue with whole experience was waiting times. I don't understand how you can be 45 minutes behind by 9.30am especially when it is planned appointments and not an emergency clinic. I had a professional job I was expected to be at, immediately after the appointment.
Better appointment system. So the consultant is under less pressure to rush through patients
This was a summary meeting regarding recent hospitalisation & effects on my heart treatment really & joint catch up
The only improvement I feel necessary is to reduce waiting time at clinic

## Benefitting from feedback

Gathering feedback is a limited exercise unless something constructive is done with the findings to bring about positive change. Here are some hints and tips to help you make best use of it.

- Maintaining a **positive attitude** towards feedback will influence its usefulness.
- Use the information to help **plan and work** on your **development** – don't see it as the 'final word'. Instead, use it to **plan tactics** and **strategies** to enhance your future effectiveness.
- High scores should not be viewed as 'good' and low scores as 'bad' – no-one ever receives a feedback report that is all positive or negative. Everyone has **strengths** that need to be **used more** and areas in which they can **develop further**.
- Use this report as a **starting point** in your discussions with your facilitator or appraiser – the report will provide insights but the real understanding and value of the data will come from **open discussions** with those you trust.
- Keep your eye on the **main goals**: demonstrating positive behaviours, raising standards and improving the quality of patient care.

For reflection, you may find it useful to use the action planning template overleaf.

## Action Planning

Now that you have had an opportunity to explore your feedback data with your facilitator, you may wish to reflect on what you have learned during the session and develop an action plan. Here are some hints and tips for doing this.

Identify your **key strengths** and think about how to use them more

Identify your main **development needs** and outline how you might address them

Identify **individuals** you can talk to, who can help you make things happen

Assess **risks and obstacles** and how you might overcome them

Use **SMART** objectives to help you reach your goals

<b>Specific</b>	define what exactly is to be done
<b>Measurable</b>	describe how you will know the action has been achieved
<b>Achievable</b>	set realistic goals and objectives
<b>Relevant</b>	relate the actions to ongoing work
<b>Timebound</b>	set a date for completion

Identify **resources** you have **available**, or that you will **need**, in order to reach your goal

### Summarise your key strengths

### Summarise your key development needs