So much of a medical organization’s success rides on the leadership, conduct, and performance of its physicians. How does a health care organization engage its physicians to lead by example? And how does a physician—in the midst of 25 appointments, 30 phone messages, hospital rounds, and the details of “managing” a clinical practice—do what needs to be done to foster satisfaction and loyalty among patients? Practicing Excellence eloquently answers these questions.

Stephen C. Beeson, MD, has created a brilliant guide to implementing physician leadership and behaviors that will create a high-performance workplace built on collaboration, commitment, purpose, and making a difference in the lives of the patients it serves. This book addresses:

• Why hardwiring a Culture of Excellence into your organization is so critical
• Why physician engagement and leadership is fundamental to organizational improvement
• How to create physician “buy in” to system-wide organizational change
• How to select, train, and position a physician champion to lead a commitment to excellence
• How to create collaboration, trust, partnership, and loyalty with patients through trained physician behaviors
• How to use measurement of patient satisfaction to improve and incentivize physician performance
• How to execute effective service recovery with dissatisfied patients
• How to manage difficult clinical patient situations
• How to select physicians for your group who match your medical group’s culture
• How to improve physician satisfaction through an organizational journey to excellence

Throughout this inspiring and enlightening book, Beeson constantly reminds us why and how physicians—and indeed, health care organizations themselves—change and establish a reputation for being the best. “Change will occur when the best day we have is the one that is measured by the unmistakable fulfillment that comes to us from patients through our provision of kindness and compassion,” writes Beeson. “Sustained change happens when physicians realize that we can cure sometimes, but we can make a difference with every patient, every time.”
CHAPTER 3:  

Physician Service Excellence Tools

It is becoming progressively clear what is important to patients when they see a physician. While every patient is different, tremendous commonalities exist in creating the collaboration, trust, partnership, and loyalty that every patient and physician desires. The literature is so overwhelming in terms of the impact of service and communication on clinical outcomes, malpractice risk, loyalty, growth, patient satisfaction, and organizational success, that it really is no longer up for debate. Once we concede that service excellence is foundational to our success as physicians and the groups we work with, the question is no longer a matter of if, but a matter of how and when we will deploy the tools that will get results. Medical groups simply cannot compete in this current medical marketplace without engaging the tools that work to drive the patient experience.

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An organization simply cannot compete in this current medical marketplace without engaging the tools that work to drive the patient experience.
This chapter is the “how-to” portion of this manual, providing prescriptive, evidence-based guidance to every element of the patient encounter, including:

- Creating the first impression with patients
- What you need to know before entering the exam room
- Techniques in history taking
- The physician exam
- Providing patient information
- Patient partnership and collaboration
- Positioning your colleagues well (managing up)
- Patient follow-up
- Effective appointment closure

These tools, used properly, will take no more time than what you spend currently, and will land you and your group amongst the best in the nation in the eyes of patients. It is not a question of whether the tools work, but a question of who will commit to using them for every patient, every time.

**THE FIRST IMPRESSION**

Human behavior dictates that in every new situation, a first impression is created. It is thought that judgment can be passed within the first several seconds of an interaction, and it is known that the best of first impressions creates a captive and engaged encounter, and a poor first impression is just plain difficult to recover from. In order for a physician to convey kindness, compassion, intelligence, confidence, and commitment to the well-being of a new patient, the first impression we create is critical. The following are fundamental components to creating a positive first impression with patients.

In order for a physician to convey kindness, compassion, intelligence, confidence, and commitment to the well-being of a new patient, the first impression we create is critical.

1. Knock on the door before entering.
   - A common courtesy and a conveyance of your respect for their privacy and apprehension.
   - Pause for two seconds prior to room entry, thus preparing the patient for your entrance.
   Recently, in an ongoing effort to keep my patients informed, I poked my head in the room of a waiting patient to let her know how long I would be. This poor young woman was entirely naked standing in the middle of the exam room. I now knock for everyone, every time.

   2. Smile, introduce yourself, and shake the patient’s hand. Be sure to acknowledge and introduce yourself to others who may have accompanied the patient. Anyone who enters an exam room with a patient is personally close and important to that patient.
   - Friendliness of a physician will improve patient comfort and satisfaction with you, and the ability to have the honest, forthright relationship that is clinically effective.
   - A smile places the patient at ease, the first step in creating confidence and comfort in the eyes of patients.
   - A smile conveys that we enjoy what we do; it begins building trust and reduces patient anxiety.
   - Don’t look preoccupied and irritated, even if you are. Develop the ability to leave your issues outside.

3. Sit and maintain eye contact. This may be the most important biomechanical component of your visit.
• When physicians sit during the course of the interview, it will significantly increase the patients’ perception of time spent with them compared to those who stand, without actually spending any more time. Consider this a must-have for every patient interview.

• Face the patient if possible. Physicians’ facing more than 45 degrees away from the patient has a negative correlation to the patient’s perception of the encounter.32

4. Use consistent opening comments. Create a list of introductory comments that you can use for new and established patients that will establish the tone of the visit in a way that is most effective and constructive for the patient and you. A non-medical dialogue is effective in reinforcing the strong first impression you have created and places the patient at ease. What you say to new and established patients is distinctly different. Depending on the patient and the situation, the following is a demonstration of what can be said to new patients:

OPENING DIALOGUE WITH NEW PATIENTS (PRIMARY CARE):

“Hi, I’m Dr. Beeson. Nice to meet you. Have a seat; make yourself comfortable. Well, I see you are a new patient here. Thank you for coming in and welcome to the Sharp Rees-Stealy Medical Group. Did everything go smoothly in terms of your registration and check-in? Did my staff treat you well? Excellent. I know how fun it can be to see your new physician for the first time (smile at the patient), so I would like to make this as comfortable and easy as we can for you. Tell me a little about yourself.”

This new patient introduction is natural, simple, and places the patient at ease in an inviting, friendly exchange that is the prerequisite for a meaningful clinical dialogue. Use humor when you can. Laughter makes a notable, positive impact on patients33 and conveys unhurriedness and approachability. Sometimes you will need to prompt nervous or reserved patients to tell you if they work in the area, what they do for a living, do they have family, do they have children, or whatever seems appropriate. Most patients enjoy and are most comfortable talking about themselves. The most important feature in this initial contact is that you create an environment that instills comfort for the patients.

Following the opening dialogue, tell patients about your training, education, and experience. Take a moment to communicate with patients your personal approach and philosophy toward patient care. Patients must believe they are beginning a relationship with a physician who is accessible, receptive, listens, and acts in a way that makes them confident that you care about them and they are in expert hands. As with all behaviors that drive the patient experience, it is of greatest importance that you commit to performing them without exception. Every patient, every time.

OPENING DIALOGUE WITH ESTABLISHED PATIENTS (PRIMARY CARE):

“Hi, Bob…nice to see you again. Thank you for waiting…I know I am running a few minutes behind this morning. Sit down and make yourself comfortable. So, how’s life been treating you these days?”

Even for patients you have known for years, a smooth, simple, and friendly greeting lays the foundation for a fruitful clinical encounter. If you are running more than 15 minutes past the scheduled time, thank them for waiting. Even with operational efficiency, offices will, at times, if not most times, run behind. If you are more than 30 minutes behind, you will need to proactively acknowledge your delay as you enter the exam room.
Consider the following when arriving excessively late:

“I know you were excited about spending all morning with us in our reception area [laughter]... thank you for waiting. We had some complicated cases this morning but I know it can be frustrating to have to wait so long... nice to see you. So, how has life been treating you these days?”

You will find that this introductory dialogue is almost invariably followed by a palpable recognition of your efforts by even the most irritated patients.

The introductory question of “How has life been treating you?” is a friendly, non-medical query on how they are doing in general. Ideally, for established patients, asking a specific question based upon something you know of them from your history together is a very enriching experience for the patient. Small notes reminding you that Margaret Jones’s son is the drum major for the local high school band would create that query opportunity.

The decision to use the patient’s first name or title is a personal one for you and the patient. There is no right answer to this question, but many physicians find that with a shared history together over time, using a patient’s first name is very natural and helps to reinforce the personal connection between the patient and physician.

These tools to create a first impression and begin an effective clinical encounter convey the most important issue for patients, which is does this physician and the health care team care about me? Creating this strong first impression is a prerequisite to all of the important work that we do that follows.

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**Key Learning Points—First Impressions**

1. A good first impression can create a captive, engaged encounter; a bad first impression is difficult to recover from.
2. Knock, then pause two seconds prior to entry.
3. Smile, shake hands, and introduce yourself to the patient and everyone in the room.
4. Sit and sustain eye contact.
5. LOOK AS THOUGH YOU ENJOY WHAT YOU DO!
6. Use a consistent opening dialogue for established and new patients that creates comfort and approachability with you.
7. Tell patients about your training, your experience, and your personal approach to patient care.

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**Exam Room Preparedness**

The clinical knowledge you have of the patient upon entering the patient exam room will drive the efficiency of clinical care, and can instill or rattle confidence in you as the treating physician. Prior to entering the exam room, review the chart to know of any interval medical events including specialty consultations, surgeries, urgent care or emergency room visits, or follow-up visits with any other physicians. Review the chart to know exactly what you did last for the patient, even if it is not why the patient is coming in today. It is all too common, and distressing to patients, to see their physicians habitually blind-sided by simply not taking the time to review important clinical events clearly available in the medical record.

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What you know when you enter the patient exam room will drive the efficiency of clinical care, and can instill or rattle confidence in you as the treating physician.
A patient, who is a close friend of mine, recently described his case to me. He went to see his primary care physician, who has been seeing him every six months or so for the last four years. With every visit, it seemed to the patient that the physician was starting from square one with little recollection of what was done previously. My friend reported that the physician would actually say, “Now, what were we doing again?” My friend would then prompt the physician to remind him that they had increased the dose of his lisinopril and added a low dose diuretic to improve blood pressure control. The physician would ask if he had ordered any labs on him in the last six months. Again, the patient would inform the “treating” physician that no labs were done, and he was not aware of any labs being ordered in the last six months. All the while during this repetitive, ceremonious “I have no idea what I am doing” dialogue with the patient, the physician would be looking frantically through the chart trying to find the answers to the questions that the patient was now providing.

My friend finally left this practice to find a physician with whom he could have confidence and assurance that he was in competent hands.

When medical care becomes more complicated, involving multiple physicians, the task of creating the perception of awareness and knowledge of all that is going on with your patients becomes more demanding and important. The primary care physicians who are judged by patients to be the best are the ones who always seem to know what is going on with their patients, and they deploy specific techniques that create this perception.

When physicians take one to two minutes to make themselves aware of interval events with their patients, this time will be made up in the ability to resume just where they left off, without having to backtrack and backpedal to find out what has been done last.

Let’s look at how this is applied in the patient exam room. Let’s say it has been three months since your last visit with a patient who you see for glucose intolerance with central obesity and mild hypertension. Three months ago you placed the patient on a low dose ACE inhibitor, sent him to a nutritionist, and reviewed the necessity of diet, exercise, and weight loss to reduce his probability of transitioning to type 2 diabetes. You counseled the patient and collectively agreed that a 10 percent weight loss and 30 minutes per day of cardiovascular exercise was going to be a six-month goal. When the patient comes in for follow-up, you are able to specifically address the issues and goals that you had collaborated on during the last visit. The dialogue could go something like this:

“Last time you were here, we started you on the blood pressure medication lotensin. Tell me how that is going so far.” After the patient tells you any interval concerns or questions, you specifically address what your goals were on the last visit and how things are coming along from the patient’s perspective. “I see that you saw the nutritionist that we talked about last visit; tell me how that went for you.”

If a patient has an unexpected, unplanned medical event where you were not the treating physician, a brief reference to that event is very powerful in creating the perception that you are “all over it” and you know everything happening with your patient. If your patient was seen in urgent care a month prior for a sinus infection, in the midst of the visit you should say, “I reviewed the records from urgent care. How are your sinuses doing?” The patient will be pleased with your working awareness of his or her care and treatments, even if they are not directly provided by you.

Labs and diagnostic test results are also important to review before you enter the exam room. When patients come in for follow-up on a diagnostic test or laboratory, they will want to know the results. If you have a generalized unawareness of what has happened with your patients and the results of the tests you had ordered for them, they will take that to mean that you either don’t care, or that you are overextended and too busy to take personal care of the things that are so important to them.
Information management is becoming so effective that most of us have easy electronic access to every element of care for all of our patients, all of the time. Leverage this technology and share it with patients in the exam room to show them what you have available at your fingertips. Patients who feel they are in good hands with someone who is providing personally attentive care, backed by information technology, drives confidence and loyalty to physicians. Physicians who don’t invest the time to make themselves aware of interval medical events and communicate information that is easily available will lose a valuable opportunity to establish trust.

Clinical awareness of your patients should be considered to be a service must-have for physicians. Exam room preparedness, like other service tools for physicians, drives not only the patient experience and opinion of you, but creates the foundation of credibility and personalized care that allow for clinical effectiveness, improved compliance, and better clinical outcomes.

**Key Learning Points—Exam Room Preparedness**

1. What you know and don’t know when you enter the exam room creates or undermines the confidence patients will have in you.
2. Review interval events, consults, and what you did last prior to entering the exam room.
3. Specifically reference your “plan” that was established during the prior visit.
4. Communicate your awareness of interval medical events.
5. Leverage the information available to convey you are attentive and aware of every element of their care.

**TECHNIQUES IN HISTORY TAKING**

Nearly 90 percent of clinical information used in making a diagnosis is obtained from the skillfully collected history. It is the cornerstone of the medical visit. The fundamental question that we must address as physicians is... Are we going to conduct the interview on our terms, or are we going to conduct the interview on the patient’s terms? The correct answer to this question is symbolic of a paradigm shift in medical care. Health care today will now be provided as patient-centered care, beginning with the patient-centered interview.

The patient-centered interview is an interview approach that utilizes specific techniques to create collaboration and partnership between the patient and physician. This interview technique allows the patient’s principle concerns and questions to drive the visit agenda. Instinctively, some physicians grow nervous when there is discussion of “patient-centered initiatives,” concerned that patient-centered care may come at the sacrifice of what we need in terms of time and information. In reality, the patient-centered interview does not take any more time and will create higher patient satisfaction and improved compliance and will derive a clearer clinical picture.

Here are techniques that will lay the foundation for the patient-centered interview:

1. Allow the patient’s major health concerns and questions to drive the agenda of the visit.
   The “list” generated by this query will drive the encounter. The best approach is to have the nurse perform this function while the patient is in the exam room.
   The initial visit would go something like this:

   “Hi, Mrs. Jones, I’m Nancy. It’s nice to see you. I am Dr. Smith’s nurse. Dr. Smith and I have worked together for over five years, and you’re going to love him... he is the best. One thing we want to be sure to do during your visit today is to make sure your questions and concerns are addressed and taken care of. Tell me about what you would like to review with Dr. Smith today.
Physician Service Excellence Tools

Experienced physicians can often summarize a patient history usually with three to four tactical sentences. This conveys two critical things to patients. First, you are listening to what they are saying. Second, you are concerned about getting their clinical history right.

In order for us to be clinically effective and to drive compliance with medications that they may not want to take, and treatments that they may not want to undergo, patients must know that their voice has been heard. Paraphrasing has been demonstrated to be one of the most effective medical interview techniques that will accomplish this task. These tools will lay the foundation and open the door for receptiveness to medical treatments that will follow.

5. Take control when the patient history loses direction.

All of us experience this daily: the patient who rambles. The majority of tangential patients who seem to tell you far more insignificant detail than you would ever need or use have a legitimate reason for coming to see you.

Establishing a clear patient agenda and referencing the agenda as a guide for the visit can offset the frequency of this occurrence. Despite preventative efforts, the clinical history can still lose its direction. If after giving the patient at least two minutes of uninterrupted opportunity to tell his or her story, and there is no hope in sight for medically meaningful information, we suggest you take control. Tell the patient, “Clearly there are a lot of things going on right now for you. Tell me what it is that is bothering you most.” Or you can ask, “What is it that you are most worried about?”

You will be surprised at how this technique can crystallize this avalanche of complaints, to a clearly articulated worry or concern. Physicians will often use this technique when a patient has a long-standing, chronic problem but somehow had to be

“Excellent, thank you. I will get your chart ready for Dr. Smith and give him your major questions and concerns. He will be in to see you in about 10 minutes. We are running a few minutes behind. Is there anything I can get to keep you comfortable while you wait?”

This nursing query of the patient concerns is a modified version of the traditional chief complaint. The patient agenda will serve as the visit outline. Physicians will sometimes need to add elements to be sure routine health maintenance and follow-up issues are followed appropriately. An example of a written patient agenda is included for your reference in Chapter 11, Best Practices.

2. Let the patient speak without interruption.

With the patient agenda as a guide, take your history and let the patient speak. The average physician will interrupt a patient after approximately 17 seconds during the opening description of the principle patient concern.

Patients perceive interruption by physicians to mean that we don't listen. Listening without interruption can save clinical encounter time by avoiding the doorknob issues that physicians dread.

3. Use continuers.

Staring blankly at patients while they provide you the uninterrupted history provides limited value. Your quietness must convey interest. Continued eye contact, leaning forward, or a periodic head nod work to convey your attentiveness and interest. Using terms like, “Go on,” “continue,” or “I’m listening” can create connection while the patient provides the clinical story.

4. Paraphrase the patient’s history.

Every patient will tell their clinical story in their own words. Sometimes it is a clear, concise timeline that you can write verbatim; other times it is a convoluted mess that needs clarification and guidance. In either case, an important tool for us is to listen carefully to what they are saying. When they are finished, repeat the story back to them, in your words.
Physician Service Excellence Tools

Key Learning Points—History Taking

1. Ask patients about their concerns and worries to establish the agenda for the visit.
2. Allow patients to speak without interruption (up to two minutes).
3. Use continuers to reinforce you are listening.
4. Paraphrase the history to show you are concerned to get the clinical history right and that you have listened to their story.
5. Use the question “What is it that worries you most?” to redirect a tangential history.
6. Use empathy when appropriate (e.g., “I’m sure that must be really tough for you”).

THE PHYSICIAN EXAM

Typically, physicians don’t speak to patients during a physical exam. We have learned that patients today want to know what you are doing and what you are finding. It is no longer acceptable for a nurse to measure a patient’s blood pressure and turn her back on the patient to write it down, without commenting on what the numbers are. The more information we can provide to the patient regarding our findings correlates with patient-perceived value in the appointment. The physical exam is the perfect opportunity to exceed expectations without having to work any harder. Simply, think out loud.

The amount of information we can provide to the patient regarding our findings correlates with the patient-perceived value in the appointment.

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seen “today” for this issue, or when the patient’s degree of worry seems to be disproportionate to the patient’s physical findings.

6. Express empathy.

The ability of physicians to understand and convey the impact of disease and pain on patients is powerful. Despite this fact, physicians rarely express empathy to patients during the course of a typically intense daily physician schedule. It’s not that physicians don’t feel empathy; it’s that we are not in the habit of expressing empathy to patients.

When a single mother of three comes to you with a lumbar strain, unable to move after trying to lift her four-year-old the day before, the physician comment of “I am sure this must be very tough for you” can have a tremendous impact on the value of the visit in the eyes of the patient. You care, and you are concerned about finding the best approach to restore her function and relieve her pain. In fact, physicians’ utilization of keywords such as “care” and “comfort” when communicating with patients has a powerful impact on patients’ judgment of physicians. The intellectual appreciation of the patient’s condition will improve the patient’s perception of care. Patient-perceived physician empathy influences patient satisfaction through enhanced perceived expertise, information exchange, interpersonal trust, and partnership. Tactical and honest expression of empathy by physicians supports the most important predictor of patient satisfaction, which is: Did the physician care about me?

Recognizing when to express empathy simply takes common sense and a caring spirit. Generally, women are more responsive to empathy than men. When a 25-year-old male comes in with a shoulder bursitis after pitching six innings in his adult Tuesday night baseball league, he wants timely intervention, and may not need or respond to empathy.
As you conduct an examination, you will find the opportunity for a variety of comments, including:

- “I am going to listen to your heart and lungs now. You are moving air well and your lung fields sounds are clear. Your heart sounds are normal; I don’t hear any murmurs or heart valve problems.”
- “I feel no lymph node swelling or enlargement, your thyroid is normal size, and I hear no bruits over your internal carotid artery. A bruit is a sound a blood vessel can make if it is narrowed with plaque.”
- “Your spleen and liver are normal size and everything in the abdominal area appears to be normal.”

Simply conveying this information to patients during the course of the exam accomplishes a number of important objectives. First, it gives the patient a sense of the relatively large information gathered by the touch of expert hands. Second, it conveys completeness and comprehensiveness of your evaluation. Third, it positions the physician well in terms of our ability to extract information through our training and experience. Of course, we all know that a “normal” physical exam does not assure or even predict health and well-being, and this also must be clearly communicated to patients. Physical exam findings must be taken in context of all other subjective and objective patient information.

When physicians do provide explanations of the physical exam findings for patients, it will often create a response along the lines of, “How in the world can you tell all that in just a few seconds?” When this is skillfully done and presented to patients, succinctly and clearly, it is very impressive to them. The beauty of this tactic is that it is simply a conveyance of what we are already doing.

Like obtaining the history, when you conduct the physical exam for patients, it conveys completeness and a good faith effort to find a source or cause for symptoms. You are positioned in a way to create higher clinical effectiveness. Greater clinical effectiveness is fundamentally generated through establishing credibility through clinical thoroughness and the communication of information to patients in terms they can understand.

### Key Learning Points—The Physician Exam

1. Providing information on physician exam findings conveys thoroughness and a diligent effort to find the cause of a problem.
2. Review your physical exam findings as you perform the exam.
3. The more information you provide to patients about themselves, the greater value for the visit in the eyes of patients.

### Providing Patient Information

Perhaps the most important clinical element to our patient visit is the explanation of medical information to patients. In fact, the most important determinant in the value of the visit rides on the patient’s ability to understand our explanations of the diagnosis, treatment, medications, and lifestyle recommendations. Sharing medical data with the patient, discussion of treatment effects, increased time on health education, and summarization of findings have all correlated with improved patient outcomes. Unfortunately, it is also known that patients remember less than half of what physicians tell them just after a visit. When developing techniques that facilitate conveyance of information, it is important to remember several important points:

- Patients will judge us as clinicians by our ability to explain a medical diagnosis, treatment, medication, or lifestyle change.
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The days of providing a prescription, followed by, “Take this twice a day for the next 10 days,” then walking out of the exam room are well behind us, and will assure dissatisfaction, loss of loyalty, noncompliance, and compromised clinical outcomes. Providing clinical information should be considered a must-have behavior for physician performance.

Key Learning Points—Providing Patient Information

1. Explanation of diagnosis and treatment plans is amongst the most important element of the patient visit.
2. Effective communication improves recall of directions, compliance, and patient satisfaction.
3. Every condition and plan must include a simple explanation.
4. All explanations must be followed by query of the patients for their understanding.
5. Ask patients to repeat the plan as they understand it to ensure their understanding and identify areas needing further explanation.

PATIENT/PHYSICIAN COLLABORATION

Listening, performing a careful physical exam, and clearly explaining clinical findings and treatment plans are in excess of what most physicians do for patients currently. The most exceptional and clinically successful physicians are those who have developed specific techniques to collaborate with patients. Proactive collaboration is a means for physicians to assure unsurpassed patient loyalty and word of mouth that will create patients who will do anything, including making financial sacrifices, to stay with them.

More importantly, collaborative decision making between patient and physician promotes self-management and improves
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management of chronic disease. Providing information alone is not sufficient to influence human behavior. A meta-analysis of 12 randomized controlled trials on information-only programs for asthmatic adults found no improvement in the number of physician visits, hospitalization rates, frequency of asthma attacks, or medication usage. Simply telling patients what to do does not foster patient responsibility or behavioral change and is clinically less effective.

Effective collaboration with patients drives the ability and probability for patients to care for themselves. How people self-manage their chronic diseases can be at least as important as the actual health care they receive. Collaboration is not about physicians simply telling patients what to do to improve their health, but rather creating a shared responsibility for making and carrying out health-related decisions.

Collaboration is not about physicians simply telling patients what to do to improve their health, but rather creating a shared responsibility for making and carrying out health-related decisions.

Collaboration and shared decision making have been widely demonstrated to improve measures of chronic disease management. In a study comparing the ability to improve diabetes management as measured by HemoglobinA1c, two groups were compared. The first group received didactic information only in regards to diabetes management. The other group was provided a simple 20-minute intervention designed to increase their participation in decision making as well as information gathering from their physician. The intervention group showed a statistically significant drop in HemoglobinA1c levels compared to those receiving didactic information alone, even though there were no differences in diabetes knowledge between the two groups. In another recent study, researchers concluded, “Enhancing patient/physician communication and sharing decision making have been shown to result in greater patient satisfaction, adherence to treatment plans, and improved health outcomes. The consistency of these studies’ findings of improved physiologic outcomes and reported health status is impressive.”

Collaboration is a process between the physician and patient to consider the available information about the medical problem, including available treatment options, and proceed with treatment plans based upon the patient’s preference for health status and outcomes. Unfortunately, current medical practices rarely engage collaborative decision making. In a study of 1,000 physician visits, the patient did not participate in decisions 91 percent of the time.

So, in the midst of the hectic 15-minute visit, how does a physician create collaboration with patients? A number of simple approaches have been found effective in creating a collaborative, cooperative partnership that drives patient satisfaction, compliance, and clinical outcomes.

1. Goal Setting—Create specific goals for clinical measures. This must be done with active patient participation and agreement. Ask patients what they think they can achieve. Achievement of patient-selected goals has been shown to be more effective than physician-selected goals.

2. Establish Collaboration—The physician must take a moment when creating treatment recommendations to firmly establish a cooperative, collaborative effort toward a clinical goal. This is done by a dialogue that establishes that patients understand and are comfortable with the treatment plan, and if they have any reservations or wor-
ries that could result in noncompliance. Here is what can be said to the patient to help establish collaboration:

- a. Does this treatment plan sound reasonable to you?
- b. Do you have any worries or reservations about our plan?
- c. I want to make sure we are on the same page in regards to our treatment plan.
- d. This treatment plan works only if you are comfortable with it and are willing to do it. Do you have any reservations or concerns that would prevent you from taking this medication?

These are simple interactive strategies that make patients feel they are active participants and owners of their treatment plan. Collaborative strategies foster patient responsibility, promote self-management, and drive superior clinical outcomes and should be a component of all physician/patient interactions.

**Key Learning Points—Collaboration with Patients**

1. Establishing collaboration with patients improves compliance, outcomes, and patient satisfaction.
2. Collaboration can be established by asking patients if they have any reservations or concerns in regard to a treatment plan.
3. Collaboration is about specifically soliciting patient input regarding the treatment plan going forward.

**PATIENT FOLLOW-UP**

When a medical visit is completed, it is important that patients have a clear picture as to what will happen next. Tell patients what will be happening in very specific terms. The fundamental issues that must be clarified for patients before they leave include:

1. **When or if you need to see the patient back again**
   This follow-up can include a contingency, meaning if you treat a patient for a cough with symptomatic measures, let him know under what circumstances to return to see you. If a follow-up is necessary, let him know the exact timeframe and the purpose of the next visit. “Let’s arrange a follow-up in three months to be sure your blood sugars are staying under good control.”

2. **Informing of test results**
   When laboratory or diagnostic tests are ordered, patients must be told when and how they will be informed of test results. “No news is good news” is not only a dissatisfier in the eyes of patients, but it falls out of compliance of medical group regulatory requirements. Your practice must institute a means of informing patients of laboratory and diagnostic tests, and patients must have a clear understanding of when and how they will receive their results. An example would include:
   “We will mail you a copy of your cholesterol results within the next two weeks. If there are any problems with your results, I will be giving you a call to review the findings.”

3. **When the physician needs to call to inform patients of results**
   It is recommended that physicians call patients directly for the following tests:

   - Major radiographic test results, including ultrasounds, CT scans, and MRI images. These are tests that will often evaluate patients for potentially serious conditions, and patients want to hear from the ordering physician regarding results.
   - Abnormal laboratories that require initiation of medical treatment. If a patient will require a statin, or the initiation of
Despite our clinical efforts, prompting specialty referral. You fill out the consult form and send it to your receptionist for scheduling, only to find out that it will be six weeks before the patient can be seen. This will frustrate most patients, and will often leave them feeling as though your concern for their clinical improvement is less than they feel it should be.

Here are tactics to pre-empt this patient perception, without actually having to solve the specialty access issue:

• Once a recommendation is made to see the specialist, decide on a time frame that you are comfortable with in terms of the consultation date.
• The majority of cases referred do not need to be seen immediately. For those cases, inform the patient that it will take some time to get in to see the specialist, and that you think that will be fine. Also, inform the patient that, should his condition change, he should call you, and you will be sure he is taken care of.
• Position your specialist well (manage up). Your sincere recommendation carries tremendous credibility from the patients who have entrusted you in their care. Let them know that the reason for the wait is the skill of the physician and he or she is “worth the wait.”

The fundamental priority of the closing of the patient interaction is that it must be made clear what will be happening next. Everything from follow-up, return of laboratories or diagnostic tests, specialty consultation, or the timing of biopsy turnaround must be clearly communicated to the patient. More importantly, you must execute exactly what you say you will do. If you tell patients their labs will be mailed within two weeks, it must be done, every time. If you tell a patient a letter is going to go out regarding mammogram results, you must be sure that a system is in place such that it always happens.
Effectively managing patient expectations circumvents and prevents many of the frustrations patients often reference.

**Key Learning Points—Patient Follow-up**

1. All patients must leave a visit understanding exactly what it is that will happen next.
2. Provide clear follow-up on the timing and purpose of patients’ upcoming visits.
3. Provide information regarding the timing of laboratory and radiographic tests and how the results will get to the patient.
4. Explain the purpose and timing for specialty consultation in terms of when, why, and who.
5. Position specialty physician colleagues well.

**EFFECTIVE APPOINTMENT CLOSURE**

Much like the initial moments of the physician/patient interaction drive a sustained first impression of the interaction, the last moments create the final impression for patients when they leave. The last few words you say to a patient can solidify an effective collaborative appointment, or they can undo much of the good work you did in the moments preceding. The objective of an effective appointment closure is to have patients leave with a clear understanding of their primary health concerns, a collaborative treatment plan in partnership with the physician, and clarity on what will happen next.

The objective of an effective appointment closure is to have patients leave with a clear understanding of their primary health concerns, a collaborative treatment plan in partnership with the physician, clarity on what will happen next, and an unwavering loyalty to a physician who has provided exceptional care.

Much of your work is done in terms of creating a clinically effective partnership, and these closing tools are a means to finishing strong.

Finishing the office visit:

- Briefly summarize what you have agreed upon in terms of the treatment plan.
- Briefly summarize the next steps.
- Query the patient... “Now, does this all sound reasonable to you?”
- Ask the patient... “Is there anything else I can do for you?”
- Finish with... “Great, I will see you in six months, and call me if anything changes or concerns arise in the interim.”
- Close the appointment with a handshake or a hand on the shoulder. Never underestimate the importance of the human touch in health care.

Physicians telling patients to call them or inform them of notable clinical changes does several things. First, it rarely increases the likelihood that patients will actually call and follow up unnecessarily. Second, it creates the perception of continual partnership and availability of the treating physician for the patient. The “I am here for you should things go bad” platform from the physician creates patients who will never leave you and will tell their friends that you are simply the best.

Physicians can again become nervous when we speak of the prospect of actually saying, “Is there anything else I can do for you?”
at the end of the visit. What if the patient says yes? We find that when you deploy the techniques of history collection, communication of information with a query of patient understanding, an articulation of what will happen next, and a closing that summarizes the collaborative plan, almost none of your patients will hit you with the “Oh, by the way” that all of us dread.

Key Learning Points—Effective Appointment Closure

1. How you finish the appointment will leave the final impression for the patient visit.
2. Review the collaborative treatment plan.
3. Query the patient to assure they are in agreement and understand the go forward plan.
4. Ask the patient, “Is there anything else I can do for you?”
5. Finish with, “I will see you in six months, and call me if you have any questions or concerns in the interim.”
6. Close the appointment with a handshake or a touch on the shoulder.

The tools to providing exceptional service to patients are the same tools that drive clinical understanding, compliance, and outcomes. Exceptional service is about providing better health care, being a better physician, and establishing a reputation for excellence in your community. The tools provided work, and creating the patient experience remains a matter of their consistent implementation. Every patient, every time.