Clinical CONNECTIONS

INFORMATION ON MEDICAL TRENDS THAT DIRECTLY IMPACT YOU AND YOUR PRACTICE

Who Will Make the Practice of Medicine Better?

By Erik Swensson, MD, FACS
Senior Vice President, Chief Medical Officer

The majority of physicians I have known throughout my career really enjoyed the practice of medicine. However, according to national surveys, the percentage of doctors who say they "enjoy" their practices is now in the minority. Polls have shown 60% of doctors practicing today would quit if they could. Not the ideal set of emotions a patient would want their doctor to have while treating them. It's little wonder that patients, nurses, administrators and even other physicians avoid interacting with stressed and frustrated physicians on the staff.

What are we to do? So much has changed in the practice of medicine that we could point to a myriad of causes for our unhappiness. However, is there a reason more important than the rest? I was surprised to find in a recent article that the most common source of frustration among doctors is the lack of time spent discussing patients and other topics of interest face-to-face with our fellow physicians. As I thought about that, it became clear the very way healthcare delivery is now designed has caused physicians to practice in isolation. This has many deleterious effects on us and our ability to affect high quality patient care. Through this isolation, we find it difficult to look at the big picture. It becomes difficult to understand where we can best be a positive force for improvement in our medical community.

With society expecting "population management" from physicians, it becomes even more important that we understand the big picture. Without a part of the day being regularly set aside to get together and discuss patients or problems faced by all of us, we have drifted apart. Issues that could be resolved or at least managed before they become really troublesome are left to fester. We find ourselves without the time, energy, and often the ability to know how to redesign our practice to free up some of the day so that we can meet with our colleagues. Talking to colleagues facing the same problems can help.

Our communication skills become even more compromised in today's frenetically paced practice. Studies have shown that physicians don't communicate as well as they should with their patients, although many of us still think we do, and our communication with our physician peers is often no better. Think for just a minute how many times over the last few weeks you felt that another doctor gave you the wrong picture or inadequate information about a patient that was either annoying to you or got you really upset. That information may have led you down the wrong path, or made you come in to see the patient only to find you really didn't need to. In order to lower the tension that is so prevalent between physicians and bring back personal satisfaction and passion into our practice, we must establish solid relationships with each other.

We can start by making time to get to know who we send our patients to or who asks us to see them. We need to mentor our younger colleagues, which is so valuable for both them and us. Face-to-face conversations, so rare in today's electronic age, can lead you to educate those you work with, such as why you like a particular situation handled in a certain way.

You can never walk in another person's shoes but at least you can begin to see their world and how your actions either positively or negatively affect them. Physicians can have good camaraderie with their peers but only if they give it the time any relationship requires. Strong relationships are not made over the phone at 2 a.m. or through a text message. Realizing (and responding as if) we are not isolated individuals powerless to improve our situations, and knowing there are like-minded peers who can and want to work with us, will be a relief and a help.

There was more than just food lost when routine visits to the physician's lounge for coffee in the morning or lunch at noon ceased to occur.

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Medical Staff Survey

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MAKING THE PRACTICE OF MEDICINE BETTER — continued from page 1

Developing professional camaraderie and having a medical staff where physicians support each other is only done through personal conversation. I would highly recommend you talk with your colleagues and hospital administration about supporting the doctors' lounge as a professional gathering place. Commit to going there several times a week for a few months, and then make up your own mind whether it was worth your time. Perhaps the hosting of regular social events, supported by both the medical staff and the hospital, could also help support this initiative. Finally, if ED physicians and hospitalists as well as other consultants or specialists made sure to talk over coffee or a meal sometime, instead of always over the phone in high pressure situations, potential friction between all could be minimized.

It may seem like an impossible task but how much time do you waste now because of poor communication between doctors. Are you happy with the status quo? If your medical staff commits to a plan, the respect for each other will grow exponentially and problems will be solved and others avoided.

Now when things don't go as they should, and you don't know the doctor involved, the assumption often is that a mistake has been made by that physician. This recurring assumption over time can lead to a lack of respect for the other doctor and in turn this becomes a major barrier to developing a culture of safety. You can't have a tightly functioning team with members who do not respect the other players on the team. Human nature has not changed and physicians have had the same challenges over the last 30+ years I've been around them. What has changed is our self-inflicted isolation.

To expect any group to work well in a high stress/risk environment without knowing, understanding, and respecting each other is not rational. Without a regularly established avenue or scheduled forum to discuss a wide range of topics, there will be no place or time to establish these traits. The external problems we face are not going away. Physicians listen best to other physicians so we'd better start talking more among ourselves. If we do not we will find our situation even more unfulfilling than it is now.

Who is going to make your practice better? Together with your peers, you are going to make it better, because no one else can.

INTRODUCING: THE PATIENT ADVOCACY REPORTING (PARS) SYSTEM

Capella's National Physician Leadership Group has unanimously recommended utilization of the Patient Advocacy Reporting System (PARS). PARS is a tool designed to assist physicians and hospitals in identifying unnecessary variation in safety and quality outcomes, and a validated tiered-intervention process that promotes professional accountability among all healthcare professionals.

The Patient Advocacy Reporting System has been used by 37,000 physicians over the last 12 years at large and small hospitals throughout the country. It specifically helps to decrease any physician behaviors that impair the medical team's ability to achieve intended outcomes. Dr. Gerald Hickson, a pediatrician, and Jim Pichert, with a Ph.D. in the psychology of learning, are the co-directors of the Center for Patient and Physician Advocacy (CPPA), at Vanderbilt University, where the program was developed.

By coding and analyzing routine surveillance data, such as patients' comments on their health care experiences, PARS provides an evidence-based method and process to identify and intervene with those professionals who stand out from peers because of high patient complaint levels. PARS data for the identified professional can be presented against local and national norms, or placed within the context of specialties.

In addition to initially piloting the full program at two hospitals, Capella is working with Drs. Hickson and Pichert to customize a Capella program known as Phase 1a to teach all our hospitals how to handle and respond to complaints and improve our service recovery. There will be more information coming to your medical staff and hospitals regarding the physician's key role in the successful implementation of this very important program.

PARS:

- *promotes* a fair/just culture;
- *reduces* medical malpractice risk/cost;
- *addresses* behaviors or performances that threaten patient safety and healthcare quality;
- *helps* satisfy regulatory requirements such as The Joint Commission's Sentinel Event alert (July 2008), Behaviors that Undermine a Culture of Safety;
- *supports* clinical efficiency and outcomes; and
- *improves* interactions with patients and other members of the health care team.

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PHYSICIAN ACHIEVERS

Homer "Trey" Kirby III, DO, was honored by the Tennessee Hospital Association with a Healthcare Hero award for his "heroic service" as a primary care physician and his 14 years as an active member of the U.S. military. He is a long-time physician associated with River Park Hospital in McMinnville, TN, where he serves on the Physician Leadership Group.

To read more, visit the "For Physicians" section of Capella's website.

Clinical Connections is published every other month. Physicians who want to contact Dr. Swensson are invited to email him directly at Erik.Swensson@CapellaHealth.com
To learn more about Dr. Swensson, visit the "For Physicians" section of Capella's website at **www.CapellaHealthcare.com**