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Optimizing Physician's Self-introduction to Pediatric Patients and their Parents: A Quality Improvement Project

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Abstract

Patient's first interaction is a determinant step for successful communication that affects the care process. However, several physicians may be unaware of the importance of self-and role-introduction to foster a physician–patient relationship in pediatric care. This study aimed to promote relationship-centered care by increasing the compliance with SRI among pediatric physicians to 95%, from 70.9% as the baseline. This performance improvement project was conducted at the Pediatric Department of a hospital in Western Saudi Arabia, from August 1 to October 31, 2019. It was designed based on the Find, Organize, Clarify, Understand and Select: Plan-Do-Check-Act wheel model. Pediatric physicians participated in meetings on patients' rights, which emphasized the importance of physicians' self-and role-introduction. Patients' parents were surveyed regarding their satisfaction with the self-and role-introduction of physicians. Three audit cycles were performed. A significant increase in parents' satisfaction rates from 70.9% to 85.5% during the first cycle was observed. The target was obtained by the end of the second audit cycle. By the end of the 3rd cycle, a plateau was observed, which was as high as 98.2%. Physicians' self-and role-introduction to patients' parents and caregivers is a relevant opportunity to improve care quality and relationship-centered care.

Keywords: Physician Self-introduction; Quality Improvement Project; Patient satisfaction; Saudi Hospital

Introduction

The first moments of the patient's meeting with a care provider are essential for establishing a mutual trust and comfort feeling, which may affect the care process. It is part of the clinician's art and professionalism to foster patient's cooperation from these very first moments using verbal and nonverbal communication skills [1].

Physician's self-introduction to patients is a form of verbal communication that constitutes a simple and essential step during the first interaction with the patient. The results of patients' surveys showed that most patients expressed a preference for self- and role-introduction (SRI) by their care provider during the initial contact in addition to other forms of personalized contact [2,3].

In pediatric care, it is well-established that a positively perceived interaction with the staff, prior to examination and care, and an optimal involvement of the parent or companion are essential to alleviate eventual discomfort, enhance children's adaptation to the hospital environment and make the care experience less stressful as much as possible [4,5,6]. A Swedish study on pediatric emergency care showed that professionalism and control, owing to the care provider's responsibility, should not be perceived by the child or the family as a dominative approach. Rather, the care provider's behavior should be perceived as securing and empathetic, creating calm, and showing consideration to both children and parents to guarantee a good encounter [7].

However, several pediatric physicians may be unaware of the importance of SRI to patients in fostering physician–patient relationship or may lack training in communication skills. In Saudi Arabia, the few published studies, which explored the physician–patient relationship in the pediatric care, showed a relatively low confidence among physicians about their communication skills and low levels of satisfactions among children's parents about physicians' ability to build a good physician–patient relationship [8,9].

Owing to the lack of studies evaluating communication skills among pediatricians in Saudi Arabia and encouraging quality improvement interventions in pediatric care at the national level, we designed this intervention to improve the practice in SRI at a tertiary care center in Western Saudi Arabia. The objective of this intervention was to achieve a 95% patients' satisfaction regarding the physicians' SRI over a 3-month timeline.

Methods

Setting

This performance improvement project was conducted at the Pediatric Department of King Abdulaziz University Hospital, Jeddah, Saudi Arabia, from August 1 to October 31, 2019. It involved parents and companions of all children who were referred to the pediatric team during the intervention period. Permission to conduct this study was granted by the Biomedical Ethics Committee of King Abdulaziz University (Reference No 451-20).

Intervention design

The intervention was designed based on the FOCUS: Plan-Do-Check-Act (PDCA) wheel model proposed by Deming and Edwards [10,11]. The model consists of two major components: FOCUS and PDCA. FOCUS is the acronym for 5 components including: 1) finding an opportunity to improve, 2) organizing a work team, 3) clarifying the current process, 4) understanding the problem, and 5) selecting the desired outcome. PDCA

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is the acronym of 4 components including: 1) planning the project and assigning tasks; 2) doing the needed work; 3) checking the results and measuring the changes; and 4) acting to maintain the change. The FOCUS and PDCA of this performance improvement project are shown in (Table 1).

Tables 1: Description of the quality improvement of SRI among pediatricians using the FOCUS: PDCA model

	Model component	Description
F	Find an opportunity to improve	Approximately 71% of the patients' parents or companions were satisfied with their physicians' SRI in the first quarter of 2019.
O	Organize a team	consultant pediatrician and an intern in pediatrics initiated the project and lead the intervention.
C	Clarify the current process	In baseline practice, there is no specific guideline or institutional standard of care stated on or recommended for SRI.
		Patients referred to the pediatric team were seen by the pediatrician, who performed history evaluation and examination and provided counseling regarding the treatment and management. In some cases, patient's condition and or treatment plan were discussed with other pediatric team members. The physician's visit was opened and finished with a greeting per physician's habit.
U	Understand the problem	In several cases, the physician started the communication with the child's parents or the examination of the child without introducing him/herself. Such attitudes raised concerns among parents, who expressed confusion about the different interventions and care providers, as reported by nurses.
S	Select the desired outcome	The outcome of this intervention was represented by the satisfaction of the parents regarding physician's SRI among the pediatric team. A 95% satisfaction rate was targeted as a successful outcome of the intervention.
P	Plan the interventions and assign tasks	The intervention was planned to start on August 1, 2019 by conducting an initial audit to determine the baseline satisfaction rate.
		A three-month timeline was forecasted to reach the target satisfaction rate, during which the outcome audit was performed.
		A total of 3 audit cycles of 3 months each were planned.
		A diagram was designed to illustrate the intervention procedure, and the different actions and actors were scheduled based on a predefined timeline (Figure 1).
D	Do the needed work	Members of the medical staff (including pediatric residents and consultants) were approached by the intervention team to arrange meetings.
		During these meetings, the intervention presented the results of the baseline patients' satisfaction and explained the importance of SRI.
		Then, they explained the relevance, feasibility, and impact of the intervention.
		The patients' management flowchart of the department was updated with the inclusion of physician's SRI during the first consultation of the patient in the unit and before history evaluation and physical examination (Figure 2).
		In addition, reminders were sent by paper letters to all medical pediatric staff to ascertain their commitment to SRI.
C	Check the results and measure changes	Parents or companions of inpatient children were surveyed by the project team members regarding their satisfaction with SRI of physicians in the pediatric ward.
		The survey used a simple close-end question: Are you satisfied with the SRI of the physician who examined your child?
		The survey was conducted daily during the first week of each month, starting from the first week of August 2019.
		The change in parents' satisfaction rate was monitored monthly through comparison to baseline, and the number of reminders was increased in case of eventual drop or unsatisfactory change.
A	Act to maintain the changes	To maintain the optimal satisfaction rate, intervention teams planned to implement continuous reminder sessions and awareness messages regarding the patients' right at the end of the intervention time.
		In addition, reminders were hung in the hallways of patient rooms.

Intervention procedure

The intervention procedure was divided into 5 major actions in addition to the initial estimate of physicians' SRI, which constituted the justification of the quality improvement intervention. All actions were conducted by the intervention team.

Results

Figure 3 shows the change in physicians' SRI level as indicated by the parents' satisfaction rate. We observed a rapid increase in the satisfaction rates during the first month of the first audit cycle from 70.9% to 85.5%. However, the target satisfaction rate was obtained only by the end of the second cycle and start of the third cycle. During the third cycle, the progression slope was slower with only 3% increase in the parents' satisfaction rate during the two first months, followed by a plateau at 98.2%.

Discussion

This quality improvement study focused on the physician's self-introduction to the patient during the first encounter, which is an essential step for interpersonal communication and physician–patient relationship. The intervention involved the medical team at the Pediatrics Department in iterative communication sessions about patients' rights and the importance of developing the relationship-centered care approach at our department to improve the quality of care and the patients/parent's satisfaction. The intervention focused on improving practice in physician's SRI, as a key step for developing a valuable physician–patient relationship; the outcome was encouraging because the target satisfaction rate was reached at the end of the second audit cycle, and a plateau was reached by the end of the intervention. This result highlights the importance of performing several audit cycles to achieve the target improvement.

The issue of patient's knowledge of the name and role of the physician or care provider is essential for patient management. Several studies have reported that the difficulty of patients identifying their doctors is a frequent issue, which may represent an obstacle for the active participation of the patient in the care process and the reason for poor communication with the care staff [12,13,14]. Some authors even attempted to demonstrate the effect of improving patient's familiarity with the doctor's name and role on the physician–patient relationship. A randomized controlled trial used face cards of the medical team with explanations of the role of each, which were distributed to the patients from the intervention group, and measured patients' satisfaction with physician communication and overall care in the two study groups. The obtained results showed higher rates of identification by the patients of the physician's name and role in the intervention group, which were associated with higher levels of satisfaction with physicians and hospital, as well as with trust and agreement [15]. Another study, which investigated the patient's perceived usefulness and importance of a nametag worn by the medical staff, showed that verbal physician's SRI was more frequently expected by the patients (96%) than the nametag (87%) [16]. Beyond the importance of verbal communication, these observations demonstrate the patients' expectation for interpersonal relationship during the clinical encounter.

Relationship-centered care is a recently defined concept that is considered to be essential in fostering physician–patient relationship and improving safety, efficiency, and quality of care. It is defined as care process that considers the personhood of all participants (including the patient, caregiver, physician, and other care providers), and in which emotion expression and reciprocity are integrative components of the patient–care provider relationship, and add moral value to health care [17]. Relationship-centered care is also considered to be part of the patient-centered paradigm that entails respect and response to patient's wants, needs, and preferences, which guarantees freedom of choice and personalized care. The continuity of healing relationship is critical for patient's safety, which should not be compromised by no adherence to the physician's recommendations and prescriptions. This highlights a dilemma regarding the affirmation of the physician's knowledge and experience, which justify the patient's adherence to the medical decision without developing an authoritative and paternalistic attitude that would intensify the asymmetry of the relationship. In this approach, physicians' communication skills are fundamental to ensure trust, mutual understanding, and empathy that provide the patient with the comprehensive and needed support to enable their active involvement and informed choice [18,19]. Therefore, communication skills should be presented as essential features of the clinical art and should be included in the formal curriculum of the physicians.

In the Saudi cultural context, considerate verbal communication and interpersonal relationship are vectors of value and commitment to others; these features are essential principles in the Islamic ethics. Further, Islamic teachings from the Quran and Prophetic narrations enjoin "Ihssan", which is the highest standard of behavior that includes compassion, tolerance, and clemency towards people, and more specifically towards the weak and sick. This implies modesty and interactivity with the patients and their families to develop a collaborative relationship to restore the patient's health. Avicenna, a famous Muslim scholar and physician from the 10th century, used to tell his patients: "You, I, and disease are three. If we help each other and stand beside each other, we will become two, leaving disease alone and overcoming it. However, if you stand beside the disease, leaving me alone, then you and disease will overcome me and I will not be able to cure you". The abovementioned statement emphasizes the active role of the patient in the care process in collaboration with the physician's role and delineates the responsibility of each [20,21,22].

Despite these cultural peculiarities, the communication skills among physicians are not at the optimal level, notably in the pediatric care. A recent national study showed inadequate confidence in up to two-thirds of pediatric residents in various communication skills. These deficiencies were observed in building rapport with patients and communicating effectively with them; approximately 35% and 23% of pediatric residents declared being not confident in such skills, respectively. These observations contrasted with high levels of awareness about the importance of such skills in enhancing clinical practice and delivering quality care [8]. From the perspective of patients and or parents/caregivers, inadequate levels of satisfaction are reported about the physician–patient relationship. A study at a Maternity and Children Hospital in Al Madinah Al Munawarah showed relatively low levels of satisfaction with physicians' ability to build a good physician–patient relationship, and dissatisfaction was higher in outpatient and acute and emergency care [9]. Other data on primary care, in Dammam city, showed low satisfaction rates among patients regarding physicians' rapport, which indicated inadequate physicians' communication skills [23].

Parents' satisfaction with the pediatric physician encounter is a critical factor for satisfaction with the overall care experience. A study by Locke et al. has demonstrated that satisfaction with a physician, at a pediatric emergency department, is significantly associated with overall care satisfaction and affects the likelihood of using the care institution for own child and recommending it to others; dissatisfaction with a physician was independently associated with approximately an 18-fold probability of overall dissatisfaction with care. Among all parameters

explored in the abovementioned study, those related to communication and interpersonal interactions between the care staff and patient or his/her parents were particularly highlighted and essential for enhancing health care experience and outcomes and for improving care quality [24].

In addition to formal education programs, relationship-centered communication courses may be efficient in improving parents' satisfaction with pediatric physicians' communication skills. A study by Leaming-Van Zandt et al. has reported parents' satisfaction with pediatric physicians' communication skills before and after a 5.5-hour course focused on relationship-centered communication. During the course, physicians were educated regarding the three phases of clinical encounter including the beginning, relationship-centered interviewing, and ending. The assessment scale comprised patient-perceived physicians' greeting, including SRI, amongst 12 other skills evaluated by the patients. Although an increase in satisfaction score for physician's greeting was not statistically significant, authors observed an increase in all 13 items at 6 months post-course, which confirmed the efficacy of the intervention [25].

In this quality improvement study, parents were surveyed only regarding their satisfaction with physicians' SRI without exploring its association with other care-related parameters such as parents/patients' satisfaction with the overall care. This may be a limitation of this intervention because demonstrating the impact of SRI on care quality may better demonstrate its importance and relevance. Future quality improvement interventions should be designed to assess the impact of the outcome to improve different aspects of care quality.

Conclusion

Physician's SRI to patients' parents and caregivers is a good opportunity to improve care quality and reinforce relationship-centered care at pediatric departments. This objective can be achieved by simple focused educational interventions and may result in high levels of patients/parents' satisfaction with the clinical encounter. Physician's communication skills should be presented as essential features of the clinical art and included in the formal curriculum. Relationship-centered communication courses should be regularly offered at health institutions to improve parents' satisfaction and patient management. Future quality improvement projects should be designed to assess the effect of such interventions on the different indicators of the quality of care.

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Conflict of Interest

The author declares that there is no conflict of interest that is related to this project.

Ethics approval

Permission to conduct the study was granted by the Biomedical Ethics Committee of King Abdulaziz University (Reference No 451-20).

Disclosure

This study or any part of it was not presented in a conference proceeding. Authors have no conflict of interests and the work was not supported or funded by any drug company.

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