Patient Acceptance

Brown JB; Boles M; Mullooly JP; Levinson W. Effect of clinician communication skills training on patient satisfaction. A randomized, controlled trial. Ann Intern Med 1999 Dec 7;131(11):822-9. Comment in: Ann Intern Med 1999 Dec 7;131(11):859-60.

BACKGROUND: Although substantial resources have been invested in communication skills training for clinicians, little research has been done to test the actual effect of such training on patient satisfaction. OBJECTIVE: To determine whether clinicians' exposure to a widely used communication skills training program increased patient satisfaction with ambulatory medical care visits. DESIGN: Randomized, controlled trial. SETTING: A not-for-profit group-model health maintenance organization in Portland, Oregon. PARTICIPANTS: 69 primary care physicians, surgeons, medical subspecialists, physician assistants, and nurse practitioners from the Permanente Medical Group of the Northwest. INTERVENTION: "Thriving in a Busy Practice: Physician-Patient Communication," a communication skills training program consisting of two 4-hour interactive workshops. Between workshops, participants audiotaped office visits and studied the audiotapes. MEASUREMENTS: Change in mean overall score on the Art of Medicine survey (HealthCare Research, Inc., Denver, Colorado), which measures patients' satisfaction with clinicians' communication behaviors, and global visit satisfaction. RESULTS: Although participating clinicians' self-reported ratings of their communication skills moderately improved, communication skills training did not improve patient satisfaction scores. The mean score on the Art of Medicine survey improved more in the control group (0.072 [95% CI, -0.010 to 0.154]) than in the intervention group (0.030 [CI, -0.060 to 0.1201). CONCLU-SIONS: "Thriving in a Busy Practice: Physician-Patient Communication," a typical continuing medical education program geared toward developing clinicians' communication skills, is not effective in improving general patient satisfaction. To improve global visit satisfaction, communication skills training programs may need to be longer and more intensive, teach a broader range of skills, and provide ongoing performance feedback.

Cleary PD. Changing clinician behavior: necessary path to improvement or impossible dream? *Ann Intern Med* 1999 Dec 7; 131(11):859-60. Comment on: *Ann Intern Med* 1999 Dec 7;131(11):822-9.

Baer LC; Baldwin KA; Sisk RJ; Watts P; Grinslade MS Brockschmidt B; Dinger MK; Marion LN; McCubbin J. Development of an instrument to measure community acceptance of nurse practitioners and physician assistants. J Nurs Meas 1999 Spring;7(1):63-77.

Abstract: The purpose of this study was to identify the significant dimensions of the concept of community acceptance of nurse practitioners/physician assistants and to construct a reliable and valid instrument which would reflect these dimensions. The methodological approach included: conceptualization of categories, development of items for each category, development of the tool, administration of the tool, and psychometric analysis of results. Community input through focus-group interviews and post-administration questions provided qualitative data. The survey tool, consisting of items in four conceptualized categories (knowledge, access, competence, and trust), was administered in five rural communities. The responses of 967 residents were analyzed through factor analysis. The criterion, eigenvalue > or = 1.0, resulted in seven factors. Oblique rotation was applied to the seven factors and marker variables (loadings > .70) facilitated the identification of the underlying dimensions of each factor. Overall, 98% of the items assigned to the original categories were maintained after factor analysis. The identification of these dimensions helped to simplify the description and understanding of community acceptance of nurse practitioners and physician assistants. Community acceptance of these advanced health care providers is a necessary precursor to use of services.

Hankins GD; Shaw SB; Cruess DF; Lawrence HC 3rd; Harris CD. Patient satisfaction with collaborative practice. *Obstet Gynecol* 1996;88:1011-5.

OBJECTIVE: To gather information on women's perceptions of the services delivered in collaborative obstetrics and gynecology practices and to determine whether patients perceive a difference in the delivery of services in a variety of practice settings. METHODS: A cross-sectional patient satisfaction survey was developed by the Collaborative Practice Advisory Group of ACOG. Ten collaborative practices were selected to participate: five in private offices, two in clinics, two in health maintenance organizations, and one in the military. Between April 15 and May 15, 1994, 3,257 completed surveys were obtained for analysis. RESULTS: Between 71% and 92% of women, depending upon the practice setting, agreed with statements regarding the possible benefits from being cared for in a collaborative practice. The majority (75-92%) expected services provided in a collaborative practice to differ from those provided in a noncollaborative practice. Women making their first visit to a collaborative practice expected quicker appointments, more time with the provider, more health information, and more specific diet information than did women who had

previously been seen in such a practice. There were minimal differences in comfort levels when discussing issues of sexuality and physical and sexual abuse in either public or private settings with physicians or nonphysicians. CONCLUSIONS: Patients in this survey were accepting of the concept of collaborative practice and felt that it offered quicker appointments, more time with the provider, more health information, and more specific diet information than did physician-only practices.

Perry K. Patient survey: physician extenders. Why patients love physician extenders. Med Econ 1995 Aug 21;72(16):58, 63, 67.

They not only mean quicker appointments, they're also better at listening, educating, and following up. And sometimes, they're cheaper. ■