Improving Patient Feedback for Doctors: Findings and Recommendations

Scottish Medical Appraisal Conference
27th April 2018

On Behalf of RCPL / RCOG / AoMRC Project Group

Royal College of Physicians

Academy of Medical Royal Colleges

Royal College of Obstetricians & Gynaecologists

Setting higher standards

Acknowledgements

Don Liu	Education Research Fellow, RCPL
Shuaib Quraishi	Eduaction Fellow, RCPL
James Hill-Wheatley	Head of Revalidation and CPD, RCPL
Rineke Schram	Deputy Medical Director, Professional Standards and Clinical Lead for Revalidation, RCOG
Matthew Miles	Head of PPI, RCOG
Winnie Wade	Associate Director of Education, RCPL
Sam Regan de Bere	Deputy Director, CAMERA
Rebecca Baines	Researcher, CAMERA

Responsible Officers, Appraisal Leads, Doctors, Patients, Regulators, Providers, Developers, Questionnaire experts, Innovators, Royal Colleges, Stakeholders, AoMRC Working Group

Publication (13th April 2018)

https://www.rcplondon.ac.uk/projects/outputs/improving-patient-feedback-doctors

Background to the Project

- Started early 2017
- 5 years into Medical Revalidation
- Mixed response from doctors and patients
- Research from CAMERA /UMbRELLA
- *Taking Revalidation Forward*
  Sir Keith Pearson, January 2017

Sir Keith Pearson's Report

- Reflective practice is a key theme
- Revalidation is not a point-in-time assessment or merely a demonstration of training and development activities undertaken
- To identify ways to improve (*patient involvement*) by developing a broader definition of feedback which harnesses technology and makes the process more 'real time' and accessible to patients.

Our task

- Rationale

- Understanding the task (phase 1)
- Developing the learning (phase 2)

- Making it a reality (phase 3)

Core values underpinning project

- Patients' voice is important
  - Patient interactions are core to practice
  - Patients expect / want to give feedback
  - Patient feedback gives a unique perspective
- It can help doctors to practise better
- It is required by GMC

Phase 1: Current patient feedback

- Purpose not clear
- Too infrequent and slight
- Not currently tailored for context
- Narrow range of experience tested
- ‘Burdensome’ and clumsy
- Hard to use for professional development

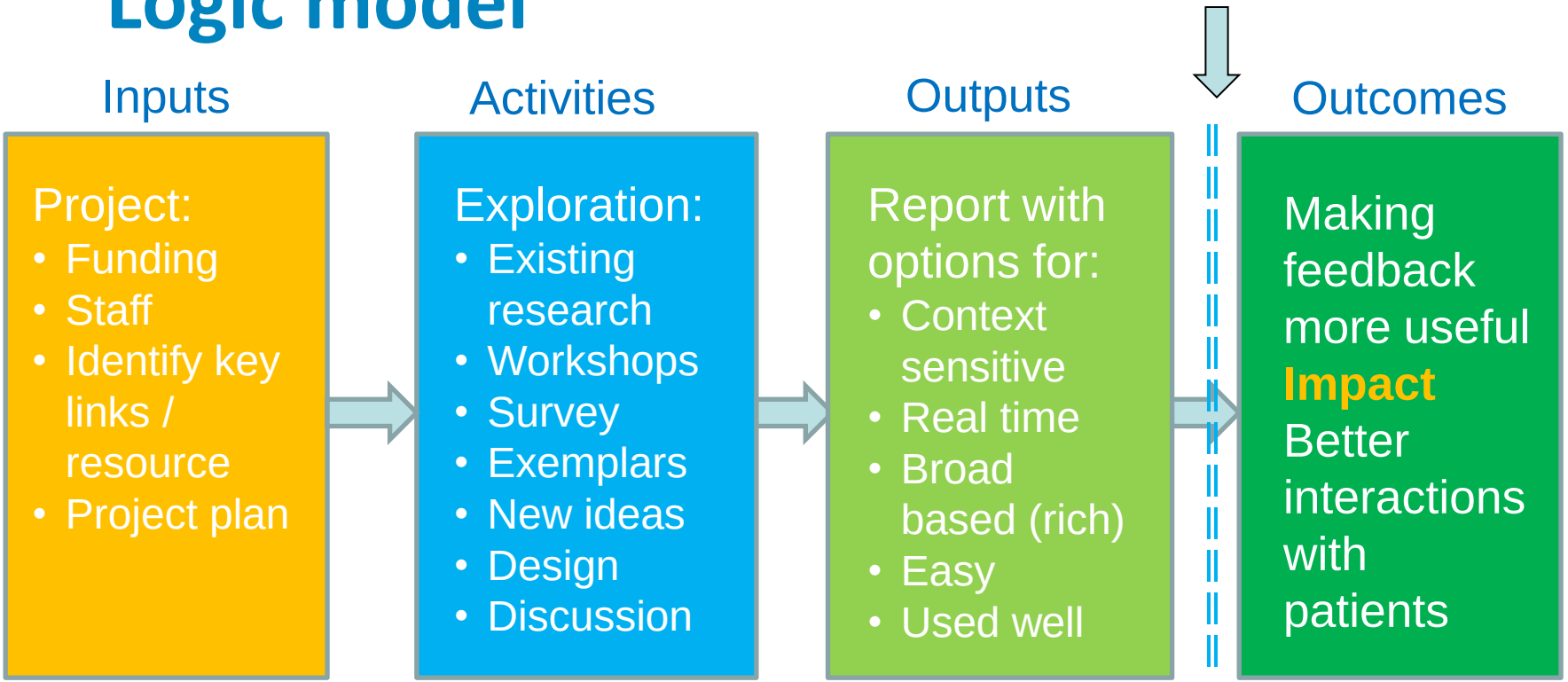
(Triangulated with CAMERA / UMbRELLA work)

Phase 2: Overarching tasks

Identifying options so that patient feedback:

- Becomes more normal, valued and valuable
- Becomes more useful for individual (and wider?) medical professional development
- The *process* become easier, less burdensome and more reliable

Logic model


Inputs
Activities
Outputs
Outcomes
Project:
• Funding
• Staff
• Identify key links / resource
• Project plan
Exploration:
• Existing research
• Workshops
• Survey
• Exemplars
• New ideas
• Design
• Discussion
Report with options for:
• Context sensitive
• Real time
• Broad based (rich)
• Easy
• Used well
Making feedback more useful
Impact
Better interactions with patients

Our process

- Literature search (Phase 1)
- Responsible Officer Survey
- Workshops (x6 incl. RCPCH / RCGP / Tech)
- Talking to ‘those that know’
  - CAMERA / UMbRELLA, PPI groups, ROs, appraisal leads, experts, innovators, Colleges
- Synthesis, write up and recommendations

Responsible Officer (RO) Survey

What did the people making recommendations for revalidation think?

- 17-item survey completed on line
- Mix of closed, scaled and open questions
- 2 week response time
- 90 responses
  - 58% Acute / MH / Community Trusts, 42% independent / hospice / locum agency

Responsible Officer (RO) Survey

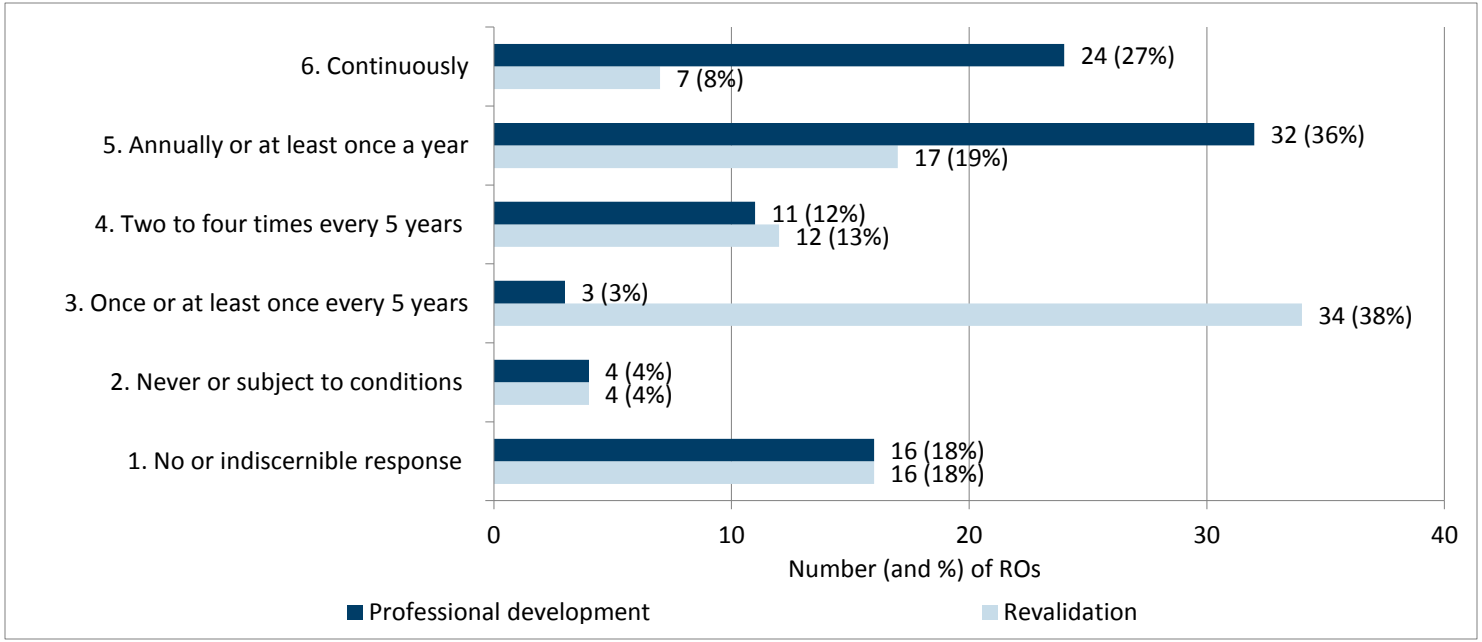
	Never	Sometimes	Usually	Always	No response
How satisfied are you that patient feedback methods used gives sufficient feedback for revalidation?	3 (3%)	23 (26%)	49 (54%)	14 (16%)	1 (1%)
To what extent do you find patient feedback you review useful for revalidation purposes?	7 (8%)	31 (34%)	33 (37%)	19 (21%)	-

Responsible Officer (RO) Survey

Patient feedback, if undertaken properly, is therefore one of the few items of supporting information we receive which should have been provided anonymously and information that is not provided by the appraisees themselves. It has proved very useful indeed on several occasions

Encouraging doctors to see the process as an opportunity for quality improvement rather than a tick-box exercise is necessary for successful revalidation.

Responsible Officer (RO) Survey



Responsible Officer (RO) Survey

I think that the number of patient responses within a five-year cycle is too small. If we could make the data easier to collect then I see no reason why there should not be an annual collection.

Annual as a minimum. Ideally after every clinical interaction

Workshop design

- Iterative (x4 RCPL workshops)
- Exploratory and solution focussed
  - What are the questions?
  - What are the options?
  - Who has tried these (and how did it go)?
- Building on previous workshop
- …and taking advantage of x2 other workshops

Workshop content

RCP workshop 1 **3 May 2017**	Improving the use of patient feedback questionnaires Non-questionnaire methods of patient feedback Using patient feedback within appraisals
RCP workshop 2 **31 May 2017**	Mixed methods for obtaining patient feedback Role of patients in supporting feedback methods Overcoming cultural challenges to patient feedback
RCP workshop 3 **28 June 2017**	Engaging seldom-heard groups of patients Supporting doctors with limited or atypical patient contact Motivating patients to provide feedback Motivating doctors to collect, reflect on and use patient feedback

Workshop content

RCP workshop 4 ***27 July 2017***	IT solutions for collecting patient feedback Using IT to engage patients and doctors Collating, analysing and reporting patient feedback using IT
RCPCH workshop ***26 July 2017***	What is revalidation? Why give feedback on doctors? How do we want to give feedback? What do we want to happen after we have shared our feedback?
RCGP workshop ***31 July 2017***	Improving the patient voice in appraisal and revalidation Role of patients and carers in building GP resilience New ways of collecting patient feedback Increasing patient involvement and engaging hard-to-reach groups Expectations of the patient feedback process

Problems and Challenges

- Challenges for patients
- Challenges for doctors
- Reliability, validity and utility of feedback
- Infrastructure, administration and logistics.

Challenges for patients

- Lack of clarity
  - Why /about whom (individual / team / organisation)?
- Understanding questions
  - Design and formulation
- Illness / context
- Intrusiveness
- ‘seldom heard’ groups
- Free-text comments

Challenges for doctors

- Limited number of patients
- Short / infrequent (absent!) contact
- Limited range of skills explored in current tools
- ‘Tick box’ exercise
- Unintended consequences
- Doctors in short term posts / complex jobs
- Free text comments

Infrastructure

- Currently burdensome
- 30% inappropriately administered
- Multiple locations, sites, types of work, organisations
- Poorly resourced
- Not owned by organisations

Main findings

Linking feedback to appraisal (vs revalidation)

1. Making Patient Feedback real-time and continuous
2. Use mixed methods: semi-quantitative and qualitative
3. Engaging doctors and patients (training / information)
4. Employing patient feedback champions
5. Implementing effective organisational systems
6. Using information and digital technologies
7. Requirement for reflection at annual appraisal

Making it real-time and continuous

Real-time

- Opportunities for patients to give feedback close to time of clinical interaction

Continuous

- Feedback from each patient offered *and*
- Intentional sample of patients evenly distributed during the year

Real-time + continuous = more patient feedback for doctors spread across the year

Mixed methods

Semi-quantitative:

- Standardised questionnaires

Qualitative:

- Free-text comments, personal narratives, observation, interviews

Appraisal:

- Strategy to collect feedback using different methods

Engaging doctors and patients

Doctors

- Minimise burden
- Link to appraisal (developmental) *not* revalidation (tick box / hurdle / summative)
- Quantitative AND qualitative feedback
- Context sensitive

Patients

- Providing reasons and clarity
- Feedback loop
- Bespoke tools for some groups
- Feedback champions

Adapting questionnaires

4. How was your doctor at....?

Please tick....

	Good	Ok	Bad
Being friendly (Being polite)			
Making you feel relaxed (Making you feel at ease)			
Listening to you			
Finding out what's wrong (Assessing your medical condition)			
Making information easy (Explaining your treatment to you)			
Including you in decisions (Involving you in decisions)			
Sorting out treatment for you (Providing or arranging treatment)			

Please **tick, circle or mark** the scale.

How was the therapist at..

1... making you feel at ease?
(being friendly and warm towards you)

2... letting you tell your 'story'?
(giving you time to fully describe things in your own words)

3... really listening?
(paying close attention to what you are saying)

4... being interested in you as a whole person?
(asking/knowing relevant details about your life, your situation)

5... fully understanding your concerns?
(communicating that s/he had accurately understood your problems)

poor | fair | good | very good | excellent | does not apply

Patient feedback champions

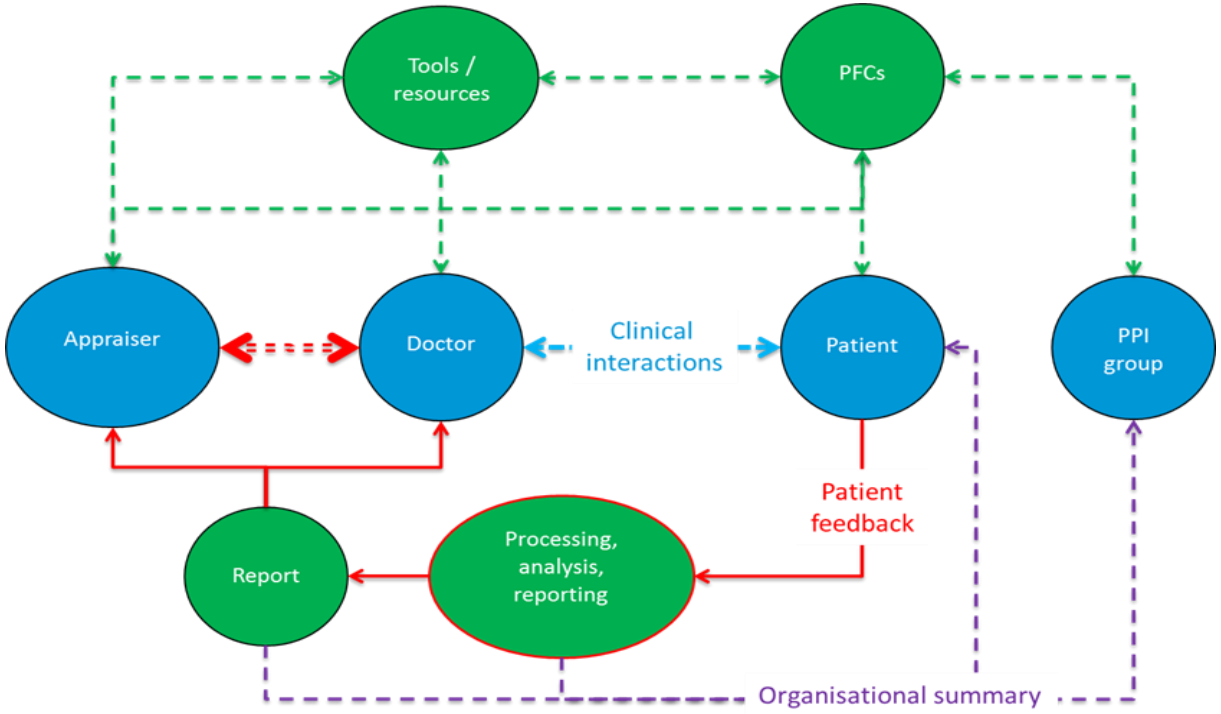
Roles and requirements:

- Employed and trained staff
- Manage the feedback system
- Collect and collate feedback
- Proactively engage patients including seldom-heard and doctors
- Make sure organisations are engaged

Places using champions

- Up to 10% organisations
- Range of roles
  - Organisation / Patients / HCPs
- Leeds Teaching Hospitals
- Northumbria Healthcare

Effective organisational systems



Organisational Model

(also needed for other forms of feedback)

PFCs = Patient Feedback Champions

PPI = Patient and Public Involvement Groups

Requirements for Organisational Model

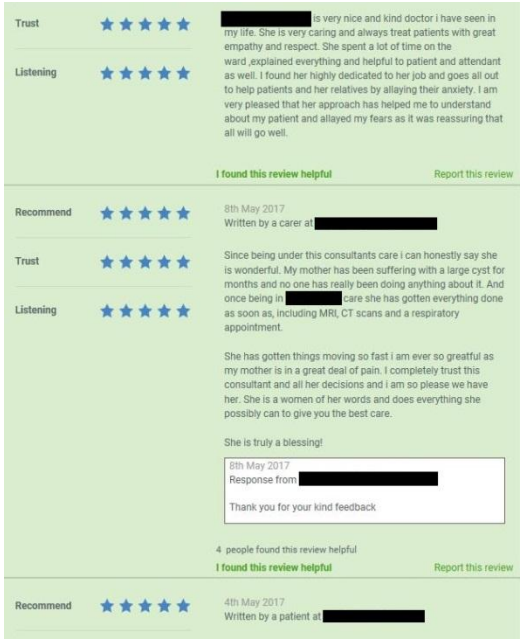
- Hosted by employer
- Arm's length from doctor
- Business model and business case supported at leadership (Board) level
- Evaluation

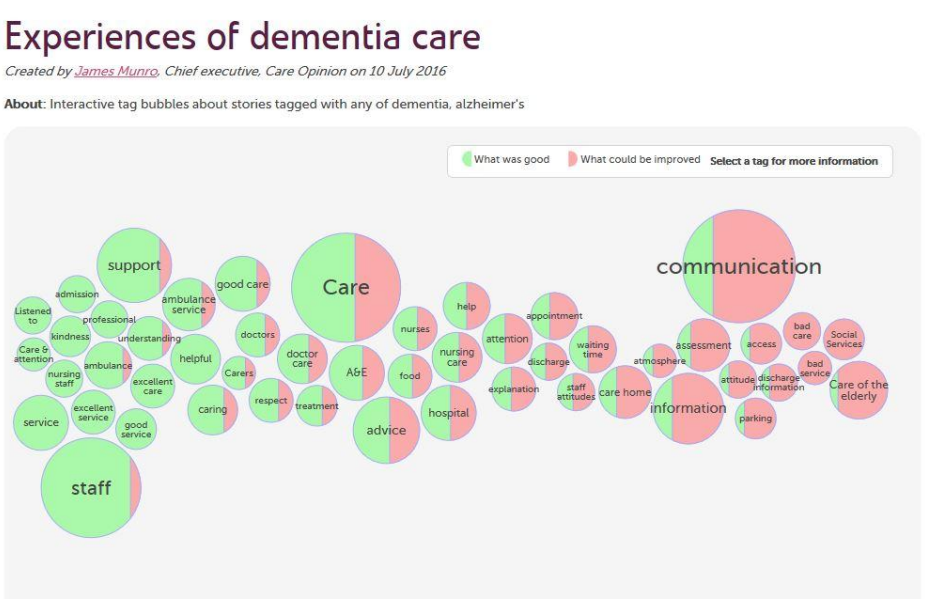
Information & digital technologies

Critical to success - more automated and happening more automatically

- Emails and SMS text – prompts for feedback
- Bar code / unique identifier linking doctor - patient
- Mixed modalities for giving feedback
  - Use of touch screens / booths (immediate)
  - Feedback on mobile devices and online platforms
- Use software to analyse feedback
- Report production

Using information technology

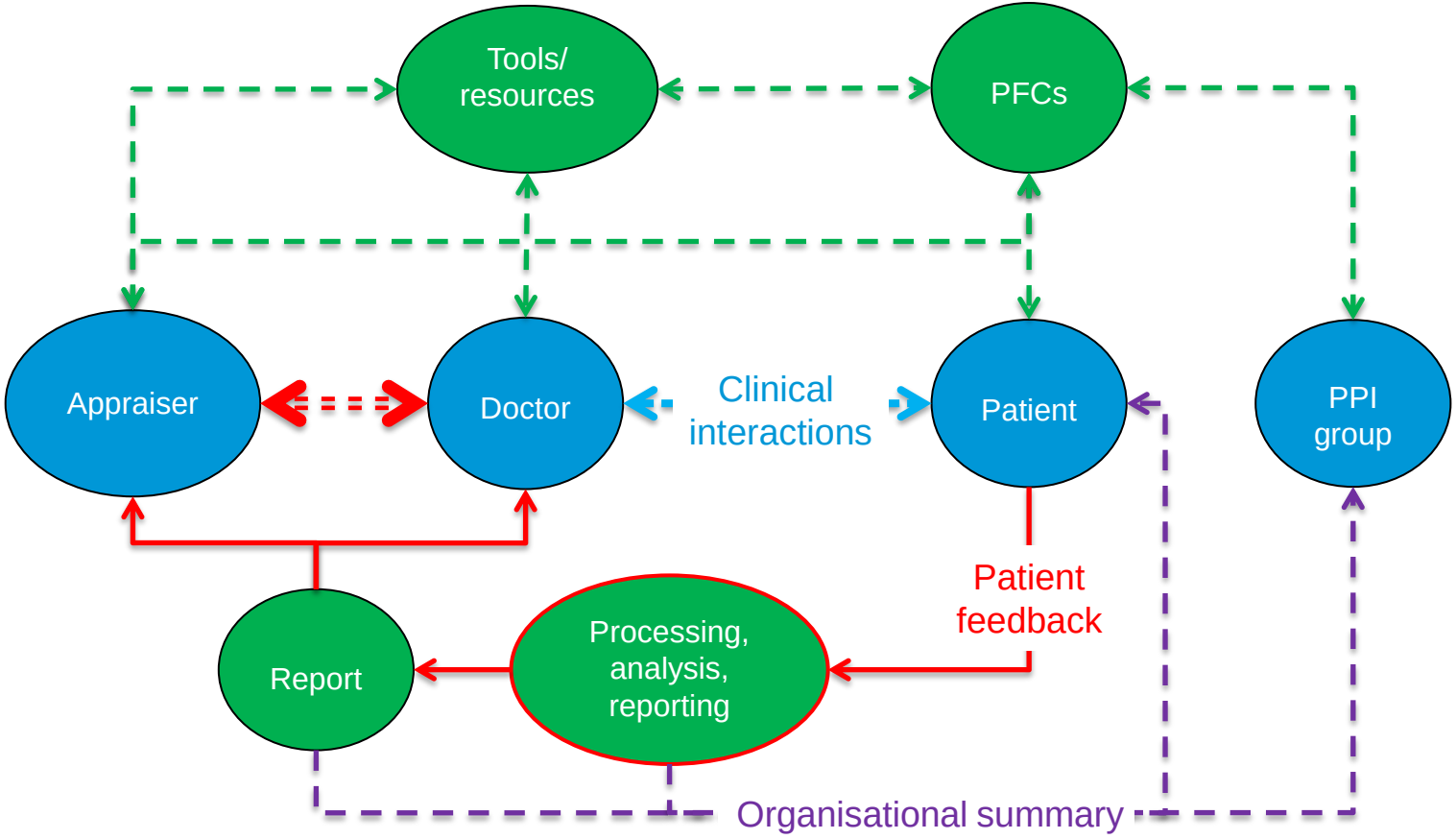




Review routinely at annual appraisal

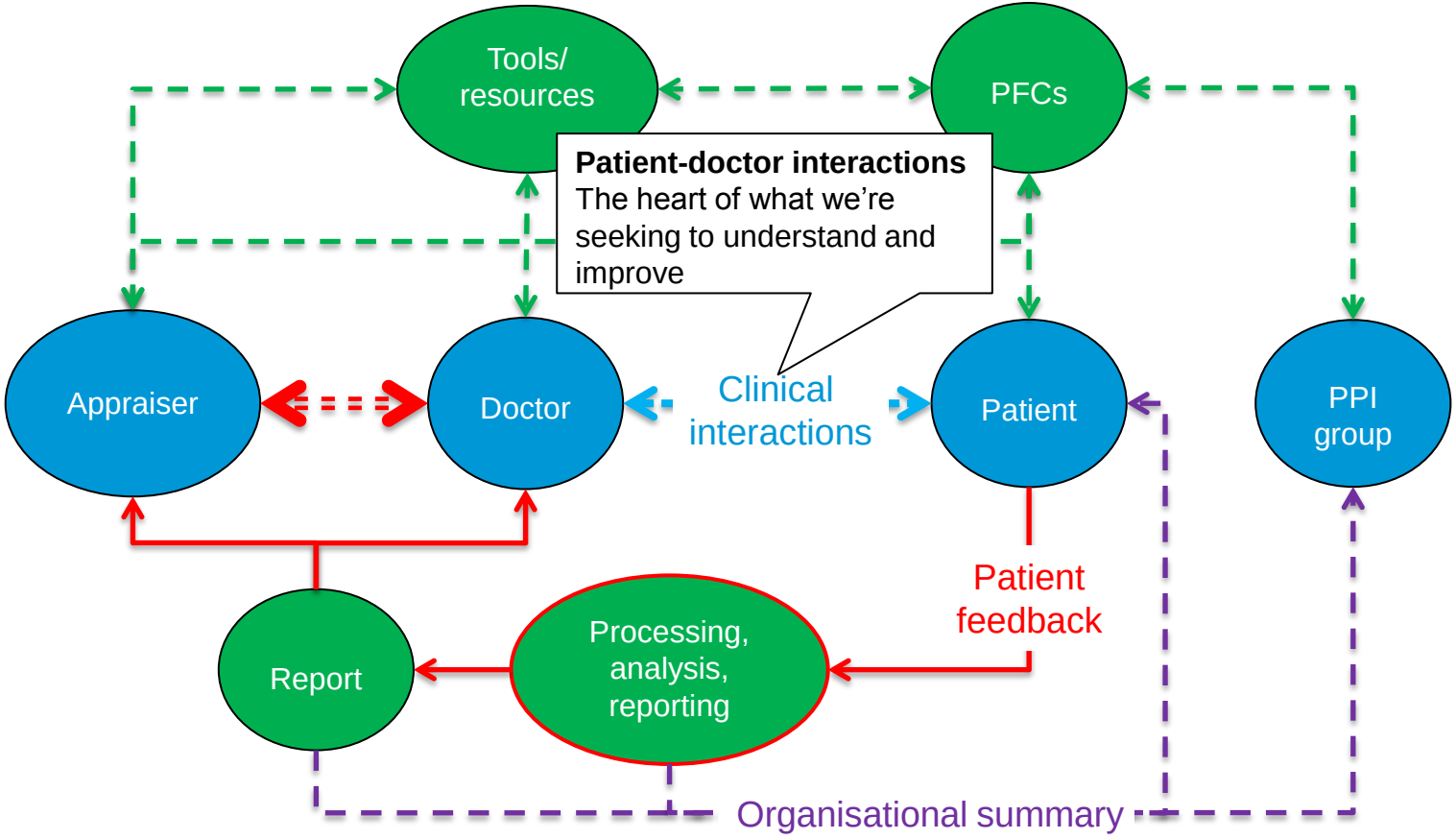
- Reflection on patient feedback annually at appraisal NOT once every 5 years
- Different types and formats of patient feedback useful for appraisal
- Training and skills for appraiser and appraisees
- Need for some governance if problems?

So how might this actually work?



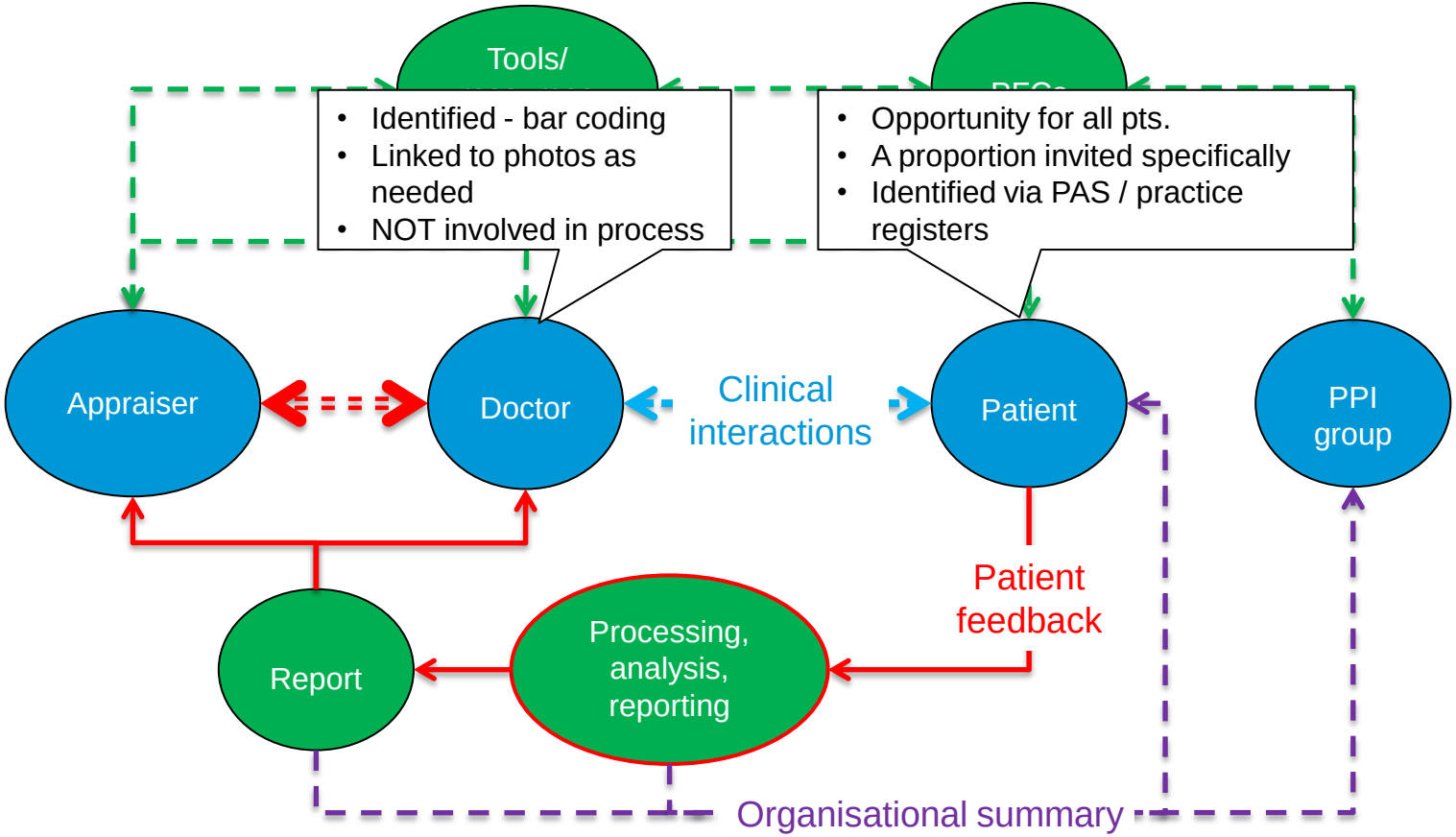
PFCs = Patient Feedback Champions

PPI = Patient and Public Involvement Groups



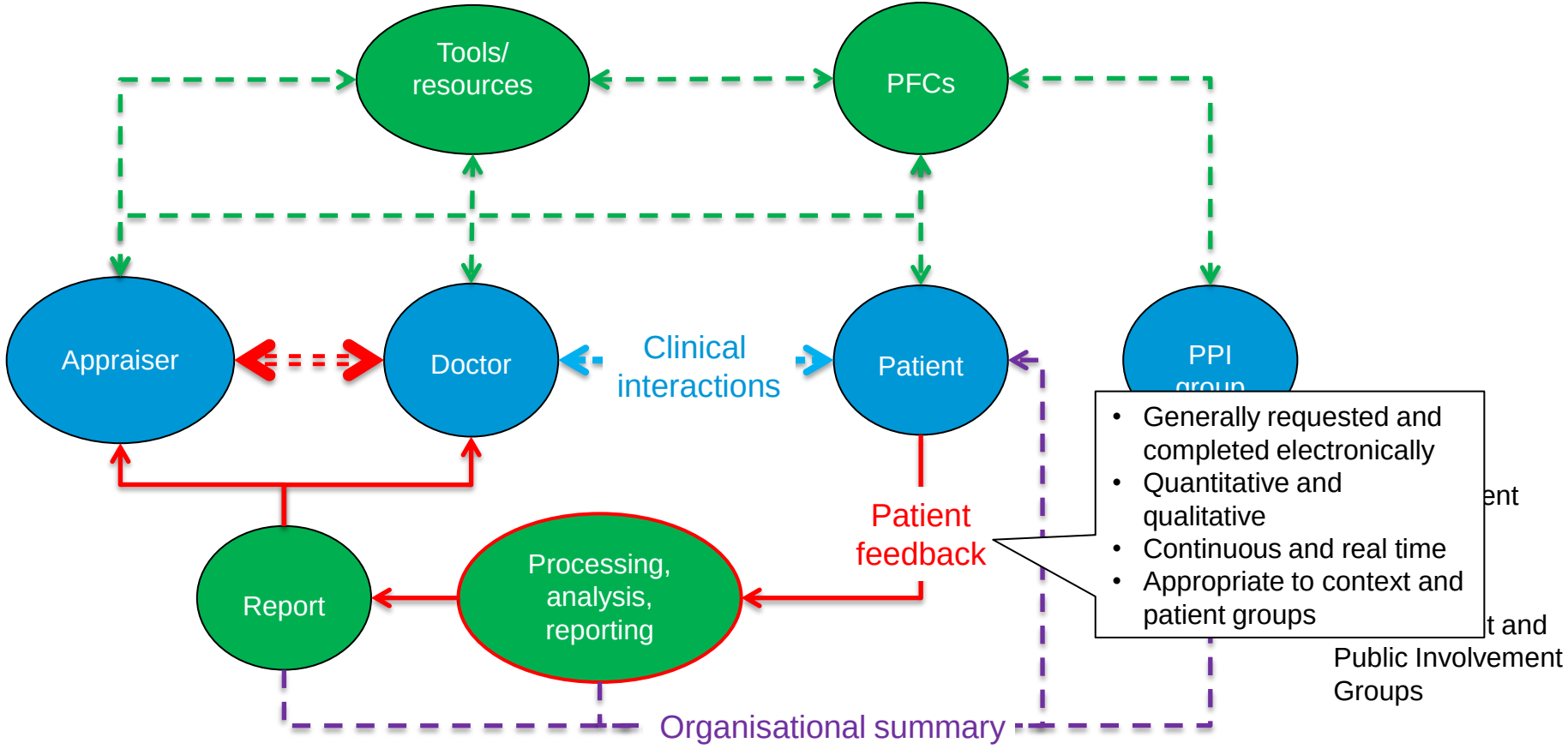
PFCs = Patient Feedback Champions

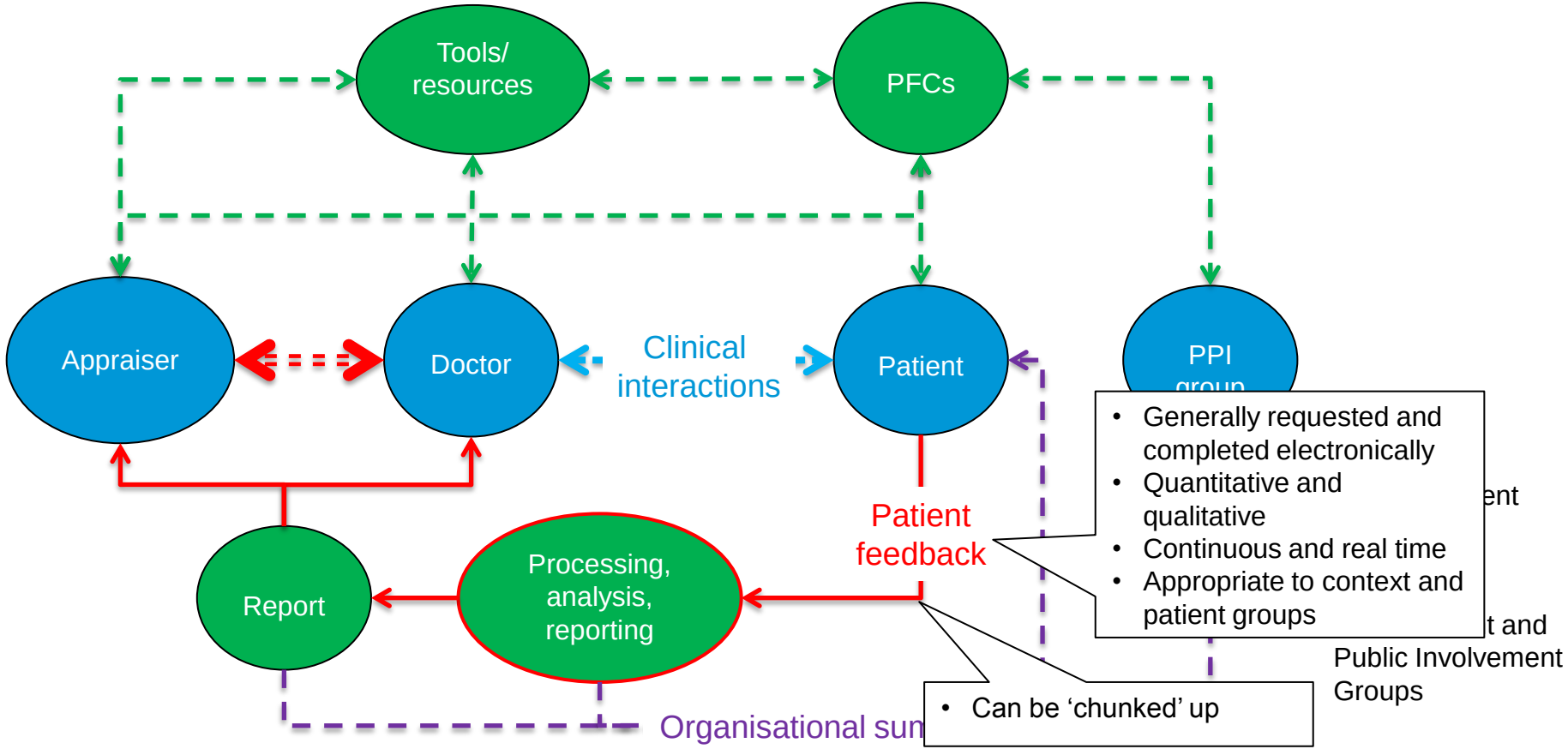
PPI = Patient and Public Involvement Groups

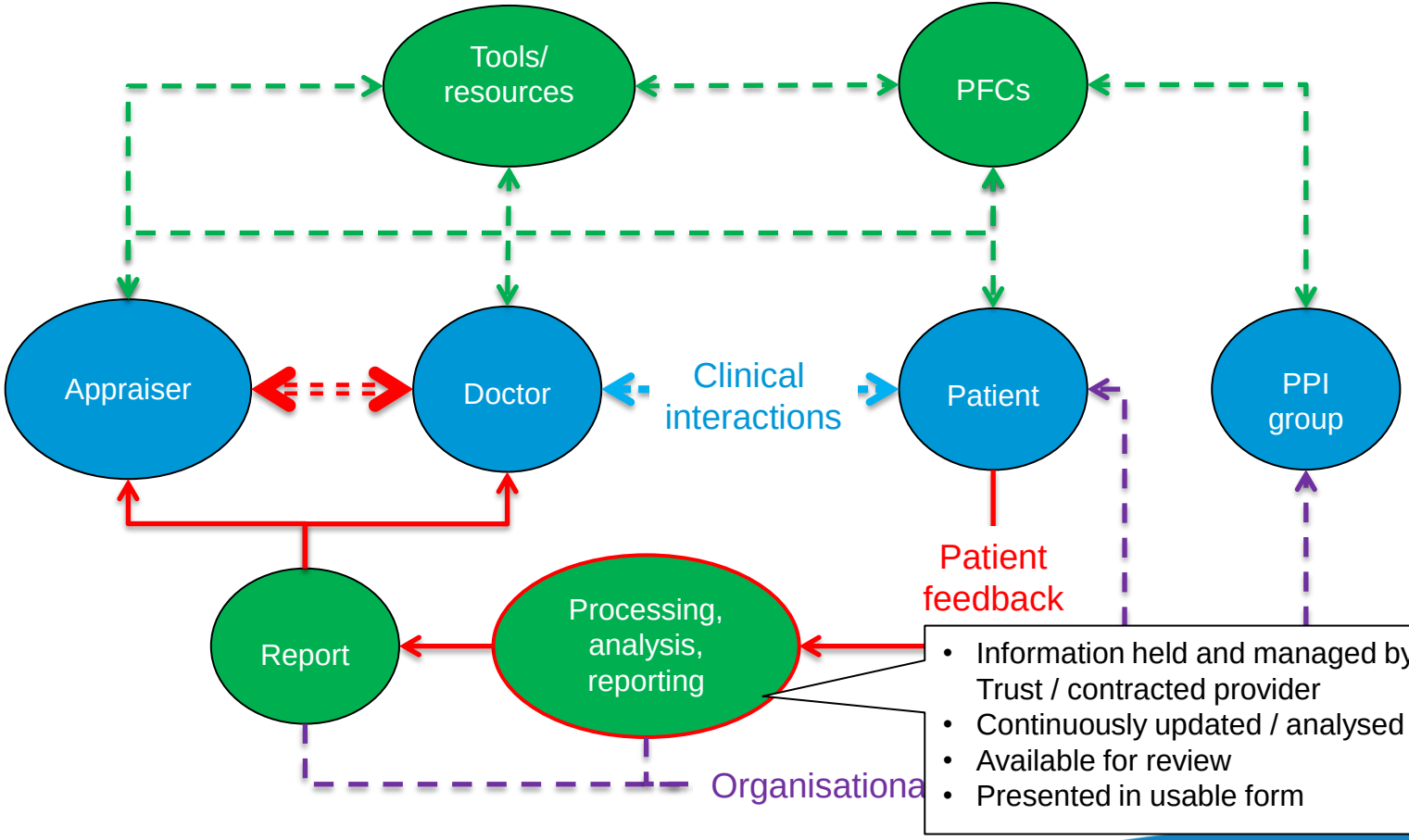


PFCs = Patient Feedback Champions

PPI = Patient and Public Involvement Groups

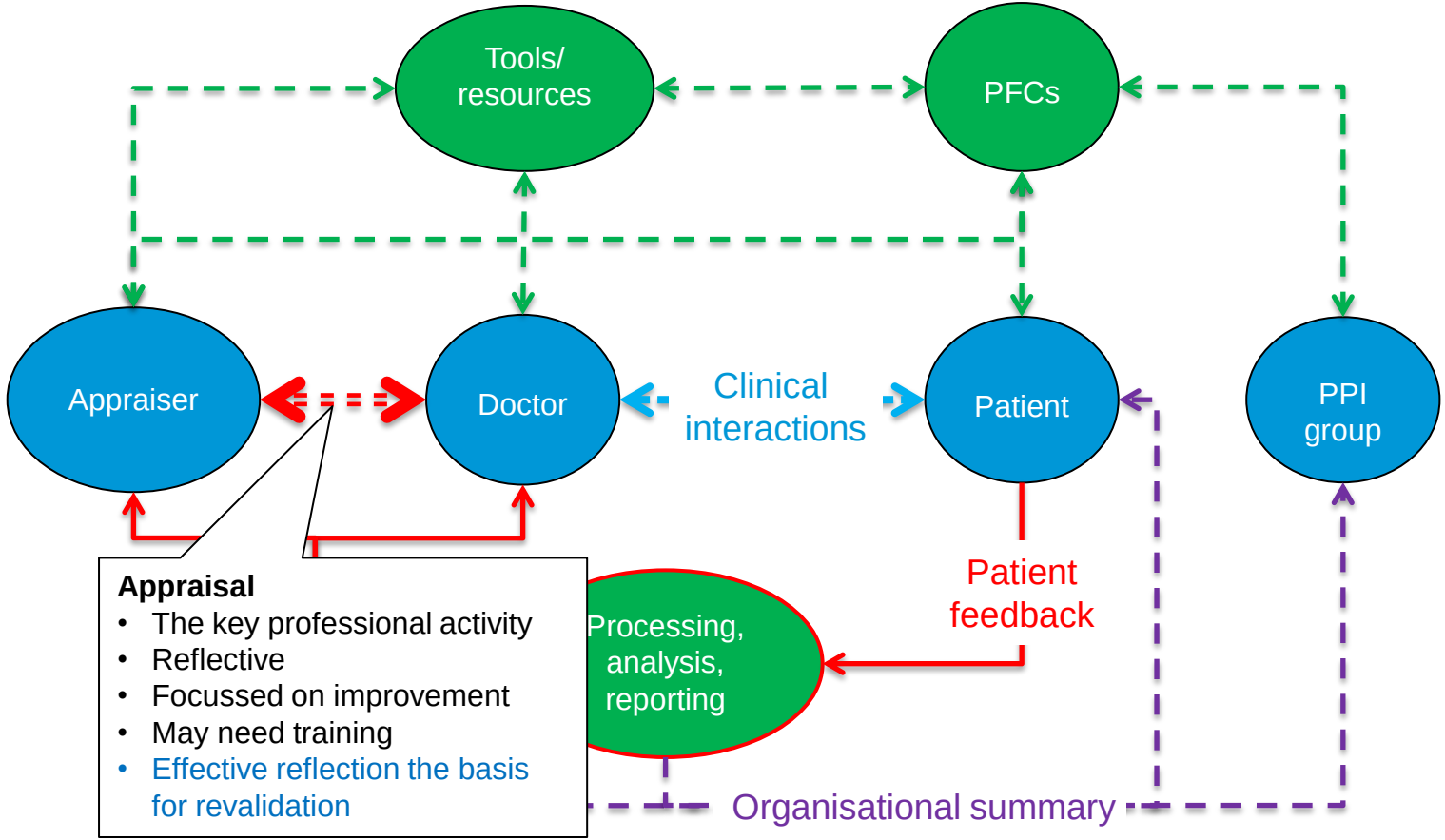

Tools/ resources
PFCs
Appraiser
Doctor
Clinical interactions
Patient
PPI group
Patient feedback
Report
Processing, analysis, reporting
Organisational summary
• Generally requested and completed electronically
• Quantitative and qualitative
• Continuous and real time
• Appropriate to context and patient groups
ent
t and
Public Involvement Groups


Tools/ resources
PFCs
Appraiser
Doctor
Clinical interactions
Patient
PPI
Patient feedback
Report
Processing, analysis, reporting
Organisational sum
• Generally requested and completed electronically
• Quantitative and qualitative
• Continuous and real time
• Appropriate to context and patient groups
• Can be 'chunked' up
ent
t and
Public Involvement Groups



PFCs = Patient Feedback Champions

= Patient and ic Involvement ups

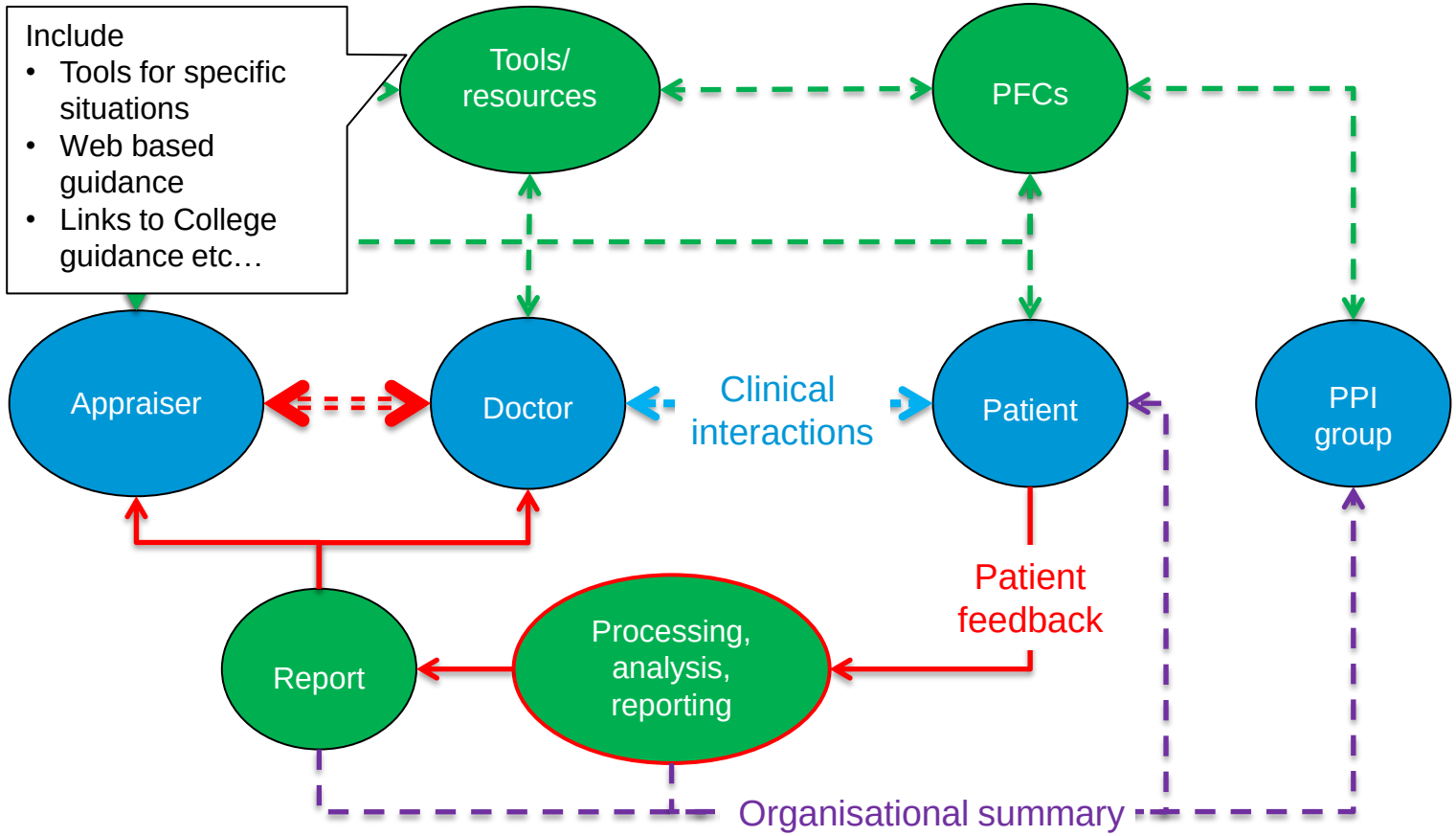


Appraisal

- The key professional activity
- Reflective
- Focussed on improvement
- May need training
- Effective reflection the basis for revalidation

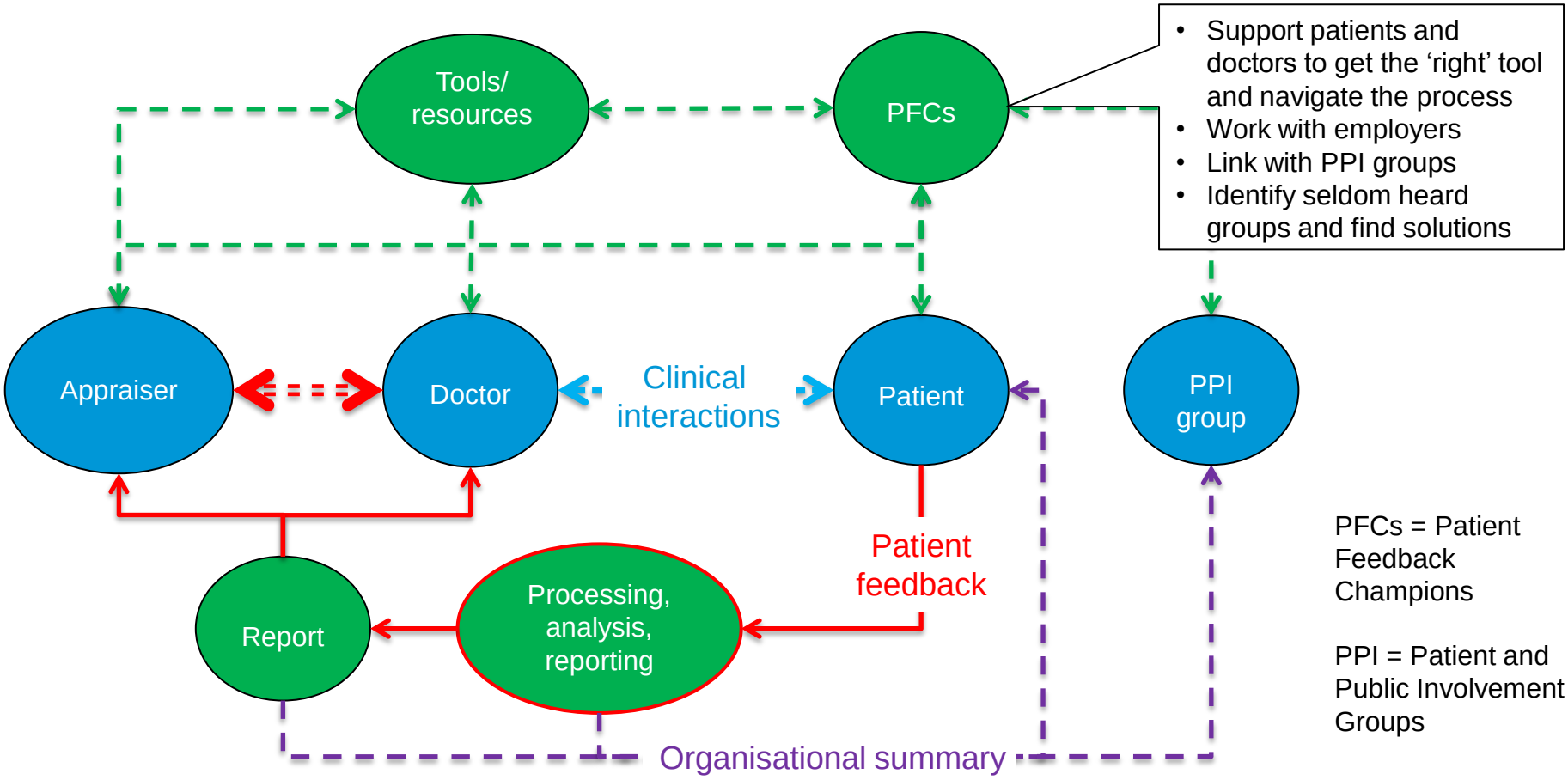
PFCs = Patient Feedback Champions

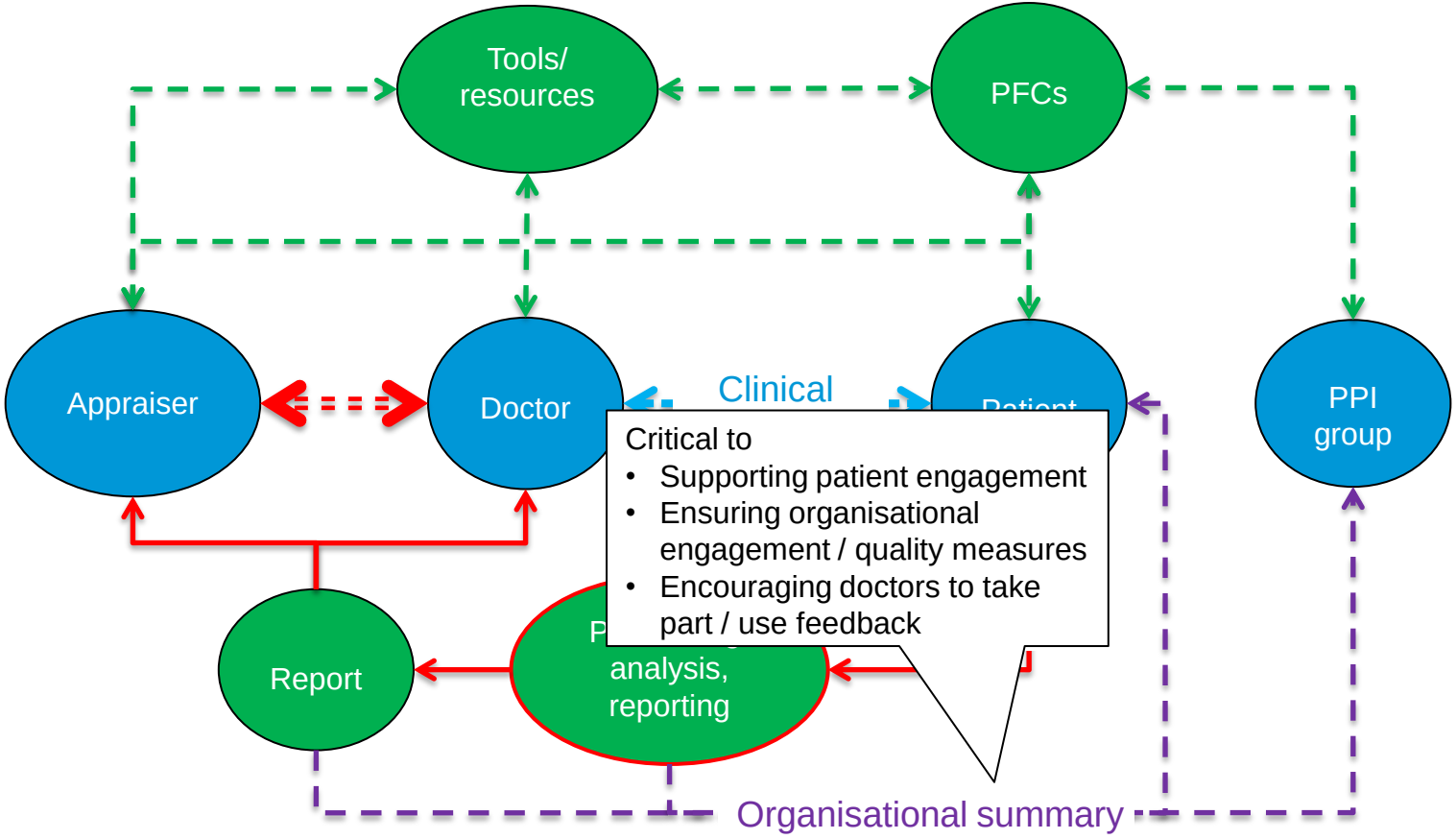
PPI = Patient and Public Involvement Groups



PFCs = Patient Feedback Champions

PPI = Patient and Public Involvement Groups

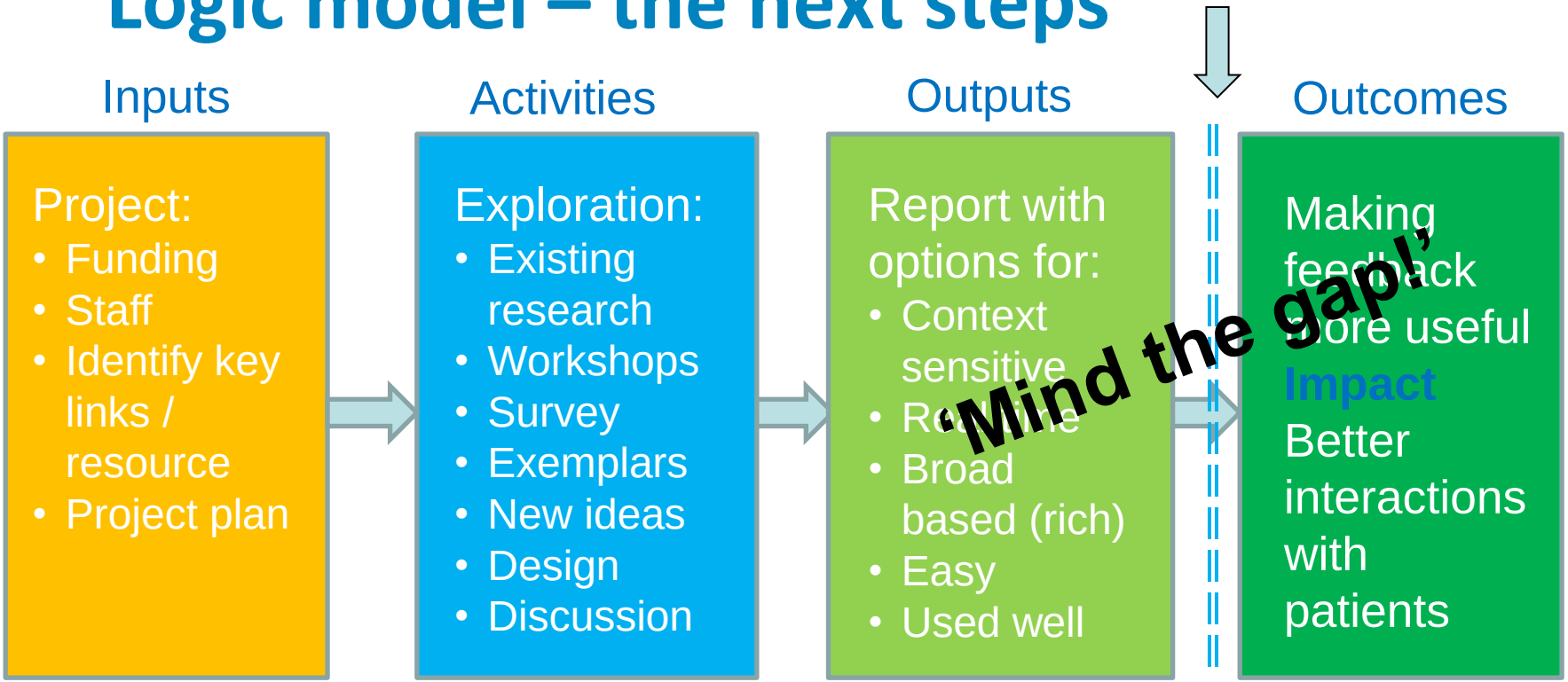

Tools/ resources
PFCs
• Support patients and doctors to get the 'right' tool and navigate the process
• Work with employers
• Link with PPI groups
• Identify seldom heard groups and find solutions
Appraiser
Doctor
Clinical interactions
Patient
PPI group
Patient feedback
Report
Processing, analysis, reporting
Organisational summary
PFCs = Patient Feedback Champions
PPI = Patient and Public Involvement Groups



PFCs = Patient Feedback Champions

PPI = Patient and Public Involvement Groups

Logic model – the next steps



Next steps (Phase 3)

- Cultural shift
- Infrastructure development
- Piloting and testing
  - Most elements are happening somewhere
- Cost
  - Patient feedback in context (feedback / patient experience and revalidation of nurses / pharmacists)

Next steps (Phase 3)

- No immediate change
- Change over next 5 year cycle
  - Piloting over next 2-3 years
  - Range of sites, specialties, settings
  - Developing and testing systems, tools and impact
  - Implementation in years 3-5

Questions

In pairs, then in plenary feedback:

- What are the main opportunities?
- What are the main risks / concerns?

Contact details

james.hill-wheatley @rcplondon.ac.uk
nick.lewis-barned@nhct.nhs.uk

Royal College of Physicians

Academy of Medical Royal Colleges

Royal College of Obstetricians & Gynaecologists

Setting higher standards