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Content and Actionability of Recommendations to Providers After Shadow Coaching

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Abstract

Background and Objectives.—Health care organizations track patient experience data, identify areas of improvement, monitor provider performance, and assist providers in improving their interactions with patients. Some practices use one-on-one provider counseling ("shadow coaching") to identify and modify provider behaviors. A recent evaluation of a large shadow coaching program found statistically significant improvements in coached providers' patient experience scores immediately after being coached. This study aimed to examine the content of the recommendations given to those providers aimed at improving provider-patient interactions, characterize these recommendations, and examine their actionability.

Methods.—Providers at a large, urban Federally Qualified Health Center were selected for coaching based on the Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS®) patient experience scores (92 of 320 providers), shadowed by a trained peer coach for a half-to-full day and received recommendations on how to improve interactions with their patients. We coded 1,082 recommendations found in the 92 coaching reports.

Results.—Reports contained an average of 12 recommendations. About half encouraged consistency of existing behaviors and half encouraged new behaviors. Most recommendations related to behaviors of the provider rather than support staff and targeted actions within the exam room rather than other spaces (e.g., waiting room). The most-common recommendations mapped to behavioral aspects of provider communication. Most recommendations targeted verbal rather than non-verbal communication behaviors. Most recommendations were actionable (i.e., specific,

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descriptive), with recommendations that encouraged new behaviors being more actionable than those that encouraged existing actions.

Conclusions.—Patient experience surveys are effective at identifying where improvement is needed but are not always informative enough to instruct providers on how to modify and improve their interactions with patients. Analyzing the feedback given to coached providers as part of an effective shadow coaching program provides details about implementation on shadow coaching feedback. Recommendations to providers aimed at improving their interactions with patients need to not only suggest the exact behaviors defined within patient experience survey items but also include recommended behaviors indirectly associated with those measured behaviors. Attention needs to be paid to supplementing patient experience data with explicit, tangible, and descriptive (i.e., actionable) recommendations associated with the targeted, measured behaviors. Research is needed to understand how recommendations are put into practice by providers and what motivates and supports them to sustain changed behaviors.

Keywords

coaching; patient experience; CAHPS; provider performance; feedback

Introduction

Delivering value has become high priority within healthcare organizations,[1] so leaders are emphasizing efforts to improve the quality of patient care experiences.[2-6] Evidence supports the business case for improving patient care experiences; patients with positive care experiences are more likely to return to the same hospital and ambulatory settings for future healthcare needs, retain their health plan, and voice fewer complaints.[7] In addition, better patient care experiences are associated with less healthcare utilization and better adherence to recommended prevention and treatment, clinical outcomes, and patient safety within hospitals.[8-12] To this end, health care organizations across settings are structuring their data systems to collect and use specific, measurable targets for their leaders and frontline providers to improve provider behaviors and patient experience.[13-19]

Patient experience data is known to provide ambulatory practice leaders with important information about provider performance, identify areas for improvement, and help individual providers understand how they can improve their patient interactions.[3-5,20,21] For example, understanding the frequency of a desired behavior allows for tangible advice or specific detail to be given about a patient-provider interaction. It can also allow for observation of specific desired behaviors and guide changes. Many healthcare organizations assess patient experiences using the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys, [2,15,20] the national standard for collecting, tracking and benchmarking patient experiences. CAHPS surveys were designed to elicit information on specific aspects of care experiences that patients find most important and are the best source of information with the aim of providing specific information to identify, make, and guide changes.[2,15,22,23] Research has demonstrated that CAHPS survey data can be used to improve patient experience overall and provider communication specifically through quality improvement activities.[24-26]

Some medical groups and ambulatory practices use individualized feedback or one-on-one provider counseling (shadow coaching) to modify provider behaviors and improve patient experience.[27-34] Shadow coaches typically offer targeted recommendations for improvement verbally and/or in writing. The primary objective of their feedback is to make recommendations on how to improve patient experiences, however, research on shadow coaching and its feedback is sparse.[35-37]

Evidence from a recent evaluation study of a large shadow coaching program conducted in a large, urban Federally Qualified Health Center (FQHC) in California found statistically significant improvements (2-point, small-to-medium, increase) in coached providers' Clinician and Group CAHPS (CG-CAHPS) Visit Survey 2.0 overall provider rating and provider communication scores immediately after being coached.[38] Shadow coaching at this FQHC was introduced as part of quality monitoring to improve patient care experiences. Each January and July, the FQHC calculated every provider's average 6-month score on the CG-CAHPS overall provider rating (scored from low of 0 to high of 100) based on each provider's adult and/or child patient surveys. Providers scoring 45-89 were identified as "medium performers" and selected for coaching. Coaches observed providers during 4 or more patient encounters during a half-to-full day and afterward provided verbal feedback about strengths and areas of improvement, focusing on patient-provider interactions. The shadow coaching sessions, held from March 2016 to August 2018, focused on areas of patient-provider interaction that a provider could improve, particularly provider communication. This included the specific behaviors captured in the CG-CAHPS provider communication composite: explaining things in a way that is easy to understand, listening carefully to the patient, gives easy to understand instructions, knows important information about medical history, showing respect for what the patient says, and spending enough time with the patient.[33,24] This initial feedback was followed by a written report from the coach to the provider summarizing comments and recommendations.[27,28,33]

Given evidence that the feedback offered by coaches in this large shadow coaching program improved patient experience scores[38] and the lack of information on the content of coaching feedback, in this study we aimed to examine the content and actionability of the recommendations to providers following their shadow coaching and assess how well the content of the recommendations correspond with specific provider behaviors assessed by the CG-CAHPS patient experience survey.

Methods

Setting.

The study was conducted in a large, urban Federally Qualified Health Center (FQHC) in California with nearly 1 million patient visits annually. Six years prior to this study, shadow coaching was introduced as part of quality monitoring to improve patient care experiences, based on the overall provider rating and provider communication composite of the CG-CAHPS Visit Survey 2.0: https://www.ahrq.gov/cahps/surveys-guidance/cg/index.html.[39] CG-CAHPS measures patients' experience of ambulatory primary and urgent care, and includes questions about access, staff and provider courtesy and respect, provider communication, continuity of care, and care management in addition to patients' overall

rating of the provider and clinic. The FQHC's patient experience survey for adult and child patients included the CG-CAHPS visit survey 2.0 items plus Press Ganey items (i.e., nurse/ assistant (2 items), provider care (11 items), personal issues (4 items) and overall assessment (2 items)). Provider communication was chosen in addition to the overall rating as the basis for the FHQC's shadow coaching because it has the highest correlation of the CAHPS composites with the overall rating of care.[40]

Intervention.

The organization selected eight shadow coaches among full-time providers who had consistently high patient experience scores and positive performance input from superiors. Coaches were trained in a one-day coaching seminar hosted by the *SullivanLuallin Group*.[33,41-43] Providers were assigned to coaches based on region to minimize the coach's commuting time. Medical director coaches were not permitted to coach providers who reported to them. These coaches observed providers during 4 or more patient encounters during a half-to-full day and afterward provided verbal feedback about strengths and areas of improvement, focusing on patient-provider interactions. Coaches based their feedback on their own experiences and broader insights from the coaching seminar on high-quality patient-provider communication. This initial feedback was followed by a written report from the coach to the provider summarizing comments and recommendations.[27,28,33]

Study subjects.

In 2017 and 2018, 92 (of 320) primary care providers employed at the FQHC were eligible for and received coaching based on their overall provider rating (as described above): 62 physicians (i.e., Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO)), 16 nurse practitioners (NPs), 10 physician assistants (PAs), and 4 site medical directors (SMDs).

Data collection, coding, and analysis.

We obtained from the FQHC de-identified coaching reports for the coached providers. We uploaded these reports into Dedoose, a web application for managing and analyzing qualitative data.[44]

We established codes *a priori* based on research on effective recommendations and on the content of communication domains on the FQHC's patient experience survey. We developed a code structure using systematic, inductive procedures to generate insights from the recommendations, [45,46] using content analysis to develop emerging themes.[47,48,49-51] After code training, three researchers (NQ, DQ, CP) coded the individual recommendations within the same 3 coaching reports. We compared coding agreement and calculated a pooled kappa coefficient of 0.83, indicating "very good" agreement among coders.[52-54] Researchers coded the remaining reports, suggesting new codes as necessary and resolving coding discrepancies by consensus. Two codes that were added were "building rapport," defined as "the process of developing a close and harmonious connection with another person," and "displaying empathy," defined as "the ability to understand and share the feelings of another."

The coding team identified and coded several aspects of each recommendation, including (1) content, (2) intent, (3) key actors, (4) who has control over the recommendation (i.e., provider, others, practice, organization), (5) setting, (6) timing within an office visit, and (7) actionability. Actionability was determined by how well the recommendation indicated what specific action the provider should take and when.[55]

We also coded several aspects of recommended communication behaviors, such as whether it was verbal or non-verbal. Verbal communication is defined as the use of auditory language to exchange information with others. Non-verbal communication is communication between people through non-verbal or visual cues, including gestures, facial expressions, body movement, timing, touch, and anything else that communicates without speaking.

Study protocols were approved by Human Subjects Protection Committee (IRB_Assurance_Number: FWA00003425; IRB_Number: IRB00000051; Project_ID:2018-0191).

Results

Coaches provided 1,082 written recommendations to the 92 coached providers, an average of 11.8 recommendations per report. Recommendations were about evenly split between encouraging existing behaviors or recommending new ones (Table 1).

Physicians, who comprised most of the sample, were the target of most recommendations. Almost all recommendations targeted behaviors of those being coached, but some recommendations were for both the individual being coached and another individual in the practice. For example, a coach recommended that a physician direct back-office staff to summarize an upcoming patient's medical record information so that physician and staff would have/know pertinent medical information for the visit. Almost all recommendations targeted behaviors and practices exclusively happening within the office or during a clinical interaction.

We examine here the content and then actionability of the recommendations.

Recommendation Content.

Not surprisingly given the focus of the quality monitoring and the coaching, communication was the dominant theme of the recommendations to providers (Table 2), though some coaching also noted the importance of visible actions related to communication. For example, a coach offered:

> *You routinely wash your hands and then examine your patients. The attentiveness to hygiene and your physical touch are two things that the patients readily observe and appreciate.* –A-MD-007

Both verbal and non-verbal communication was addressed in the recommendations.

Verbal Communication.

Most communication recommendations pertained to verbal communication. Two of the most common recommendations—*providing easy to understand explanations* and *knowing patient's medical history*—were also related to specific behaviors captured in the CG-CAHPS survey items. The most common verbal recommendation not related to survey items was the recommendation to use the patient communication tool AIDET®.[56] Recommendations for AIDET—a communication framework for health professionals that stands for Acknowledge, Introduce, Duration, Explanation, and Thank You—included *acknowledging the patient and their family* (35% of AIDET recommendations), *introducing the provider's self to the patient and their family* (25%), and *thanking the patient at the end of the visit* (18%). For example, a coach suggested:

> You are very good at acknowledging the patient, but you forget to introduce yourself…Thanking our patients at the end of the day does make an impact on our relationship with our patients. Patients feel that you are concerned about them and it is a partnership. - A-SMD-029

Other common recommendations for verbal communication were recommendations about *building rapport* and *using open-ended questions*, neither of which are covered explicitly on the patient experience survey. Such recommendations were:

> After explaining your plan of care, ask the patient what he or she thinks of that plan. "How do you feel about that plan of care?" "What questions do you have for me about my plan for you?" "Do you feel good about what we discussed today?" –N-MD-032

Non-verbal Communication.

Most of the recommendations about non-verbal communication were not related to items on the patient experience survey. The two most offered recommendations about non-verbal actions were to *maintain eye contact with a patient during the visit* and *position oneself between the patient and the computer*. Both of these actions require a provider to do something different to engage in better communication with a patient, though the actions themselves are non-verbal. For example, a coach recommended:

> Many providers have found it helpful to provide face-to-face time at the outset of every encounter. This conveys focus on and concern for the patient [rather than] computer documentation requirements…many providers utilize the computer as a visual/educational aid when interacting with patients using a "triangle" configuration (with patient, provider, and computer at each point of the triangle) so as to maintain eye contact with patients while using the computer. –N-MD-076

Other common recommendations about non-verbal communication were to *not interrupt a patient when they are talking* and *having a relaxed and calm demeanor*. A coach suggested:

> I would try to give the member more than 60 seconds to talk before asking any questions. This creates the perception of spending more time listening to your patients concerns –A-MD-043

The two most common recommendations about non-verbal communications related to CG-CAHPS items were about *spends enough time with a patient* and *listens carefully*.

Recommendations about Both Verbal and Non-verbal Communication.

Recommendations about two aspects of communication commonly offered a verbal or a non-verbal action. There were recommendations about *building rapport* and *displaying empathy*.

Most recommendations for building rapport were about verbal actions, with the most common recommendations being either that the provider use *AIDET*, an *easy-to-understand explanation*, or *open-ended questions*. For example, a coach offered:

> Going the extra mile when you explain a test result can also do much to alleviate the patient's unarticulated anxiety, and it will instantly deepen their loyalty to you. When you show personal interest in their results and what those results mean, it shows your patients that you have personal interest in them. –A-MD-060

Common non-verbal communication recommendations for building rapport included actions of *concern a provider shows for a patient*, *knowing a patient's medical history*, and *listening carefully*. For example, a coach wrote:

> It was clear that your patients were aware that you knew their personal history. Continue to make yourself knowledgeable about your patients medical and social history before you enter the exam room, –A-PA-024

Most recommendations for *displaying empathy* were related to non-verbal communication and pointed to maintaining eye contact and sitting with a patient, while the most common verbal recommendation for displaying empathy was *respecting what the patient says*. For example. A coach pointed out:

> Sitting down and repositioning yourself by moving the computer aside, facing the patient, and moving a little closer to them might demonstrate empathy in moments when your patients are clearly expressing stress, fear, or anxiety. –A-NP-059

Recommendations Assessed as Actionable

We also assessed the actionability of the recommendations. Most recommendations, whether for verbal or non-verbal communications, were assessed as actionable. Recommendations of verbal communication behaviors that were least actionable were about listening carefully, being friendly and engaging, and having a relaxing and calm demeanor.

Table 3 presents illustrative examples of actionable and non-actionable recommendations. An example of an actionable recommendation for *listens carefully* pointed out specific behaviors for the provider to engage in: "*You are an active listener and show interest through nonverbal signals, like smiling and nodding*." An example of a non-actionable recommendation for listening carefully was more general even if descriptive: "*You naturally build rapport with your patients, through your active listening, approachable demeanor and warm persona.*"

Content of Recommendations Measured by Patient Experience Survey.

Seventy percent of recommendations did not map to behaviors measured by the items on the FQHC's patient experience survey, while 30% did. Of those that did map to recommend specific behaviors on the patient experience survey, 70% mapped to behaviors on the core CG-CAHPS Visit Survey items and 30% mapped to behaviors on the proprietary Press Ganey survey items. Table 2 indicates how content of the recommendations map to the survey items.

Discussion

Practices use patient experience scores as a metric for patient-centeredness and improving provider-patient interactions.[3-5,20-22] Patient experience surveys can identify where improvement is needed, but may not be specific enough to help providers modify and improve their patient interactions.[57,58] To improve behaviors, recommendations to providers however need to be concrete, specific, and informative.[37,55,59] Some practices and groups therefore use peer shadow coaching for improvement and professional development.[60]

Previous literature has examined various forms of coaching,[61-67] including compliance training for nursing staff [68-70] and through simulated patient encounters.[71] Studies suggest that coaching, shadow or otherwise, can help build and maintain competencies among physicians, nurses and other staff, and increase adherence to practice guidelines.[62,67,68,71]

Shadow coaching commissions coaches to observe health practitioners in real-time while interacting with patients and provide targeted recommendations for improvement and nurture reflective practice by the practitioner.[27] Participation is typically voluntary,[19] and coaching must be adequately introduced and framed to ensure provider buy-in.[28] It has been used in both ambulatory and inpatient settings.[29,30,36,62,63] Although coaching models vary,[31,32,34] shadow coaching is usually observing during a half- or full-day of patient encounters.[19,33] Monitoring and verifying improvement can occur through a second shadowing session or through examination of patient experience scores.

A recent evaluation of a large shadow coaching program found statistically significant improvements in coached providers' patient experience scores immediately after being coached; the shadow coaching led to a statistically significant 2-point (small-to-medium) improvement among coached providers after coaching on their CG-CAHPS Visit Survey 2.0 overall provider rating and provider communication score.[38] Our study, which analyzed the feedback given to coached providers as part of an effective shadow coaching program, can provide details about implementation on shadow coaching feedback. We found that most recommendations related to behaviors of the provider rather and targeted actions within the exam room. Most recommendations were tangible and specific and therefore actionable for behavior change. The actionability of the recommendations suggests that peer coaching has the potential to be effective at changing behaviors of providers in the exam room with the patient.

Half of the recommendations encouraged the consistency of current behaviors and the other half suggested new provider behaviors. Recommendations that encouraged new behaviors

were more often actionable than recommendations encouraging existing actions. This suggests that improvements to physicians behaviors is related to consistency of known behaviors and that as some literature suggests reminders to providers of specific behaviors may be effective in improving patient experiences.[72]

The most-common recommendations mapped to provider communication behaviors. This underscores the importance of provider communication in provider-patient interactions. This finding is expected given that provider communication is highly correlated with CAHPS composites in the overall rating of care[40] and was a key metric in our study's quality monitoring system.

One-third of the specific communication behaviors recommended or suggested were measured *directly* by CG-CAHPS or Press Ganey items. Many others also *indirectly* support and foster aspects of communication measured by the patient experience survey. For example, Zulman et al 2020[73] identified through a systematic literature review and a Delphi process several practices that promote physician connection with patients, one of which is "listening intently and completely" and includes two components: 1) listening with the whole body and 2) avoid interrupting patients.[74-76] Listening with the whole body included several of the non-verbal communication behaviors recommended in our study by coaches, such as eye contact and positioning one's self toward the patient.[77-85] Not interrupting patients when talking was also recommended by coaches in our study.[86,87] Our findings highlight the complexities of behaviors that make up the main components of communication such as sharing information, listening, and spending time. Our findings also suggest that recommendations to providers need to both suggest the exact behaviors defined within patient experience survey items and promote recommended behaviors indirectly associated with those measured behaviors.

We found that most recommendations targeted verbal aspects of communication (explanations, knowing patient history, using open-ended questions, spending time,[88] listening), while actionable recommendations pointed to both verbal and non-verbal behaviors. This supports previous evidence on the importance of non-verbal practices that are crucial but often overlooked. For example, Kee et al 2018[89] noted that having a relaxed and calm demeanor, nodding, or frowning conveyed concern, empathy, and warmth.[90,91] We also found that displaying empathy and building rapport could be demonstrated through both verbal and non-verbal behaviors. This supports a recent systematic literature review on physician-patient communication in primary care which stated that rapport was central to the patient-provider relationship, improved patient care experiences, and can be shown through verbal and non-verbal behaviors.[92]

Limitations.

We studied one large FQHC's experience using CAHPS data as the basis to provide shadow coaching to providers. Our findings may not generalize to all settings, but they are instructive and illustrative given the limited research on the content and actionability of shadow coaches' recommendations. Our findings support current literature on practices that foster and promote good provider communication and extend it by investigating and providing illustrative examples of actionable recommendations. A broader, multi-site

evaluation of the content of shadow coaching recommendations may identify additional insights and illustrative examples of actionable recommendations.

Conclusions

Shadow coaching recommendations encourage both the consistency of current behaviors and suggest new provider behaviors, both verbal and non-verbal. Most recommendations made by coaches are specific and tangible enough to be actionable. Recommendations to providers aimed at improving their interactions with patients need to not only suggest the exact behaviors defined within patient experience survey items but also include recommended behaviors indirectly associated with those measured behaviors. This suggests that attention should be paid to supplementing patient experience data with explicit, tangible, and descriptive (i.e., actionable) recommendations of behaviors associated with those targeted, measured behaviors. Research is needed to understand how recommendations are put into practice by providers and what motivates providers to sustain changed behaviors.

Conflicts of Interest and Source of Funding:

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Table 1:

Recommendation Characteristics, Overall Percentage and Mean Number per Report

(N=1,082)	Percentage of Recommendations %	Total Number of Recommendations across 92 Reports N	Mean Recommendations per report
Intent			
Encourage Existing Behaviors	49%	524	5.7
Improve with New Behaviors	50%	538	5.9
Neutral	1%	20	0.2
Key actors			
Physician only	62%	675	7.4
NP/PA only	32%	341	3.7
SMD only	4%	39	0.4
Physician, SMD and NP/PA	3%	27	0.3
Who has control over the recommendation			
Self only	94%	1012	11.1
Others only	0.3%	3	0.0
Both Self and Others	5%	50	0.6
Site/Clinic	1%	9	0.1
Organization (i.e., FQHC)	1%	8	0.1
Setting			
Inside Office	90%	971	10.6
Outside Office	7%	75	0.8
Inside and Outside Office	3%	36	0.4
Timing			
Before a Clinical Interaction	5%	54	0.6
During a Clinical Interaction	89%	962	10.5
After a Clinical Interaction	2%	17	0.2
Before and During a Clinical Interaction	2%	23	0.3
Before and After a Clinical Interaction	0.5%	5	0.1
During and After a Clinical Interaction	0.1%	1	0.0
Before, During and After a Clinical Interaction	2%	20	0.2
Total	100%	1,082	11.8

NOTE: Physicians include Medical Doctors, Doctors of Osteopathy, Doctors of Dental Sciences, NP = Nurse Practitioner, PA = Physician Assistant, SMD = Site Medical Director, FQHC = Federally Qualified Health Center.

Table 2:

Content of Recommendations, Overall and By Whether Actionable or Not

Themes	Overall % (N)	Actionable % (N)	Not Actionable % (N)
Overall (N=1,082)			
Communication	96 (1,041)	76 (790)	24 (251)
Non-Communication	4 (41)	68 (28)	32 (13)
Communication Recommendations Only (N=1,041)			
Verbal communication	61 (636)	74 (468)	26 (168)
Non-verbal communication	39 (405)	80 (322)	20 (83)
Verbal Communication Recommendations			
Easy to understand explanations *	10 (107)	70 (75)	30 (32)
Use AIDET †	9 (91)	100 (91)	0 (0)
Knows patient medical history *	6 (57)	100 (57)	0 (0)
Building rapport, Verbal	5 (52)	92 (48)	8 (4)
Use open-ended questions	4 (36)	100 (36)	0 (0)
Spends enough time with patient *	3 (29)	59 (17)	41 (12)
Be friendly and engaging	3 (29)	34 (10)	66 (19)
Concern provider shows †	2 (23)	78 (18)	22 (5)
Listens carefully *	2 (16)	38 (6)	63 (10)
Displaying empathy, Verbal	2 (21)	100 (21)	0 (0)
Non-Verbal Communication Recommendations			
Maintain eye contact	6 (65)	100 (65)	0 (0)
Position self between patient & computer	5 (53)	100 (53)	0 (0)
No interrupting patients when talking	4 (38)	100 (38)	0 (0)
Have a relaxing and calm demeanor	3 (35)	3 (1)	97 (34)
Displaying empathy, Non-verbal	3 (34)	68 (23)	32 (11)
Building rapport, Non-verbal	3 (27)	59 (16)	41 (11)
Communication Recommendations that are Verbal and Non-Verbal			
Building rapport, Verbal and Non-verbal	8 (79)	81 (64)	19 (15)
Building rapport, Verbal	5 (52)	92 (48)	8 (4)
Building rapport, Non-verbal	3 (27)	59 (16)	41 (11)
Display empathy, Verbal and Non-verbal	5 (55)	80 (44)	20 (11)
Displaying empathy, Verbal	2 (21)	100 (21)	0 (0)
Displaying empathy, Non-verbal	3 (34)	68 (23)	32 (11)

NOTE: We report themes with more than 2% frequency.

*
indicates the content of the recommendation mapped to a behavior asked about on the Clinician and Group CAHPS survey.

†
AIDET stands for Acknowledge, Introduce, Duration, Explain, and Thank.

[‡]indicates the content mapped to a behavior on the Press Ganey Survey.

Table 3:

Actionable and Non-actionable Recommendations, by Patient Experience Content

Themes	Illustrative Examples	
	Actionable	Not Actionable
Mapped to behaviors within CG-CAHPS items (All verbal)		
Easy to understand explanations	Going the extra mile when you explain a test result can also do much to alleviate the patient's unarticulated anxiety, and it will instantly deepen their loyalty to you. When you show personal interest in their results and what those results mean, it shows your patients that you have personal interest in them. You did this several times during the visit	You explain things to your patients in appropriate, basic language
Knows patient medical history	Provider did a thorough review of past medical history for new patients. Particularly for specialty care providers, it is important to have all relevant information necessary to make appropriate management decisions for patients. Patients also appreciate it when providers take time to be thorough in their history taking.	N/A
Spends enough time with patient	Provider takes time to explain management of disease and reviews disease specific anticipatory guidance in a way that is understandable by parent. Essential to patient care is ability of patient/parent to follow provider treatment recommendations. This ensures that patient/parent have clear understanding of plan. Provider takes time to explain plan for the remainder of the visit. This helps patient/parent have a clear understanding of additional tasks/ procedures that need to be carried out by the staff prior to discharge.	You take your time with your patients. They do not feel rushed.
Listens carefully	You are an active listener and show interest through nonverbal signals, like smiling and nodding.	You naturally build rapport with your patients, through your active listening, approachable demeanor and warm persona.
Did *not* map to CG-CAHPS or other Patient Experience Press Ganey survey items		
Building rapport, Verbal	Take some time with a brand-new patient to build rapport. 20–30 seconds may be all you need. Before getting straight to the chief complaint, an open-ended question such as "how are you doing today?" or "did you have an easy time getting to your appointment today?" could help to diffuse tension and make for a more personable interaction.	Provider jumped directly to presenting complaint/history of present illness at the outset of each encounter. Other providers have found it helpful to utilize this time to ask non-medical questions in order to establish rapport with patients.
Building rapport, Non-verbal	Provider went directly to computer/began documenting at outset of encounter and rapport building occurred with only one patient. Rapport building is an important part of the relationship building necessary to engender trust from patients. Going directly to the computer at the outset of the visit can take away from this. Many providers have found it helpful to establish some "face to face" time at the start of every patient encounter and then logging into/documenting on the computer afterwards. These first few minutes of the encounter can be used to build rapport (and trust) with patients.	Provider stands during the majority of each encounter. Taking a few minutes to sit at the beginning and at the end of the encounter helps to develop a sense of intimacy which is helpful not only in rapport building but also helps patients/parents recognize that providers are making an effort to hear their concerns.
Display empathy, Verbal	When a patient is talking about the positive changes in their lives, really celebrate their wins. For example, a patient stated when she started exercising she noticed she felt healthier. At that time give her positive reinforcement. For example: "That is great. For many starting and sustaining exercise is the hardest step and you have done it. You are really making great steps towards a healthier and happier life." By doing the above it will create a more positive relationship with the patient. She or he will feel you are engaged with their struggles and in turn the patient will be more open to listen and work with you to better their health.	Your Spanish was very and your medical explanations were excellent. You are very interactive with your patients and understanding.
Display empathy, Non-verbal	Sitting down and repositioning yourself by moving the computer aside, facing the patient, and moving a little closer to them might demonstrate empathy in moments when your patients are clearly expressing stress, fear, or anxiety. I would also recommend more eye contact before looking at the computer .	You are naturally reserved in your verbal and physical self-expression, and this might possibly affect the way that your patients understand and perceive you in stressful

Themes	Illustrative Examples	
	Actionable	**Not Actionable**
Verbal		
Use AIDET[+]	Provider usually does not shake hands with or thank patient/parent during the encounter. Many providers don't realize how impactful a handshake and a simple "thank you for coming," can have on patients/parents. Patients who feel appreciated are more likely to be engaged during an encounter and, more importantly, more likely to follow through with recommended treatment plans.	situations. They may feel more connected to you if you can find ways to compensate for this quality in order to demonstrate empathy.
Use open-ended questions	Provider concludes encounters with "Anything else I can do for you?" Statements such as these are helpful for multiple reasons. They allow patients an opportunity to voice additional concerns which may be critical to their management. They also demonstrate to the patients continued concern from their provider up to the end of the encounter – rather than giving the impression that their provider is rushing to complete the encounter and move on to the next patient.	N/A
Be friendly and engaging	Provider is friendly, respectful and upbeat in her interactions with patients. This demeanor establishes a comfortable environment for patients which is helpful in decreasing anxiety and promoting trust during the encounter.	When you enter the room, you always acknowledge the patient in a friendly manner.
Non-verbal		
Maintain eye contact	Look into the patient's eyes. The patient will then be focusing on you and listening to the staff as oppose to the patient focusing on the staff and listening to you.	N/A
Position self between patient and computer	Provider usually situates computer screen between parent and herself. While documenting in EMR, provider loses eye contact with parent/patient. Improper positioning of the computer screen can interfere with eye contact which is critical during the patient encounter. Many providers find it helpful using a triangle configuration (with provider, patient and computer at each point of the triangle) when documenting in the EMR while in the exam room. This allows the provider access to the computer while keeping patients in their line of sight. It also promotes use of the computer screen as a visual aid when explaining important or complicated concepts to patients.	N/A
No interrupting patients when talking	Give each patient uninterrupted time at the start of the visit to explain their problem to you. Remember that patients feel listened to and understood if they get to tell you their story completely and without interruption. You can begin your diagnosis-oriented history and physical once the patient has related their story and has nothing further to add.	N/A
Have a relaxing and calm demeanor	Provider's voice and demeanor are very calming and nonthreatening. Provider usually sits at eye level when taking history from patients. Verbal cues and body language are key factors in a provider's ability to engage and elicit trust from patients.	You have a naturally pleasant demeanor, which makes you approachable to your patients.

Note: CAHPS stands for Consumer Assessment of Healthcare Providers and Systems. CG-CAHPS = Clinician and Group CAHPS survey.

[+] AIDET stands for Acknowledge, Introduce, Duration, Explain, and Thank. N/A = Not applicable.