# Remediation Strategies to Reduce Shame and Stratify Support for Providers in Patient Experience

November 19, 2024

theberylinstitute.org

THE BERYL INSTITUTE

Housekeeping

- All participants are muted.

- **Audio Settings**: ability to select your speakers and adjust your volume.

- **Chat**: for sharing of ideas, interacting with speakers and attendees; not for promoting services and products. Make sure you choose 'Everyone' in the dropdown in the chat box.

- **Q&A**: for submitting questions to review at the end of the webinar

- **Captions**: Click the caption icon to turn captions on/off
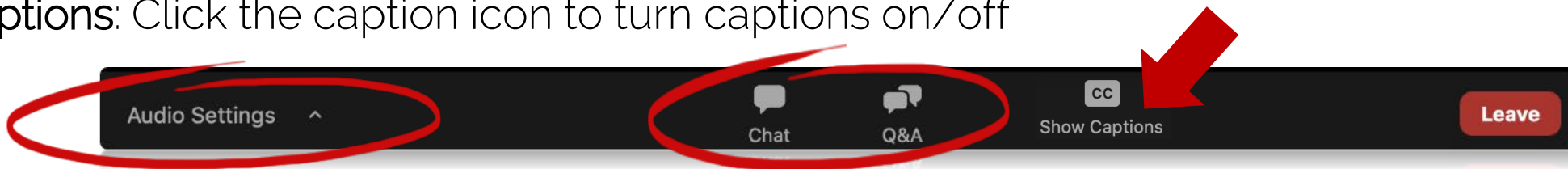
- Receive follow up email tomorrow with webinar slides, recording and link to survey.

Comments shared in chats do not reflect the opinion or position of The Beryl Institute, but those of individual participants. People found misusing the chat function or engaging in uncivil or disruptive ways via chat may be removed from the session at our discretion.

theberylinstitute.org

THE BERYL
INSTITUTE

PX Continuing Education Credits

- This webinar is approved for 1 PXE.

- To obtain patient experience continuing education credit, participants must attend the webinar in its entirety and complete the webinar survey within 30 days.

- The speakers do not have a relevant financial, professional, or personal relationship with a commercial interest producing health care goods/services related to this educational activity.

- No off-label use of products will be addressed during this educational activity.

- No products are available during this educational activity, which would indicate endorsement.

This webinar is eligible for 1 patient experience continuing education (PXE) credit. Participants interested in receiving PXEs must complete the program survey within 30 days of attending the webinar. Participants can claim PXEs and print out PXE certificates through Patient Experience Institute. As recorded webinar, it offers PXE for two (2) years from the live broadcast date.

THE BERYL INSTITUTE

Speakers from
UT Southwestern Medical Center

Laura Kirk, MSPAS, PA-C, CPXP, DFAAPA, FACH
Assistant Director,
Ambulatory Services

Haley Kosker, MBA, CPXP
Manager,
Patient Experience Data Analytics

theberylinstitute.org

THE BERYL INSTITUTE

Remediation Strategies to Reduce Shame and Stratify Support for Providers in Elevating their Patient Experience

- Laura Kirk, MSPAS, PA-C, CPXP, DFAAPA, FACH
- Haley Kosker, MBA, CPXP

UT Southwestern
Medical Center

THE BERYL INSTITUTE

Disclosures

We have no relevant financial relationships to disclose, and we do not intend to discuss off-label or investigative use of a commercial interest drug, product, or device.

Learning Objectives

- Explore stepwise strategies, lessons learned, and mixed methods data in order to prioritize resources for engagement of providers with bottom decile patient experience performance.

- Quantify the prevalence of shame within healthcare, and reflect on how this impacts healthcare providers' perspectives toward patient experience resources and training.

- Consider strategies to effectively build trust and mitigate shame when engaging in patient experience remediation and/or coaching for healthcare providers.

Session Outline

- HCP Current state

- Provider Receptivity to Px Resources
  - Barriers
  - Shame in HC

- Augmenting Px Strategies for Providers
  - Communication Skills Training
  - Shadow Coaching

- Hx for Providers
  - Intentional Change Theory & Coaching
  - Psychological Safety

- Communication Remediation

- UT Southwestern's Experience
  - Program Design
  - Evolution
  - Impact

UT Southwestern
Medical Center

We all face barriers...

UT Southwestern
Medical Center

HCP Receptivity to Px Surveys & Resources

- Logical Barriers
  - Uncertainty about surveys
    - Survey validity
    - Survey biases
  - Uncertainty about resources
    - Nature of intervention
    - Evidence/value of intervention
    - Personal/professional benefit

- Logistical Barriers
  - "One more thing!"
  - Time away
    - from work
    - from personal commitments
  - Lack of leadership support
  - Competing Priorities
  - Cost

- Internal Barriers

Fenton J, et al. *Arch Intern Med* 2012.
M.L. Brilla RHC, Patient satisfaction surveys and burnout, *Neurology* 2017.
Holliday A, et al. *J Gen Intern Med* 2017.

UT Southwestern
Medical Center

HCP Receptivity to Px Surveys & Resources

- Logical Barriers
  - Uncertainty about surveys
    - Survey validity
    - Survey biases
  - Uncertainty about resources
    - Nature of intervention
    - Evidence/value of intervention
    - Personal/professional benefit

- Logistical Barriers
  - "One more thing!" Time away
    - from work
    - from personal commitments
  - Lack of leadership support
  - Competing Priorities
  - Cost

- Internal Barriers
  - Burnout
  - Intent to Leave
  - Feedback Resistance
  - Shame

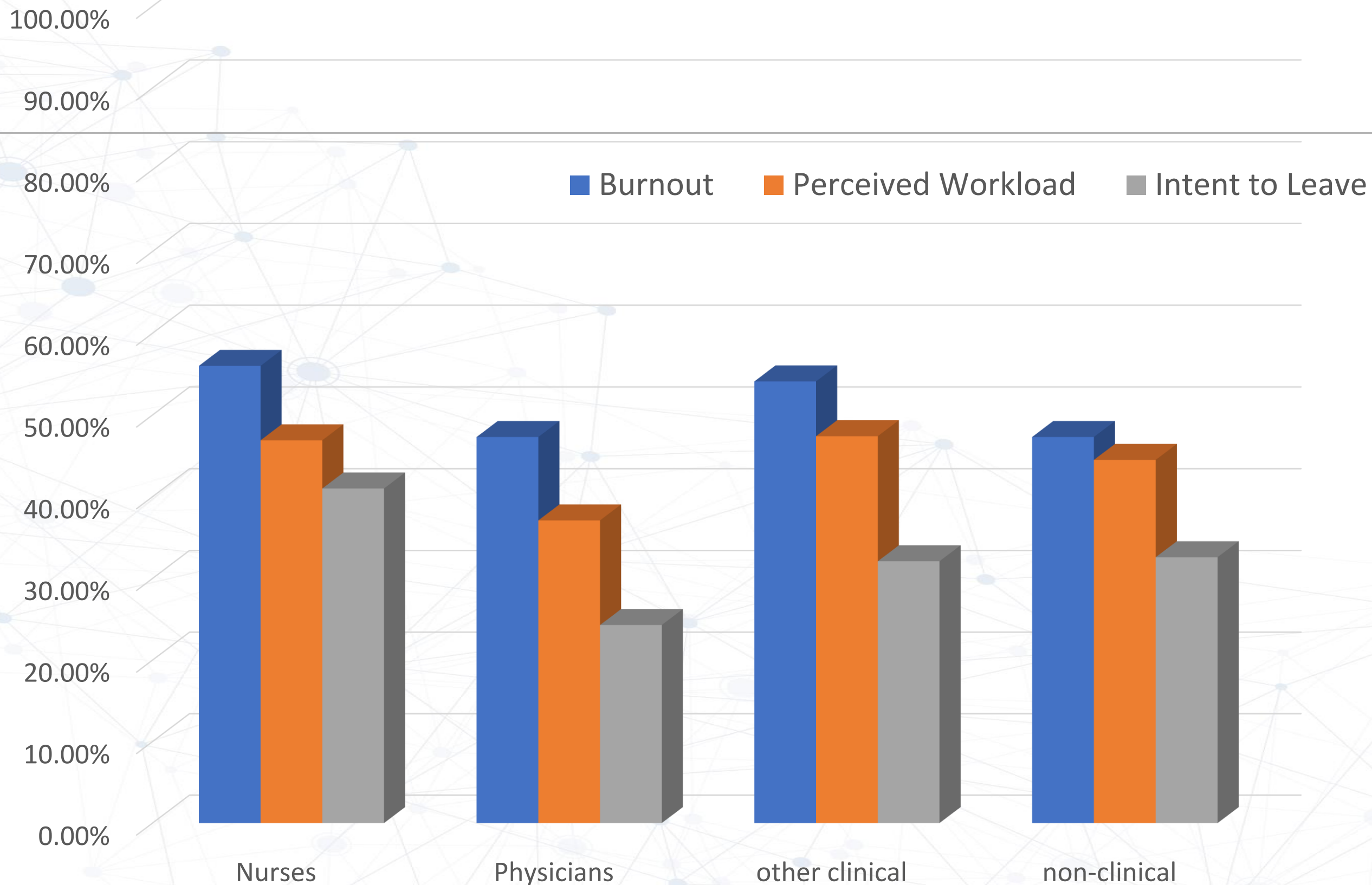Fenton J, et al. *Arch Intern Med* 2012.
M.L. Brilla RHC, Patient satisfaction surveys and burnout, *Neurology* 2017.
Holliday A, et al. *J Gen Intern Med* 2017.

UT Southwestern Medical Center

HC Team Experience

HCP Burnout →
Worse Quality of Care

Legend: ■ Burnout ■ Perceived Workload ■ Intent to Leave

Categories: Nurses, Physicians, other clinical, non-clinical

Y-axis: 0.00% to 100.00%

Rotenstein, et al. *J Gen Intern Med.* 2023
Tawfik, D., et al. *Ann Intern Med.* 2019.

UT Southwestern
Medical Center

Shame in Healthcare

Shame /Shām/

1. a painful emotion caused by consciousness of guilt, shortcoming, or impropriety
or
the susceptibility to such emotion

2. a condition of humiliating disgrace or disrepute

3. something that brings censure
or
something to be regretted

Merriam-Webster's Collegiate Dictionary, 1999

★☆☆☆☆ 8 months ago

Avoid going to this Doctor's clinic. He is least interested in spending time on patients, just prescribe medications and go away. No explanation, nothing. The goal seems to be maximizing the number of patients seen and revenue. Outside the doctor's room it's highly unhygienic and crowded.

★☆☆☆☆

This doctor is constantly disrespectful of my time. I had a noon appointment and walked out at 12:45 without getting seen.

★☆☆☆☆

Horrible dentist. Okay teeth cleaning. Should go back to dentist school.

★☆☆☆☆

I'm truly baffled by all the stellar reviews on the page. I wonder if the doctor paid for them. I am very unhappy with the results of my rhinoplasty.
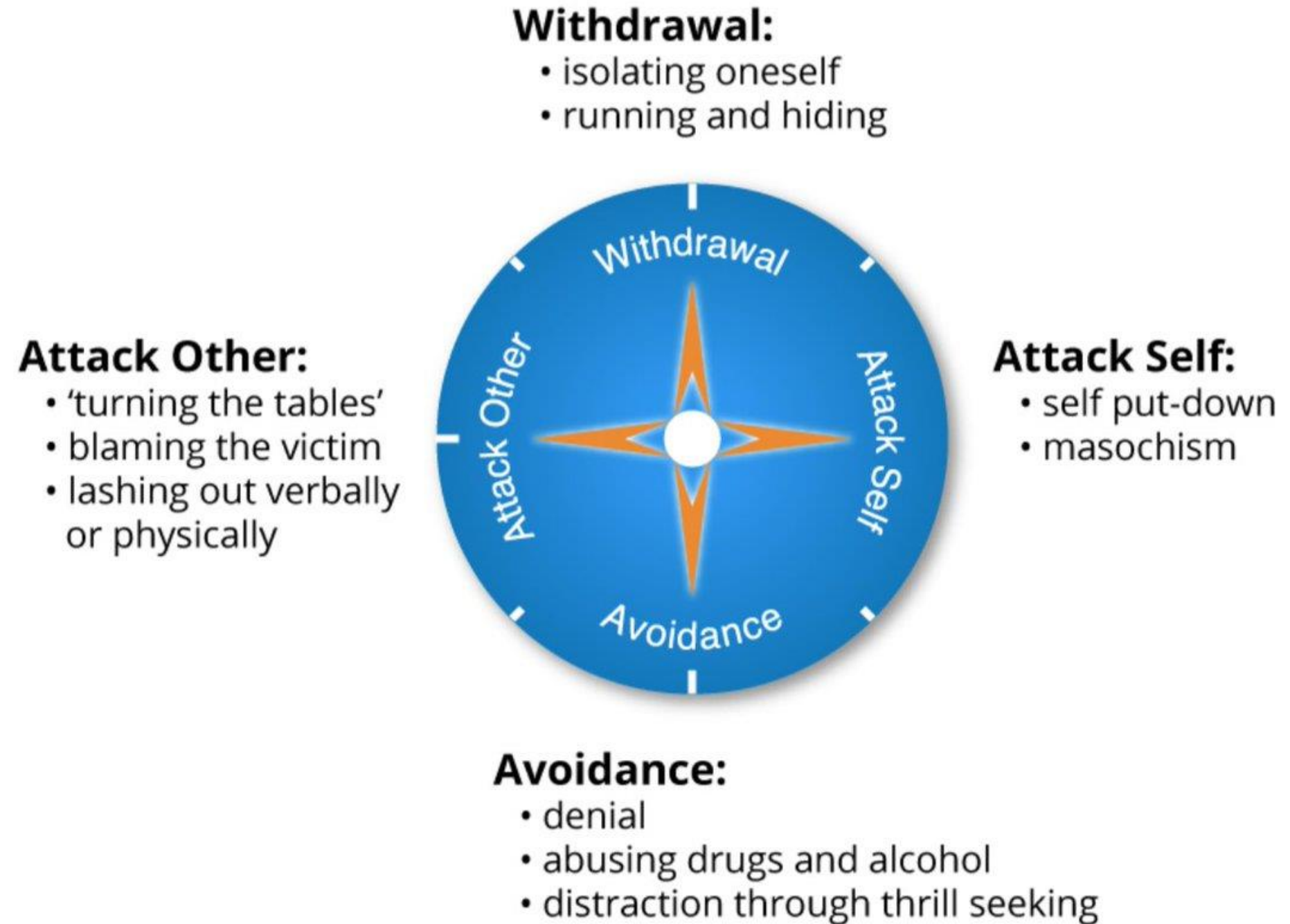
UT Southwestern
Medical Center

Shame in Healthcare

The pain of shame can be unbearable. To save ourselves, we push away as fast as we can, covering for it with more tolerable states of being.

-DeYoung

The Compass of Shame

Adapted from D.L. Nathanson, Shame and Pride, 1992

Withdrawal:
- isolating oneself
- running and hiding

Attack Other:
- 'turning the tables'
- blaming the victim
- lashing out verbally or physically

Attack Self:
- self put-down
- masochism

Avoidance:
- denial
- abusing drugs and alcohol
- distraction through thrill seeking

DeYoung, P. A. *Understanding and treating chronic shame: A relational/neurobiological approach.* 2015.
Nathanson, DL, *Shame and Pride*, 1997.
The Compass of Shame image from https://www.iirp.edu/defining-restorative/compass-of-shame

UT Southwestern Medical Center

Why *so much SHAME*?

- High standards for entry
- Culture of health professions training & testing
- Expectation of perfection
- High stakes work
- Exhaustion
- Hierarchical systems
- Risk, Peer Review, & Required reporting processes
- Medicolegal fears
- Relative discomfort with emotion, preferring cognition or action

THE
Shame Space

Gilligan, J. "Shame, Guilt, and Violence." *Social Research*, 2003.
https://www.theshamespace.com/film

UT Southwestern
Medical Center

Shame-mitigation for HC Providers

- Wellness resources

- Peer support

- Shame resiliency training

- Professional Coaching
  – Healthy processing of error/shortfall
  – Internal Change Theory (ICT)

"If you put shame in a petri dish,
it needs three ingredients
to grow exponentially:
          secrecy, silence, and judgment.

Shame depends on me buying into the
belief that I'm alone.

Shame cannot survive being spoken;
It cannot survive **empathy**."

- B.Brown

UTSouthwestern
Medical Center

13

Optimizing HCP Receptivity to Px Resources

- Acknowledge Context
  - Hard/over work, burnout rates
  - Many demands on time & attention

- Mitigate Internal Barriers
  - Show Appreciation - '

    'I respect your clinical excellence and hard work."
  - Assume Positive Intent

    "I know you want the best for your patients"
  - Express Empathy

    "It can be uncomfortable to see these reports."

- Mitigate Logistical Barriers
  - Inquire!
  - Link to a variety of resources along with survey report

UT Southwestern
Medical Center

14

Augmenting Px Skills for Healthcare Providers (HCP)

- Communication Skills Training
  - Evidence-based didactic
  - Skills demonstration
  - Facilitated skills practice
  - Target skills modeled with participants

- Shadow Coaching
  - 1 on 1 reinforcement
  - Skills integration at bedside
  - Supportive reflection

RELATIONSHIP-CENTERED COMMUNICATION WORKSHOP

ACH — Academy of Communication in Healthcare

Relationship-centered communication skills refer to the abilities and strategies that facilitate effective and meaningful interactions between individuals.

Key Aspects Include:
- Active Listening
- Empathy
- Building Trust
- Feedback & Validation

Continuing Education Credits available: 6.0 AMA PRA Category 1 Credits & ANCC Contact Hours

CHECK OUT THE REMAINING WORKSHOP DATE FOR 2023! SIGN UP TODAY!

Boissy, A., et al. *J Gen Intern Med.* 2016.
Quigley, D., et al.." *J Eval Clin Pract.* 2021..

ACH — Academy of Communication in Healthcare

UT Southwestern Medical Center

Remediation Context for Communication

- Providers with low-wellbeing, high-burnout may have:
  - Lower Px scores
  - Defensiveness
  - Resistance to engaging in action
    - …Heightened by lower scores

- Insight in remediation can be facilitated through
  - Psychologically safe spaces
  - Trust-building
  - Sensitively framed (and bi-directional) feedback

Kebaetse M, Winston K. *Med Educ.* 2019.
Price, T., et al. *Med Educ.* 2021.
Kalet A, Chou C. *Remediation in Med Education.* 2023

UT Southwestern
Medical Center

UT Southwestern Medical Center by the numbers in 2024

120,000+ patient hospitalizations

5 million ambulatory visits

3,150 faculty

23,000 employees

    1,100 APPs

$4.9 billion operating budget

#1 in DFW – 4th largest metro area in US

Top 10 large employers in US

Top 5 HC employers in US

Ranked among best employers for new grads, women, and diversity

UT Southwestern Medical Center

The UT Southwestern Experience: Introducing Providers to Px

- FY20-22 goal = top decile Px
  (95.2 mean adjusted score)

- Ambulatory Provider Px "push report"
  - Quarterly email from HS QualOpEx
  - Survey count (>10)
  - CGCAHPS
  - PG – medical practice + telehealth
  - Overall score; Care Provider score
  - Compared with
    - prior performance
    - institutional targets

UT Southwestern Px Resourcing

- Quarterly survey push reports sent to
  - Individual Providers
  - Local clinic leaders

- PG Solutions Starter link
  - Digital resource
  - "Best practices, research, and tools to help you improve the delivery of health care."

- Piloted Communication Skills Training (CST) workshop for HCP
  - Relationship Centered Communication (RCC)
  - 6 to 1 participant to facilitator ratio
  - 6.5hr CME accredited

PressGaney

ACH Academy of Communication in Healthcare

UT Southwestern Medical Center

UT Southwestern Px Resourcing: Pilot Program Design

- Office of Advanced Practice Providers (OAPP)
- Ambulatory Operations Committee

- 196,500 ambulatory encounters by 650 APPs
- APPs & physicians top quartile performance (94.3 Overall mean adjusted score)

- APPs with bottom-decile performance in Px
    >30 surveys returned in Q3 FY21
    Departmental sponsorship

UT Southwestern
Medical Center

Pilot Program Design

- Invitation
  - Program components
  - 12hr protected time over 3 months
  - Anticipated benefits
    - Participant engagement & well-being
    - Patient experience
  - <u>No reference</u> to scores, ranking

- Interventions
  - **Self-assessments** & interpretation guides
    - StrengthsFinder$^{©}$ inventory
    - Professional Fulfillment Inventory and mini-Z 2.0
    - Self-Efficacy in Pt Comm Questionnaire (SEPCQ-27)
  - **Employee Assistance Program** outreach
  - 1:1 **Professional Coaching** sessions x3
  - **Cohort-based connections** x3
    - Kick-off luncheon
    - Learning Community *x3* with group coaching
  - **Communication Skills Training**
    - Relationship-Centered Communication workshop
    - 1:1 Shadow Coaching

Joseph, J., et al. *J Patient Exp.* 2020.
Tawfik, D., et al. *Ann Intern Med.* 2019.

UTSouthwestern
Medical Center

Pilot Program Participant Feedback

- High endorsement, enrollment, & completion
  - 91.7% Endorsement by local leadership (11/12)
  - 81.8% Enrollment by invited APPs (9/11)
  - 72.7% Completion of program by endorsed (8/11)

- High Satisfaction & Likelihood to Recommend

PEC Program Overall

- moderately satisfied
- very satisfied
- extremely satisfied

Likelihood to Recommend Program

- agree
- strongly agree

- Highest rated components (personal, profess)
  - Professional Coaching (3.875 and 3.625 out of 4, resp)
  - RCC workshop (3.75 and 3.625 out of 4, resp)
    0 = no impact, 2 = moderate impact, 4 = high impact

grow
strengths
self-care   helpful
more
solutions
great   reflect
loved   explore   enjoyed
insight
change
work-life-balance

UT Southwestern Medical Center
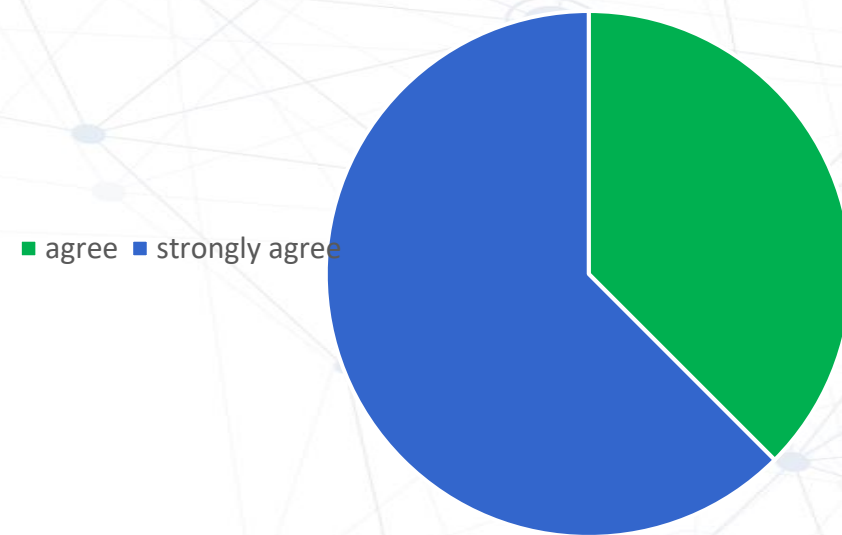
Pilot Program Impact

- Self-efficacy in Communication
  - SEPCQ-27 (0-108 score range)
  - Generally positive change
  - Average increase of 3.75
    - Greatest change in Sharing Information & Power (4.89 mean increase)

- Observed Rating of Communication
  - 4HM-23 (5 point behaviorally anchored rating scale)
  - Generally strongly positive impact
  - Statistically significant aggregate change
  - 0.91 increase (range -0.3 to 2.17, p= 0.0156)

4HM-23 Bedside Observation

2.72	0.91
Pre	3.63 Post

UTSouthwestern
Medical Center
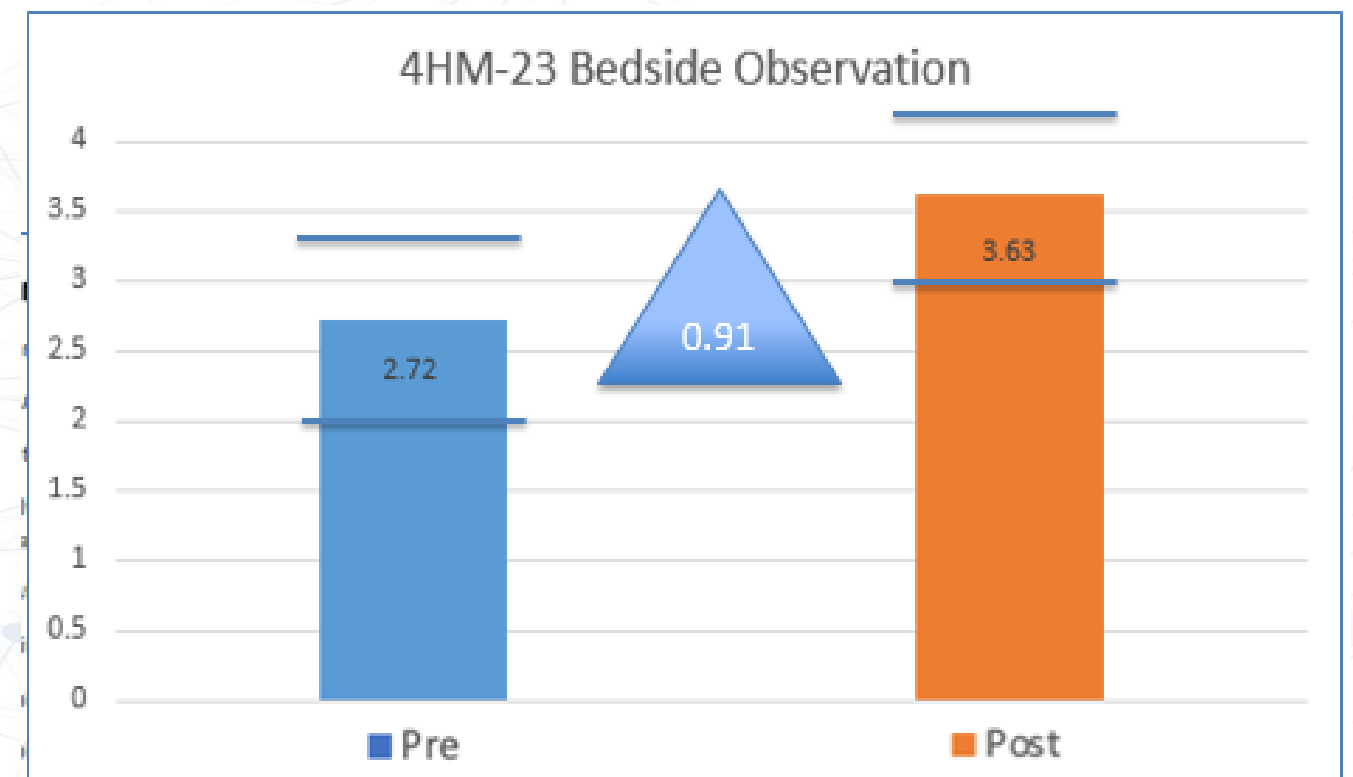
Pilot Impact – Px Trends

APP RCC Workgroup: Press Ganey In Person Medical Practice Survey Scores: All Intervention Providers
Prepared by Health System Quality & Operational Excellence as of 3/1/24

UT Southwestern
Medical Center

Pilot Impact – Px Scores

All Intervention Care Providers by Clinic Baseline vs. Post Intervention
Prepared by Health System Quality & Operational Excellence as of 3/5/2024
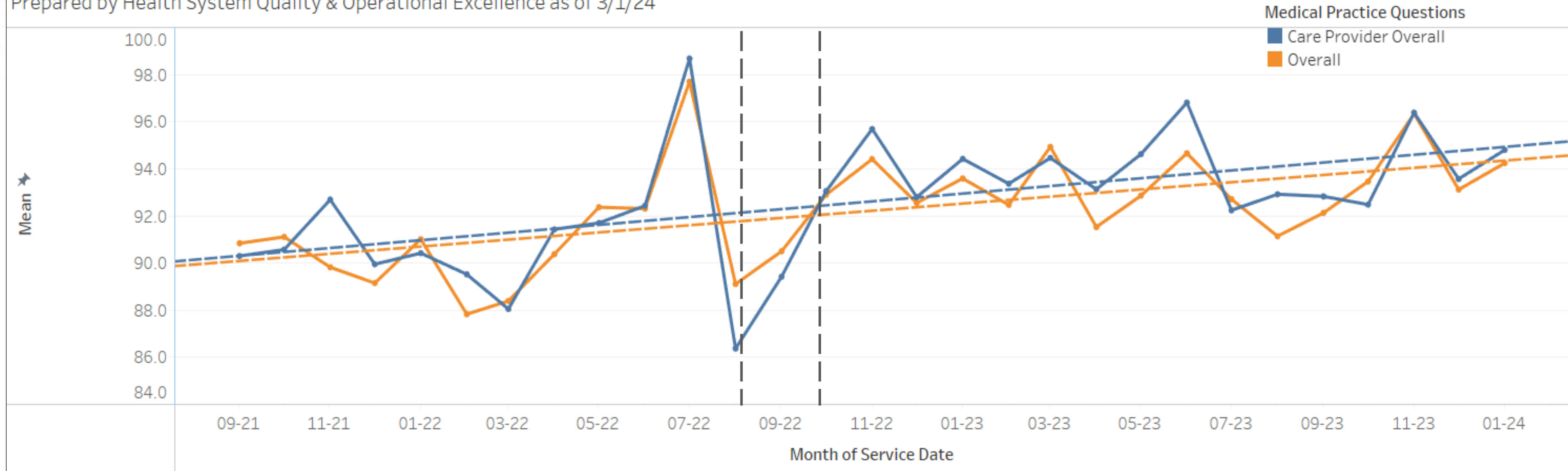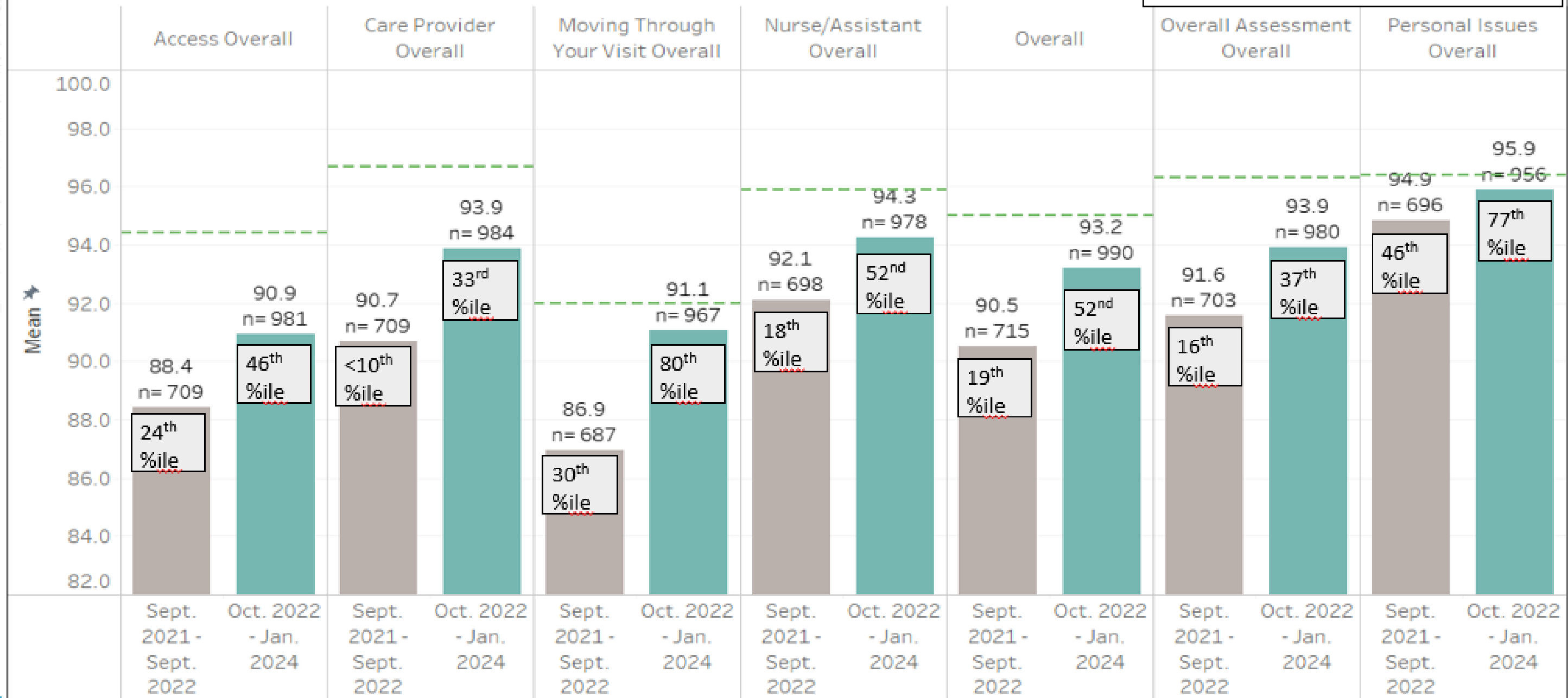
Legend: – – – FY23 Meets Target (90th %ile)

Categories: Access Overall | Care Provider Overall | Moving Through Your Visit Overall | Nurse/Assistant Overall | Overall | Overall Assessment Overall | Personal Issues Overall

Access Overall:
- Sept. 2021 - Sept. 2022: 88.4, n=709, 24th %ile
- Oct. 2022 - Jan. 2024: 90.9, n=981, 46th %ile

Care Provider Overall:
- Sept. 2021 - Sept. 2022: 90.7, n=709, <10th %ile
- Oct. 2022 - Jan. 2024: 93.9, n=984, 33rd %ile

Moving Through Your Visit Overall:
- Sept. 2021 - Sept. 2022: 86.9, n=687, 30th %ile
- Oct. 2022 - Jan. 2024: 91.1, n=967, 80th %ile

Nurse/Assistant Overall:
- Sept. 2021 - Sept. 2022: 92.1, n=698, 18th %ile
- Oct. 2022 - Jan. 2024: 94.3, n=978, 52nd %ile

Overall:
- Sept. 2021 - Sept. 2022: 90.5, n=715, 19th %ile
- Oct. 2022 - Jan. 2024: 93.2, n=990, 52nd %ile

Overall Assessment Overall:
- Sept. 2021 - Sept. 2022: 91.6, n=703, 16th %ile
- Oct. 2022 - Jan. 2024: 93.9, n=980, 37th %ile

Personal Issues Overall:
- Sept. 2021 - Sept. 2022: 94.9, n=696, 46th %ile
- Oct. 2022 - Jan. 2024: 95.9, n=956, 77th %ile

Pilot Impact – Px Scores

Question	P value
Med Practice: CP Explanations of prob/condition	**0.0177**
Med Practice: CP concern for questions/worries	0.0927
Med Practice: CP discuss treatments	0.2918
Med Practice: CP effort to include in decisions	**0.025**
Med Practice: Concern of nurse/asst for problem	**0.0133**
Med Practice: Ease of contacting	**0.022**
Med Practice: Ease of scheduling appointments	0.0523
Med Practice: How well nurse/asst listen	**0.0016**

Question	P value
Med Practice: How well staff protect safety	0.2457
Med Practice: Information about delays	**0.0022**
Med Practice: Likelihood of recommending	0.123
Med Practice: Likelihood of recommending CP	**0.0148**
Med Practice: Our concern for patients' privacy	0.5367
Med Practice: Staff worked together for you	**0.0099**
Med Practice: Wait time at clinic	**0.0059**

UT Southwestern
Medical Center

Pilot Limitations

- Very small intervention group (8)
- Participants limited to Advanced Practice Providers
- Program director also 4HM-23 observer

- Limited number of trained CST workshop facilitators (2) and shadow coach (1)

UT Southwestern
Medical Center

Program Evolution

- Incorporating Feedback
  - Shortened to 4.5hr workshop to minimize impact on productivity/access
  - Peer "champions" in each clinic support invitations
  - Shadow coaching: forecasted evidence & experience

- Scaling resources
  - Professional coaching – O/E for physicians, APP leaders
  - Peer support program – for physicians & APPs
  - 3rd CST workshop facilitator trained
  - Data analytics, statistician

- Phase 2: RCC workshop and shadow-coaching
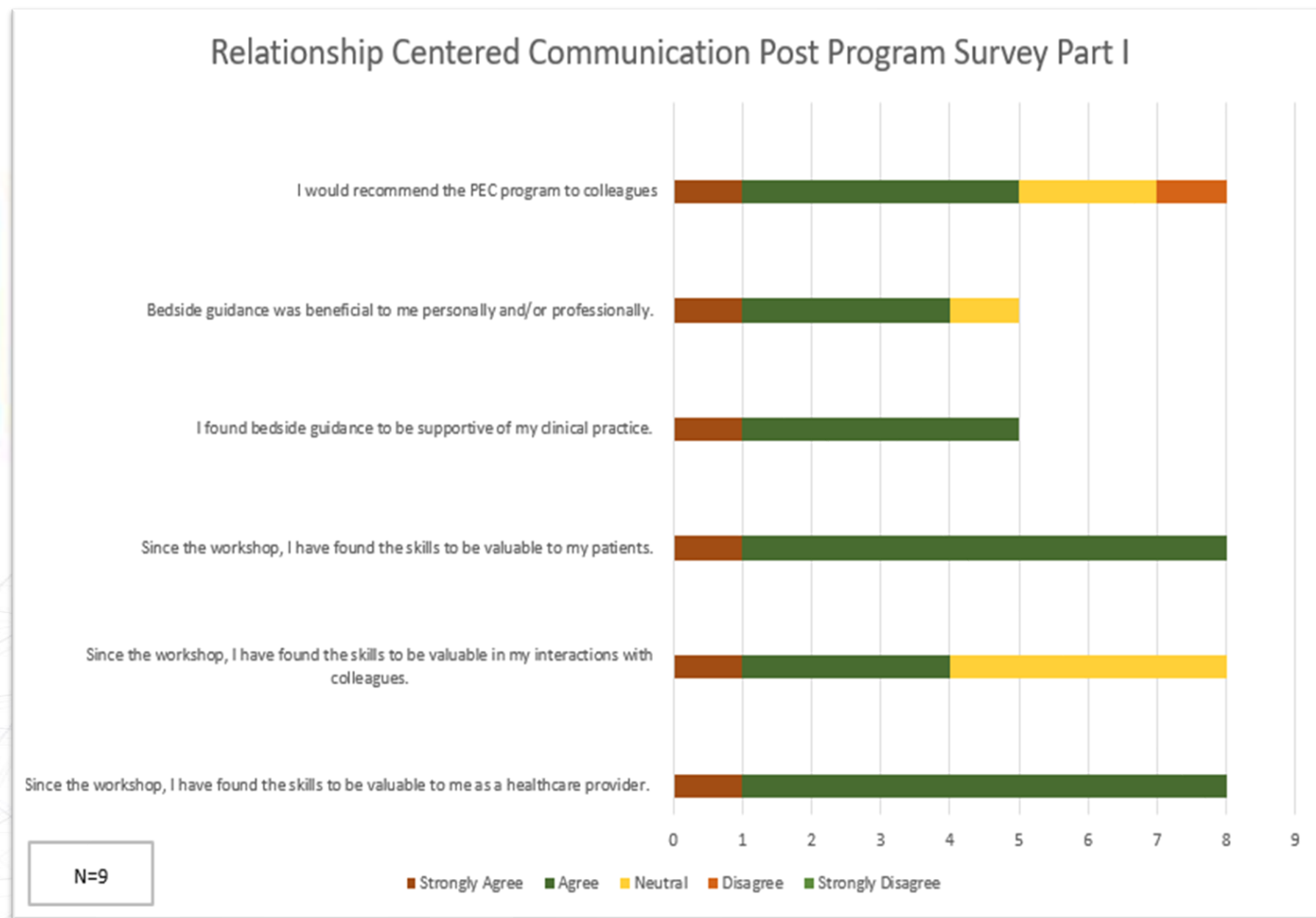 - 21 Physician and APP providers in 3 clinics, with controls

UT Southwestern
Medical Center

"When I got the initial email, I did wonder what other departments were being asked to do this and what the reasoning was behind selecting our section - did I have the worst patient satisfaction scores?"

"I was somewhat nervous for the bedside guidance, but I did find it useful. I wonder how it would have changed if I had had a very difficult encounter..."

Relationship Centered Communication Post Program Survey Part I

N=9

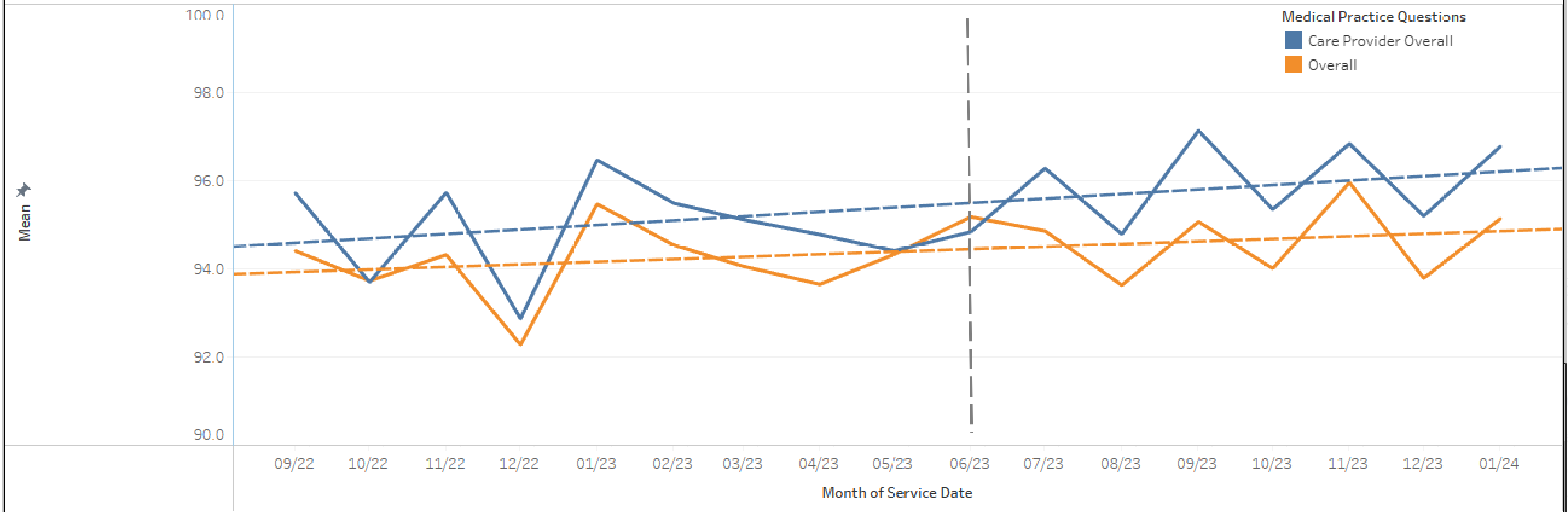Strongly Agree Agree Neutral Disagree Strongly Disagree

Phase 2 Impact – Px Trends

AOC Px Workgroup: Provider Taskforce Press Ganey In Person Medical Practice Survey Scores: All Intervention Providers
Prepared by Health System Quality & Operational Excellence as of 2/28/24

UT Southwestern
Medical Center

Phase 2 Impact – Px Scores

All Intervention Care Providers by Clinic Baseline vs. Post Intervention
Prepared by Health System Quality & Operational Excellence as of 2/28/2024
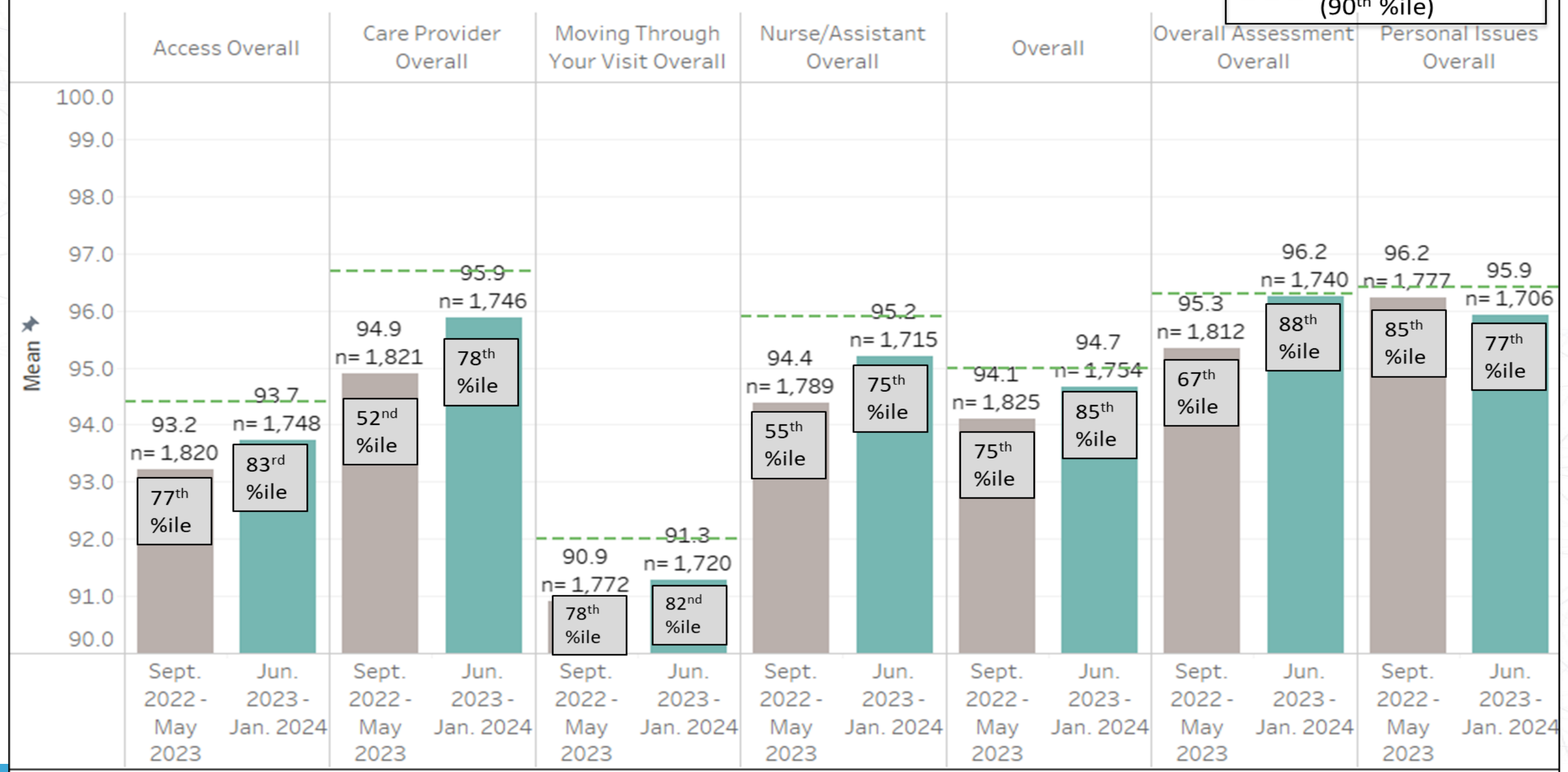
Phase 2 Impact – Px Scores

Question	P value
Med Practice: CP Explanations of prob/condition	**0.0511**
Med Practice: CP concern for questions/worries	0.1337
Med Practice: CP discuss treatments	**0.0451**
Med Practice: CP effort to include in decisions	**0.0225**
Med Practice: Concern of nurse/asst for problem	0.3969
Med Practice: Ease of contacting	0.1833
Med Practice: Ease of scheduling appointments	0.3665
Med Practice: How well nurse/asst listen	0.3682

Question	P value
Med Practice: How well staff protect safety	0.4783
Med Practice: Information about delays	0.5942
Med Practice: Likelihood of recommending	**0.0552**
Med Practice: Likelihood of recommending CP	0.1099
Med Practice: Our concern for patients' privacy	0.4469
Med Practice: Staff worked together for you	**0.048**
Med Practice: Wait time at clinic	0.6255

Next Steps

- Normalize workshop + communication shadow coaching as beneficial to all
  - Open-enrollment workshop access
  - Coaching offered to all post-workshop, encouraged locally for some
  - Local champions, testimonials for resources, cohort participation,
  - Publicize impact, efficacy via medical directors and administrative leaders
  - Link workshop description, enrollment to Px survey push reports

- Further scale resources – facilitators, program administration

- Determine most impactful specialties / clinics / clinicians for intervention
  - Partner with local leaders, champions
  - Align with local/personal goals

UT Southwestern
Medical Center

Take-Away Points

- Shame is prevalent in healthcare provider training (HCP) and practice, contributing to barriers in receiving and implementing resources for improving patient engagement.

- HCP with bottom decile Px scores can be more open to structured remediation resources when offered within a cohort-based, relationship-centered approach, centering the strengths and goals of the provider.

- Relational resources for HCP to improve Px performance resulted in statistically significant increases in observer rated communication and many domains of Px scores.

- Shadow coaching may be the most vulnerable resource for healthcare providers to accept, requiring additional strategies from patient experience professionals to build psychological safety.

THE BERYL INSTITUTE

References

- Rotenstein, et al. "The Association of Work Overload with Burnout and Intent to Leave the Job Across the Healthcare Workforce During COVID-19." *J Gen Intern Med*, 2023.

- Tawfik, D., et al. "Evidence Relating Health Care Provider Burnout and Quality of Care: A Systematic Review and Meta-analysis." *Ann Intern Med.* 2019.

- "Shame" *Merriam-Webster's Collegiate Dictionary*, 1999.

- DeYoung, P. A. *Understanding and treating chronic shame: A relational/neurobiological approach.* Routledge/Taylor & Francis Group. 2015.

- Nathanson, DL, *Shame and Pride*, 1997.

- Gilligan, J. "Shame, Guilt, and Violence." *Social Research*, 2003.

- https://www.theshamespace.com/film

- Oprah's Lifeclass" with Dr. Brené Brown aired Sept. 2013.

- Sanderson C. *Counselling skills for working with shame.* Jessica Kingsley Publishers; London and Philadelphia: 2015.

- Boissy, A., et al. "Communication Skills Training for Physicians Improves Patient Satisfaction." *J Gen Intern Med.* 2016.

- Quigley, D., et al. "Provider and coach perspectives on implementing shadow coaching to improve provider-patient interactions." *J Eval Clin Pract.* 2021.

- Joseph, J., et al. "Communication Skills Training for Surgical Inpatient Advanced Practice Providers in an Academic Health-Care System." *J Patient Exp.* 2020.

- Kebaetse, M. and Winston, K. "Physician remediation: accepting and working with complementary conceptualisations." *Med Educ.* 2019.

- Price, T., et al. "Optimising the delivery of remediation programmes for doctors; A realist review." *Med Educ.* 2021.

- Kalet, A. Chou, C. *Remediation in Medical Education: A mid-course correction, 2nd ed*. Springer Cham. 2023

THE BERYL INSTITUTE

Thank you!

What questions can we answer?

Would you like to know more about our curriculum?

- Laura Kirk, MSPAS, PA-C, CPXP, DFAAPA, FACH   Laura.Kirk@UTSouthwestern.edu
- Haley Kosker, MBA, CPXP   Haley.Kosker@UTSouthwestern.edu

UTSouthwestern Medical Center

ACH | Academy of Communication in Healthcare

THE BERYL INSTITUTE

PX Continuing Education Credits

- This webinar is approved for one (1) PXE credit through Patient Experience Institute.

- To obtain PXE credit, participants must attend the webinar in its entirety and complete the webinar survey within 30 days.

- After completing the webinar survey, you will be redirected to the Patient Experience Institute's PXE Portal to claim the credit.

- As a recorded webinar, PXE credit is available for two (2) years from the live broadcast date.

THE BERYL INSTITUTE

Upcoming Events & Programs

WEBINARS

- November 26 | Human-Centered Leader Rounding: Using Generational Insights and Personalization

- December 12 | ED Processes & Improvements: Implementation Best Practices & Outcomes

CONNECTION CALLS/CHATS

- December 4 | Connection Call: Membership Benefits Overview

- December 20 | PX Chat on PFA/PFACS: Sustaining/Growing

Access our library of on demand webinars.

Webinars are included in membership with the Institute.

THE BERYL INSTITUTE

Thank You

THE BERYL INSTITUTE