



In Redesigned Programs, Residents Prioritize Patients' Needs

—By Elissa Fuchs

◀ Hennepin resident Anne Pylkas (right) explains a diagnosis to patient Daniel Richardson.

Most doctors want to make their patients feel content and comfortable. But busy schedules, financial disincentives, and simple unawareness may prevent physicians from always putting patients first.

According to the Institute for Healthcare Improvement, which helps health care systems incorporate patient care initiatives, doctors who practice patient-centered care consider their patients' cultural traditions, personal preferences, and lifestyles. Under this model, patients are an important component of the health care team and collaborate with physicians on clinical decisions.

"This type of care is about understanding the subjective experience of patients," said Julius Yang, M.D., Ph.D., associate program director for the internal medicine residency program at Beth Israel Deaconess Medical Center in Boston. "It's trying to deliver the care that physicians would want their own family members to receive."

Most physicians favor patient-centered care, but less than a quarter of them actually provide it, according to a 2006 Commonwealth Fund study. Only 22 percent of physicians received high marks for incorporating patient-centered elements such as e-mail, same-day appointments, and sending reminders about preventive or follow-up care.

Financial disincentives can be inhibiting: The survey found that only 2 percent of primary care physicians are paid for electronic correspondence with the people they treat. In addition, 63 percent of surveyed physicians reported that they did not have sufficient training and knowledge of patient-centered care.

Several internal medicine residency programs are tackling the second hurdle to widespread patient-centered care—education—through curriculum redesign. By emphasizing collaboration with other health care professionals, including feedback on residents' provision of care, and creating an environment where residents can fully focus on the patient, graduate medical education (GME) programs ensure that residents are well versed in patient-centered care.

At Beth Israel Deaconess, residents gain an increased awareness about their care through monthly feedback detailing their hospital patients' length of stay, unintended mortality, and other outcomes data. Seeing how their patients are faring, Yang said, can motivate residents to improve care. In Beth Israel's redesigned GME model, small teams of residents and nurses treat patients together in a hospital unit. The team approach helps trainees learn to better collaborate with other providers, which can translate into more standardized patient care.

Beth Israel residents also analyze medical errors in a patient safety and quality improvement rotation.

"If a patient received the wrong medication, doctors learn not to point fingers, but rather to see how that mistake happened," Yang said.

Outcomes data will soon be available to give Beth Israel trainees a sense of how many of their ambulatory patients are effectively managing their chronic diseases and undergoing preventive screening. Residents can identify and work on particular areas of their outpatient care through this initiative.

At Duke University School of Medicine, internal medicine residents learn to pay close attention to each individual patient by treating hospital and ambulatory patients in separate rotations.

Like Duke's residents, Minneapolis-based Hennepin County Medical Center's trainees can concentrate more on the patient at hand by having distinct inpatient and ambulatory training experiences.

"It's a single center site, so residents can literally walk down to the ICU to check on critically ill patients," said Anne Pereira, M.D., M.P.H., Hennepin's residency program director. "They weren't very present for outpatients before. They were not staying around and reviewing charts."

Hennepin residents are paired together so someone is always available to treat the other's ambulatory patients. By communicating with one another and seeing each other's practice style, residents learn to better standardize the patient's care, Pereira said.

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—Diana McNeill, M.D., Duke University School of Medicine

"The most important story you are going to hear is from the patients themselves. But you have to listen, listen, listen," said Diana McNeill, M.D., Duke's internal medicine residency program director. "Our residents weren't completely focused. During clinic sessions, they were getting paged five times from the hospital, and it was decreasing their ability to concentrate."

To give trainees more time with ambulatory patients, Duke residents have recently started visiting the outpatient clinic twice a month during their inpatient rotations. This way, McNeill said, residents can build more long-lasting relationships with their clinic patients.

Residents also receive feedback on their provision of care through a new peer-evaluation system. Each resident can review the results with his or her advisor and discuss ways to improve care.

"There have been instances where a trainee was explaining something to a patient, and when that doctor left, the patient asked another resident, 'Could you explain this again?' This is important feedback," McNeill said. "At the same time, if a resident can deliver bad news effectively and compassionately, she needs to know that she has that skill down and can focus on other things."

Residents say they learn from one another's bedside manner.

"It's a good barometer to see how other young doctors treat patients," said Clara Zamorano, M.D., a chief resident at Hennepin. "Seeing how someone else provides care allows you to pick and choose what parts you may want to emulate."

Zamorano is not the only satisfied trainee: In a survey, 18 of 19 graduating residents preferred the new system to the old one.

Perhaps more importantly, patients are happy. Daniel Richardson, 47, said his resident physician has been nothing but attentive while treating his diabetes over the last few months.

"She sat down and discussed everything with me. She didn't miss a sentence," Richardson said. "By this point, it's like we've known each other for years. I can tell her anything."