

A Tool to Obtain and Deliver Direct Patient Feedback to Medical Students



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Learning Objectives

- Discuss how direct patient feedback addresses ACGME **competencies** of patient care, interpersonal and communication skills, and professionalism
- Consider how to obtain **constructive** and meaningful patient feedback that translates into improved patient care
- Reflect on the **educational value** of the direct patient feedback process

Background

- Current healthcare climate emphasizes **patient satisfaction** measurements & physician ratings
- Advantageous to introduce medical students to these concepts early in their careers
- Patients have a **unique firsthand perspective** in evaluating doctors-in-training
- **No structured** feedback tool

Patient feedback addresses UCSF MD Competencies

(organized based on competencies adopted by ACGME)

- **Patient care**
 - History taking
 - Physical exam
- **Interpersonal & communication skills**
 - Establishing rapport
 - Eliciting & addressing patient's goals
 - Information sharing
- **Professionalism**
 - Forming relationships with patients based on respect, integrity, responsiveness

Putting our tool to use

Step 1

15 longitudinal clerkship
3rd year students selected

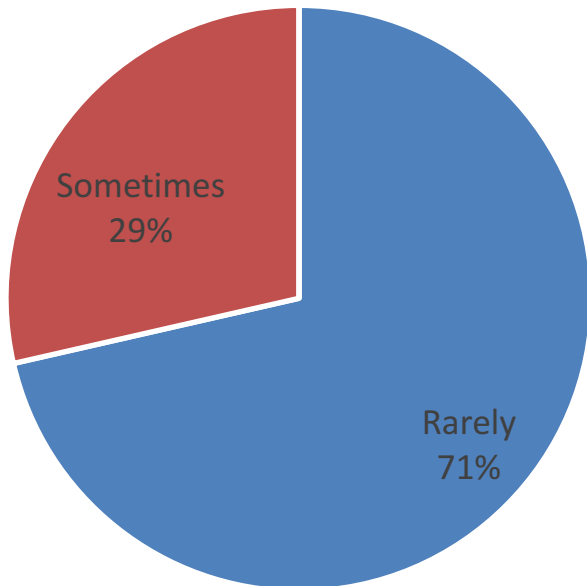
Pre-participation survey
(14 students)

Patient feedback
assessment + review with
preceptor

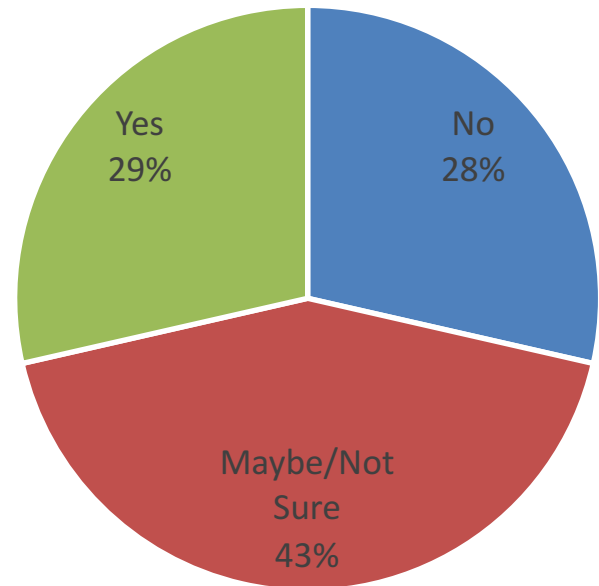
Post-feedback survey
(13 students & preceptors)

Pre-participation data from students

Do you feel that you receive useful feedback directly from patients during or after patient encounters?



Do you think that getting feedback directly from patients would be valuable?



Comments from students about proposed project

Like:

- getting feedback in **communication** skills
- emphasizes if student **connected** with patient vs preceptor's conception on how to best connect with patient
- feedback on when I **explain concepts ineffectively** or use **confusing terminology**

Concerns:

- how to ensure the feedback is **constructive, timely, and generalizable**
- already feel being **over-evaluated**
- patient satisfaction **doesn't correlate** with improved outcomes
- **disincentives** me to mention diet or smoking

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(14 students)



Step 2

Patient feedback
assessment + review with
preceptor



Post-feedback survey
(13 students & preceptors)

Patient-medical student feedback tool

1. The student was polite and respectful.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

2. I was able to tell my story and describe my symptoms to the student.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

3. I felt comfortable when the student examined me.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

4. The student addressed my questions about the diagnosis.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

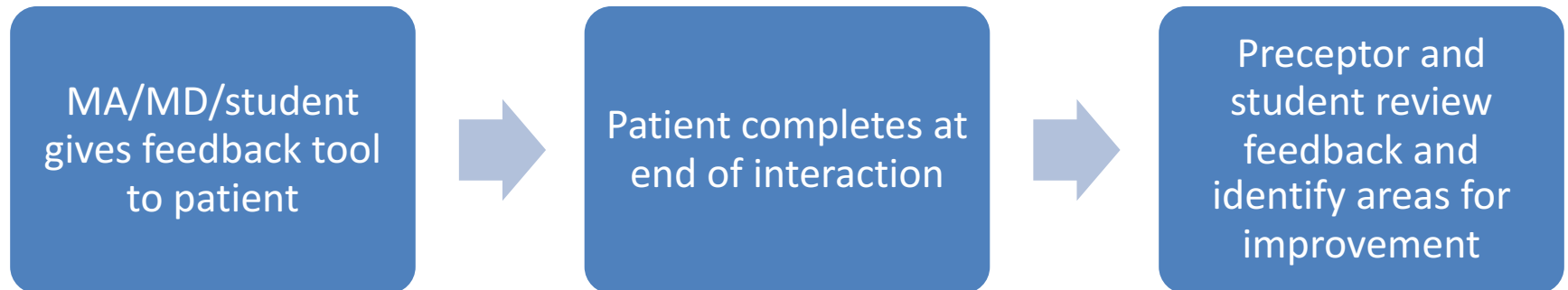
5. The student addressed my questions about the treatment plan.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

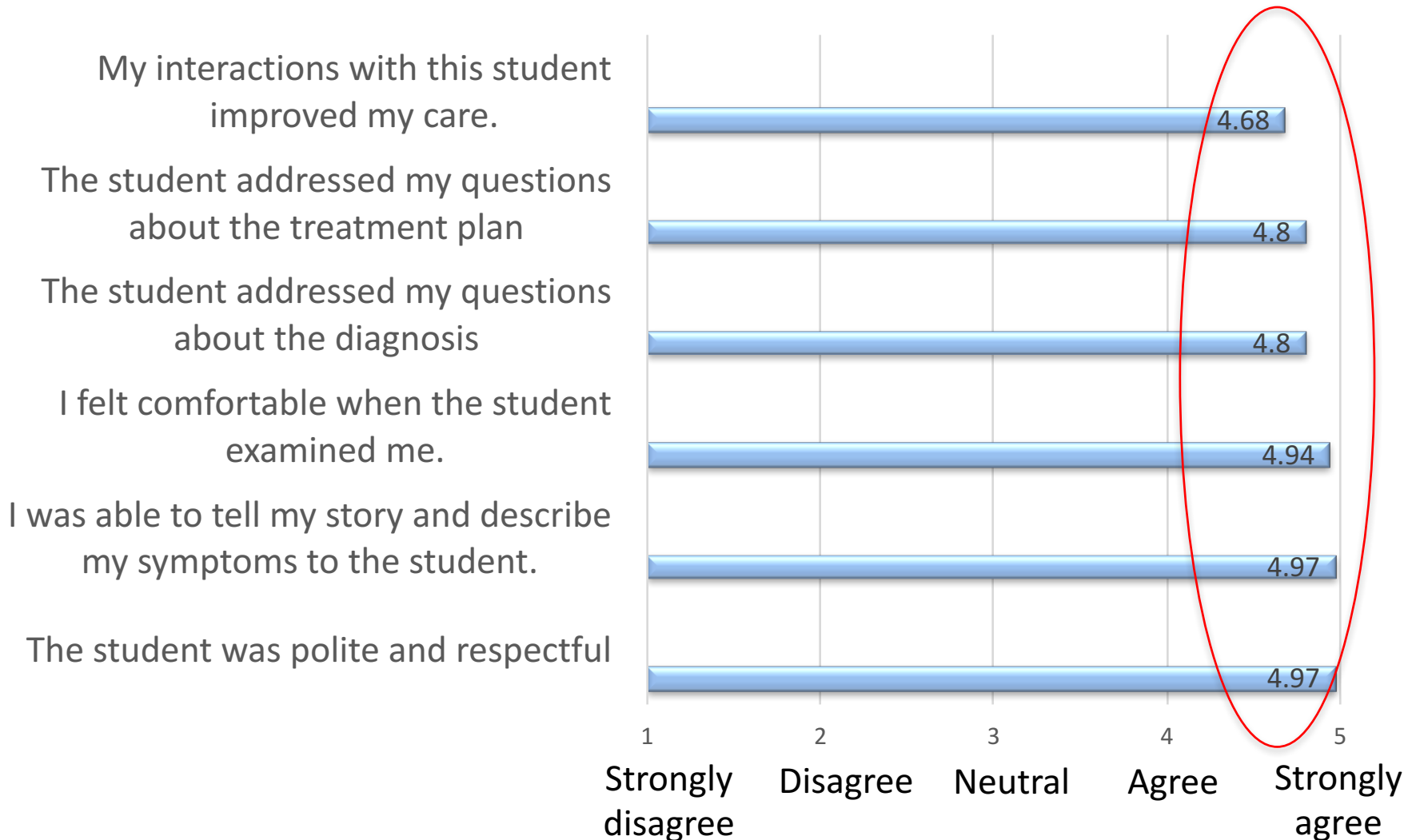
6. My interactions with this student improved my care.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

During clinical precepting sessions:



37 tools were completed, averaging 2-3 per student



Feedback from patients

“Clear and concise answers to my questions.”

*“Great listener, constant eye contact,
made me feel valued as a patient.”*

*“Organized when doing summary feedback at end of
visit. Her assistance improved my care...
I am grateful for her time.”*

*“Good at listening to my concerns and also explained
why she was asking certain questions that didn’t
necessarily seem related at first.”*

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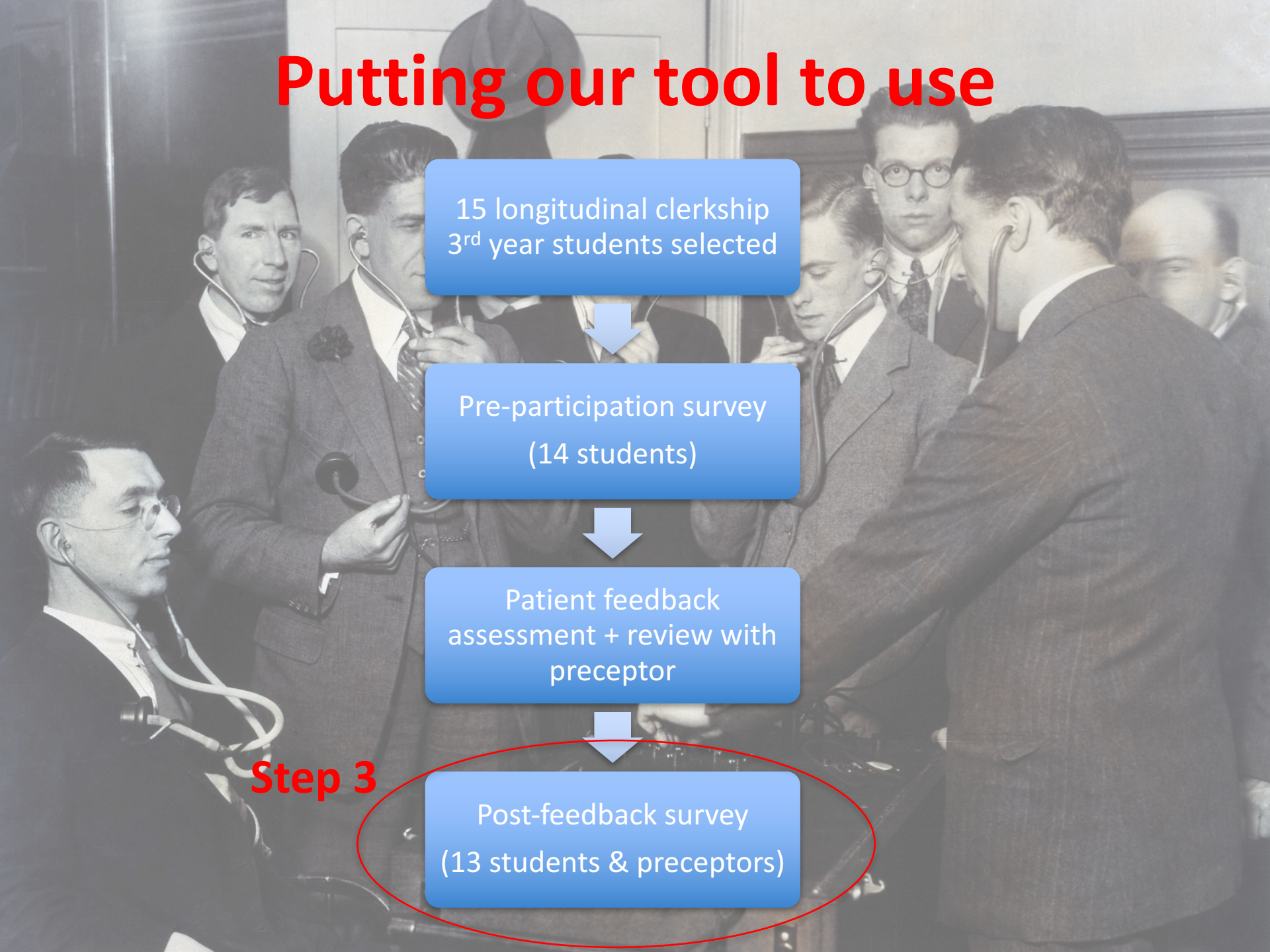


Patient feedback
assessment + review with
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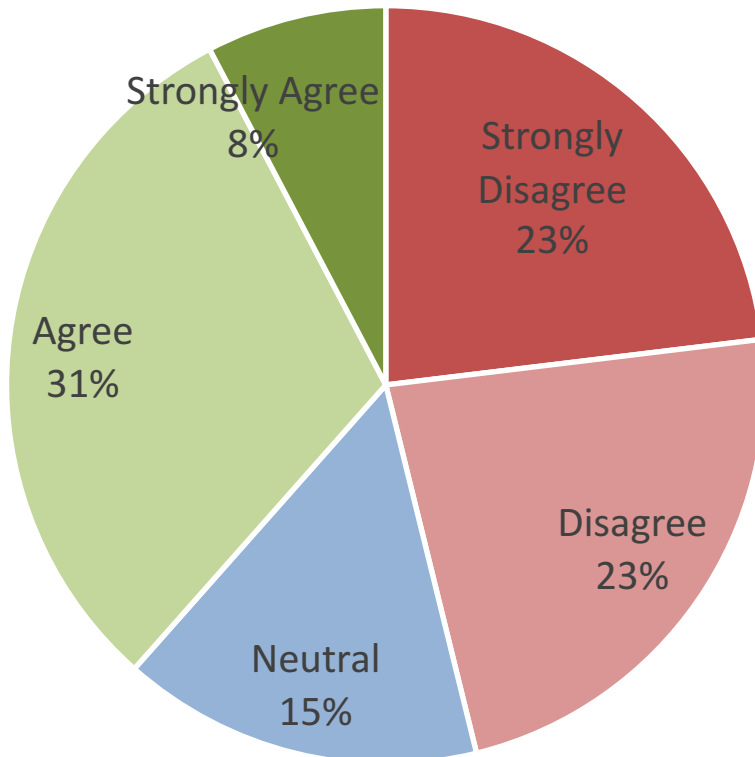
Post-feedback survey
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Step 3

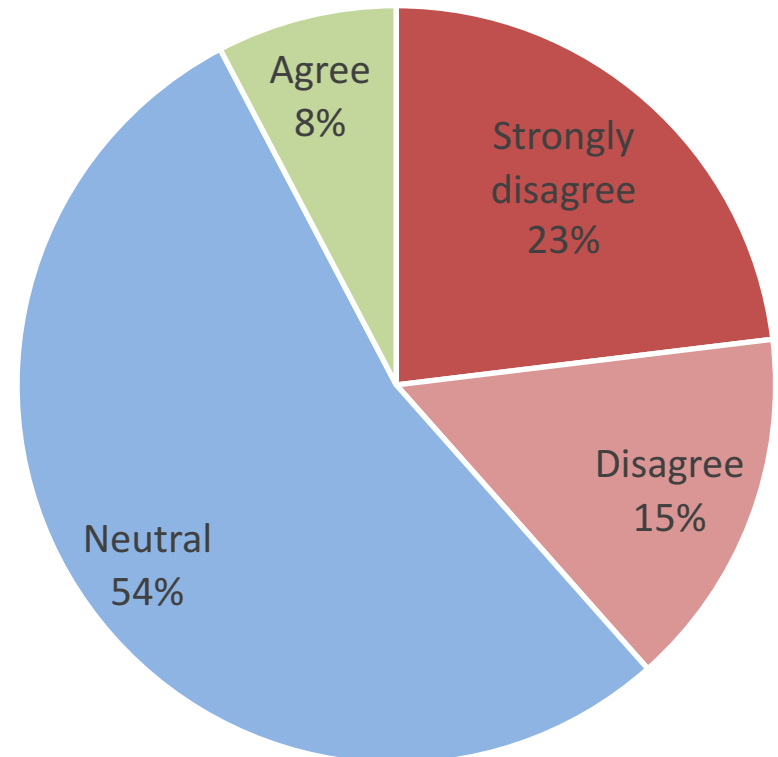


Post-participation data from students

The patient feedback was unique compared to feedback from my attending.



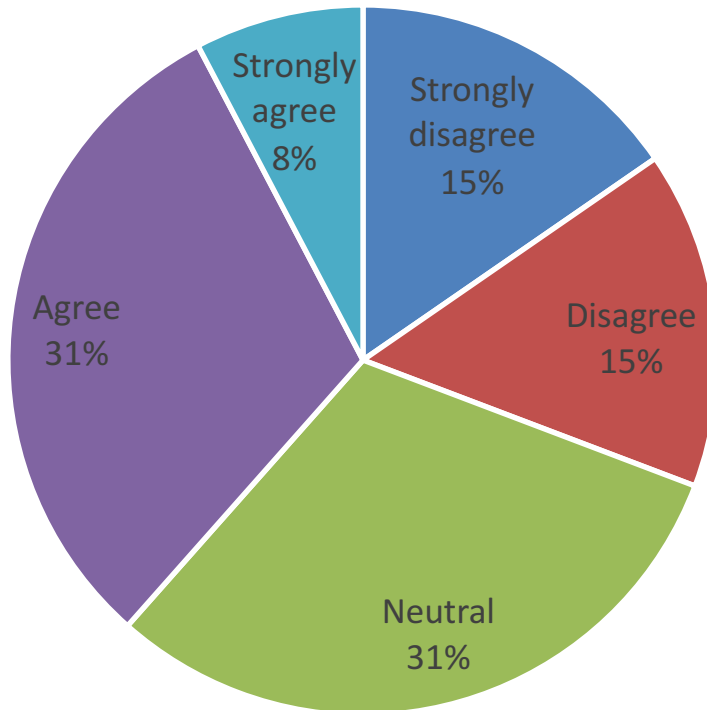
I will make a change in my practice as a result of the patient feedback.



Note: Mean scores were in “neutral” range

Post-participation data from students

I found this exercise worthwhile.



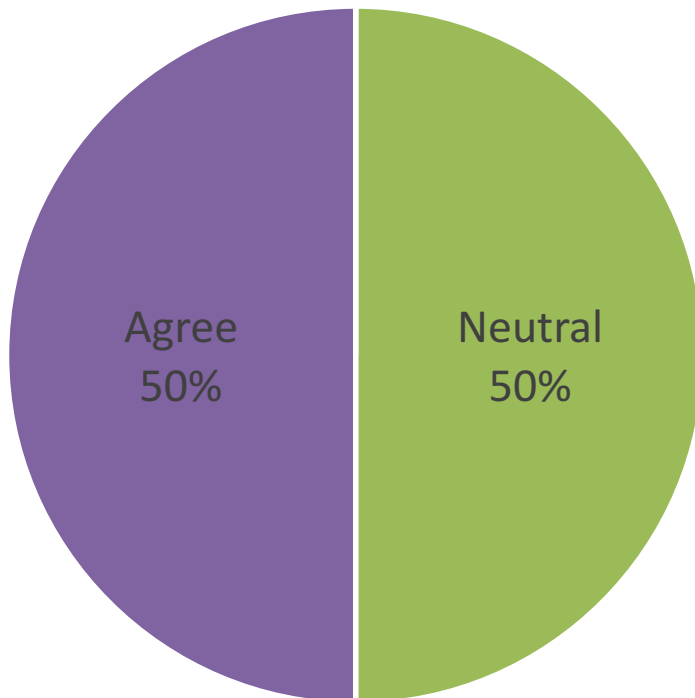
Note: Mean scores were in “neutral” range

Comments from students

- Not constructive, though self-esteem boosting
- Liked the idea, but patients didn't give constructive feedback
- Don't like doing additional evaluations
- Liked that it provided a way for patient to attest to visit quality
- Maybe more valuable earlier in year
- “While attendings mostly gave feedback on interview skills, patients commented on interpersonal skills.”

Post-participation data from preceptors

I found this to be a valuable exercise for the student's learning and/or professional development.



Comments from preceptors:

- Timing was difficult
- Questions need to be more focused on formative areas of improvement
- Feedback wasn't specific or constructive
- Feedback helped with ego, confidence, validation for student

Conclusions

- Students were overwhelmingly rated very highly, so feedback not necessarily constructive or specific
- A similar study in UK found similarly high ratings, yet also found that participating students were more likely to pass their clinical skills exams

Considerations for improvement

- Logistical
 - Standardize how patient is given feedback tool (MA/MA/MS, delivery script)
 - Allow time in clinic schedule so feedback tools get completed and discussed
- Design
 - Clearly explain to patients that their feedback does not affect students' grades
 - Simplify scoring section & allow for more specific comments

Revised tool (not yet put to use)

1. My experience with this student improved my care.

- ☐ Agree
- ☐ Somewhat agree
- ☐ Disagree

2. The student made a personal connection with me.

- ☐ Agree: The student was warm; the student was interested in me as a person.
- ☐ Somewhat agree: The student made an attempt to connect.
- ☐ Disagree: The student was cold; the student was not interested in me as a person.

3. I was able to tell my story and describe my symptoms.

- ☐ Agree: The student gave me time to talk and listened to me .
- ☐ Somewhat agree: The student listened to me some of the time. Other times the student interrupted me or did not listen to me.
- ☐ Disagree: I felt rushed, I was interrupted, or I felt I was not listened to.

4. The student explained things well.

- ☐ Agree: The student spoke in a way that I understood.
- ☐ Somewhat agree: The student tried to explain things.
- ☐ Disagree: The student used words that were hard to understand.

5. I felt comfortable when the student examined me.

- ☐ Agree: The student was polite and explained what they were doing.
- ☐ Somewhat agree: The student tried to explain what they were doing.
- ☐ Disagree: The student was rude or did not explain what they were doing.

Comment fields:

- Please describe something the student did well.
- Please describe a way the student could do better.
- Think of a doctor that took good care of you or a doctor that made a bad impression. What advice do you have for this medical student?

Discussion Questions

1. What's the **educational value** of this direct patient feedback process? Is it worth our **time**?
2. How do we teach students the **complexities** around measuring **patient satisfaction** and its influence on patient care?
3. How can we **empower and engage** our patients as contributors to medical student education?

Thank you!

Please contact us with additional questions or comments:

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