BRIEF REPORT

A Physician Communication Coaching Program: Developing a Supportive Culture of Feedback to Sustain and Reinvigorate Faculty Physicians

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Introduction: Physician patient communication involves complex skills that affect quality, outcome, and satisfaction for patients, families, and health care teams. Yet, institutional, regulatory, and scientific demands compete for physicians' attention. A framework is needed to support physicians continued development of communication skills: Coaching is 1 such evidence-based practice, and we assessed the feasibility of implementing such a program. ***Method:*** Participants were 12 physicians, representing high and low scorers on the Hospital Consumer Assessment of Health Care Providers and Systems (HCAHPS) survey. We added items to capture empathy and family experience to the Calgary−Cambridge Observation Guide for the Medical Interview. Coaches observed communication associated with patient satisfaction and quality measures: [illegible] (I), asking about [illegible] (C), and check for [illegible] (U), or ICU. Participants received a report describing their communication behaviors, emphasizing strengths, and identifying areas for improvement. ***Results:*** Scores on the ICU significantly discriminated between low and high HCAHPS scorers, physicians from surgical and cognitive specialties, men and women. We collected anonymous

patient ph sician relationships, clinical outcomes, patient and famil satisfaction, and ph sician well-being. A coaching framework developed at the Universit of Rochester Medical Center has been well received b ph sicians and supported b patients, such that it has e panded signi cantl .

: communication, coaching, patient satisfaction, patient–famil -centered, ph sician patient relationship

tion. Because of their demonstrated importance, we added items related to famil (e.g., greeting famil members and including them when eliciting concerns) and empath (the CCOG+; Hojat & Gonnella, 2017

visits. Cognitive ($p < .05$) and female ($p < .05$) ph sicians were signi cantl more likel to do so, introducing themselves 100% of the time (see Table 2). Sevent -two percent of the time ph sicians asked about patient concerns. Those

Discussion

Limitations

We found signi cant results and strong endorsement b facult ph sicians and patients. However, this pilot involves a small sample of teaching ph sicians and was contingent upon the successful communication of a single coach delivering feedback. The factors that contributed to the program's value and validit make it time-intensive, including 4 hr of direct ph sician patient observation; a detailed, evidence-based report based on quantitative and qualitative data that describes the ph sician as clinician; and an hour-long individual debriefing to discuss the e perience, the ndings, and ne t steps.

Next Steps and Future Directions

Although our stud establishes that targeted behaviors distinguish ph sicians with high versus low HCAHPS scores, future studies with repeated measures must establish that coaching is successful in improving ph sician communication behaviors. Larger scale studies are needed to discover all relevant outcomes (including patient outcomes), as well as the program's generali abilit (including to nonteaching ph sicians) and the minimum effective dose of coaching required. In addition, interprofessional team communication has become increasingl important and deserving of attention and evaluation b communication coaches.

The results of this pilot led to further development of our program. Susan H. McDaniel coached all chairs of the URMC clinical departments so the know rsthand what coaching offers their facult . Five clinician–educators are now coaching across departments, with several in training. We believe that improving clinician communication institutionall requires the development of a culture of feedback, with repeated sessions of observation and feedback in small doses over time.

Our pilot demonstrates that clinical communication coaching is a feasible and acceptable approach to improving ph sician communication. This approach deserves further stud ; it has promise in improving patient- and famil -

Kurt , S., Silverman, J., Benson, J., & Draper, J. (2003). Marr ing content and process in clinical