Teamwork: entire field of health care changing; while each health care professional provides care individually, patient experiences care as coordinated actions of all members of team, from time of presentation to time of discharge; patient experience in hospitals presently measured by Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS); inpatients asked multiple questions about physicians (e.g., during hospital stay, how often did physicians and nurses treat you with courtesy and respect, listen carefully to you, and explain things in ways you can understand?); 4 possible answers include never, sometimes, usually, and always; no credit for anything less than always; Emergency Department Consumer Assessment of Healthcare Providers and Systems (ED-CAHPS) — implementation expected (at latest) by first quarter of 2015; in addition to questions noted above, asks about patient’s total experience; relationship between physicians and nurses “is a marriage”

Characteristics of good relationship: mutual goals — ask how often physician has had discussion with each member of team about his or her goals; unwavering commitment to work together — requires creation of environment that “feels like a family” (i.e., one in which individuals support one another); time spent together — not problematic; appreciation — important issue; addressed much less often than, e.g., problems with performance; balance of give and take — important issue for physicians (generally accustomed to approaching coworkers from perspective of their requirements from individual); requires communication and willingness to argue at times; e.g., if physician has issue with nurse, should be done privately, so that team can interact with patient as one unit; “courageous humility” — requires admitting mistakes and self-correcting; most difficult task — to share philosophy, goals, passion, and commitment with everyone on team; just one individual with “attitude” (e.g., not contributing fair share, insisting on one’s own way) can derail team’s efforts

Team building: physicians tend to “set tone” for team; physicians vs nurses vs administrators — have different backgrounds and training; physicians trained in giving orders, while nurses receive more training in teamwork and collaboration; nurses trained from perspective of healing, while physicians trained from perspective of

Educational Objectives

The goal of this program is to improve communication among nurses, physicians, and administrators. After hearing and assimilating this program, the clinician will be better able to:

1. Describe how ratings of patient experience are used to assess health care providers.
2. Define a vision for clinicians as individuals and as a department.
3. Utilize strategies to improve communication among members of a health care team.
4. Create a recognition and reward program to encourage individual members of a team to do their best.

5. Define standards of performance and hold members of the team accountable to those standards.

Faculty Disclosure

In adherence to ACCME Standards for Commercial Support, Audio-Digest requires all faculty and members of the planning committee to disclose relevant financial relationships within the past 12 months that might create any personal conflicts of interest. Any identified conflicts were resolved to ensure that this educational activity promotes quality in health care and not a proprietary business or commercial interest. For this program, Dr. Kaplan and the planning committee reported nothing to disclose.
Improving patient satisfaction: requires ability to manage process, define vision, and be team player

Defining “destination”: individual should first determine how he or she wishes to grow over next year, then practice or department should determine areas into which it wants to expand over next year; determine first steps to take and biggest obstacles to overcome, for individual and department, to achieve goals; speaker has found that, to determine what department “wants to be known for,” members of team must be asked what they “want to be known for”

Speaker’s emergency department: patient satisfaction only in 50th percentile in 1995; held contest, and created own credo card (“we are people helping people”), and developed “steps of service” (give warm and sincere greeting; use patient’s name; introduce oneself and state role; create healing partnership by determining patient’s needs and expectations; based upon patient’s needs and expectations, explain steps to be taken; keep patient updated about where he or she is in treatment process; at each encounter with patient, ask if he or she has any questions or if anything else can be done for him or her); after implementation, patient satisfaction improved to 90th percentile

Another strategy: organize retreat for staff and discuss which processes effective, which processes ineffective, what department “wants to be known for,” and how to improve processes; second question — how aligned is physician with own goals and vision, with nursing and medical director as department, and nurses, other physicians, and advanced practice providers?

Recommendations for learning to communicate: “own” your department; physicians have tendency to approach others from perspective of what they want or need from others; acknowledge partnership with one another, and determine how members of team can serve and help one another (can be done on individual basis and/or as department); post reminder stating that anyone who interfaces with you, your department, or your practice should be considered “your customer”; exercise — pick person, group of people, or department, and place their name at top of paper as one of most important customers; determine 3 things that can be added or approached differently to better meet needs of that group or individual; provide information to selected group, and ask that they do same thing for your group; 2 groups later hold conference to share what they can do for one another (has been done between, eg, obstetrician/gynecologists and obstetric triage nurses, among emergency department physicians, emergency department technicians, registrars, and nurses, between nurses and technicians, between inpatient nurses and emergency department nurses); “collaboration is not just an idea; collaboration is a set of practices”; concept of huddle — should be attended by physicians; stand-up meeting at beginning of shift, usually lasting ≤10 min, during which team reviews patients and important events in department, team focus, and any recent “wins”; concept of medical minute — discussion of interesting cases or interesting fact helps build team, because, in general, members of team enjoy learning

Nurturing successful working relationships:

- high performers — individuals who see problem and solve it; middle performers — inform leader about problem; low performers — create problem; compliment-to-criticism ratio — 3 compliments to 1 criticism creates positive work environment (2:1, neutral; 1:1, negative); say “thank you” more often to coworkers (eg, to nurses at end of shift); do not rely on hospital’s recognition and reward program (create own program [eg, gifts of chocolate; “beads for deeds”]); choose 2 or 3 people each month for recognition and award; individuals not usually willing to admit when not doing their best

Another tool: conduct survey among nursing staff to provide feedback about how nurses like working with each physician; sample question — is physician able to remain calm under stress or handle crises well?

Standards: need to be defined; constitute expectations of how team works together; standards needed for, eg, answering telephone; employees should be held accountable to standards; transparency crucial to having everyone on team on board; how to hold staff accountable — during difficult conversation, start with mutual goal;
identify specific behavior; give individual benefit of doubt; describe to individual how he or she needs to change

**Summary:** get every member of team on board; define vision on individual basis and for department;

create team; treat colleagues as customers; say “thank you” more often, to yourself as well as to colleagues

---

**Acknowledgements**

Dr. Kaplan was recorded at *Emergency Medicine: Current Topics*, held April 18, 2013 in Baltimore, MD, and sponsored by the Maryland Chapter, American College of Emergency Physicians. For information about future CME activities presented by this sponsor, please visit www.mdacep.org. The Audio-Digest Foundation thanks Dr. Kaplan and the sponsor for their cooperation in the production of this program.

---

**Suggested Reading**


Bickel J: Focus on improving relational communication skills and discussing what matters most. *Acad Med*, 2012 Nov;87(11):1471-2;


Sherman KM: Are you listening? Improving our image by sharpening our communication skills. *Imprint*, 2009 Feb-Mar;56(2):43-5;


IMPROVING COMMUNICATION AMONG NURSES, PHYSICIANS, AND ADMINISTRATORS

To test online, go to www.audiodigest.org and sign in to online services.
To submit a test form by mail or fax, complete Pretest section before listening and Posttest section after listening.

1. The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) rates hospitals with regard to:
   (A) Patient safety    (C) Affordability of health care
   (B) Patient experience (D) Access to health care

2. If a patient answers “sometimes” or “always” to a question on an HCAHPS survey, the hospital receives partial credit.
   (A) True                (B) False

3. Maintaining a balance of give and take between physicians and nurses may require occasional arguments.
   (A) True                (B) False

4. Physicians are trained from the perspective of _______, while nurses are trained from the perspective of _______.
   (A) Treating; healing   (B) Healing; treating

5. Defining a vision for one’s department should include:
   (A) Considering individuals’ visions of their own skills and reputations
   (B) Considering how a department, as a whole, wishes to be viewed by the public
   (C) Determining initial steps and biggest obstacles that must be overcome to achieve goals
   (D) All the above

6. All the following are true of department “huddles,” except:
   (A) Attendance of physicians should be optional
   (B) Generally last ≤10 min
   (C) Includes review of patients and events in department
   (D) Should include discussion of recent “wins”

7. A “medical minute” is a term used to indicate:
   (A) Time during which injuries or illnesses deteriorate rapidly in the emergency department
   (B) A short discussion of interesting cases or facts
   (C) A measure of time between an injury and receipt of life-saving intervention
   (D) None of the above

8. A _______ performer informs the leader about a problem.
   (A) High                (B) Middle                (C) Low

9. A compliment-to-criticism ratio of _______ creates a neutral work performance.
   (A) 4:1                 (B) 3:1                 (C) 2:1           (D) 1:1

10. When approaching staff members about accountability for their actions, it is helpful to start out by:
    (A) Stating a mutual goal
    (B) Identifying specific behaviors in need of change
    (C) Describing to individuals how they need to change
    (D) Stating the potential consequences of their actions

Answers to Audio-Digest Emergency Medicine Volume 30, Issue 19: 1-D, 2-A, 3-C, 4-B, 5-C, 6-B, 7-A, 8-C, 9-A, 10-D

Going Green Announcement

For your convenience, and in an effort to Go Green, Audio-Digest offers an OnDemand Certificate Generation service, which allows you to print out your own CME/CE certificate simply by accessing your account online. Otherwise, to request a printed and mailed certificate, please email accred@audiodigest.org or call 1-800-423-2308.

Note: Audio-Digest will no longer print and mail year-end certificates unless we receive a specific request from you.