Feedback from patients: potential and pitfalls in measuring health professionals' performance

Anna van der Gaag
Chair
Health and Care Professions Council
Purpose

- To explore the use of patient feedback in measuring performance
- To discuss research findings
- To describe pitfalls and potential of using patient feedback
Key questions

• Why seek feedback from patients?
• What do we want to find out?
• Is this a necessary and important development or just more bureaucracy?
Increasing use of the internet to give feedback

UK based website
Set up in 2005
Patients post their stories on line
85,000 stories told

Many complaints about the poor quality of care and communication

https://www.patientopinion.org.uk/
Clear links between patient involvement and health improvement

Many studies have found

- Significant improvements in general health, disability, social activities, communication with doctors, fatigue levels, exercise levels and ability to self manage long term health conditions

- Fewer days in hospital, fewer visits to the doctor

- Significant cost savings

Kate Lorig, Stanford University
Origins of the concept of the “Customer”

Feedback measures originally designed for tourism, entertainment industries to improve goods and services

- Those completing them usually healthy, mobile, literate

Is this the same in health care?

Lee (2011)
The patient population in the UK

- 21% of adults with recognized literacy difficulties
- 1-2% with severe communication difficulties
- A variety of conditions (trauma, neurological impairment, mental health, learning disabilities) influence our understanding and expressive abilities in any culture or context
- Patients often anxious, uncertain, vulnerable

All-Party Parliamentary Group (2011)
Law et al. (2007)
What we know about feedback from patients

- The majority of feedback is **positive**

- Patients may experience ‘**white coat silence**’
  
  *Reluctance to ask questions or challenge for fear of the consequences*

- Many variables in the doctor patient relationship such as age, diagnosis, length of relationship, type of consultation, cultural, linguistic factors which influence the feedback they give

  *Campbell et al. (2011)*
  
  *Judson et al. (2013)*
What are the solutions?
320,400 registrants from 16 health, psychological and social work professions
Independent research: Picker Europe

Methods

*Literature review*

*Delphi consultation with experts*

Findings

- Identified 12 standardised measures used with 10 of the professions

- No evidence of link between use of standardised measures and future performance of doctors

- Qualitative feedback most likely to have impact
Obtaining feedback: different methodologies

- Adapting questionnaires to suit patient’s abilities
- Supported conversations
- Storytelling
- Videoreflexive feedback
### GMC patient questionnaire: Q4

<table>
<thead>
<tr>
<th></th>
<th>How good was your doctor today at each of the following? (Please tick one box in each line)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Being polite</td>
</tr>
<tr>
<td>b</td>
<td>Making you feel at ease</td>
</tr>
<tr>
<td>c</td>
<td>Listening to you</td>
</tr>
<tr>
<td>d</td>
<td>Assessing your medical condition</td>
</tr>
<tr>
<td>e</td>
<td>Explaining your condition and treatment</td>
</tr>
<tr>
<td>f</td>
<td>Involving you in decisions about your treatment</td>
</tr>
<tr>
<td>g</td>
<td>Providing or arranging treatment for you</td>
</tr>
</tbody>
</table>
4. How was your doctor at….?

Please tick….

<table>
<thead>
<tr>
<th></th>
<th>Good</th>
<th>Ok</th>
<th>Bad</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being friendly</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Making you feel relaxed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Listening to you</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finding out what's wrong</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Making information easy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Including you in decisions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sorting out treatment for you</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Making you feel at ease)
(Explaining your treatments to you)
(Asessing your medical condition)
(Providing or arranging treatment)
Conclusions:

- Standard formats will only work for some patients
- There is no single method that will suit all patients

*Chisholm and Sheldon (2011)*
Key questions

• Why seek feedback from patients?
• What do we want to find out?
• Is this a necessary and important development or just more bureaucracy?
## Pitfalls and potential of patient feedback

<table>
<thead>
<tr>
<th>Pitfalls</th>
<th>Potential....</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ No questionnaire suits all patients</td>
<td>✓ If formats varied to suit the patients needs</td>
</tr>
<tr>
<td>➢ Questionnaires tokenistic</td>
<td>✓ If qualitative feedback obtained</td>
</tr>
<tr>
<td>➢ Focus is on comparative scores</td>
<td>✓ If process encourages self reflection</td>
</tr>
<tr>
<td>➢ No qualitative feedback on health professional</td>
<td>✓ If patient seen as an equal partner</td>
</tr>
<tr>
<td>➢ Little impact</td>
<td></td>
</tr>
</tbody>
</table>
Conclusions

Feedback from patients works best if it is;

• Qualitative
• Patient centered
• Evidence based
• A journey not a destination
Final thoughts

“Avoid making what is measurable important and find ways of making what is important measurable.”

Robert MacNamara
World Bank
1968-1981
References


General Medical Council (2014) Good Medical Practice London, GMC. www.gmc-uk.org


Talking Mats© 2013, www.talkingmates.com

Contacts

anna.vandergaag@hcpc-uk.org
www.hcpc-uk.org

Find us on www.facebook.com/hcpcuk
Follow us on www.twitter.com/The_HCPC
Follow us on www.linkedin.com
Sign up for our RSS feeds www.hcpc-uk.org

Sign up to our newsletter newsletter@hcpc-uk.org
An example of patient feedback in an adapted format

Talking Mats: adapted version of GMC Q4

Mander and Rigby (2014)
Talking Mat™ Adapted version of GMC Q4