

The shadow coach

High-touch help for low-scoring providers

Yesterday's family doc didn't have CAT scans, beta blockers and Prozac, but he knew how to hold a hand, smile reassuringly and generally endear himself to patients. Then again, Marcus Welby never saw managed care. Or panel sizes that choke a schedule. Or the demands of informed patients who switch providers for a \$10 co-pay differential.

These days, as reimbursement dwindles and physicians seek more patients to maintain income, time spent with patients is in short supply — just when payers monitor doctors' performance to gauge patient satisfaction.

So it's not surprising that many doctors, confronted by multiple pressures, retreat to the science of medicine — impersonally reviewing symptoms, identifying causes and finding solutions.

Shadow coaching

Counseling can help, but telling a doctor his scores must improve isn't worthwhile if he doesn't know what he's doing wrong. You can assign a mentor, but most doctors are reluctant to criticize colleagues, even constructively. Or you can send the physician to an expensive off-site training course and deal with lost productivity.

Alternatively, shadow coaching can produce results for practitioners who want to improve survey scores but don't know how. An experienced professional accompanies the provider for a day's observation and gives private, one-on-one suggestions for improvement.

The ideal shadow candidate is a practitioner with consistently low ratings concerned about the consequences and willing to explore options.

An obvious physician shortcoming is lack of personality in the exam room. The provider is detached and seemingly uncaring during the visit.

Yet low-rated providers aren't poor performers across the board. Many of them have positive practice habits, as well. They knock before entering the room. They'll (perfunctorily) ask, "Do you have any other questions?" They'll (hurriedly) pat the patient on the shoulder when leaving.

Sometimes the answer is simply a matter of getting the practitioner off auto-pilot. But it may take a trained observer to see it.

The shadow process

Helping a provider make changes in practice habits follows eight steps:

Step one — The medical director reviews the situation with the shadow coach and contacts the physician to propose the coaching.

Step two — A brief introductory phone call gives the coach a chance to establish credibility and rapport with the physician, allay concerns and answer questions.

Step three — On the shadow day, the coach accompanies the practitioner during morning visits, noting the positive and negative aspects of patient encounters. The coach, wearing a white lab coat, is introduced as a writer doing a "day in the life" story on doctors — which almost always elicits the patient's permission to stay in the exam room during the visit.

Step four — Initial feedback comes during the lunch break, as the coach reviews observations and recommends techniques to practice.

Step five — During the afternoon session, the doctor receives coaching prior to each encounter. The day's wrap-up includes a review of observations and recommendations. The doctor completes a self-improvement action plan form, with copies going to the coach and the medical director.

Step six — The coach produces a written report of observations and recommendations

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for the provider with a copy for the medical director.

Step seven — The next month, the coach provides “after-care” through telephone and e-mail contacts to ensure that the provider remains on the right track.

Step eight — Two months after the coaching day, a benchmark patient survey shows the progress made and indicates areas needing further emphasis.

The success of a coaching process depends on the physician’s motivation and the continued attention of the medical director.

Shadow coaching success

If the doctor has options (one of which is to maintain the status quo without consequences), and those alternatives are attractive, the likelihood of success is slight. But if the candidate wants to change and receives the right tools, improvement can be significant. For example, after shadow coaching:

- A family practitioner went from last in

the group’s rankings to 10th (out of 25 providers);

- A physician now uses a small, wheeled table for her laptop computer in the exam room to take notes while a patient speaks, rather than perching the device on the exam room counter and typing with her back to him/her.
- A urologist whose patients had criticized him for poor communication noted, “When I stopped speaking with my hand covering my mouth, fewer patients ask me to repeat my instructions.”

Other physicians describe increased professional satisfaction through more efficient, pleasant patient interactions.

Shadow coaching doesn’t conclude when the coach leaves. With regular observation and feedback from patient surveys and the occasional “mystery patient” visit, the medical director reinforces positive behavior and provides well-deserved recognition for improvements. 