ASCRS WHITE PAPER

Young Physicians and Residents Clinical Committee

The Patient–Physician Relationship: How to Transition to Practice

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Young Physicians and Residents Clinical Committee

The American Society of Cataract and Refractive Surgery established clinical committees as a tool to better identify and meet the needs of the membership. The Young Physician and Residents (YPR) Committee's goals are to identify and prioritize the young physicians and residents educational, scientific, and clinical needs and then develop and implement plans to address them. The YPR Committee will also address the importance of political and regulatory advocacy and the commitment to be involved.

Having completed college, medical school, internship, residency, and possibly fellowship, the graduating ophthalmology resident or fellow is not unfamiliar with transition. A major change every few years has become the norm. Nevertheless, the transition from training to practice is unlike any previous change. In training, each stage is for a defined period of time in a program that can be researched, reviewed, and ranked. Certain standards and guidelines govern the course work. Advisors and previous graduates are available as mentors. The transition from training to practice offers little such framework. One could potentially enter any of several career possibilities: private practice, managed care group, academic center, or government position. Within each category of practice lies a spectrum of potential job opportunities, each of which may require a different transition.

In the roughly 25 years of schooling and training, the graduating ophthalmology resident or fellow receives excellent training in the clinical and surgical management of ophthalmic disease. Additionally, many programs are beginning to integrate training in the business and administrative aspects of medical practice. Nevertheless, the changes involved in the transition from training to practice—including the business and legal aspects of running a practice, the dynamics of interacting with colleagues and staff, and the changing relationship with the patient—can be overwhelming in the first few years of practice. Many responsibilities await the graduating ophthalmologist, with new opportunities and demands coming from every direction. Suddenly, one is called on not only to be a clinician and surgeon, but also to manage the business side of a practice, to educate staff and possibly ophthalmologists-in-training, to serve on myriad committees, to perform research, and more. With the addition of community involvement, family and personal demands, recent relocation to a new community, and the rediscovery of the concept of "hobbies," there are an endless number of options on which to focus limited time and energy.

Amid the distractions facing the new ophthalmologist, the focus must remain on the primary duty as a physician—to provide healing in the context of the patient–physician relationship. From the first day of medical school to the last day of residency or fellowship, the ophthalmologist-in-training is educated in a paradigm embodied in the Hippocratic Oath—"primum non nocere" or "first, do no harm." When balancing concerns and outside pressures such as third-party payer reimbursement and medico-legal concerns, it is important to maintain the commitment to quality patient care. The secret of patient care is *caring* for the patient. Yet in the transition from training to practice, the patient–physician relationship takes on dimensions not experienced in training. The purpose of this document is to help the graduating ophthalmology resident or fellow prepare for changes in the patient–physician relationship that take place when he or she makes this daunting and exciting transition.

You Are the Primary Caregiver

Patient–Physician Interaction

One of the most important aspects of practicing medicine, and perhaps the one that we are the least trained for, is the interaction with our patients. The patient–physician relationship is special, and it demands as much of our effort as surgical skill and medical knowledge for it has an equal part in our success. There are several parts to this interaction. The first is our physical presentation, and this is what will determine the initial impression we make. Our physical presentation consists of our appearance and mannerisms. It is important to fulfill our role as professionals, and this is a time when appearance is important. Dressing cleanly, neatly, and professionally goes a long way toward securing a proper impression. This is particularly important with certain audiences, such as plastics and refractive patients. It has always been true in the business world that if you want to be successful, you should start by looking the part. There are numerous resources on dressing for success, and after spending the past 12 years of our lives in "school," many of us could benefit from these.

As important as our physical presentation is how we carry ourselves. One of the most powerful things we can do to begin any relationship is smile. All too often, people, physicians included, get bogged down in their problems and forget how important a simple smile is to start an encounter. Look around at the most successful people in any field or endeavor and note how many of them have a warm, caring, and confident smile. Smiling is powerful and extends a feeling of compassion that can be very important to a concerned patient. Most of the best interactions contain smiles. Today's patients have choices of people in whom they entrust their care. Presuming the physicians are equally competent, patients will likely prefer the one who is positive and cheerful.

Speaking to patients is another important aspect of the patient–physician interaction. We are well-trained professionals, and it is easy to get caught up in technical talk, but it is important that we keep our conversation on a level the patients can comprehend. Speaking to a layperson takes more practice than is apparent at first. Keeping things simple helps the patient understand and remember what is said. This is not the time to try to impress with words we know patients do not understand. Equally important when speaking to patients is speaking as we would want to be spoken to. Try not to lecture or talk down to patients. An important component in any relationship is shared respect. Speak to and treat your patients with respect; they will notice immediately if you do not.

It is no secret that those who are typically considered the "best doctors" are not usually the best trained or the best surgeons or the most famous; rather, they are the most empathetic toward their patients. These are the doctors who build successful practices by the most powerful of all advertising—word of mouth. Being compassionate serves two important roles: It lets patients know we understand they have a problem, and it serves a healing role. Our patients may not remember what the medical name for their problem is or how to take their drops, but they will always remember how we responded to their problem. This is particularly true if they perceive, correctly or not, that they are having a problem related to a procedure we performed. It is a well-known and documented fact that doctors who are more compassionate and caring are less likely to attract malpractice suits.

The concept of a "service" relationship is very important if we want to grow our practice, particularly in areas such as plastics and refractive surgery. These patients need to be catered to, and our relationship begins from the time they first contact the practice. This is the time to create a proper first impression. When patients walk into the office, they should be greeted by our staff as we would greet them. Patients ultimately want to be treated as individuals and as if they are important. The best service industries, such as restaurants and hotels, excel in this area. We can learn from these industries, and we should strive to incorporate their most important teaching: Make people feel they are special. This should be intuitively easy because, in fact, each one of them is unique. It is our job, and the best doctors do this well, to make them feel that we know this.

We are taught a lot in medical school, but we are taught remarkably little about the interaction with our patients. Our most valuable resources when learning these important skills are our mentors during residency and fellowship. These are usually individuals who have excelled because of their ability to interact well with their patients, and they know the importance of these relationships. Indeed, when we are starting a practice, few things determine as much of our success or failure as our ability to interact with our patients.

Develop a Rapport

Creating rapport is a key element in the patient–physician relationship and is therefore the first step. Rapport is a connection or a bond between a physician and his or her patients. Physicians are often taught about the value of empathy in medical schools, but the process of connecting to a patient or developing rapport is not always emphasized.

How Can a Physician Develop Rapport with Patients?

To begin, a brief handshake and a friendly greeting go a long way. These gestures have such a profound impact on building rapport that they should not be forgotten, despite a busy clinic. The next step is to face the patient when sitting and make eye contact. Do not concentrate on writing notes during this time; rather, focus on the patient and give him/her your full attention. Talking to the patient in a friendly, unhurried manner is crucial in creating a comfortable and caring environment.

Allowing and encouraging questions from patients and being available to address their fears improves the overall quality of care. Also, acknowledging patients' frustrations or addressing their complaints will demonstrate that you understand their problems and take them seriously. Show empathy as appropriate. A surgeon should be available to his/her patients from both time and emotional standpoints.

Knowing yours patients' backgrounds, their goals, fears, and life circumstances can help establish a life-long relationship. Making chart notations of important events in the patient's life, personal interests, work-related information, as well as the name of the spouse or caretaker will enable the physician to establish a rapport with not only the patient but also his/her family and support system.

It is critical that the entire office staff understands the importance of establishing rapport and maintaining professional conduct. They will interact with the patient as much as the physician. Staff can make patients feel known, welcome, and respected. This ensures a more personal experience for the patient.

The skills of cultivating a patient–physician relationship are developed over years of experience. Although this is not always taught directly in medical training, it is equally and sometimes even more important than the diagnosis and management of disease.

Educating Your Patient

People fear blindness second only to cancer.[1] When diagnosed with an eye condition or considering medical intervention, many patients are fearful of loss of vision. Lack of understanding about the eye and vision undoubtedly contributes to fear and misunderstandings about vision and ophthalmologic interventions. As with most education, appropriate communication is vital to ensure comprehension. The ophthalmologist should be a sensitive, responsive, and available resource to the patient looking for guidance.

Patients who understand the eye, its conditions, and proposed interventions are easier to manage than uneducated patients. Part of the ophthalmologist's responsibility is to explain, in nonmedical terms, the condition(s) and proposed therapy to the patient and/or family. Studies indicate that appropriate and effective patient education results in greater compliance.[2] This is especially important when dealing with asymptomatic disease, such as glaucoma, in which the patient may not appreciate the gravity of the situation because they "feel fine."

In addition, there are legal implications to not properly educating and informing patients of conditions and treatments and their respective risks, benefits, and alternatives. Informed consent is dependent on adequate understanding,[3] which depends on the practitioner ensuring patient comprehension and being available when explaining and answering questions. In one study of patients counseled for photorefractive keratectomy, the cohort of patients who were above average in intelligence remembered only basic facts immediately after the briefing and one month later, although the briefings were conducted in comprehensible terms.[4] Given this, it is incumbent on the practitioner to be available to answer any and all questions, including those that may seem obvious or even those that have been addressed.

There are several ways to enhance the patient–physician relationship and improve patient comprehension. Patient education can be enhanced with translators when necessary, written materials and web sites, open lines of communication eye models, videos,[5] and explanations in lay terms. As helpful as aids such as videos, reading materials, and web sites are, they are adjunctive and cannot replace the discussion between the practitioner and the patient.[6] An open discussion allows more complete understanding than the solo use of alternative materials. However, other materials may be complementary.

Ultimately, beyond the legal implications, increased compliance, and enhanced patient care, patients who are informed are more satisfied with their care than patients who are not.[7] Educating patients results in patients who know what to expect and are confident in their practitioners and more motivated in their own care—a good outcome for both physician and patient.

Document Well

Now that you have your own practice, you have finally shed the "attending" looking over your shoulder and criticizing your documentation. That's the good news; the bad news is that your attending would edit your notes, but now you are on your own. There are many reasons that effective, efficient documentation will benefit your practice. Here are some basic tenets to follow.

Be Organized

Good documentation will allow you to keep your practice running smoothly. Clear, concise clinic notes will allow a quick, effective review of the most pertinent information when patients return for follow-up. This enhances the efficiency of patient flow. When possible, be consistent in your documentation from visit to visit; this will facilitate rapid review. Your documentation should be unique from other writing on the page so the notes can be readily reviewed.

Pay particular attention to surgical charts. Now, more than ever in your career, good preoperative documentation is imperative to improve outcomes and avoid critical mistakes. In particular, there should be notation of all pertinent findings; eg, the surgeon had a discussion of risks, benefits, alternatives to surgical intervention, and the intended surgical plan. Many individuals operate at more than one facility, and good patient care requires having important information at each location. The preoperative note should ideally be a single, freestanding page with all pertinent information to minimize the possibility of errors.

Be Thorough

At this point, you may know how to conduct and document a thorough eye exam, but keep in mind that pertinent findings often extend beyond the eye. Knowing and remembering key aspects of your patient's life will personalize the care they receive from you, strengthen the bond between you, and focus your attention on their eye care as it relates to an individual human being. As your practice grows, it will become more difficult to remember each individual you see without placing reminders in the chart. Consider having a section about personal aspects of the patient's life—job, hobbies, family members' names, etc.

At the next visit, you won't remember what you were "thinking" at the previous visit. So, it is often helpful to write the goal of the next visit in the plan.

Be Protected

It is critical to document pertinent aspects of the conversations you have with patients and their families. This not only helps protect you from a medico-legal standpoint, but also serves to manage expectations, especially when outcomes are less than the patient may have hoped for.

Although thorough documentation can at times be arduous, effective utilization of charting strategies can facilitate patient flow and, most important, improve patient care.

Continuously Self-Educate

One difficulty in transitioning from training to practice is the availability of self-education tools. As a resident or fellow, you had a wealth of educational opportunities such as grand rounds, lectures, and board reviews. In addition, residency and fellowship programs typically attract more complex patients, who provide hands-on education for the trainee. However, the farther we are from our training, the more specialized our practices become. A resident or fellow may feel confident about treating a complex neuro-ophthalmic problem if they recently rotated through neuro-ophthalmology. In more specialized practices, however, these problems do not present as frequently. Ophthalmology can overlap with multiple fields of medicine including neurology, rheumatology, endocrinology, cardiology, infectious disease, and internal medicine. Therefore, it is important that the ophthalmologist is able to diagnose and treat or refer patients with diverse ocular presentations.

There are many ways practicing ophthalmologists can continuously educate themselves after leaving residency or fellowship. A variety of peer-reviewed and non-peer-reviewed journals are available so physicians' knowledge of the latest scientific findings, studies, and techniques remains up to date. Continuing medical education credits are often available by taking a short test after reading an

article. Web sites such as the *Digital Journal of Ophthalmology* (www.djo.harvard.edu) sponsored by Massachusetts Eye and Ear Infirmary offer grand-round presentations, original articles, and knowledge review for viewing and self-testing online.

Meetings and courses are one of the best ways to continue education while in practice. Courses are structured with specific goals and allow participants direct access to the instructor. Courses are available at all the major ophthalmology meetings and are offered independently, as well as sponsored by ophthalmic societies and pharmaceutical and equipment companies. Annual meetings such as those of the American Academy of Ophthalmology (AAO), the American Society of Cataract and Refractive Surgery (ASCRS), and Assocation for Research in Vision and Ophthalmology (ARVO) are an easy way to attend courses, lectures, and paper/poster presentations. Often, much of the benefit of attending the annual meeting is the opportunity to talk with colleagues and share ideas.

Finally, the most important thing to remember as a practicing physician is not to hesitate to ask for help. Most physicians will encounter problems in practice they never dealt with in training. If you are unsure about the diagnosis or management of a patient, it is important to discuss it with a colleague. Faculty and classmates at your training institution are always a good source of advice. If there is a particular physician from whom you would like advice, don't hesitate to contact him or her. Most ophthalmologists are more than happy to discuss interesting case presentations and challenges with their colleagues. There are also Internet and e-mail chat groups available through ASCRS, Kera-net, and Eye Town Center (eyetowncenter.com) where physicians can post questions for other physicians.

Completion of residency or fellowship training does not mark the end of learning but rather the beginning of self-education.

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The mission of the American Society of Cataract and Refractive Surgery is to advance the art and science of ophthalmic surgery and the knowledge and skills of ophthalmic surgeons. It does so by providing clinical and practice management education and by working with patients, government, and the medical community to promote the quality of eyecare.

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