

Person Centered Rounding Behaviors

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1 Background

The patient-centered curriculum used by an internal medicine team at Bayview medical center is associated with higher patient satisfaction as well as satisfaction of residents in patient-centered domains.¹ The team also involves a nurse attending to improve patient-centeredness of care. This curriculum has real outcomes for patients; patients with heart failure treated by a team exposed to this curriculum were less likely to be readmitted to the hospital.² To gain a greater understanding of what behaviors person-centered physicians and teams exhibit, this team was used to quantify the behaviors occurring during morning rounds.

2 Objectives

- Develop a tool to capture person-centered behaviors that occur during rounding
- Discover current frequency of person-centered rounding behaviors

3 Methods

- A checklist tool, shown in figure 1, was formed by brainstorming person-centered care behaviors expected during morning rounds. It was revised for practicality and consistency.
- The tool is used by shadowing morning rounds with a medical team and documenting behaviors
- Inter-rater reliability was explored by simultaneous recording by two raters

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Team observation checklist Date: _____ Observation Number: _____ Individual Observing: _____

Amount of time with patient during rounds: _____

Was an interpreter used during rounds with the patient? Yes No

Presentation location: Bedside Hallway Team Room

During presentation: Patient present Patient absent

If presentation was not at bedside or the patient was not present, why not? _____

Team Process	Yes	No	Not Sure
The team knocked before entering the room.			
The primary communicator sat or squatted at eye level when speaking with the patient.			
The patient was asked if he/she had any questions .			
A plan for the day was discussed with the patient.			
Patient's emotional worries or concerns were directly explored.			

The patient was interrupted by team.	1 (Not at all)	2 (1-2 times)	3 (3-4 times)	4 (5 or more)
Medical jargon (which was not explained) was used while in the presence of the patient.	1 (Not at all)	2 (1-2 times)	3 (3-4 times)	4 (5 or more)
Patient and/or family were included in the discussion.	Not included	Somewhat included	Active partner	NA
Team involved patient and/or family in the decision making for the medical plan.	Not included	Somewhat included	Active partner	NA

New Patient Team Process – answer only if this is a new patient presentation	Yes	No	Not Sure
All team members were introduced to the patient.			
The team explained the process of rounds.			
Presents daily life events that may affect health.			
Patient given face sheet of team.			

Team participation Please put star (*) by primary presenter

Person	Present on rounds? [Y/N]	Invited to speak? [Y/N]	Spoke? [Y/N]
Patient			
Patient family or friend(s)			
Bedside nurse			
Nurse attending			
Medicine attending			
Resident physician			
Intern			
Intern			
Medical student			
Medical student			
Subintern			
Pharmacist			

Comments:
What degree do you feel patient centered goals were met?

Figure 1: Checklist tool for capturing person-centered behaviors during morning medical rounds

4 Results

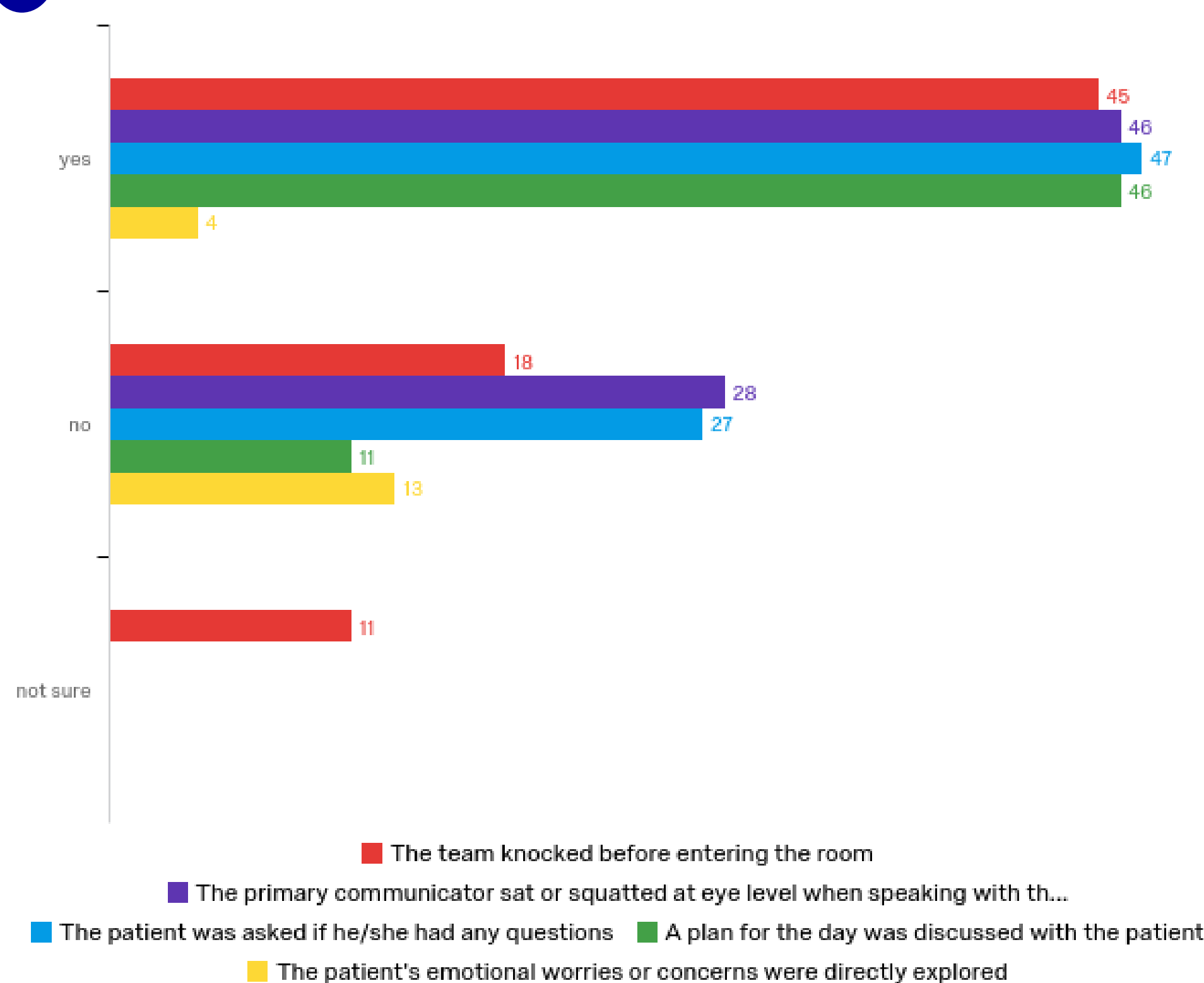
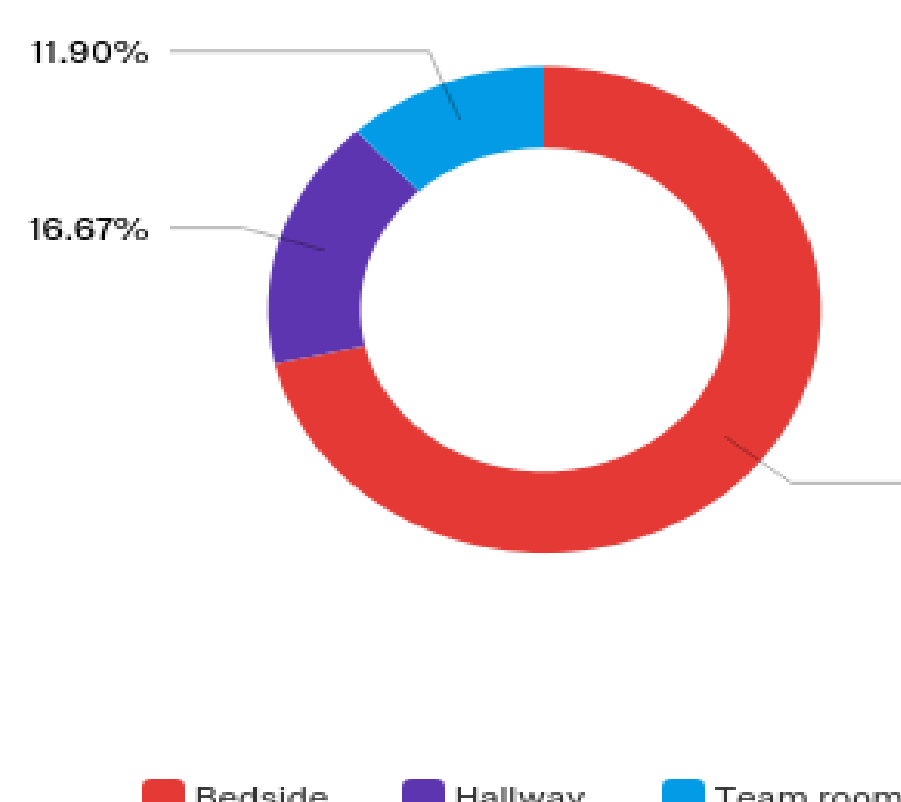


Figure 2: Frequency of person-centered rounding behaviors

Figure 3: Location of patient presentation



The most commonly cited reasons for a presentation occurring outside the patients room or without the patient present included that the patient was at dialysis, altered mental status, delirium, and family or patient preference.

5 Conclusions

The checklist showed that while many of the behaviors identified as person-centered are being regularly exhibited, these behaviors are challenging to do with every patient, every morning. Bedside rounds occur at a high rate on this team, while other behaviors such as directly exploring the patient's emotional concerns or failing to explain medical jargon are not occurring as consistently.

6 Future Directions

- Discover differences in rounding behavior between the Aliko team and other similar internal medical teams
- Include patient variables that may affect person-centeredness of care including race, diagnosis, presence of family, and attitude related to medical treatment
- Explore barriers to delivering person-centered care by interviewing physicians

7 References

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2. Record, J. D., Rand, C., Christmas, C., Hanyok, L., Federowicz, M., Bilderback, A., ... & Ziegelstein, R. C. (2011). Reducing heart failure readmissions by teaching patient-centered care to internal medicine residents. *Archives of internal medicine*, 171(9), 858-859.

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