



Put a Face to a Name: A Randomized Controlled Trial Evaluating the Impact of Providing Clinician Photographs on Inpatients' Recall

Lora Appel, PhDc,^{a,b} Howard Abrams, MD,^{b,c} Dante Morra, MD, MBA,^{d,e} Robert C. Wu, MD, MSc^{b,c}

^aSchool of Communication and Information, Rutgers University, New Brunswick, NJ; ^bCentre for Innovation Complex Care, Toronto, Ont, Canada; ^cDivision of General Internal Medicine, University Health Network, Toronto, Ont, Canada; ^dDepartment of Medicine, University of Toronto, Ont, Canada; ^eTrillium Health Partners, Mississauga, Ont, Canada.

ABSTRACT

BACKGROUND: Inpatients are visited by many health care providers daily; many cannot remember the name of even one member of their clinical care team. We provided inpatients with photographs of their clinicians and evaluated the impact on patient recall and communication with their health care providers.

METHODS: A concealed allocation, randomized controlled trial ([ClinicalTrials.gov NCT01658644](https://clinicaltrials.gov/ct2/show/study/NCT01658644)) was conducted between September 2012 and April 2013 in the general internal medicine wards of a large teaching hospital in Toronto, Canada. Consenting patients were randomized into 3 groups: the control group received the current standard of care; the second group received handouts with the names and roles of their clinical care team; and the third group received handouts with the names, roles, and photographs of their clinical care team. Before discharge, patients completed a survey on their ability to recall their clinicians and were asked to rate the quality of communication with their care team.

RESULTS: Of the 186 patients (mean age 61 years, female = 44%) who completed surveys (control n = 60; names n = 65; photos n = 61), those receiving photos in the handout correctly identified significantly more clinicians by photograph ($P = .001$) and recalled more names ($P = .002$) than patients assigned to the control group. Regarding the perceived quality of communication, the results did not show differences between the control and intervention groups.

CONCLUSION: In this era of patient-centered care, providing patients with more information about who is directly involved with their health care appears to be warranted.

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Health care is currently characterized as “more to do, more to know and more people involved than ever before.”¹ Due to both complexity and frequent rotation of the care team members, patients admitted to a teaching hospital may meet many different physicians, nurses, and therapists. For

patients already vulnerable due to their medical condition, keeping track of care providers may be very difficult. Prior studies found that the majority of patients admitted to the hospital are unable to correctly identify even one of their physicians or nurses.²⁻⁵ Patients' inability to recognize their clinicians can have negative effects for patient–provider communication, and patient satisfaction.²

Simple interventions, such as having names written on dry-erase boards in patients' rooms, have been found to improve patients' ability to recall their clinicians but with only limited success.^{4,6} There is evidence that pictures are superior in memory recall compared with other types of stimuli, such as words (names).⁷ Research shows that photographic aids can improve communication,⁸ help

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Requests for reprints should be addressed to Lora Appel, PhDc, Toronto General Hospital, 200 Elizabeth Street, GNU 403A, Toronto, ON M5G 2C4, Canada.

E-mail address: Lora.appel@uhn.ca

people retain information,⁹ and diminish inaccurate appropriations of facts.^{7,9,10} Furthermore, photographic aids have been shown to increase feelings of empathy, compassion, and understanding about a person or situation.¹⁰ Making photographs of clinicians available to patients may increase patients' knowledge of who is responsible for their care, thereby increasing their trust and satisfaction.

While there are a growing number of studies addressing the use of photographic aids in hospitals, most focus on reducing "wrong patient" errors or juxtaposition errors (orders placed for the wrong patient due to too many Electronic Patient Record system windows open on the same screen at once).^{11,12} Two studies looked at photographs from the patient's perspective: one assessed the use of physician photographs and names in a before–after study, and the other was a cluster randomized trial.^{13,14} In these studies, patients were significantly more likely to correctly identify at least one physician (attending, resident, or intern); however, both studies failed to demonstrate that photographs alone are the most influential variable on patients' recall. Additionally, the interventions used in both studies focused only on physicians, while other clinicians such as pharmacists, physiotherapists, and social workers also visit patients frequently, adding to the patient's confusion about who makes up their care team.

Our study fills a gap in the literature by conducting a rigorous evaluation, specifically designed to measure the impact of photographs on patient recall and perceived communication within the hospital environment.

The primary objective of this study was to determine whether providing patients with photographs of their health care team, in addition to names and roles, improves their recall of the members of their care team, compared with providing them with names and roles only, or not providing names, roles, or photographs, as per standard care.

The secondary objective was to determine whether patients who receive photographs of their care team members perceive improved communication with their care team. This was measured by analyzing patients' responses to predetermined survey questions.

METHODS

Setting

The study was conducted on 2 general internal medicine wards at a large academic, urban hospital in Toronto, Canada. The wards consist of 36 beds each and are staffed

by one of 2 physician services: 1) clinical teaching team or 2) hospitalist team. Teaching teams consist of one attending physician, one second- or third-year resident, 2–3 interns, and 1–2 medical students. The hospitalist unit is staffed by 2 fellows, and often an elective resident and medical student. Patients are admitted to these general internal medicine units

from the emergency department or from critical care units. There are no elective admissions. In addition to the medical team, each patient's care team typically includes nurses, pharmacists, physiotherapists, occupational therapists, social workers, dietitians, speech language pathologists, and spiritual care providers.

Trial Design

"Put a Face to a Name" (Face2Name) is a concealed-allocation, parallel-group, randomized controlled trial listed with [ClinicalTrials.gov #NCT01658644](https://clinicaltrials.gov/ct2/show/study/NCT01658644). The study consisted of a control group and 2 intervention groups. Each participant consented before enrollment and

random assignment to study arms. Therefore, all participants were aware of the research focus as described in the informed consent. The research team used a computer-generated permuted-block randomization to assign patients, in a ratio of 1:1:1, to one of the 3 groups. Depending on the group to which they were randomized, the researcher provided patients with either no handout (group A), or the corresponding intervention tool: a handout with just the names and roles (Group B), or a handout with the names, roles, and photographs of their clinicians (Group C).

Participants and Interventions

Patients allocated to Group A, the control group, were not exposed to any intervention, receiving the standard hospital experience. Patients assigned to Group B were provided with a handout displaying the names and roles of their clinicians as well as describing the responsibilities of each role (**Figure 1**). Finally, patients assigned to Group C were provided with a handout displaying the names and roles of their clinicians; each name was also complemented by the corresponding team member's photograph and a description clinical role (**Figure 2**). Every weekday during the study period a member of the research team approached patients admitted to General Internal Medicine the previous day who met the exclusion/inclusion criteria; that is, who did not present significant confusion, delirium, or dementia, and had the ability to provide informed consent. Consented patients were randomized and received the corresponding intervention at the earliest

CLINICAL SIGNIFICANCE

- Frequent clinical staff rotations are a challenge for patients and their family members.
- Helping patients identify their care team members and respective roles will improve the patient experience.
- Patients receiving photographs of their clinicians recalled significantly more care team members.
- Improved patient–provider communication results in increased patient understanding of their condition and adherence to their care plan.

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