

Interpersonal performance

International research reveals that impaired performance in doctors is as much to do with behaviour, attitudes and communication skills as clinical skills (Levinson et al, 1997; Bunting et al, 1998). It is estimated that at any one time about 5% (6000) of UK doctors experience performance problems (General Medical Council, 2005). The personal and economic consequences of 'poor performance' are significant. The National Audit Office estimates the full cost of excluding a consultant to be £180 000 per annum (National Audit Office, 2005).

There are relatively few remedies available to referring organizations or the doctor concerned. The Interpersonal Performance Programme is being developed with the aim of providing an accessible and affordable means of restoring some of these clinicians to safe practice. It will be some years before the Interpersonal Performance Programme methodology can be rigorously validated but the results over the first 2 years give cause for optimism.

It's about communication...

Each year the Medical Protection Society receives almost 20 000 requests for assistance from doctors who are the subject of a complaint, an investigation, are involved in a claim or otherwise require medicolegal advice. In addition to representing its doctor members, Medical Protection Society has an explicit responsibility for the promotion of patient safety.

Medical Protection Society has grown to appreciate that the reasons behind complaints and litigation may often lie in the communication, behaviour and attitude of the doctor. In particular, a growing body of international evidence shows that the better doctors communicate with their patients, the fewer the number of complaints and claims made against them (Hickson et al, 1992; Levinson et al, 1997). Conversely, doctors who relate poorly to their patients attract higher than average claims and complaints, regardless of their technical ability (Entman et al, 1994).

Patients measure the quality of medical care by the quality of communication they receive from their health-care providers. Failure to elicit crucial information from a patient, failure to take into account the patient's attitudes and beliefs, failure to explain at a level the patient can understand, failure to connect with the patient's emotions – all of these (and more) can lead to avoidable harm. The challenge for doctors is not only to be good at the clinical technical components of their work but also the interpersonal aspects.

Interpersonal Performance Programme

Since 2002 MPS Risk Consulting has offered a series of half-day training interventions aimed at improving doctor-patient communication. In the last 2 years, it has introduced the Interpersonal Performance Programme. This programme is targeted at doctors who are increasingly attracting complaints from patients and colleagues, which on closer scrutiny have a strong 'interpersonal' component. In working with these clinicians what is apparent is not that they cannot communicate (competence), it is very often that they do not communicate (performance).

The experience of MPS Risk Consulting and its partner, Cognitive Institute in Australia, in delivering and evaluating the Interpersonal Performance Programme with 80 doctors since 2001, is that three dynamically-related issues are detrimental to optimum clinical performance:

Health

This includes health problems, drug and alcohol misuse and cognitive impairment.

Interpersonal skills

This can include failure to communicate effectively with both patients and colleagues.

Clinical skills

This area can include difficulties with history taking, examination skills, diagnosis, clinical decision-making, etc.

Experience suggests that health issues must be resolved before proceeding to educational strategies and, of these, improving communication skills and addressing motivational and attitudinal issues (the Interpersonal Performance Programme should precede updating clinical skills).

The Interpersonal Performance Programme has three phases conducted over a period of 6 months (*Table 1*).

Table 1. The Interpersonal Performance Programme

Key elements	Duration
Phase 1 Preparation and goal setting	Audit of patient satisfaction surveys
	Audit of claims and complaints
	Video consultations
	Pre-workshop reading
Phase 2 Three-day residential workshop	Lecture, seminars and case histories
	Review of video consultations
	Simulated consultations with actors
	Reflective practice
	Goal setting
Phase 3 Practice, mentoring and review	Implement action plan
	Reflective practice and learning log
	Telephone coaching sessions
	Repeat video consultations
	Repeat patient satisfaction surveys

Since February 2005 28 doctors representing most medical specialties have completed the Medical Protection Society Interpersonal Performance Programme. The age, gender, ethnicity and country of qualification of UK participants are broadly similar to those doctors who are referred to the National Clinical Assessment Service (National Clinical Assessment Service, 2006).

The programme is subject to rigorous longitudinal scrutiny. Evaluation of Interpersonal Performance Programme includes quantitative and qualitative measures from participants and patients. The first 2 years' data suggest that Interpersonal Performance Programme is yielding positive results. Findings include:

1. A notable reduction in complaints against participants since completing the programme (Table 2)
2. Patient satisfaction with participants has increased
3. Participants experience improved relationships with their patients and colleagues.

Complaints against participants

The experience of this cohort is that over a period of 2 years complaints against participants (post intervention) have reduced by almost 75% (Table 2).

Patient satisfaction

At the commencement and conclusion of this 6-month programme the communica-

tion skills of Interpersonal Performance Programme participants are anonymously rated by their patients, using a ten-item Likert scale (Trumble et al, 2006). A simple frequency analysis of responses reveals the average improvement of participants on all dimensions is 7%. Of particular note is an 9% improvement in listening to patients' concerns and issues, a 11% improvement in meeting patient expectations and a 10% increase in confidence in the doctor's ability.

Participants' experience

Participant evaluations sampled at the conclusion of the programme and at yearly intervals have been overwhelmingly positive.

Provisional findings

The available evidence suggests that Interpersonal Performance Programme reduces the incidence of complaints and claims. Crucially it may also provide one route to restoring to safe practice those clinicians who are the subject of concern to the General Medical Council, their employer and other stakeholders including their patients. These are the provisional findings of some measures being used in a longitudinal study to determine the effectiveness of Interpersonal Performance Programme. The number of doctors being selected to participate in this programme will increase substantially during 2007/08. Our experience of Interpersonal

Performance Programme participants is of doctors who have in part lost their enthusiasm for medicine and their affection for their patients.

Over recent years the National Clinical Assessment Service (2005) has developed increasingly sophisticated techniques for diagnosing doctors with performance problems but acknowledges that there are relatively few remedies available to referring organizations or the doctor concerned. The Interpersonal Performance Programme represents one relatively simple and cost-effective solution to restoring the motivation, confidence and reputation of some of these clinicians and restoring them to safe professional practice. **BJHM**

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MPS Risk Consulting UK (n=17)	Total number for all respondents		Average (mean) number per respondent	
	In the 5 years before the programme	In the 2 years since the programme	In the 5 years before the programme	In the 2 years since the programme
	66	7	3.9	0.4

KEY POINTS

- Doctors with good communication skills receive fewer claims and complaints.
- Over two-thirds of doctors who are referred to the National Clinical Assessment Service have behavioural and/or communication problems.
- Communication training for doctors with 'behavioural' problems appears to be a cost-effective means of restoring these practitioners to practice.