The Subtle Art of Teaching People to be a Good Providers

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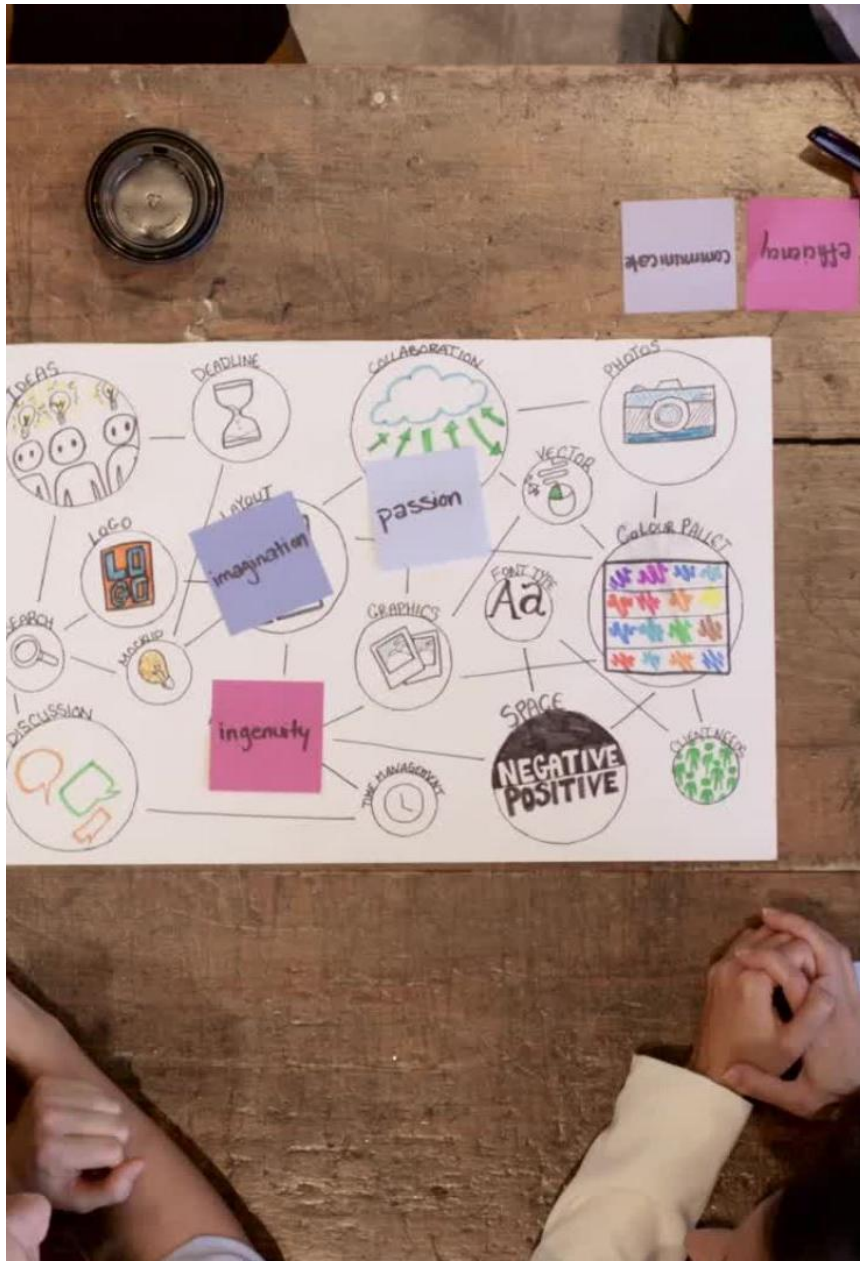

How do we teach something that is partly relational and partly behavioral?

We spend years teaching clinical knowledge, but the evidence suggests that what makes patients feel they have a *good primary care provider* often comes down to subtle behaviors:

- Communication
- Continuity
- Trust
- Perceived quality

What Patients *Say*, Matters *Most*

Evidence suggests a few consistent drivers of patient satisfaction.

Key findings included:

- Communication and interpersonal skills strongly predict satisfaction
- Feeling subjectively "listened to" and "respected" matters more than technical care in many patient evaluations
- Trust and relationship continuity are major determinants of positive experiences

Evidence: Health Expectations study by Caroline A. Paddison et al. found that communication and relational factors were the strongest predictors of overall satisfaction with primary care (Paddison et al., 2015).

The Early-Career Paradox

SOME STUDIES SUGGEST THAT **NEWER CLINICIANS** RECEIVE HIGHER PATIENT EXPERIENCE SCORES THAN **MORE EXPERIENCED CLINICIANS**.

WHY MIGHT THIS HAPPEN?

Possible Explanations

They spend more time listening

They are more careful explaining decisions

They follow guidelines closely

They show humility and curiosity

Patients often interpret these behaviors as attentiveness and high-quality care

Research in JAMA Internal Medicine found that clinicians who identified as professional role models performed significantly better on patient experience measures (Chen & McWilliams, 2023).

Many of the behaviors associated with these high performers include communication, professionalism, and engagement and are skills that new clinicians deliberately practice. (Because they have more time).

What “Excellent Clinicians” Actually Do

A systematic review of the evidence identified observable behaviors of "excellent clinicians" (Khawar et al., 2022)

Common characteristics included:

- ***Strong communication*** skills
- ***Respectful interactions*** with patients and staff
- Clinical competence and good judgment
- Reliability and professionalism
- Commitment to patient-centered care

These behaviors can be modeled and taught. They are not just personality traits.

The Teaching Challenge

Not surprisingly, providers who are recognized as exemplars by their peers also perform better on patient experience measures

Implications being, the profession already highlights these behaviors, we just may not explicitly call out, encourage, and teach them -

These are the clinicians who self-select or are chosen as mentors

- Chen and McWilliams (JAMA) found that clinicians identified by others as "role models" had significantly better patient experience scores

Discussion

What Makes Someone a “Good Provider”?

Think about the best primary care provider you’ve worked with or seen as a patient

What specific behaviors made them exceptional?

What Was it -

- Listening
- Calm demeanor
- Explaining clearly
- Remembering patients/Me
- Reliability
- Something else?

Can These Skills Be Taught?

Are communication, empathy, and relationship-building teachable skills—or are they personality traits?

- What teaching strategies work?
- What teaching strategies don't work?

What I have found

What teaching strategies work?

- Motivational interviewing
- Active listening
- Self- reflection
- Teach back
- Quiet presence (aka shut up and let them talk)
- Feedback in real time
- Socratic method

What doesn't work?

- Telling them how to do it vs showing them or working it thru *with* them
- Giving them the answer all the time
- Delaying feedback – better to give sooner than later

Modeling vs Teaching

Research on clinician exemplars suggests role modeling matters (Chen & McWilliams, 2023)

- Do learners become better providers mainly by instruction or by watching good clinicians?
- What behaviors should faculty/mentors intentionally model?

The Hidden Curriculum

What behaviors do clinicians/fellows learn from clinical environments even if we never formally teach them?

Examples:

- Expressed or behavioral frustration related to time pressure (time/practice management)
- Drift or perseveration of documentation focus and completion (efficiency/boundaries)
- Rushed and/or incomplete visits (visit priority and clinical acumen)

Reflections

The evidence suggests that being a good provider is not just about knowledge, it is about consistent behaviors that build trust, respect, and continuity with patients.

If we could teach one behavior that would most improve patient experience, what would it be?

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