Preface

After writing the initial draft of this book, I was in a quandary. I wasn't sure who the target audience should be, and that was a big problem. Here's some background.

From my hands-on work shadowing and coaching physicians, it had become clear to me why some doctors perform well in their patients' eyes and have high patient satisfaction scores to prove it, and why others don't. An understanding of this dichotomy is itself valuable. But over time I became even more interested in why some clients were able to make incredible improvement, while others—even doctors who seemed eager and engaged as I coached them—were not. This became the proverbial $64 million question.

I began to work on that question by tapping knowledge from my experiences with clients, research into the science of change, and my background as a Baldrige Performance Excellence examiner and trainer and a former leader at a Baldrige Award–recipient hospital. These answers helped more of my clients improve and provided much of the material for this book.

The people who lead physicians—from department administrators and medical directors to the CEOs of health systems—have as much impact on the quality of the interactions between doctors and patients as do the doctors themselves.

And therein lies the quandary: Should this book be written for doctors or their leaders? A solution emerged with assistance from the publisher of this volume, Health Administration Press: two books. This one, then, speaks to leaders, while a later book

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will be intended for physicians. The book you're reading focuses mostly on (1) creating an environment that supports and requires a quality physician–patient interaction and (2) working with physicians so they can move from A to B in their personal quest for improvement.

With the purpose—helping leaders (to help their physicians to help their patients)—clarified, here's how this book is organized.

Chapter 1 begins with a brief pep talk that highlights the importance to the healthcare industry of helping physicians improve the care and caregiving they provide. It then presents a case study of a physician group that moved from mediocre to spectacular, sustained performance in patient satisfaction. Their story proves that gaining traction in a change initiative isn't rocket science, but it does require commitment and discipline.

You may notice that the group did not follow all the advice in this book. This underscores an important point: Improving does not require adherence to all my suggestions. It's more helpful to know that taking certain actions will increase your odds of success. This chapter also sets the book's practical tone. Its recommendations aren't academic; it presents only those strategies and behaviors that have proven successful for real doctors practicing today and their leaders.

Chapter 2 delves into the reasons *why* this issue is important, and why it should be important to your physicians.

Chapter 3 is a natural extension of Chapter 2, discussing how to get physicians to engage on this issue. This can be a real challenge. While some doctors have a seemingly innate understanding that the quality of their patient interactions is important, others haven't given it much thought. This chapter helps leaders approach dialogues in realistic ways that make the most impact.

Chapter 4 builds on the prior chapter with advice on how leaders can respond to the objections physicians most often make when confronted with the need to improve their interactions with patients. Often, even well-intending doctors object. Their arguments must be resolved before you can move forward.

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Chapter 5 addresses my biggest frustration as a coach: Why is it that doctors who know exactly what to do, don't do it? We start with helpful concepts from the science of behavior change. Then we translate those concepts into actionable strategies that doctors can undertake—with support from their leaders—to ensure that career-long habits are altered.

The "how" of change is a difficult issue—and it's almost always overlooked. Without practical strategies for changing behavior, only the most self-motivated doctors can improve.

Chapter 6 describes ways leaders can create an environment that both requires and supports high-quality doctor–patient interactions. It offers classic insights from Jim Collins and from Baldrige Award–recipient healthcare organizations that encourage leaders to see themselves as builders of a true system for change. Chapter 6 describes the parts of a system that, once built, offers the greatest odds of high performance, and it also details the ideal tasks that leaders functioning within that system will assume.

Writing Chapter 7 was inescapable; you can't talk about patient satisfaction without discussing "the data." Some leaders are comfortable using it; others aren't. Harnessing the data—especially satisfaction data for individual providers—is crucial, but it's not without its problems. This chapter offers suggestions for dealing with the problems that perennially arise.

Chapter 8 discusses coaching as a powerful tool to help doctors discover opportunities to improve their patient interactions. It details how to shadow and coach—either personally by the reader or by building this capacity in an organization. As an external consultant and coach, I spend a significant amount of my professional time shadowing and coaching doctors as they interact with patients. This chapter sketches out a do-it-yourself approach to use when an outside coach is unnecessary or impractical.

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