Walk in Your Patient’s Shoes

What’s Lacking When Care Has Assembly-Line Efficiency

By: Colleen T. Fogarty

Productivity at a breast care centre is laudable, but not if interactions with scared or vulnerable patients lose the individualised human touch.

The January 2012 Satisfaction Snapshot recounts a doctor’s own experience with patient care during imaging procedures that ultimately led to a cancer diagnosis: “Doctors are patients, too, on occasion, and there’s much we can learn from both roles. As we work to transform primary care by developing quality initiatives to improve outcomes … we must keep our eyes firmly on the individuals for whom we are providing care. After all, medicine is a profession of healing. And healing, we should never, ever, forget, involves people who act and react, truly caring as they relate to one another”.

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The Satisfaction Snapshot is a monthly electronic bulletin freely available to all those involved or interested in improving the patient/client experience. Each month the Snapshot showcases issues and ideas which relate to improving patient satisfaction and customer service, improving workplace culture and improving the way we go about our work in the healthcare industry.

The Satisfaction Snapshot features:
- relevant articles from healthcare industry experts
- case study success stories
- tips and tools for quality improvement
- patient satisfaction and other industry research findings
- articles with ideas to help achieve success in your role

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Doctors get mammograms, too. Sometimes, as in my case, it’s even our work that reminds us it’s time to go for a screening. I’m a family physician who also works in an academic clinical setting. It was while I was looking at how best to deliver preventive health care in our practice that I realised I hadn’t had a mammogram in two years. Busily juggling my career and home life—especially spending time with my three children—coupled with doubt about the need for routine screening for women in their forties, I’d procrastinated.

I thought better of the decision to put off screening, and, within days, I accessed the online scheduling at a local breast care centre. I requested a Monday or Tuesday morning—not a Wednesday, the day in my week that’s totally filled with caring for patients and teaching medical residents. A prompt e-mail response sent a Wednesday appointment. So much for the benefits of scheduling my appointment online.

When I called to change the Wednesday appointment, the receptionist somehow knew I was a doctor. Her supervisor managed to find me an appointment five days later—on a Monday morning.

**Sit, Wait, Read**

The high-volume, well-respected breast centre I use allows patients to wait for results. When you only screen and leave, if any abnormalities are found you have to return to have more images taken. Staying and waiting for your results can take several hours, but it’s easier for me to block out time to wait instead of coming back. The centre is pleasant and exceedingly efficient. Because its emphasis is imaging, it’s rare to see a doctor—unless there’s a worrisome finding in an image.

After years of breast problems, all benign, I knew the office routine at the breast centre. First, you check in. Then, Assistant One calls several women at a time to go to a locker room, undress from the waist up, and put on a robe. The assistant is up-beat as she reviews the routine for us, reminding me momentarily of Julie, the cruise director from the TV show *The Love Boat*.

This time I notice that the robes are different: white, waffle-weave cotton, with the centre’s pink logo embroidered over the left breast. They’re generously sized and should, I guess, accommodate all body sizes. Today, while-you-wait neck and shoulder massages are on offer, with the fees going to benefit breast cancer programs.

The area where we wait features a counter with complimentary decaffeinated tea and coffee. These and other pleasant features throughout this woman-led imaging practice have attracted and kept many patients, a number of whom I notice arrive together from outlying communities. The ample waiting room is tastefully designed, divided into small conversational seating areas.

Prepared to wait, I settle in by the gas fireplace (another nice touch) with my herbal tea and some medical journal articles to read. After about thirty minutes, Technician One calls me. She puts me through a mammogram’s breast-squishing process. It’s not so bad this year. I return to my seat and continue to pore over my stack of journal articles about redesigning primary care practices.

The inner-city accredited health centre where I practice is trying to redesign itself into precisely this sort of practice. To stay financially solvent in these challenging times, our health centre needs to maintain and improve the quality of patient care while simultaneously better coordinating patients’ diagnostic testing, specialist consultations, and hospital care.

As a result, our efforts are geared toward developing team-based care that allows staff members to work at the top of their skill set. And that, in turn, enables doctors to do patient care more efficiently. After years of an organisational culture where doctors “overfunction”—completing every patient-related task from filling out patient forms to phoning patients—the change is proving challenging.
We’re also focusing on what our patients need, recognising that relationships are especially important for our medically underserved patients. At the same time, we’re increasing patients’ access to non-doctor staff members to better triage patient care and issues.

I mull over the contrasts between the breast centre and my practice setting. The breast centre certainly seems efficient, provides many amenities, and, I assume, has high quality of care. Certainly the features I’ve encountered have kept me coming here for years.

Soon, Technician Two calls my name. She takes me into a different room and says the doctor wants some spot-magnification views. No problem, I’ve been through all of this before. Lumps, bumps, and painful cysts—I’ve had ‘em all. Time for more breast squishing.

This time, as the machine angles, I feel as if it’s trying to remove my shoulder blade through my chest. Quite painful, but, whatever it takes...

I return to my seat and wait. Technician One had reminded me that a staff member will give me the results if everything is fine. I’ll see a doctor only if there are concerns.

Two Hours In

I wait a bit more, now about two hours into my appointment. I’m not nervous or peeved. On the contrary, I’d rather invest in the wait time today than come back. The “results staffer,” Assistant Two, calls my name. Phew, I think. I’m getting out of here in good time. I almost wish I could stay and finish my articles.

She takes me into a nearby small consulting area. I notice there are no chairs; evidently this room isn’t for long conversations. “The doctor wants an ultrasound,” she tells me. “Have a seat back in the waiting area and your assistant will call you.” No problem. I’ve been through this before, too. Probably more cysts, no big deal. I return to my articles.

In a few minutes, Assistant Three calls my name. She leads me down a long corridor into a dimly lit ultrasound room, tells me the radiologist will arrive shortly, and has me lie on the table. How luxurious to put my feet up!

The wall décor includes photos and two diplomas. The doctor’s diplomas show she finished her medical residency in the late 1990s; she’s probably a bit younger than I am. She has more than ten years of experience. All good. I inspect several pictures of children at different ages.

She finally appears. She’s about my age—slender, blonde, neatly dressed with tasteful silver jewelry. After a greeting, she says, “I’ll show you the area we’re concerned about. If you look here” (she indicates black-and-white mammogram images filled with spindery white filaments) “you can see this cluster of calcifications. I’d like to do an ultrasound to check, and then do a needle biopsy of it to suck out all that calcium. It’s just a little vacuum to get it all out. I can do that today, and I would recommend it.”
What? Wait a minute! The patient part of me barely registers what’s going on here. Calcifications? I’ve never had them before—that I’m aware of. Are they new? The doctor part of me knows that calcification is usually the first mammographic sign of malignancy, but she hasn’t yet uttered the feared “C” word. Back to my patient self: Vacuum them out of there? How? Today?

Nearing panic, I ask a few questions. Yes, these are new; they weren’t there two years ago. She thinks they might be from a previous fibroadenoma (a type of benign breast tumor); she knows I’ve had plenty of those. Finally, I ask it: “What are the chances that this could be cancer?” She looks at me and says,

“Oh, quite low. Like less than 15 percent.” I respond, “15 percent? That sounds pretty high to me.”

My mind races. What could explain new calcifications? I grasp at a possible explanation: I know, I breast-fed my kid. Milk has calcium in it, right? Surely that explains it. At some point my doctor self recognises these anxious and irrational thoughts as a patient’s search for explanations.

The radiologist performs the ultrasound and tells me it’s normal. But, as I recall, they’re usually normal, even with cancer. That’s the whole point of mammography, right, to find the tiny spots that hands and ultrasounds can’t? The doctor explains that she does a biopsy and removes calcifications on a special table with a hole, with me lying face down while she works from beneath. I think how awkward that must be for her back and exclaim, “You mean you’re under the table?”

“Yes, the table goes up high so I can take the samples. It’s kind of like Jiffy Lube.” My mind whirls. Jiffy Lube? Am I a piece of equipment here, too? “Are you allergic to iodine, adhesive tape, epinephrine [adrenaline], lidocaine [a numbing medicine]?” she asks. My brain tries to keep up with the pace of the questions. “My assistant will give you the consent form, and I’ll be with you soon to do the procedure.”

‘Will You Stay With Me?’

The doctor’s assistant, Assistant Four, takes me out into a hallway, reviews the consent form with me, and adds, “You’re in very good hands. She is very good. She would tell you if she thought it were bad.”

I look at her and plead, “Will you stay with me?” Before, when everything seemed routine, I’d barely noticed the parade of assistants. Now, suddenly, I’m desperate to have her—anyone—stay with me during this process. “No, another assistant will come to get you when they’re ready.”

I sign the consent form. It doesn’t say much about alternatives, and my doctor self ruminates on the high false positive rate of mammography (about 7 percent) and the anxiety to patients that a positive screening image causes. I almost hadn’t come for this screening. It’s probably a lot of worry for a big nothing, I tell myself.

No one asks if I want to call anyone. The sign in the lobby said mobile phones can be used only in certain areas. I can’t remember where they are. Surreptitiously, I call my husband. He offers to come, but I know he’d be sitting in the outer reception area, with the other waiting men. I tell him not to bother. Hanging up, I’m terrified and alone, waiting in a corridor for someone to take me to where the doctor will stick a large needle into my right breast.

Finally, Assistant Five appears. As I follow her down the hall, my heart hammering, I say, “I’m mildly anxious.” This is obviously understating the situation. She pats my shoulder, murmuring something vaguely comforting. She escorts me into a well-lit room, introduces me to Assistant Six, and helps me climb up onto the advertised table with a hole in the middle.

Assistant Five describes the procedure, explaining that they use a special mammogram machine to locate the area to biopsy. More squishing! Fortunately, this time there will be less shoulder blade—removing activity; the focus is a much smaller area.
I lie breast-down on the table, my head turned to face a wall with two gorgeous framed photographs of flowers: on the left, a close-up of a beautiful red columbine, and on the right, a patch of pink cosmos. Between them hangs a folksy wooden plaque proclaiming, *Relax, We Care.* Relax, right! I’m terrified. Mentally I clutch onto the *We Care* sentiment.

Once my breast is sufficiently squished, the doctor arrives. She goes over with me what will happen during the procedure, assuring me that she’ll tell me before she does anything to me. Soon, she warns, “You’ll feel a pinch, like a bee sting.” My doctor self recognises having said similar words; my patient self thinks, “What a bunch of crap! This is so not like any bee sting I’ve ever experienced, let alone half naked with my breast smooshed between two metal plates!”

I feel the anaesthesia going in, and soon she’s manipulating something inside me. Blessedly, the anaesthesia is fantastic; I can barely feel the pressure sensation she’d warned I might notice. The worst part is the machine noise: like a high-speed drill into metal. Fortunately, the whole ordeal doesn’t last more than twenty minutes. I stare at the flower wall the whole time: red, pink, wooden *Relax, We Care.*

Eventually I get off the table carefully, slowly. The doctor part of me remains fascinated with the technical aspects, and I peek in the red waste bag to glimpse the biopsy instrument. It’s a long, thick, ugly needle with centimetre markings on it, attached to a large syringe and a blue hose—scary.

Assistant Five takes me into one of the regular mammogram rooms for a follow-up image, my fourth of the day. Then, after bandaging me around my chest with a thick ACE bandage and ice pack, she sends me on my way.

I don’t see the doctor again, but Assistant Five assures me that the doctor will call me herself tomorrow evening, with the results.

**Feeling Like A Widget**

As I shuffle out into the reception room, blinking in the bright light. I’m finally finished with this difficult experience. How great to have one-stop shopping—and how shocking, scary, and bizarre.

Because of its excellent technical reputation, I’ve been coming to this breast-imaging practice for years. The amenities are pleasant, the staff always professional. But now the downside has become abundantly clear to me. Although I’m in the “most woman-centred” mammography place in town, I’m left with the feeling that I’d been through a “breast mill,” passed among many staff members performing single tasks as they send me through their assembly line.

Certainly this centre excels at having staff members who function at the top of their skill set. The doctors here have only the amount of patient contact required, with the nonmedical staff handling every other detail. Presumably this results in high efficiency—exactly what I’ve been thinking about for my medical practice.

My experience of being efficiently run through this breast mill, however, reveals the lack of a needed additional feature: care that centres on the patient. As soon as my routine screening experience headed south, I craved a human connection. I resorted to an illicit phone call to my husband to have a person care for me.

I longed to have someone at this practice accompany me through what was going to happen to me next. Couldn’t this well-staffed centre have had a “patient navigator” or “crisis assistant” available, a staff member to assist me—or any other scared patient—with the consent process and the medical procedure for the remainder of my time there? In part because of the practice’s great efficiency, my experience with the repeat imaging and biopsy left me feeling alone and like a dehumanised number.

**Moving Beyond Jiffy Boob**

I plodded through the rest of my workday. When I got home, so the kids wouldn’t hug me aggressively on my right side, I told them and my husband about the biopsy. “Why a biopsy?” they asked. Partly to avoid my own fear and partly to avoid scaring them, I kept my response upbeat and positive.

The next day, when I got paged during a meeting at 4:30 p.m., I didn’t expect it to be the doctor’s voice at the other end of the unfamiliar phone number. “Uh, hi, Colleen. I wanted to review your biopsy results. It’s DCIS, ductal carcinoma in situ. So you need to call your doctor and get set up to see a surgeon…”

“Wait a minute. Did you say carcinoma? As in cancer? What does that mean? Will I be OK?”
SATISFACTION snapshot

She didn’t seem to hear the panic in my voice. Did she think that it would be no big deal to receive an unwanted diagnosis? That because I was a doctor, I would “understand”? And what about options?

“Well,” she continued, “if you have to have breast cancer, this is the one to have because these can be treated with surgery and this one looks very small.” My thoughts were spinning. This is the one to have? Who says? There was no context—let alone sensitivity—to the bad news I was being given over the phone, or in the way it was being delivered.

Yes, the doctor did her job; she was technically competent at managing the imaging equipment and biopsy, and she personally provided timely results. I had the basic information I needed, and, as a doctor myself, I’d be able to navigate all of the next steps. Yet I felt alone and isolated. I hoped that whatever came next, I’d find someplace that would “centre” on me—who would take care of me and walk with me, literally and figuratively, through the process of being a patient.

My experience in this specialised, highly efficient imaging practice contrasted markedly with the vision I have of the patient-centred medical centre. Isn’t it a core truth in health care that the process—the patient experience—is at least as important as the outcome? We can’t just apply an industrial production model, creating a Jiffy Boob assembly line in an effort to achieve efficiency and productivity in health care.

Doctors are patients, too, on occasion, and there’s much we can learn from both roles. As we work to transform primary care by developing quality initiatives to improve outcomes—and, specifically, as I continue work to help refocus the family medicine practice where I work—we must keep our eyes firmly on the individuals for whom we are providing care.

After all, medicine is a profession of healing. And healing, we should never, ever, forget, involves people who act and react, truly caring as they relate to one another.

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