

Designing and Using a Behavioral Interview Tool

▶ *To Hire Clinical Staff to Support Patient and Family Centered Practices*

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Roadmap for Today's Session

- Design process of a unique Patient and Family Centered Care Behavioral Interview
- Testing of PFCC behavioral interview questions
- Describe strategies to PFCC collaboration in research
- Lessons learned and future opportunities

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Why Hire for PFCC Behaviors

- **Deepening the PFCC culture of our health care institutions that places importance on partnership and PFCC practices**
 - Assess and strengthen current employee PFCC practices
- **Ensure that candidates for positions understand expectations for patient and family centered care practices**
- **Ask situational and behavioral questions to ensure new clinical staff hires are committed to PFCC practices**

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Objectives of PFCC Interview

- Select new employees that demonstrate PFCC orientation and practices.
- Use situational and behavioral questions for clinical applicants to demonstrate their patient and family centered care practices and values *in action*
- Develop a formalized set of questions and responses that reflect PFCC practices

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PFCC Interview Design Process

2004-5

- Nurse leader/staff advisor on council recognized opportunity to involve advisor(s) in resident interviews
- Patient advisor recruited by OB/GYN residency director to participate in interviewing
- Goals:
 - To advisor interviewer be a representative voice of patient/family advisory council
 - To inform interview team, in addition to applicants, about patient and family centered care

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Important Role and Involvement of the Perinatal/NICU Council

- Identified core concepts of PFCC
- Feedback and refinement on drafts of resident interview questions
- Prioritize dimensions/anchors through ranking process
- Involvement and improvements in interview process

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Resources that Inspired Interview Tool Development

- Narrative accounts of culture of residency/ doctoring
- Literature review and discussion of empathy, compassion, caring, medical education, and PFCC concepts
- Behavioral interviewing tools
- PFCC culture surveys
 - Joe DiMaggio Physician Survey
 - MCG Culture Survey
- PFCC job descriptions
- Reflection and framing of own experience as a patient/parent within PFCC concepts

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Literature Review

- **Involvement: Patient and Family Centered Care**
 - Patient Activation Measure; Judith Hibbard et al
 - Communicating Evidence for Participatory Decision-Making; Ron Epstein et al
- **Medical Student and Residency Education**
 - Assessing Communication Competence: A Review of Current Tools; Julie Schirmer et al
 - Accreditation Council on Graduate Medical Education (ACGME)
 - Association of American Medical Colleges (AAMC)
- **Empathy, Compassion**
 - Educating for Empathy; Kathy Stepien et al
 - Comparisons of Nurses and Physicians on an Operational Measure of Empathy; Fields et al
- **Patient/Clinician Interaction and Participation**
 - Patient Participation in Patient-Provider Interaction: The Effects of Patient Question Asking on the Quality of Interaction, Satisfaction and compliance, Debra Roter



Council Prioritization of PFCC Behavioral Dimensions Used for Interview Questions

- Prior work of council identified eight PFCC practices
- Needed to prioritize
 - For interview setting



Council Prioritization of PFCC Behavioral Dimensions Used for Interview Questions

1. Demonstrates respectful caring.
2. Demonstrates collaborative orientation to working with patients and families.
3. Understands and describes patient perspective.
4. Recognizes and empathizes with multiple points of view.
5. Demonstrates knowledge and application of patient and family centered care.
6. General communication approaches.

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9/12/05 DRAFT

Resident Interview Questions

Dimension	Questions and Prompts	Anchors
<p>Awareness of concept of patient and family centered care</p>	<p>What does patient and family centered care mean to you? What ideas or examples do you have, either from your observations during your clerkship or your own experience, of activities and/or interactions you observed that demonstrated a patient and family-centered approach?</p>	<p>Able to describe some aspects of patient and family centered care (such as collaboration in developing a plan of care, coordinating care, and creating patient-friendly policies and environments) Shows an understanding that patient and family centered care means that the emphasis is on patient needs (versus physician convenience).</p>

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Ranking of Patient and Family Dimensions

October 5, 2005

Dear Council Members:

*Although it is hoped that all questions will be asked during the OB/GYN resident selection interviews, it would be helpful to have your feedback about which questions are most important to you so that these may be prioritized. Please rank the importance of each of the following dimensions on a scale of 1 to 5, when **5 = Most important to me** and **1= least important to me**. Thanks in advance for assigning a number (1 to 5) to all. Thanks for your input!*

Ranking	Dimension	Anchors
Rank: _____	Consideration of patient and family's experience	<ul style="list-style-type: none">✓ Recognizes each patient is an individual – not just one of 20 patients.✓ Articulates that the experience of being a patient goes beyond the physical; that there is an emotional experience as well. Recognizes that the patient may feel a loss of control and privacy by being in the hospital.✓ Able to see that the patient's family is also experiencing a hospitalization and that the family's life is disrupted for this time.✓ Describes specific ways to improve the patient and family's experience. <p><u>Key Terms</u>: "Individual" "emotional" "vulnerable" "family"</p>



10/3/05 DRAFT

Resident Interview Questions

Questions	Anchors	Notes
<p><i>Given your own life experience and your medical school clerkships, what have you learned or observed about what is important from a patient and family perspective about the care experience?</i></p> <p><i>Do any examples come to mind of things you've observed a member of a care team do to improve the experience?</i></p> <p><i>What ideas do you have about ways to make the care experience better?</i></p>	<p>Aware that the experience of being a patient goes beyond the physical – recognizes the larger context of a patient's life, including family life</p> <p>Describes specific ways to improve the patient and family's experience.</p> <p><u>Key Terms</u>: Individual emotional vulnerable family</p>	
<p><i>If you could describe five qualities a patient would wish for in a physician, what would they be?</i></p>	<p><u>Empathetic words</u>: caring kind patient sensitive empathy hearing advocate aware available genuine</p> <p><u>Intellectual words</u>: intelligent knowledgeable experienced hard-worker skilled</p>	
<p><i>Think of a time when you've observed a difference of opinion about a care issue between a physician and patient and/or their family member. Briefly describe the situation and tell me about the different perspectives.</i></p>	<p>Respectfully describes different points of view</p> <p>Recognizes cultural differences</p> <p>Discusses specific ways in which patient and physician perspectives are different and has insight about how he or she would respond in a similar situation</p> <p><u>Key terms</u>: understanding different perspectives value or appreciate points of view</p>	

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Behavioral Interview: What Is It?

Purpose:

- **To evaluate past performance to predict future performance.**
 - Embed employment and life related experiences, and candidate's demonstration of and/or observations of patient and family centered care behaviors, knowledge, skills and abilities.
- **Design questions about skills that relate to job functions and performance expectations.**

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Why Behavioral Interviewing?

- **The most accurate predictor of future performance is past performance in similar situations.**
 - Behavioral interviewing is 55 percent predictive of future on-the-job behavior.
 - Traditional interviewing is only 10 percent predictive.

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“Trait” vs. “Behavior”

Trait

*Understands
and describes
patient and
family
perspective.*

Behavior

“Last week I asked my patient to help me understand how her hospitalization was affecting her children; she shared...”

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Expectations of Responses

- **Situation** – set up the situation without unrelated information to cloud the response.
- **Task or role** that candidate performed.
- **Action**, telling what candidate did, why was it appropriate.
- **Results** tell how candidate made a difference.



Rationale for PFCC Scoring

- Interest in standardizing interview for all candidates
- Desire to make interviewee's evaluation objective
- Creation of a holistic rubric to score responses on a 3 to 0 scale
- Inspiration from IFCC literature
- Applied ideas from other organization's PFCC culture measurements
- Focus on language:
“*Us*” vs. “*them*” and other inclusive terms
(*collaborate, together*)

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“3=Exceptional” Rating: What Are We Looking For?

- Responses reflect a strong belief that patient and family needs and wishes must be actively solicited and engaged, and their preferences must be the center of the care plan.
- Care is viewed as a collaboration between patients, their families, and providers, and language shows this orientation, such that the spirit of the patient-provider relationship is “us” and “we” (vs. “they”). Furthermore, the care experience is always viewed and described as *with* patients and families (vs. care provided “for” or “to”).
- Unwavering respect for patient and family strengths, cultural uniqueness, resources, and abilities pervades responses.
- This individual seems naturally empathetic and valuing of patient and family perspectives, and answers affirm a strong commitment to furthering the practice of patient and family centered care.

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Instrument Testing October 2005

- Recruitment of volunteer 4th year medical students for pilot
- Conducted approximately a dozen interviews (some with 2 listeners)
- Received feedback on questions/ applicability to medical school experience
- Refinement of questions/scoring
- Re-sequenced questions for flow and standardization

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2005 OB/GYN RESIDENT INTERVIEW QUESTIONS

Candidate Initials: _____ Date: _____ IW #: ____/____

Composite Rank: ____/____

D1: Demonstrates respectful caring

What behaviors have you observed or do you practice that show patients and their families that you respect them and care about their well-being?

Reflects on how he/she:

- Arrives prepared
- Takes time
- Establishes rapport
- Relates genuinely
- Addresses patients as they wish to be addressed
- Includes the family
- Respects patient privacy
- Cultural sensitivity
- Prepares the patient
- Seeks to understand
- Actively solicits patient wishes and preferences and integrates these into care plan
- Remembers details
- Follows through

SCORE: _____

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2005-6 Resident Interviews

- Two members of Perinatal/NICU Council (patient advisor and nurse leader/staff advisor) conducted interviews using PFCC Interview
- Nine interview days (8 to 10 applicants per day) for a total of 88 interviews



Interview Design and Testing

- **Desire to try to build a metrically sound reliable and valid interview tool**
 - Validity and Reliability
 - Kappa statistic for inter-rater agreement
- **Consulted with School of Nursing Researchers who work in caring models to determine steps for instrument testing and correspondingly how to develop a tool that matched the rigor of our application**
 - For validity and reliability testing, needed to move to a research framework
- **Initiative is quality improvement**
 - Strong face validity met our needs

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Reflection and Revisions

- **Scoring: Need to land on a number vs. mid-point**
- **Used initial metrics to add/delete questions**
 - Addition of a question about different value systems
 - Deletion of a question to measure empathy
- **Format changes for improving ease of use**



2006-7 OB/GYN RESIDENT INTERVIEWS

Date: _____ Family Advisor's Name (FA): _____

Interview Number/Daily Total: ____/____ Composite Rank: ____/____

INTERVIEW QUESTIONS

1	2	3	4	5
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Degree to Which Responses Met Expected Response				
<p>D1: Awareness of concept of patient and family centered care Q: <i>What does patient and family centered care mean to you?</i> SCORE: _____</p>				
<ul style="list-style-type: none"> • Describes aspects of patient and family centered care (such as collaboration in developing a plan of care, coordinating care, and creating patient-friendly policies and environments) • Shares full information with patient, and family (transparency) and checks for understanding • Respects patients' preferences about decision-making. • Emphasis is on patient and/or family needs (versus physician or system-centered convenience). Patients come first. • Inclusive of family. 				

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Evolution of Core Concepts

1. Demonstrates respectful caring.
 2. Demonstrates collaborative orientation to working with patients and families.
 3. Understands and describes patient perspective.
 4. Recognizes and empathizes with multiple points of view.
 5. Demonstrates knowledge and application of patient and family centered care.
 6. General communication approaches.
1. Demonstrates respectful caring.
 2. Demonstrates collaborative orientation to working with patients and families.
 3. Awareness of patient and family experience.
 - 4a. Recognition of and respect for differing value systems and the ability to build a professional relationship that transcends individual value systems.
 - 4b. Ability to manage conflict
 5. Awareness of Concept of Patient and Family Centered Care
 6. Communication approaches: body and verbal language.

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Strengthening Ease-of-Use of Anchors and Related Scoring of Instrument

- Develop anchors that are more succinct and tool easier to use
- Involvement of UWMC-wide patient and family advisory councils network to review interview questions and prioritize anchors
- Included both staff and patient/family advisor perspectives; analyzed separately as well

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Prioritization Activity for Behavioral and Attitudinal Anchors/Responses to Interview Questions that Demonstrate Patient and Family Centered Practices/Concepts

A. **PFCC Concept 1:** Awareness of concept of patient and family centered care

Interview Question: *What does patient and family centered care mean to you?*

Response Anchors:

- Respects patients' preferences about decision-making.
- Emphasis is on patient and/or family needs (versus physician or system-centered convenience).
- Inclusive of family as member of the team.
- Describes actions or behaviors that demonstrate patient and family centered care practices (such as collaboration in developing a plan of care, coordinating care, and creating patient-friendly policies and environments).
- Shares full information with patient, and family and checks for understanding
- Other/new _____

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PFCC Interview Questions	3 <i>Exceptional</i>	2 <i>Good</i>	1 <i>Satisfactory</i>	0 <i>Unsatisfactory</i>
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Applicant Name:

PFCC Dimension 1: Awareness of concept of patient and family centered care
Q1: What does patient and family centered care mean to you?

a.Emphasis is on patient and/or family needs.	3	2	1	0
a.Describes actions or behaviors that demonstrate patient and family centered care practices.	3	2	1	0
a.Shares full information with patient and family and checks for understanding.	3	2	1	0

Activity

1. ***“What does patient and family centered care mean to you?”***
2. ***“How does hospitalization or illness impact a patient/family beyond the clinical aspects of care? What approaches do you use to help you better understand your patients’ and families’ perspectives? “***
3. ***“Tell us how you show patients and their families that you respect them and care about their well-being.”***
4. ***“How do you create a plan of care for your patient? “***
5. ***“Tell us about a time when you had a conflict with a patient over their plan of care. How did you resolve the conflict? “***
6. ***“Tell us about a time you established a professional relationship with a patient whose value system was different from your own. How did you accomplish this?”***



Dimension 1:

Awareness of Concept of Patient and Family Centered Care

***“What does patient and family
centered care mean to you?”***

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Anchors – Awareness of concept of patient and family centered care

- a. **Emphasis is on patient and/or family needs.**
- b. **Describes actions or behaviors that demonstrate patient and family centered care practices.**
- c. **Shares full information with patient and family and checks for understanding.**

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Dimension 2:

Awareness of Patient and Family Experience

“How does hospitalization or illness impact a patient/family beyond the clinical aspects of care? What approaches do you use to help you better understand your patients’ and families’ perspectives?”

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Anchors – Awareness of patient/family experience

- Elicits information about the care experience from patients and families.
- Empathetic response to the multiple ways hospitalization affects patients and families.
- Understands that the patient experience goes beyond the physical hospitalization experience and also includes emotional and spiritual effects.

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Dimension 3:

Demonstrates Respectful Caring

“Tell us how you show patients and their families that you respect them and care about their well-being.”

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Anchors – Demonstrates respectful caring

- **Actively solicits patient wishes and preferences, and integrates these into decision-making.**
- **Relates genuinely.**
- **Arrives prepared.**
- **Takes the time to be with the patient and family.**



Dimension 4:

Demonstrates Collaborative Orientation to Working with Patients and Families

***“How do you create a plan of
care for your patient?”***

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Anchors – *Collaborative orientation*

- **Views patient as an essential partner in decision-making.**
- **Reflects belief that patients and families are competent and capable of helping with their own care.**
- **Knows and incorporates patient's goals.**

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Dimension 5:

Ability to Manage Conflict

“Tell us about a time when you had a conflict with a patient over their plan of care. How did you resolve the conflict?”

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Anchors – Managing conflict

- Asks about patient's point of view.
- Respects patient's preferences.
- Respectfully describes different points of view.
- Recognizes the dynamics that factor into different perspectives.



Dimension 6:

Recognition of and Respect for Differing Value Systems and the Ability to Build a Professional Relationship that Transcends Individual Value Systems

“Tell us about a time you established a professional relationship with a patient whose value system was different from your own. How did you accomplish this?”

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Anchors – Recognition of different valuing systems

- **Nonjudgmental approach.**
- **Recognizes that own values impact decision-making.**
- **Respectfully describes different values and points of view.**



Dimension 7:

Communication

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Patient and Family Centered Care

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Anchors – *Communication*

- **Body Language:**
 - **Conveys openness and is nonjudgmental; leans in to listen; eye contact present and appropriate throughout interview; facial expression neutral or warm; expressions match emotional context of what is being shared.**
- **Verbal Language:**
 - **Uses non-technical language and accessible vocabulary.**



Reflections on Patient/Family and Staff Partnership Experience

- Listen
- Opportunities for readiness
- For advisor: experience that inspired to go back to graduate school
 - Two different perspectives
 - As parent advisor and as MPH graduate candidate
 - Recognition of impact on health care system changes, not just individual interview processes



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Reflections on Patient/Family and Staff Partnership Experience

- **Launch of creative thoughtful work**
 - Gratitude and wisdom from personal experience applied to impacting the care experience for others as well as the system
 - Built on the spirit to inspire and experience the compassionate and thoughtful care experienced at UWMC and CHRMC



Lessons Learned

- Using a structured interview tool makes it less essential to have the same interviewer be involved across all applicants
- Orientation for the interview team on interview tool and how the group will use it – partial or all questions
- Ideal to have patient/family advisor involved in interviews
 - Stipend compensation
 - Orientation and introduction for both the advisor and the interview team to the process
 - Session today at 3:45 p.m.: How Do We Choose Our Doctors: Enlisting Family Advisors in Selection of New Resident Physicians for an Academic Residency Program



Future Developments

- **PFCC Interview tool influence UWMC job description development**
- **PFCC interview tool cross-over to patient satisfaction measures**
- **Encourage partnerships and secure funding to support reliability and validity testing**



Thank You

- **UWMC Perinatal Council**
- **UWMC NICU Council**
- **UWMC OB-GYN Residency Interview Team**
- **Dr. Elizabeth Bridges**
- **Ali Jaffe-Doty**
- **Kathy O'Connell**
- **Elizabeth Parrish**
- **Dr. Karen Schepp**
- **Dr. Kris Swanson**

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