Psychometric Development and Validation of a Tool for Pediatric Patient Caregivers to Provide Feedback about Emergency Physician Interpersonal and Communication Skills

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Results Continued

3478 evaluations were collected 2011-2015; 81.7% of the respondents were female; median age was 33 years with a range of 12-75 years.

Emergency center staff treatment of patients had a significant but weak positive correlation (ρ = 0.29), and amount of time spent by patients in the ED had a moderate positive correlation (ρ = 0.40) with PC ratings of physician interpersonal and communication skills.

The linear mixed model showed that respondents preferring English as their survey language rated physicians significantly higher than the Spanish preferring respondents (beta = 0.06, p = 0.02). Also, PCs of admitted patients rated physicians lower than those of discharged patients (beta = -0.05, p = 0.01). PC gender, education level, and age had no significant effect on physician ratings. Physician level of training also had no significant effect on overall physician ratings.

Table 3: Effect of responders’ characteristics on overall mean scores

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Parameter estimated coefficient (UI)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred Language: English (reference: Spanish)</td>
<td>0.051 (0.02)</td>
<td>0.02</td>
</tr>
<tr>
<td>Discharged Admitted (reference: Discharged)</td>
<td>-0.047 (0.01)</td>
<td>0.01</td>
</tr>
<tr>
<td>Respondents' Gender: Female (reference: Male)</td>
<td>0.035 (0.03)</td>
<td>0.51</td>
</tr>
<tr>
<td>Respondents' age</td>
<td>0.00 (0.0)</td>
<td>0.20</td>
</tr>
</tbody>
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Conclusion

A qualitatively and statistically validated assessment tool for use by pediatric patients and their caregivers to evaluate ED physicians was developed and found to be reliable. Our instrument measured two constructs: 1) Physician engagement and communication with pediatric patients and their caregivers in the ED care process; and 2) Information delivery by physicians to their patients and their caregivers. Compared to other assessment tools that use Likert type rating scales, the use of behaviorally descriptive response items in our instrument provides ED physicians with useful feedback that may facilitate their learning and development of skills needed to communicate and interact with pediatric patients and their caregivers.

Future directions:

Utilize assessment tool as one of a multisource assessment process for ED physicians; identify areas in need of improvement and develop educational interventions for physician training. Identify demographic and situational factors contributing to effective vs ineffective physician/patient interactions; evaluate association between these interactions and patient satisfaction.

Determine predictive validity of our assessment instrument.

References and Funding


Software: Mplus version 7.4 (Muthen & Muthen, 2017) used to examine factor structure and construct validity of item responses.

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