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Cover Page Footnote

We would like to acknowledge Elizabeth Garcia and Dr. Randal Weber for reviewing this paper. This article is associated with the Policy & Measurement lens of The Beryl Institute Experience Framework (<https://www.theberylinstitute.org/ExperienceFramework>). You can access other resources related to this lens including additional PXJ articles here: http://bit.ly/PX_PolicyMeasure

The effect of service excellence training: Examining providers' patient experience scores

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Abstract

Previous research and applied work has shown that communication-based training has the potential to impact important outcomes for healthcare organizations. Our institution developed and deployed Service Excellence, a communications-focused training, in our large academic cancer-focused healthcare system. In this study, we investigated whether patient experience improved for those with care providers who completed Service Excellence, as measured by Press Ganey Provider Experience surveys, and whether the effect of Service Excellence training depends on employee engagement. Results indicated that participating in Service Excellence training positively impacts perceptions of patient experience, and that the impact of the training is stronger for providers with low engagement as compared to providers with high engagement. Findings suggest that communications-based training can be an effective mitigation strategy to assist even those low engaged physicians with displaying the expected behaviors for positive patient interactions. Implications for healthcare organizations are discussed, including the rationale for motivating providers to attend such training.

Keywords

Engagement, patient experience, patient-centered, provider communication, communication skills, Press Ganey

Introduction

Communication is the thread that pulls healthcare providers together with their colleagues and patients. As Gallup identified, employees want to make these connections within their work environment. However, the quality of these relationships and the communication occurring within them can lack substance and purpose.¹ Training has been acknowledged for decades as an effective and necessary tool for building communication skills² within the medical community.^{3,4}

Communication is especially important *and* complex within the healthcare environment. The National Cancer Institute identifies the emotions, including denial, fear, and anger, that can surface when patients are diagnosed with cancer.⁵ Providers' capability to communicate responsively and empathetically toward patients is critical in this context. Furthermore, providers' ability to communicate directly impacts patient safety. Some organizations have created training to increase providers' communication skills and positively impact safety and the patient experience. For example, TeamSTEPPS (Strategies and Tools to Enhance Performance and Patient Safety) is a set of evidence-based teamwork tools specifically developed as an approach to increase patient safety as part of the patient experience. The tools focus on leadership and communication among team members.⁶

The Centers for Medicare and Medicaid Services (CMS) requires that physicians report patient experience scores in the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) for inpatient care and in the Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CGCAHPS) for outpatient care. A major driver of these scores is provider communication. Both providers and hospitals have turned to methods to increase these skills with an eye toward impacting the patient experience. As one example, the Cleveland Clinic implemented their REDE model (Relationship Establishment, Development, and Engagement) which focuses on improving the patient experience through patient-physician communication⁷. Other organizations have shown communications training can have a positive impact on providers' skill demonstration. What is less clear is whether there are boundary conditions for communications training effectiveness. The purpose of this investigation is to describe a communications-based training program and report the results of our investigation into the potential impact of this training on the patient experience.

Service Excellence Program Purpose and Development

Our organization, a cancer-focused academic healthcare institution, developed a Service Excellence program to provide employees with communication strategies and decision-making tools to deliver an excellent experience to patients. The content was based on research of best practices, such as the service standard strategies of the Disney Institute and findings published by Press Ganey in the healthcare industry.^{8,9} To customize the content to our organization, we held workshops with more than 100 staff and faculty to discuss stakeholder groups – their needs, wants, stereotypes, and emotions – and to establish the Service Standards needed in our organization. The service standards and preliminary training content were evaluated by a cross-sectional group of institutional leaders and piloted within one division prior to organization-wide implementation. The Service Standards identified were: 1. Safety, 2. Courtesy, 3. Accountability, 4. Efficiency and 5. Innovation. They are prioritized in that order in instances when employees need to make a service decision. Employees should deliver on all service standards in every interaction when possible, however, employees know which standard takes priority if a choice must be made. Figure 1 contains our Service Standards and their full definitions.

Service Excellence Training Program

The curriculum is modular in nature to address the multiple components of Service Excellence. The online prerequisite showcases leaders from across the institution voicing their support for a culture in which “we care while

we provide care.” The remaining six hours of training are divided into two-hour sequential modules of experiential learning, each containing both discussion and hands-on activities. Module 1 evokes discussions around the importance of engagement and walks through the service standards. Module 2 focuses on communication tools to enhance the patient experience and to enable empowerment among employees. Module 3 encourages employees to anticipate the needs of their stakeholders and provides the tools for Service Recovery when expectations are not met (see Table 1 for summary). The three modules are designed for a facilitator and co-facilitator to lead the sessions. This format allows for a wide variety of examples to be shared with employees, helping them to connect to the content and understand how to apply it in their roles. Both facilitator roles participate in at least three hours of train-the-trainer training prior to leading the sessions.

Our Study

We recognized that committing to the patient experience through Service Excellence means committing to building relationships in an environment of open communication. One available method to measure our success of this commitment is the Press Ganey survey, which measures patient perceptions of their interactions with our care providers.¹⁰ Press Ganey is a company external to our institution that develops and distributes patient satisfaction surveys for the majority of US hospitals.¹¹ Patients automatically receive and complete the Press Ganey survey after their appointments. One portion of this survey asks patients to rate their interaction with their care provider on five dimensions.¹²

We also recognize that important individual factors may affect care providers’ ability to enact what they have

Figure 1. Service Excellence Standards



Table 1. Service Excellence Curriculum Overview

Course	Timing	Topics
Online Prerequisite	45 minutes	History – Create an emotional connection to our organization’s purpose and how each employee fits into our institution and its history The Why – Understand why patients, caregivers, and colleagues choose to come to our institution and the choice they have among competitors Service Foundations – Recognize the Service Standards as a tool to empower each employee to deliver on Service Excellence
Module 1	2 hours	Engagement – Create awareness of how engagement can impact the environment and interactions with stakeholders Service Standards – Establish the standards of service and use them as a decision-making tool
Module 2	2 hours	Communication – Increase awareness of the need to convey feelings and rationale when motivating others, and use communication tools, such as AIDET (Acknowledge, Introduce, Duration, Explanation, and Thank You), to improve interactions Patient Experience – Understand the patient perspective and how direct and indirect patient-facing positions affect the patient experience Empowerment – Define the boundaries to allow each employee to deliver on their role with purpose
Module 3	2 hours	Anticipating Needs – Promote behaviors that create moments of hope for stakeholders Service Recovery – Build stakeholder loyalty and trust when service is less than what is set by standards

learned in Service Excellence training. One factor that has been shown to influence interactions and relationships, including those between providers and patients, is employee engagement.^{13,14} Employee engagement has been defined as “involvement and satisfaction with as well as enthusiasm for work”.¹⁵ We measure employee engagement through our biennial employee engagement survey which invites all employees to complete a confidential online survey to gather their perspectives on their work environment.

The purpose of this study was two-fold. First, we wanted to investigate whether completing Service Excellence training influences patients’ experiences with their providers. To do so, we compared the Press Ganey Patient Experience scores of our providers prior to and post training. Second, we wanted to investigate whether the impact of the training depends on the engagement levels of the participating providers. Specifically, we sought to identify the influence of Service Excellence training on Press Ganey scores at different levels of provider engagement. By doing so, we provide evidence to determine whether communications training such as Service Excellence (i.e., providing communication tools and establishing cultural expectations) can help providers’ develop skills to better connect with their patients during their interactions.

Method

Participants

Participants included 360 providers at a cancer-focused academic research institution. Demographics including provider type, gender, and ethnicity can be found in Table 2.

Measures

Service Excellence Course Completion. During a two-year time period from March 2017 through February 2019, 109 providers completed Service Excellence training. During that same period, there were 251 providers that did not complete Service Excellence.

Engagement. All providers completed the biennial online engagement survey sent to all employees in the institution in February 2019. Three engagement items comprised the mean composite engagement score; these items were created specifically for this engagement survey by an external consulting company for benchmarking purposes. Responses were indicated on a 5-point Likert scale ranging from 1 (*Strongly Disagree*) to 5 (*Strongly Agree*). Thus, higher scores indicate higher engagement (i.e., more positive attitudes towards employees’ jobs and the organization). The full text items, along with descriptive statistics for the participants’ responses, can be found in Table 3. Together, the items exhibited acceptable internal consistency reliability (Cronbach’s $\alpha = 0.87$).

Press Ganey Scores. Five items from the Care Provider section of the Press Ganey survey comprised the mean

Table 2. Participant Demographic Characteristics

	N	%
Provider Type		
Doctor of Medicine (MD)	290	80.6
Advanced Practice Registered Nurse (APRN)	47	13.1
Certified Physician Assistant (PA-C)	14	3.9
Doctor of Osteopathic Medicine (DO)	1	0.3
Gender		
Male	185	51.4
Female	175	48.6
Ethnicity		
Caucasian	210	58.3
Asian	96	26.7
Hispanic	27	7.5
African American	21	5.8
Two or more races	3	0.8
Native American	2	0.6
Pacific Islander	1	0.3

Table 3. Descriptive Statistics for Employee Engagement Items

Item	N	Mean	SD
1. My job provides me with a sense of personal accomplishment	283	4.35	0.69
2. I feel like I really belong in this institution	283	4.06	0.91
3. I would recommend [this institution] to others as a great place to work	283	4.15	0.83

composite scores for patient experience. These items were selected because they most directly asked patients about their interaction with their care provider. Previous research evaluating the psychometric properties of Press Ganey items have found “acceptable” levels of internal consistency reliability, factor structure, and convergent and discriminant validity.¹⁶ The Press Ganey surveys were completed by patients during two time periods; pre Service Excellence from December 2016-February 2017 (n = 15,002 patient respondents, with an average of 34 respondents per provider) and post Service Excellence from March-May 2019 (n = 13,717 patient respondents, with an average of 33 respondents per provider). Year-over-year, the average patient response rate to the surveys is 20%, and the response rate is mirrored within gender and ethnic subpopulations, ranging from 15-20% response rates year-over-year.

Patients rated their provider on a 5-point Likert scale ranging from 1 (*Very Poor*) to 5 (*Very Good*), in which higher scores indicate more positive perceptions of patient experience. Press Ganey automatically converts all responses to a score ranging from 0 to 100 in increments of 25 because “most people find it easier to interpret scores from 0-100.”¹² This is an automatic conversion and the raw responses are not available at the individual level; thus, Press Ganey item responses are reported on the 0-

100 scale, although the response scale is not continuous. Together, the items exhibited acceptable internal consistency reliability (Cronbach’s α for 2017 = 0.95; Cronbach’s α for 2019 = 0.87). Full items and descriptive statistics can be found in Table 4.

IRB approval was received for the analysis of these data (IRB Protocol number # 2020-1323). Figure 2 depicts the timing of the Service Excellence training, the employee engagement survey, and Press Ganey survey completion.

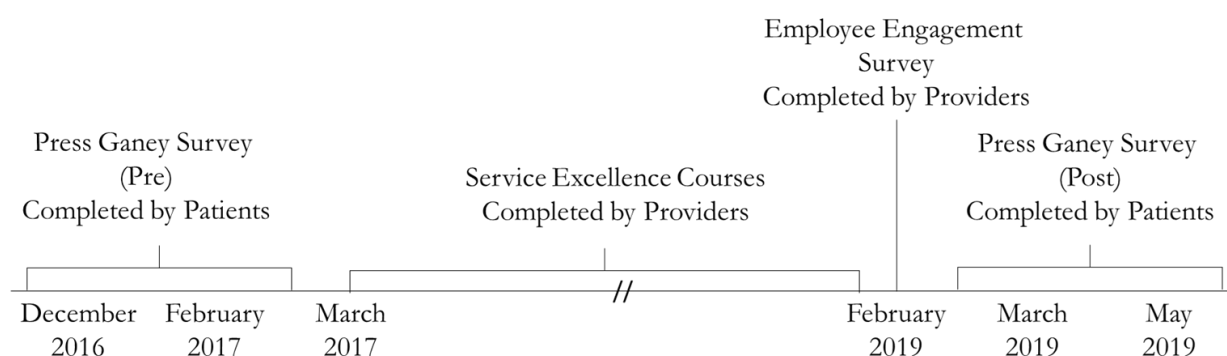
Data Analysis

The engagement composite appeared bimodal based on visual inspection of the data, indicating the existence of two groups of providers based on their responses to engagement items. Thus, engagement was split into two groups; 142 providers with low engagement (ranging from 1.33 to 4.00) and 141 providers with high engagement (ranging from 4.33 to 5.00).

In order to investigate the effects of Service Excellence training, as well as the role of engagement, two ANOVA models were conducted. First, a Repeated Measures ANOVA was conducted to investigate the effects of Service Excellence training on Press Ganey Care Provider

Table 4. Descriptive Statistics for 2017 and 2019 Care Provider Press Ganey Items

Item	2017 (pre)			2019 (post)		
	N	Mean	SD	N	Mean	SD
1. Concern the care provider showed for your questions or worries	360	95.19	5.48	360	96.21	3.50
2. Explanations the care provider gave you about your problem or condition	360	95.44	4.47	360	95.96	3.85
3. Care provider's efforts to include you in decisions about your care	360	94.80	4.85	360	95.99	3.57
4. Likelihood of your recommending this care provider to others	360	95.35	5.80	360	96.18	4.32
5. Extent to which your care provider talked with you about your pain (if any)	358	94.71	5.04	356	95.35	4.23

Figure 2. Timeline of Press Ganey survey, Service Excellence courses, and Employee Engagement Survey

scores in 2017 and 2019. Second, a two-way ANOVA was conducted to investigate the effects of engagement and Service Excellence training on 2019 Press Ganey Care Provider scores. We had no theoretical reason to believe that sociodemographic factors would impact these relationships, thus no specific hypotheses were made regarding the effects of group membership (provider type, gender, and ethnicity). However, we tested for the presence of effects by adding three dichotomous covariates to the analyses. Dichotomous variables were used due to sample size constraints (M.D. provider type versus all others, male versus female, and Caucasian ethnicity versus all others).

Results

2017-2019 Press Ganey Care Provider Scores

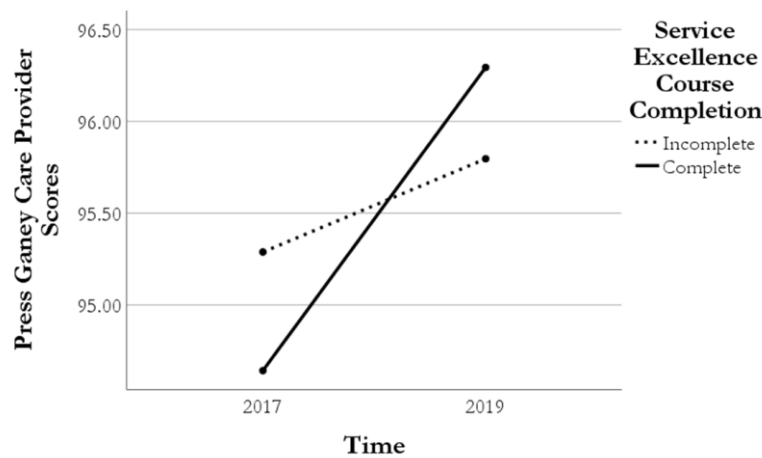
Holding Service Excellence constant, ANOVA results revealed that providers received higher Press Ganey Care Provider scores in 2019 than in 2017. This difference was statistically significant, $F(1, 177.038) = 16.28, p < 0.001$, partial $\eta^2 = 0.044$. The interaction between time and Service Excellence training was statistically significant,

indicating that providers who completed Service Excellence training increased Press Ganey scores to a greater extent than those who did not, $F(1, 49.673) = 4.57, p = 0.033$, partial $\eta^2 = 0.013$. A graph of these effects can be found in Figure 3. No sociodemographic factors were statistically significant and were removed from the analyses reported here for ease of interpretation.

2019 Press Ganey Care Provider Scores

The ANOVA revealed that the main effect of engagement was not significant, $F(1, 279) = 0.63, p = 0.428$, partial $\eta^2 = 0.002$, but the main effect of Service Excellence training was statistically significant $F(1, 279) = 4.37, p = 0.037$, partial $\eta^2 = 0.015$. The interaction between engagement and training was statistically significant, indicating that the effect of Service Excellence on Press Ganey Care Provider scores depends upon the level of employee engagement, $F(1, 279) = 4.01, p = 0.046$, partial $\eta^2 = 0.014$.

For low engagement employees, the simple effect of Service Excellence indicated that Press Ganey Care provider scores were significantly higher for those that completed training, $F(1, 279) = 5.89, p = 0.016$, partial $\eta^2 = 0.021$. For high engagement employees, the simple

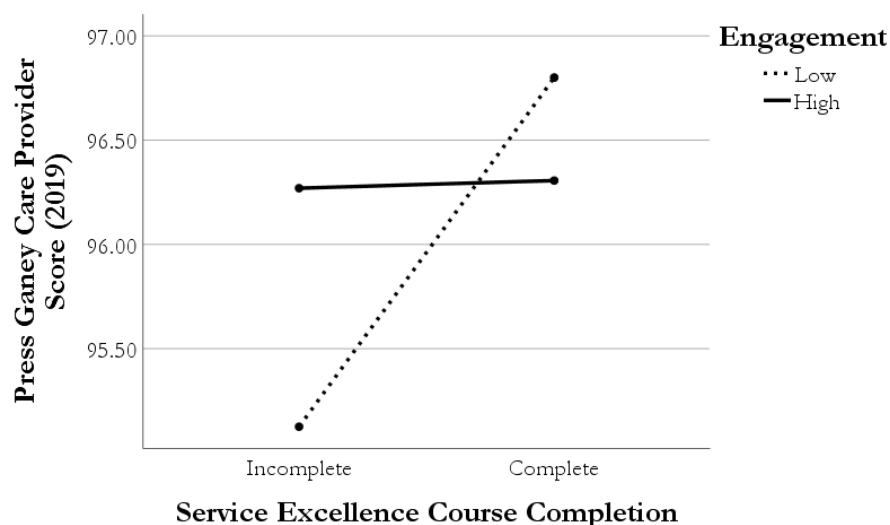
Figure 3. 2017-2019 Press Ganey Care Provider Scores by Service Excellence Training

effect of Service Excellence indicated Press Ganey Care Provider scores was also higher for those that completed training, though the effect was much weaker, $F(1, 279) = 0.55$, $p = 0.461$, partial $\eta^2 = 0.002$. Together, these results indicate that Press Ganey Care Provider scores were greater for providers that completed Service Excellence training, and the effect of the training was stronger for low engagement providers. A graph of these simple effects can be found in Figure 4. No sociodemographic factors were statistically significant and were removed from the analyses reported here for ease of interpretation.

Discussion

Our results showed that providers who completed Service Excellence training showed a greater improvement over time in their patient experience scores compared to those providers who did not complete the training. This finding helps to establish the efficacy of training as an intervention to support providers in growing in their communication skills.

Employee engagement has been touted and repeatedly reported to be related to patient experience; organizations with lower employee engagement scores tend to have lower patient satisfaction.^{17, 18} Our results show that

Figure 4. Simple Effects of Service Excellence Training and Engagement on Press Ganey Care Provider Scores

training can potentially have a mitigating effect, such that providers with low engagement are better able to increase their patient experience scores following completion of training. This finding shows that providers can learn new communication skills and improve their interactions with patients, and that training may be especially impactful for providers or organizations with lower levels of engagement.

The finding further shows that training can be an effective intervention for organizations seeking to counter the effects that low engagement can have. Those who are already actively engaged may already behave in ways that are aligned with a service culture. Those with low engagement may benefit from communications training by applying their new skills, awareness, and tools to foster more effective and positive communication with their patients. While this result may appear counterintuitive, the effect could be due to contrasting behavior, where the same behavior appears as marked improvement based on comparison.¹⁹ Patients could be perceiving the interactions with less engaged physicians following training more favorably when contextualizing them against their prior interactions. Overall, this tie to engagement aligns with recent efforts proposed to improve burnout by focusing on communication and relationships^{20,21} and provides initial evidence showing the positive effects these efforts can have on the patient experience.

Implications

Research shows that patients are likely to recommend or not recommend care providers to others based on their experiences; in fact, they are more likely to share their negative reviews.²² A positive patient experience is necessary for organizations to not only do the right thing but also stay competitive with their peer organizations. Patient experience scores are becoming increasingly transparent and are being used for decision-making; for example, payers can now access such scores to determine reimbursement (e.g., the National Research Corporation Health Transparency StarCard rating system). While this could serve as a motivator to attend training, it could also explain why in our own organization we saw an increase in scores across both trained and untrained providers. That is, providers may already have been working to improve their patient interactions to ensure positive feedback from patients because of its visibility and its impact on reimbursement. Supplying providers with resources and tools to help improve these interactions is ultimately the responsibility of organizations. These reasons together provide healthcare organizations with the rationale to support such training.

Finally, we want to note that less engaged providers are more likely to cite time away from patient care as a reason to not attend training, and in fact, time is a precious

resource in their patient interactions.²³ Our findings provide evidence for rationale at the individual provider level; training could help improve provider-patient interactions and improve the quality of provider time spent with patients. Showing providers the results other providers achieved following training could serve to minimize resistance, even from low engaged providers.

Limitations and Future Research Directions

The study described here took place within a single organization. Future research could explore these same effects across organizations and across different healthcare providers to ensure the generalizability. While the findings show promise for the impact of training on providers' behaviors in their interactions with patients, more research is needed to unpack the effects of communication-focused training on provider behaviors and patient outcomes. Specifically, research is needed to identify which aspects of the training are most effective in transferring to patient interactions and what organizations can do to support providers in transferring their training to patient interactions. Additionally, the effects we found on Press Ganey scores were small. However, given the many factors that contribute to these scores, even small effects are quite notable. Examining more detailed information about provider training beyond completion or participation (e.g., knowledge gained or engagement in the training program) may provide deeper insights into the effects of training.

Conclusion

Healthcare is an especially important setting in which effective communication facilitates relationships and leads to a better patient experience. With training, providers may raise their awareness and skills to positively impact how they build relationships through more effective communication, and this impact can be observed for less engaged providers. The results presented here provide much-needed evidence that providers can apply what they learn in training to positively impact the patient experience.

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References

1. State of the American Workplace Report. Gallup, 2017. Retrieved July 07, 2021 from <https://www.gallup.com/workplace/238085/state-american-workplace-report-2017.aspx>
2. Nestel D, Woodward-Kron R, Keating JL. Learning outcomes for communication skills across the health

- professions: a systematic literature review and qualitative synthesis. *BMJ Open*. 2017;7:e014570. doi:10.1136/bmjopen-2016-014570
3. O'Keefe M, Henderson A, Pitt R. Health, medicine and veterinary science: Learning and teaching academic standards statement. New South Wales, Australia: Australian Government Department of Education, Employment and Workplace Relations, 2011.
4. CanMEDS Physician Competency Framework—Communicator. Royal College of Physicians and Surgeons of Canada, 2015. <http://www.royalcollege.ca/portal/page/portal/rc/canmeds/framework/communicator>
5. National Cancer Institute. Feelings and Cancer. Published 2018. Retrieved July 07, 2021 from <https://www.cancer.gov/about-cancer/coping/feelings>
6. Agency for Healthcare Research and Quality. TeamSTEPPS: National Implementation. 2013 http://teamstepps.ahrq.gov/about-2cl_3.htm.
7. Windover AK, Boissy A, Rice TW, Gilligan T, Velez VJ, Merlino J. The REDE model of healthcare communication: optimizing relationship as a therapeutic agent. *Journal of patient experience*. 2014;1(1):8-13.
8. Press Ganey. Will Your Patients Return? The Foundation for Success. Published 2017. Retrieved July 7, 2021 from https://helpandtraining.pressganey.com/Documents_secure/Medical%20Practices/White%20Papers/medical-practice_4.pdf
9. Jones B. How Disney Empowers Its Employees to Deliver Exceptional Customer Service. Harvard Business Review; 2018. Retrieved July 7, 2021 from <https://hbr.org/sponsored/2018/02/how-disney-empowers-its-employees-to-deliver-exceptional-customer-service>
10. Press Ganey. Hospital Consumer Assessment of Healthcare Providers and Systems. Published 2015. Retrieved December 09, 2020 from <https://www.pressganey.com/resources/program-summary/hospital-consumer-assessment-of-healthcare-providers-and-systems>
11. Graham B, Green A, James M, Katz J, Swiontkowski M. Measuring Patient Satisfaction in Orthopaedic Surgery. *The Journal of Bone and Joint Surgery*. 2015;97(1): 80-84. doi: 10.2106/JBJS.N.00811.
12. Press Ganey. Guide to Interpreting. Published 2014. Retrieved July 7, 2021 from <https://helpandtraining.pressganey.com/lib-docs/default-source/ip-training-resources/guide-to-interpreting---part-2.pdf?sfvrsn=2>
13. Khan A, Spector ND, Baird JD, Ashland M, Starmer AJ, Rosenbluth G, et al. Patient safety after implementation of a coproduced family centered communication programme: multicenter before and after intervention study. *BMJ* 2018;5;363:k4764. doi: 10.1136/bmj.k4764
14. Heath S. Employee Engagement Tied to Higher Patient Satisfaction Levels. Published 2019. Retrieved December 12, 2020 from <https://patientengagementhit.com/news/employee-engagement-tied-to-higher-patient-satisfaction-levels>
15. Harter JK, Schmidt FL, Hayes TL. Business-unit-level relationship between employee satisfaction, employee engagement, and business outcomes: a meta-analysis. *Journal of Applied Psychology*. 2002;87(2); 268-279. doi: 10.1037/0021-9010.87.2.268
16. Presson AP, Zhang C, Abtahi AM, Kean J, Hung M, Tyser AR. Psychometric properties of the Press Ganey® Outpatient Medical Practice Survey. *Health Qual Life Outcomes*. 2017;15(1):32. doi:10.1186/s12955-017-0610-3
17. Buhlman NW, Lee TH. When Patient Experience and Employee Engagement Both Improve, Hospitals' Ratings and Profits Climb. Harvard Business Review, 2019. Retrieved December 12, 2020, from <https://hbr.org/2019/05/when-patient-experience-and-employee-engagement-both-improve-hospitals-ratings-and-profits-climb>
18. Heath S. Employee Engagement Tied to Higher Patient Satisfaction Levels. Published 2019. Retrieved December 12, 2020, from <https://patientengagementhit.com/news/employee-engagement-tied-to-higher-patient-satisfaction-levels>
19. Sumer, H C & Knight, P A. Assimilation and contrast effects in performance ratings: Effects of rating the previous performance on rating subsequent performance. *Journal of Applied Psychology*, 1996; 81.4: 436.
20. Maslach C, Leiter MP. New insights into burnout and health care: Strategies for improving civility and alleviating burnout. *Med Teach*. 2017;39(2):160-163. doi: 10.1080/0142159X.2016.1248918
21. Parks T. Cleveland Clinic's approach to burnout focuses on relationships. AMA. 2016. Retrieved July 07, 2021 from <https://www.ama-assn.org/delivering-care/patient-support-advocacy/cleveland-clinic-s-approach-burnout-focuses-relationships>
22. 75 Customer Service Facts, Quotes & Statistics. Retrieved December 12, 2020 from <https://www.helpscout.com/75-customer-service-facts-quotes-statistics/>
23. Dugdale DC, Epstein R, Pantilat SZ. Time and the patient-physician relationship. *J Gen Intern Med*. 1999;14 Suppl 1(Suppl 1):S34-S40. doi:10.1046/j.1525-1497.1999.00263.x