

Outlook of the patient/family support system from the perspective of practical training for medical coordinators

Masahiko Ishikawa MD, PhD, Naomi Saito

From:

Center for Patient Safety and Quality, Japan Association for Development of Community Medicine

Purpose

In 2012, additional patient support system improvements to the medical payment system were launched, and all medical institutions began to consider stationing medical coordinators. In 2013, the “Guidelines on the creation of training programs for the training and occupational guidance of medical coordinators” were formulated and published. According to these guidelines, “Medical coordinators are those to whom authority is transferred from the administrators of each medical institution for the purpose of promoting, facilitating, and coordinating the patient/family support system, and whose duty it is, based on management guidelines, to coordinate between medical safety officers, each medical department, and related administrative branches to provide general consultation and other support to patients and their families.”

The guidelines additionally denote six occupational duties of medical coordinators: 1) organize the patient/family support system; 2) implement education/training to employees involved in the patient/family support system; 3) provide primary support to patients/families; 4) collect, analyze, develop countermeasures for, provide feedback on, and evaluate consultation information from patients/families; 5) provide support regarding medical accidents or claims from patients/families who suspect medical accidents; 6) cultivate a culture of explanation and dialogue. Due to the launch of the medical accident investigation system in 2015, medical coordinators require timely support backed by broad knowledge. For effective and efficient maintenance of the patient/family support system based on coordinated activities with medical safety officers, comprehensive effort at the organizational level is essential. In this study, considering the present circumstances of medical coordinators, we examined the challenges and outlook of the patient/family support system based on practical training of medical coordinators.

Methods

We have implemented medical coordinator training seminars two to four times annually since 2012. A single training seminar consists of basic training over two days, with another single-day follow-up session, for a total of three days (training time: 20 h, 30 m). In this study, we examined the results of surveys of a total of 204 trainees immediately after completion of five separate three-day training seminars held between April 2015 and March 2018.

Results

Of the 204 participants, 192 responded to our survey (response rate: 94.1%). The occupations of the respondents were numerous and included 15 physicians (7.4%), 66 nurses (32.4%), 67 administrators (32.8%), 20 social workers (9.8%), and 36 people from other vocations (17.6%). Nurses and administrators combined comprised 133 (65.2%) of the respondents.

Regarding their motives for attending the training seminar, 98 (51.0%) respondents said “It is beneficial to my work duties,” 73 (38.0%) said “It will improve my communication skills,” 64 (33.3%) said “It will improve my ability to respond to patients/families,” 59 (30.7%) said “I will learn techniques for coordinating human relations,” and 26 (13.5%) said “In the future, I will be in charge of consultation response to patients/families” (multiple responses were allowed and are included in these results).

A total of 144 (74.5%) respondents said they were petitioning for additional improvements to the patient support system for medical payments, 19 (9.8%) said they were not, and 18 (9.4%) said they planned to.

In response to the question, “Are you in charge of the patient consultation services window?” 42 (21.9%) respondents said they were, 121 (63.0%) said they were not, and 27 (14.0%) said they would be.

To the question, “Were the duties of medical coordinators clarified by the training seminar?”, 65 (33.9%) respondents said “very much so,” 101 (52.6%) said “yes,” 25 (13.0%) said “somewhat,” and 1 (0.5%) said “not really.”

To the question, “Have you begun to make practical use of the training content following

completion of the basic skills seminar?", 14 (7.3%) respondents said "very much so," 39 (20.3%) said "yes," 73 (38.0%) said "somewhat," and 35 (18.2%) said "not really."

Discussion

Medical coordinators require continuous training to acquire relevant skills, and they are expected to actively participate in and support patient/family decision-making regarding medical accidents, cultivating a culture of explanation and dialogue that involves aspects such as psychological care for employees in charge of medical accidents and planning/implementation of educational training for all employees.

The present results showed that participation in the medical coordinator training seminar fostered understanding of the duties and roles of medical coordinators, improved skills for coordinating communication/human relations, increased medical safety knowledge, and provided insight into improving the patient support system. This indicates the seminar's effectiveness at building the skills of individual participants.

However, the results also revealed that after completion of the basic two-day seminar, initiation of new endeavors at trainees' institutions, awareness within the institution of the Consultation Services Window for patients/families, and awareness and understanding of medical coordinators among the institution's overall workforce were insufficient. This indicates the need for systematic reform concerning patient/family support, including increased awareness of medical coordinators' duties.