

Effectively Engaging Physicians in Change: Things to NOT say

Here is a list of words or phrases to avoid. It's good to have a second person attend your meetings with physicians, especially at first, to identify why problems arise, it often is tied to the use of some of the phrases below.

Bad, Poor, Wrong, Unsatisfactory

These imply judgment and suggest you are NOT really interested in understanding their view, you have already DECIDED that they are not doing a good job.

Rather than say, "We think you are doing this wrong (or not right)." Try "We don't think this is the most effective approach."

You need to
You should
You must

This is an order and implies judgment. It puts you on the other side of the table from the person you are visiting.

Rather than say, "You need to prescribe more Ace Inhibitors.", try "We have found that ACEIs work as effectively as ARBs and cost significantly less. We are encouraging physicians to select these more cost effective medications. What do you think?"

Low performer

Again, judgment and scoring are inferred.

Rather than say, "I'm visiting poor performers to improve our ED utilization rate.", try "We are concerned about the cost and quality involved in the use of ED services, we are visiting physicians whose patients use these services more than others to try and understand the difference in utilization rates to see what we can do to use EDs more effectively."

Disappointed
Upset, Frustrated

These raise the judgment flag again. They promote defensiveness and potentially anger when interpreted as insulting.

Rather than say, "Dr. Jones, we are disappointed by your brand name prescribing pattern. These drugs are simply no better than the generic medications we are promoting." Try "Dr. Jones, I'd like you to review this chart which depicts the percentage of branded medications each PCP in our group prescribes. As you can see, your percentage is higher than others. Can you help me understand the criteria you use to select medications?"