

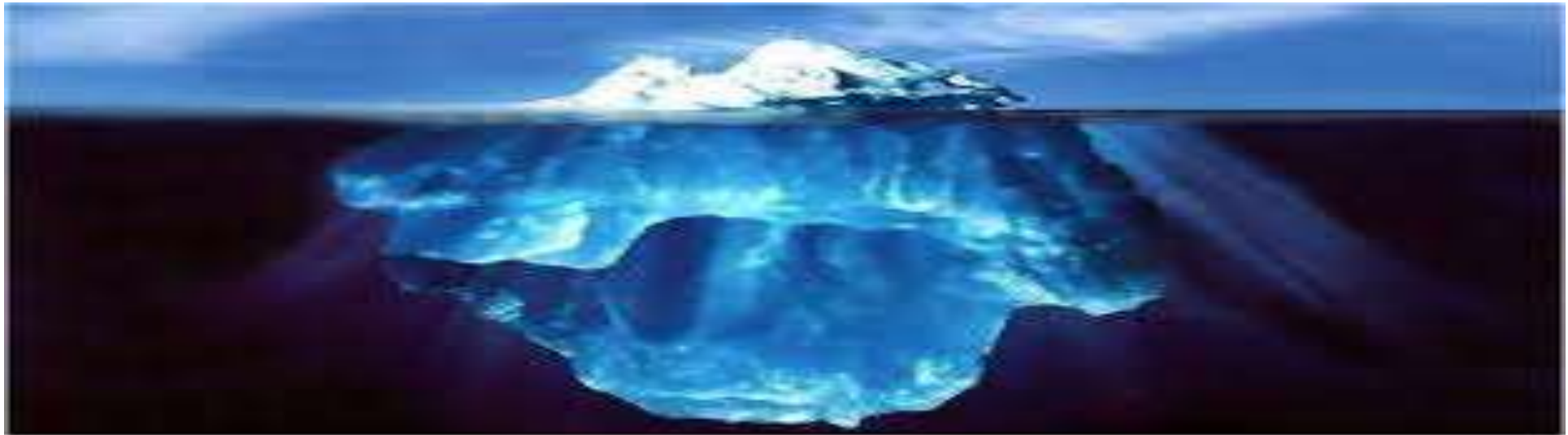
THE PATIENT CENTRED CLINICAL METHOD

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Family Medicine

Objectives

- To describe the patient centred clinical method
- To describe its benefits and applications



Benefits of the Method

- Greater levels of patient satisfaction
- Greater levels of doctor satisfaction
- Fewer malpractice claims
- Better patient adherence
- Higher quality of self reporting
- Greater physician detection and patient insight re: somatization
- Improved physiological patient health

Myths surrounding PCCM

- It's "soft" medicine-more about psychosocial issues than diseases
- It's too time consuming to be beneficial
- It disables the doctor
- Patient centeredness is only applicable to certain types of visits-"drama"
- It's only applicable to family medicine

6 Components of Patient Centred Clinical Method

1. Exploring both the disease and the illness experience
2. Understanding the whole person
3. Finding common ground
4. Incorporating prevention and health promotion
5. Enhancing the doctor-patient relationship
6. Being realistic

Same disease, but...



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"No heavy lifting?... But, he's supposed to be clearing out the garage this weekend!"



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1. Exploring both the disease and the illness experience

- Disease vs. Illness- Person not just Pathology
- History, Physical Examination and Lab
- Illness explored in Patient Centred History:
 - Patient's feelings about what is happening
 - Ideas- what is causing the illness
 - Concerns- what is worrying about the condition- Real reason for visit
 - Effects of condition on function
 - Expectations- What patient hopes to get out of visit



WHEN DID YOU FIRST NOTICE YOUR
TIMBERS WERE SHIVERING?

Exploring illness-Patient cues and prompts

- Expressions of feelings- fear, concern, worry
- Attempts to understand or explain symptoms
- Personal stories- things that link patient with particular conditions, risks
- Patient seems unsettled or dissatisfied with suggestions or recommendations
- Concerns should be acknowledged and validated



Examples

Doctor's Diagnosis and Management	Patient's Ideas and Feelings	Patient's Concern	Patient's Expectation
Migraine headache. Ibuprofen and rest prescribed.	Two doctors have said it's migraine and gives me painkillers, but this headache paralyzes me and it's becoming more frequent. I feel helpless.	A friend of mine told me that her aunt had bad headaches and died of a brain tumour	I need a CT scan or MRI
Common Cold. Hista DC and Panadol.	When I blow my nose or cough, the mucus is green. I thought it was the cold but I don't want to take any chances	My mother had pneumonia recently- I hope I don't end up in hospital with pneumonia	I need antibiotics and sick leave
Eczema. Emollients and topical corticosteroid	This rash makes my skin look bad and my clients at the salon will be afraid to catch it.	Maybe my liver isn't working, a lady at the health store told me I need a cleanse	I need blood tests and a tonic

2. Understanding the whole person

- The person- history, personality and development, methods of adaptation
- Proximal context- family, education, employment, social support, financial security
- Distal context- culture, community and ecosystem

Understanding the whole person- how context applies

Determines:

- How person views disease and its causes
- Perspectives on treatment and curing practices
- Attitudes to and expectations towards management deemed appropriate
- Behaviours and reactions to illness

3. Finding common ground

- Definition of the problem
- Establishing priority
- Goals of treatment and management
- Roles and responsibilities of patient and doctor



Problem	Priority	Doctor's Role	Patient's Role
Strong Family History of Heart Disease- Father died of MI	Minimize patient's risk of heart attack- Doctor and Patient both want a better outcome	Do blood tests and cardiovascular risk assessment, recommend medication and lifestyle changes as per evidence. Offer encouragement and support.	Eat vegetables at every meal Stop eating fried foods Take medication Walk for exercise 4 times a week Keep appointments Be honest with doctor about progress

4. Incorporating prevention and health promotion

- Health enhancement
- Risk avoidance
- Risk reduction
- Early identification
- Complication reduction

5. Enhancing the patient-doctor relationship

- Compassion, Empathy and Caring-for patient, for self, for others
- Shared Power and control
- Continuity and Constancy
- Healing and Restoration
- Self Awareness and personal growth
- Recognizing and addressing Transference and Counter-transference

6. Being Realistic

- Time and Timing
- Teamwork and Teambuilding
- Wise stewardship of resources- money, time, investigations, medications

Health Institutions

- Patient centred medical home- health professionals unite to meet the health needs of the community
- Creating a healing environment which takes into account inner, behavioural and external patient factors, that also allows for staff self reflection and maintenance of morale, will empower people towards positive change and good health outcomes.

References

- Rakel, R. (2011). Textbook of family medicine (8th ed.). Philadelphia: Elsevier/Saunders.
- Stewart, M. (2003). Patient-centred medicine: Transforming the clinical method (2nd ed.). Abingdon, U.K.: Radcliffe Medical Press.

Thank You. Any Questions?

doctors' strike

