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...

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

<table>
<thead>
<tr>
<th>Doctor’s Diagnosis and Management</th>
<th>Patient’s Ideas and Feelings</th>
<th>Patient’s Concern</th>
<th>Patient’s Expectation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Migraine headache. Ibuprofen and rest prescribed.</td>
<td>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.</td>
<td>A friend of mine told me that her aunt had bad headaches and died of a brain tumour</td>
<td>I need a CT scan or MRI</td>
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<tr>
<td>Common Cold. Histal DC and Panadol.</td>
<td>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</td>
<td>My mother had pneumonia recently- I hope I don’t end up in hospital with pneumonia</td>
<td>I need antibiotics and sick leave</td>
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<tr>
<td>Eczema. Emollients and topical corticosteroid</td>
<td>This rash makes my skin look bad and my clients at the salon will be afraid to catch it.</td>
<td>Maybe my liver isn’t working, a lady at the health store told me I need a cleanse</td>
<td>I need blood tests and a tonic</td>
</tr>
</tbody>
</table>
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
<table>
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<th>Priority</th>
<th>Doctor’s Role</th>
<th>Patient’s Role</th>
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</table>
| 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


Thank You. Any Questions?

doctors' strike