Patient-Centred Clinical Method

The following was adapted from: Brown, J. (2004). *Patient-Centred Collaborative Practice*. Ottawa: Health Canada.

What is Patient-Centred Care?

The patient-centred clinical method is the basis of many educational curricula around the world and is an approach that has broad relevance across all health professional groups.

Patient-centred care:

- Explores the patient's main reason for the visit, concerns, and need for information
- Seeks an integrated understanding of the patient's world that is, their whole person, emotional needs, and life issues
- Finds common ground on what the problem is and mutually agrees on management
- Enhances prevention and health promotion
- Enhances the continuing relationship between the patient and the health provider

(Stewart, 2001, p 445)

Why Patient-Centred Care?

Research evidence supports findings that the patient-centred method:

- Enhances patient satisfaction
- Improves patient outcomes
- Has a positive impact on health care utilization costs
- Is associated with positive benefits for health professionals such as greater job satisfaction
- Is associated with fewer malpractice claims

What are the Components of the Patient-Centred Clinical Method?

The Patient-Centred Clinical Method involves:

1) Assessment of the patient's holistic experience of their health status

Effective patient care requires attending to the patient's personal and subjective experience of his/her current health status, and not just the disease process. This would include an assessment of the patient’s feelings (especially any anxiety s/he may be experiencing), his/her perceptions about what is wrong, the effect of the current health status on his/her functioning, and his/her expectations of the health care practitioner.

2) Integration of the concepts of disease and illness with an understanding of the whole person

Disease and illness needs to be understood in relation to the patient's personality, culture, life cycle stage, life history, responses to current health status and care, spirituality, family history, and family dynamics.

3) Finding common ground with the patient

This entails working with the patient to define the problem, establish goals of treatment and/or management, and identify roles to be assumed by the patient and clinician. Health care practitioners need to engage in an on-going dialogue with the patient on treatment and/or management options and the pros and cons of different approaches. The patient's questions and concerns need to be addressed in an empathetic manner so s/he feels heard and understood.

4) Maintaining a focus on health promotion and disease prevention

Health promotion has been defined as the process of enabling people to increase control over, and to improve, their health (WHO, 1986).

Disease prevention is aimed at reducing the risk of acquiring a disease. Disease prevention strategies may be categorized according as those pertaining to risk avoidance (primary prevention), risk reduction (secondary prevention), early identification (secondary prevention), and complication reduction (tertiary prevention). In addition to aspects of the patient context discussed above, the patient-centred approach to health promotion and disease prevention takes into consideration the patient's experience of the broader determinants of health over his/her life course, his/her potential for health, and his/her relationship with the health care practitioner.

5) Emphasizing the significance of the patient-health care practitioner relationship

The patient-health care practitioner relationship is the foundation of the patient-centred clinical method. Important aspects of this relationship include caring and compassion, an awareness of the potential for a power dynamic, constancy (reliability), a focus on healing, and self-awareness.

6) Being realistic

While research has shown that patient-centred care does not result in longer office visits for primary care providers (Brown, 2004), more time is needed for building collaborative interprofessional patient-centred teams.

Summary

The patient-centred clinical method can provide interprofessional teams with a theoretical framework for practice and a common language for communicating.

The Patient-Centred Clinical Method
Six Interactive Components[1[1]]

1. Exploring both the disease and the illness experience:
    - history, physical, lab;
    - dimensions of illness (feelings, ideas, effects on function and expectations).

2. Understanding the whole person:
    - the person (e.g. life history, personal and developmental issues);
    - the proximal context (e.g. family, employment, social support); and
    - the distal context (e.g. culture, community, ecosystem).

3. Finding common ground:
    - problems and priorities;
    - goals of treatment and/or management; and
    - roles of patient and health care practitioner.

4. Incorporating prevention and health promotion:
    - health enhancement;
    - risk avoidance;
    - risk reduction;
    - early identification; and
    - complication reduction.

5. Enhancing the patient-health care practitioner relationship:
    - compassion;
    - power;
    - healing; and
    - self-awareness.

6. Being realistic:
    - teambuilding and teamwork

References

Brown, J. (2004). *Patient-Centred Collaborative Practice*. Ottawa: Health Canada.

Stewart, M. 2001, "*Towards a global definition of patient centred care*", BMJ, vol. 322, no. 7284, pp. 444-445.

[1[1]] Adapted from Brown, 2004

World Health Organization (WHO) 1986a, "*Health promotion: A discussion document on the concept and principles, ICP/HSR 602*", Health Promotion, WHO Reg. Off. Eur. reprinted, vol. 1, pp. 73-76.