GPSA

GENERAL PRACTICE SUPERVISION AUSTRALIA

Patient-centred care

Patient-centred care (PCC) is a model of care that is defined by understanding the whole person, respecting patient preferences and engaging patients fully in the process of care. In practical terms, it involves establishing rapport and a connection with the patient, identifying the patient agenda, and sharing decision making. McWhinney, an academic GP from Canada, stated that patient-centred care is an approach where 'the health care provider tries to enter the patient's world to see illness through the patient's eyes'. Patient-centred care is positively associated with patient satisfaction, adherence and better health outcomes. It is rightly regarded as the foundation of good medical practice and a core consultation skill. Supervisors play a critical role in facilitating a more patient-centred care approach to consultations in their registrars.

TEACHING AND LEARNING AREAS	• Building rapport and connecting with the patient • Identification of the patient agenda • Reaching common ground with the patient • Sharing decision making • Being curious
PRE- SESSION ACTIVITIES	• 2003 MJA article Getting it right: why bother with patient-centred care?
ACTIVITIES	• Most teaching methods are suitable for teaching registrars about patient-centred care, including direct observation, problem case discussion and role play. See over page for activities.

TEACHING TIPS AND TRAPS	• Using the ideas, concerns, and expectations (ICE) framework, useful questions to help identify the patient's agenda include:
	  - *'What do you think is going on?'* (ideas)
	  - *'What are you particularly worried about?'* (concerns)
	  - *'What were you hoping to get out of the visit today?'* (expectations)
	• Patient centred care and identification of the patient agenda may be new concepts for many registrars, in particular IMGs
	• Hidden agendas are common and often emerge late in the consultation, or not at all. They are particularly common in teenagers, middle-aged men and the elderly
	• Patient agenda forms can assist in identifying hidden agendas

RESOURCES	**Read** • 2014 MJA article Shared decision making: what do clinicians need to know and why should they bother? • 2011 AFP article Patient centred care: Are international medical graduates 'expert novices'? **Listen** • RACGP podcast - Fostering shared decision-making in primary care
FOLLOW UP AND EXTENSION ACTIVITIES	• Supervisor and registrar to read the 2020 BMJ Quality and Safety article Patient-centred care delivered by general practitioners: a qualitative investigation of the experiences and perceptions of patients and providers and discuss the implications for practice

Activities

ROLE PLAY

1. Role play the following case with the registrar

CASE SCENARIO

You are Danny, aged 55, and present with abdominal pain. You describe constant mild central abdominal pain over the past six weeks. There are no other associated features apart from some mild intermittent nausea – in particular there is no weight loss or night sweats etc. You have a past history of melanoma aged 23, and well controlled hypertension on perindopril 5mg mane. Otherwise, you are generally well with no other significant PMHx and take no other regular medications. You do not smoke and drink about 10 standard drinks/week.

If specifically asked by the registrar, you state that you have been very worried about pancreatic cancer since your close friend died from this a few months previously. You are very keen to get a scan to exclude this.

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2. Discuss the encounter with a focus on patient-centred care

- Establishing rapport
- Exploring the patient agenda – ideas, concerns, expectations
- Involving the patient in the management plan

DIRECT OBSERVATION

1. Arrange to sit in in one (or more) of your registrar's consultations
2. Focus on the patient's agenda(s), and whether the registrar facilitated this in any specific way
3. Discuss the consultation(s) afterwards, including the nature of the patient's agenda and how effectively this was identified and met