

The Patient-Centred Approach

This dimension encompasses the clinical method established by the Centre for Studies in Family Medicine at The University of Western Ontario.

The method sets out to understand a patient's presenting problem through learning about the disease and how the individual experiences it. One must learn what patients feel in connection to their symptoms, how they explain what they are experiencing, the effect it is having on their lives, and how they hope the physician will be able to help to address the problem.

This is connected to the process of gaining a greater understanding of the whole person— “who the patient is”, his or her “context”. Who the people in their lives are and how they relate to them, who or what their supports are, and what social factors exist all play a role in understanding patients' context. This context weaves through the patient's “disease” and how he or she experiences it.

In attempting to address a concern, the patient and the physician work to come to a common understanding of the problem and their roles in addressing it. Understanding a patient and his or her context is also important in effective health promotion and prevention, which are incorporated into this method.

It is a realistic approach and, like care in family medicine, a longitudinal one. The priorities of the patient and physician are respected and balanced. The resources of individuals and the community are considered in the process.

This method is considered an essential tool in building the patient-physician relationship. The working group felt that the details of the method are clearly articulated in *Patient-Centered Medicine: Transforming the Clinical Method* by Stewart, Brown, Weston, McWhinney, McWilliam, and Freeman. We did not attempt to redefine the method, but have instead tried to express the various components of the method as specific actions that can be observed during the clinical encounter. The patient-centred approach permeates all of our clinical encounters, but there are specific instances in which skill in this dimension may be better assessed. Many examples of these instances can be found within the priority topics and key features.

Observable Behaviours:

1. Actively explores patients' experience with a problem by inquiring about:
 - what they feel in connection with their problem (feelings)
 - how they explain what they are experiencing (ideas)
 - the effect it is having on their life (impact on function)
 - how they hope the physician will be able to help them address the problem (expectations)
2. In assessing a clinical problem, attempts to gain a greater knowledge and understanding of the whole person by asking about his or her context (i.e., who else is in his or her life [family, partner, children], who or what supports are, other social factors [work, finances, education, etc.])
3. In moving toward developing a management plan for a patient's problem, integrates a patient's context with his or her illness experience in a clear and empathetic way
4. In attempting to address a problem, works with the patient to come to a shared understanding of it and each person's role in addressing it by
 - encouraging discussion
 - providing the patient with opportunities to ask questions
 - encouraging feedback
 - seeking clarification and consensus
 - addressing disagreements
5. In finding common ground around the management of a problem, incorporates relevant health promotion and prevention.
6. Approaches a patient's problems with a realistic and longitudinal view, which respects and appropriately balances the priorities of the patient and physician; considers the resources of individuals and the community.