Relationship Centered Care

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Pre-Seminar Reading

Tresolini, C., & Pew-Fetzer Task Force. (1994). Health professions education and relationship-centered care.

First:

- some background

Second: Discussion

- Implications for audiology?
- Your questions?

Background Source

McWhinney, I. (2003). The evolution of clinical method. In M. Stewart, J. Brown, & T. Freeman (Eds.), Patient-centered medicine: Transforming the clinical method (pp. 17-33). Abington, UK: Radcliffe Medical Press.

McWhinney: Prof Emeritus, Dept. of Family Medicine, University of Western Ontario

Premise: Our methods are the Practical expression of our philosophy of audiology

Philosophy informs how we address:

- The nature of hearing and hearing loss
- The relationship of mind and body
- The meaning of diagnosis
- The role of the audiologist in treatment/care
- The nature of the pt-audiologist relationship

History, Evolution of Patient Care

The Clinical Method

Has dominated Western culture for 200 years

Origins: European Enlightenment, 17th century

Modern science was born

Bacon: revived Hippocratic of recording case descriptions, course toward recovery or death (scientific observation, hypothesis-making)

R. Descarte

Mechanical metaphor:

The body is a machine so built up and composed of nerves, muscles, veins, blood and skin, that even though there were no mind in it at all, it would not cease to have the same functions.

Nature as a vast machine

Reason was defined as formal logic

Divorced from human experience

Thomas Sydenham

During 1600's: First physician to use systematic bedside observation

- Described symptoms
- Course of disease
- Classified diseases into categories

Thomas Sydenham

Great innovation:

Correlated disease categories with

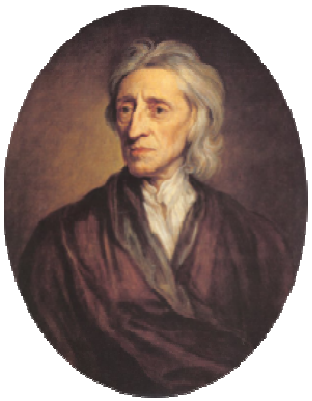
- course
- outcome,
- predictive value

Distinguished syndromes

- gout
- chorea

Good friend John Locke accompanied him on pt visits

John Locke (1632-1704)



- Considered the first of British Empiricists
- Writings influenced Voltaire, Rousseau, Scottish Enlightenment thinkers
- Influence reflected in American Declaration of Independence
- Cited as the originator for modern conceptions of identity and “self”
- Postulated concept of mind as “blank slate” or “tabula rasa””

100 years later: Rene Laennec

Goals as physician-scientist:

- To describe disease from cadavers according to the altered states of organs

- Recognize in the living body definite physical signs, as much as possible independent of symptoms

- Fight disease by means shown to be effective

For first time, physicians examined patients

Using new instruments such as Laennec stethoscope (invented in 1816)

Linked 2 sets of data:

Signs and symptoms from clinical inquiry/exam

Descriptive data from cadaver studies

Correlations became clinical method

Gradually developed, coinciding with Industrial Revolution

By 1870's, took the form familiar to us today

Implications

Medicine so dominated by a biophysical understanding of illness that its experiential aspects are virtually ignored

True to its origins in the Age of Reason, the clinical method was analytical and impersonal

Even though... therapy requires acceptance by the patient, motivation, cooperation, determination

Patient must be convinced that effort is justified

Clinical method does not perceive these complexities

Paradigm Shift #1

Patients expressing dissatisfaction with clinical model

What about emotional responses, life events, relationships, environmental challenges?

Michael Balint (1964) developed “patient-centered” model of care:

A health care encounter includes TWO perspectives:

Clinician interprets health problem in terms of symptoms and signs

Patient interprets it in terms of experience

Both perspectives matter

Key Points:

The exchange of perceptions between patient and clinician results in mutual understanding (developing common ground).

Includes concept that health care providers should attend to their own emotional development as well as the emotions of the patients – revolutionary!

For more info: http://www.stfm.org/fmhub/Fullpdf/march01/Sp3.pdf

Paradigm Shift #2

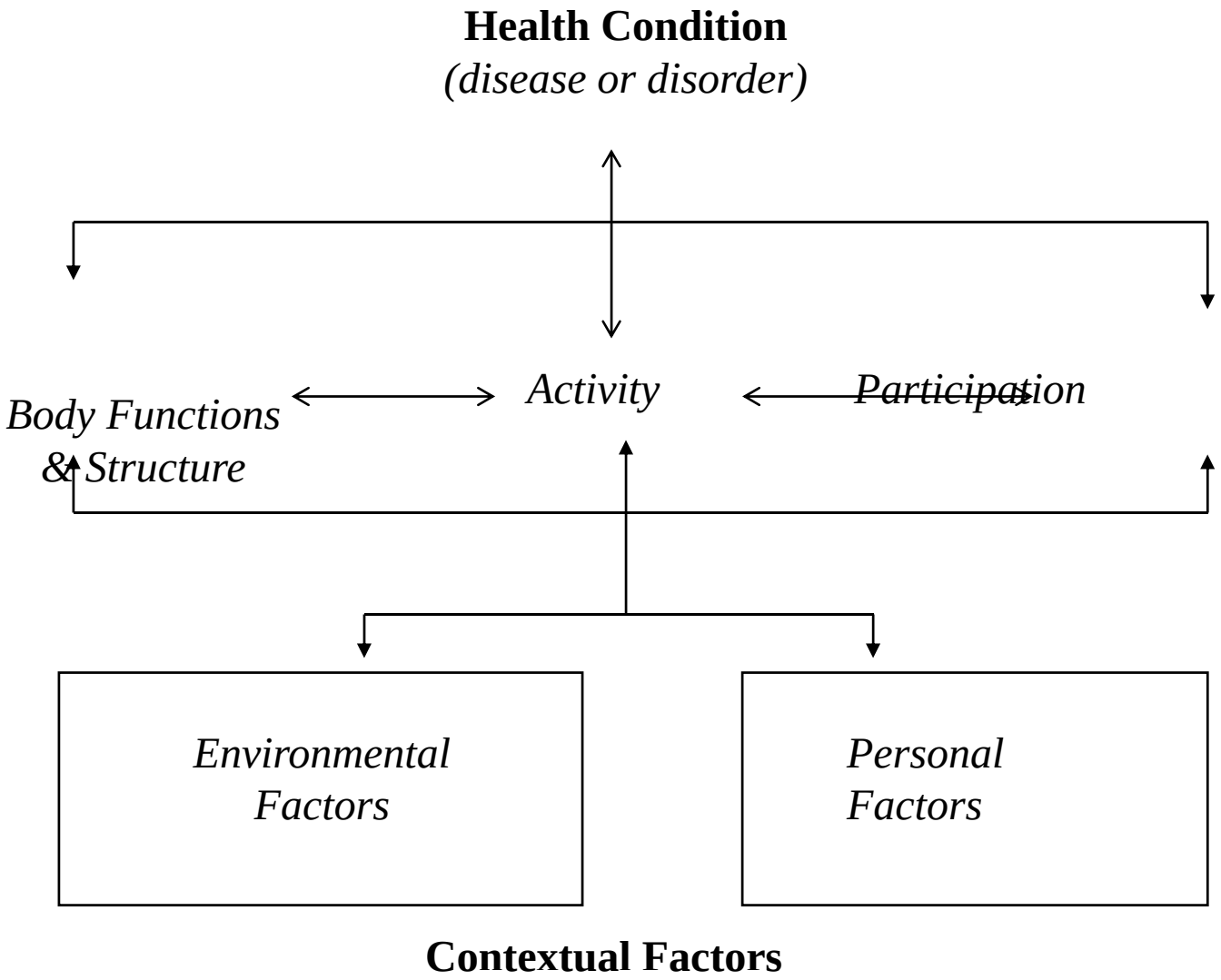
George Engels, 1977: Proposed “biopsychosocial” model to help clinicians consider at least these three domains of human existence:

- Biological (HL)
- Psychological (reactions, coping strategies)
- Social (new component)

For more info: http://www.indopedia.org/Biopsychosocial_model.html

Consistent with World Health Organization’s International Classification of Function (WHO ICF)

ICF Model


Health Condition
(disease or disorder)
Body Functions & Structure
Activity
Participation
Environmental Factors
Personal Factors
Contextual Factors

Still some degree of dissatisfaction …

Possible tendency to continue objectifying patients as the sum of their parts

Still unclear: what exactly was the role of practitioner?

Paradigm Shift #3

Relationship-Centered Care -Pew Health Foundation 1992:

- Listened to patient reports, focus groups
- Found that,“For patients, the relationship with their provider frequently is the most therapeutic aspect of health care encounter.”

Relationship Centered Care emphasized centrality of patient-provider relationship

Evidence

- Fewer malpractice claims
- Greater patient satisfaction
- Better patient adherence (hence, better outcomes) Diabetes management, smoking cessation, dialysis
- Does not take longer
- Relationships help patients “grow in the face of changes within themselves and their environment.”
- “Social support is good medicine” (Taylor, 2002)

From Evidence to Training

Cole, S. (2000). The Medical Interview: The Three-Function Approach.

Function 1: Build the relationship

Function 2: Assess patient's px

Function 3: Manage patient's px

Highlights:

Only the audiologist can advance patient relationships

Building trust: accord “expert” status to the patient as knowing more about living with hearing loss than we do

First goal: to give the patient every reason to trust the audiologist / the situation

Why attend to relationship?

A primary challenge in audiologic treatment is meeting patient expectations

- Patients very often are disappointed about HA limitations; will get discouraged and give up

When patients' expectations about HA are not met, our relationships support them across that gap between expectations and outcomes

- Accept limitations
- Recognize obtained benefits

More Thoughts on the Audiologist-Patient Relationship

These two aspects can become confused:

- Behaviors that communicate feeling responsible
- Behaviors that communicate responsiveness

What do I focus on?

Feeling responsible:	Being responsive:
The solution	The dialogue
Answers	Choices
Right and wrong	Multiple perspectives
Details, performance	The process

Barrera & Corso (2003), *Skilled Dialogue*

Cautions

Be careful not to stress relationship itself, but rather, the goals the relationship should serve

Relationship per se is not central; rather, keep patients' needs are central.

RCC and Yesterday's Case Study

Revisiting Premise:
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