Teaching Patient-centered Care

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A core objective of family medicine clerkships is to help students learn about the longitudinal management of chronic illnesses. As office-based educators, we are uniquely qualified to teach our students the patient-centered clinical method.

What Is Patient-centered Care?

Patient-centered care represents a departure from the historically passive role of our patients in their care. As patient-centered physicians, we emphasize the patients’ needs and feelings and attempt to gain a better understanding of the impact of medical decisions on our patients’ lives (Table 1). Using patient-centered techniques, we move beyond the pathophysiology of disease and explore the biological, psychological, and social components of our patients’ illness.

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As office-based teachers, we tend to focus our teaching efforts on the required curriculum. Similarly, our learners’ goals often reflect a desire to gain more concrete knowledge about the management of congestive heart failure, diabetes, or hypertension. Teaching the patient-centered clinical method does not distract the learner from these goals. For example, students will begin to understand why some diabetics remain poorly controlled despite adequate and seeming appropriate medical care.

Students often react with anxiety and frustration when confronted with a patient suffering from a chronic disease. Sometimes this frustration comes from a lack of clinical knowledge, though more often it is the result of the complexities of understanding the illness from the patient’s perspective. Why doesn’t the patient exercise—take his medication—check her blood sugar? The acronym FIFE has been proposed to guide us through an assessment of our patients’ experience.

Table 1

The Patient-centered Clinical Method

Components of patient-centered care:

- Exploring the disease and the illness experience
- Understanding the whole person
- Finding common ground regarding management
- Incorporating prevention and health promotion
- Enhancing the doctor-patient relationship
- Being realistic

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of illness. We can adapt the acronym FIFE to help guide our students to gain a better understanding of their patients’ illness experiences. When a student presents a patient with a chronic illness, we can promote the development of patient-centered skills by asking these questions:

F=Feelings, especially specific fears and hopes. “Do you have any specific fears or concerns that we should know about? What hopes do you have?”

I=Ideas about what is going on. “What do you think this pain means?”

F=Function: impact on functioning. “How is your illness affecting daily activities? Are there things you want to do that you cannot do?”

E=Expectations. What are your expectations—of the disease process, of yourself, of others, of caregivers, of me?

By increasing our students’ confidence in exploring illness in the context of the patient, we are encouraging the development of skills that reflect the very essence of family medicine.

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Reference

**Family Medicine Welcomes the New Editor of “For the Office-based Teacher of Family Medicine”!**

Effective with the October 2002 issue of *Family Medicine*, we bid a fond farewell to longtime series editor Paul Paulman, MD, and welcome the new editor, William Huang, MD. The editors and publishers of *Family Medicine* are grateful for the diligent and thoughtful work Dr Paulman demonstrated in coordinating this series for 6 years. We also look forward to working with Dr Huang as he takes on this role with the journal.

Send your submissions to Dr Huang at williamh@bcm.tmc.edu. He can also be reached at Baylor College of Medicine, Department of Family and Community Medicine, 5510 Greenbriar, Houston, TX 77005-2638. 713-798-6271. Fax: 713-798-8472.