

ENHANCING EDUCATION AND PRACTICE

Improving Patient-Centred Medicine: A Preliminary Experience for Teaching Communication Skills to Italian General Practitioners

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ABSTRACT Introduction: *A key concept for general practice nowadays is that of patient-centred medicine. In this model the physician's aim is to integrate the patient's experience of illness with the conventional understanding of disease, trying to reconcile the patient's agenda with his/her own. This paper describes a preliminary experience of a CME course on patient-centred medicine in Italy.*

Aim and Methods: *The article focuses on a 7 hour course for teaching patient-centred medicine to Italian general practitioners. Assessment of the course was done both in terms of learner satisfaction and efficacy. Learner satisfaction was evaluated by a questionnaire with a 6-point Likert scale and course efficacy by a pre/post-paper-and-pencil test.*

Findings and Discussion: *The pilot course on patient-centred medicine seems to obtain high satisfaction in participants. Furthermore, an increase in competence with regards to patient-centredness resulted after the course. The pilot study represents the first Italian CME seminar on patient-centred medicine. Results obtained both in terms of satisfaction and efficacy suggest that the CME course is a valid educational tool. The opportunity to extend the experience to a higher number of participants is therefore recommended.*

KEYWORDS *Patient-centred medicine, physician–patient relations, continuing medical education.*

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Introduction

Doctor–patient communication and relationship has received increasing attention over the past two decades. A key concept to emerge has been that of patient-centred medicine, which integrates the conventional understanding of disease with each patient's unique experience of illness (Levenstein *et al.*, 1986; Weston & Brown, 1995), namely, the patient's agenda. The transformed clinical method has at least two strengths: (1) it gives the doctor clear, *specific tasks* for understanding the patient's agenda: at every consultation the doctor should consider the opportunity of ascertaining the patient's feelings, his/her ideas of the illness, its impact on his/her life and his/her expectations about the outcomes and the treatment (McWhinney, 1993); and (2) it suggests a method for understanding the patient's agenda, through an appropriate use of specific communication skills (Brown *et al.*, 1986).

Almost all contributions on patient-centred medicine and doctor–patient communication were generated from English speaking countries. Few previous papers described the usefulness of the proposal in non-anglophone countries (e.g. van den Brink-Muinen *et al.*, 2000). No previous research has introduced patient-centred medicine in Italy. In view of this, a pilot course for teaching Italian general practitioners (GPs) about patient-centred medicine was created. The aim of the course was to develop a set of basic concepts and skills for a patient-centred consultation. The article presents: (1) the course programme, which provides a theoretical and practical framework for exploring key aspects of the consultation on the basis of a patient-centred approach; (2) the teaching methods for cognitive issues and basic communication skill training; and (3) the assessment of the course both in terms of learner satisfaction and efficacy.

Materials and Method

Participants

Fourteen GPs (seven male and seven female; 46 years, average age; 28–65 years, range; 18 years, average length of time in practice; 1–38, range) voluntarily participated in the course. None of them had participated in a CME programme on doctor–patient communication prior to the study.

Course Description

A 7 hour course was planned; the programme involved working through four different stages.

The first stage focused on exploring the cognitive issues of a consultation from a patient-centred perspective. In particular, the traditional disease-centred model was defined according to Engel's proposal (Engel, 1977) and the patient-centred model was discussed according to Levenstein *et al.*'s proposal (Brown *et al.*, 1986; Levenstein *et al.*, 1986). The key concept of patient's

agenda and the specific tasks of a patient-centred consultation were introduced. The entire first session was spent on this stage in order to (1) acquire full comprehension of these issues, necessary for the second session; and (2) favour a good relationship and a fruitful discussion among participants.

The purpose of the second stage was to introduce videorecording as the main instrument for teaching and learning communication in medicine. Furthermore, GPs were asked to discuss patient-centred issues on the basis of videotaped consultations.

The third stage focused on discussing the tasks of communication, defining communication skills for gathering information and educating the patient (Cohen-Cole, 1991; Lipkin *et al.*, 1995).

The fourth and last stage was intended to increase practice of these communication skills through communication exercises.

Teaching Methods

For teaching/learning cognitive issues a problem-based learning (PBL) form with two working groups (each consisting of seven GPs and a facilitator) was applied. Plenary discussions and ultra-brief (less than 15 minutes) academic lessons were undertaken to define key concepts. For teaching/learning communication competence the following teaching methods were applied: (1) a VRM session in which a videotaped GP consultation selected from Departmental Archives (Vegni *et al.*, 1999) was discussed; (2) a role playing session; and (3) communication exercises performed in very small groups (three physicians).

Assessment Tools

Because of the introductive feature of this research, a key problem was to assess the impact of the course on participants. Physician satisfaction was evaluated by an anonymous questionnaire completed at the end of the course. Areas covered included: (1) contents of the sessions; (2) the teaching process (including teaching team and methods); and (3) pre/post-test. Respondents rated a series of statements on a 6-point Likert scale. Free comments were encouraged.

A tentative measure of physicians' learning was also introduced through the use of a paper-and-pencil test with 20 scenarios, each of them characterised by: (1) clinical and general notes about a patient (e.g. main symptom; age); (2) a patient's statement; and (3) a space for the doctor's response. On the back, each scenario was followed by four pre-printed physician's responses; one of the responses was designed to be *patient-centred*, the others being different nuances of a *disease-centred* approach. Each physician was asked to mark a response from the alternatives that would best match his/her own answer. One example of scenarios and responses is shown in Appendix 1. Each physician completed 10 randomly selected scenarios as a pre-test and the 10 remaining as a post-test. Data were analysed using a two-tailed *t*-test for related measures.

Findings

Twelve physicians completed the satisfaction questionnaire. In general, physicians were quite positive about the course, rating almost all of the items on the questionnaire as "positive or very useful", 5–6 points on the Likert scale (the frequency distribution of responses is shown in Table 1).

Total number of free comments was 21: (1) 14 comments were on positive aspects of the course (eight general comments; six specific comments, e.g. active learning process); (2) six comments on time-length of the course (five GPs regretted the brevity of the course; one GP suggested a II level course); and (3) one negative aspect was reported concerning the difficult application of contents to everyday practice.

As far as the assessment of "physician learning" was concerned, 12 physicians completed the pre/post-test. The total number of responses in the pre-test was 89; among these, 16 (18%) were patient-centred. The total number of responses in the post-test was 97; among these, 50 (52%) were patient-centred. The increased patient-centredness in the post-test was statistically significant ($t=3.282$; $df=11$; $p=0.007$).

Discussion

The course described in this paper was intended to introduce Italian GPs to a set of basic concepts and skills for a patient-centred consultation.

Table 1. Summary of responses to the 12 satisfaction questionnaires

	Not useful Negative*	Medium†	Very useful Positive‡
Contents			
<i>Interest</i>	1		11
<i>Tasks achievement</i>	1		11
Teaching process			
<i>Team</i>			12
<i>Teaching methods</i>			
PBL		1	11
Role playing		1	11
VRM		1	11
Communication exercises		2	10
Pre/post-test			
<i>Understanding of instructions</i>		3	9
<i>Understanding of scenarios</i>		2	10
<i>Usefulness for detecting style</i>		2	10

*1–2 points on the Likert scale; †3–4 points on the Likert scale; ‡5–6 points on the Likert scale.

Participants showed very high satisfaction for the course contents. According to the literature, the doctor–patient communication and relationship is a main concept in medical care (Ong *et al.*, 1995), and GPs could be especially sensitive to these issues (Levenstein *et al.*, 1986). This pilot study seems to suggest a similar interest in these issues in Italian GPs. Despite the non-representative group of participants, these results constitute a preliminary evaluation of the opportunity and possibility to import discussion about patient-centredness and doctor–patient communication to Italy. The data also suggest high satisfaction among GPs for the active learning methods used during the course. Currently, continuing education for general practice is provided in Italy by traditional, academic lessons. It is well accepted that CME for general practice should be performed with adult learning methods (Knowles, 1973), connecting professional experience and competence with learning objectives, both cognitive and behavioural (Stanley *et al.*, 1993). Thus, it is arguable that appropriate adult learning methods may promote the Italian GPs' active participation in CME programmes and their favour, for non-traditional issues too.

The results for "course efficacy" are also interesting. The significant post-test increase in patient-centred responses suggests that even a very brief course (7 hours) can have a positive effect on GP style. Cautionary notes should be added to the previously mentioned low number of volunteer participants. The training was successful in implementing patient-centred approach among participants in terms of their acquired competence (Stanley *et al.*, 1993), but not in terms of performance. We cannot assume that a patient-centred competent physician will perform a patient-centred consultation. Furthermore, a control group was omitted in the study. Thus the increased patient-centredness of GP style in the post-test could be the effect of variables other than the course (e.g. training to complete the test). However, a significant advantage of the learning assessment is that it is more economical in terms of costs and human resources and less time-consuming than other methods (e.g. role playing, videotaped consultation).

The present study merits further and more extensive research. On the basis of GPs' high satisfaction and time efficiency of the training programme, the course could provide a starting point for debate on teaching patient-centred medicine to Italian general practitioners.

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Appendix 1. One Example of the Pre/Post-Test Scenarios and Responses

Giuseppe's Case

Man, age 35, referred to the doctor for indefinite gastroenteric symptoms.

Patient (speaking slowly, upset): "...well, it's this aching... right here (points to upper abdomen)... and diarrhoea... I've had it for at least four days and... I

just feel bad... I'm weak and... I'm worried in case it's something serious... I don't think I've got a temperature... just this diarrhoea and this pain... but it keeps on hurting "

Doctor: [free answer requested]

Giuseppe's Case: Pre-Print Answers

[Answer A is supposed to be patient-centred and answers B, C, D are different nuances of a disease- or doctor-centred approach]

- A So, you have aching and diarrhoea, and this is bothering you... what do you mean when saying "something serious"?
- B ...diarrhoea is the main symptom, as far as you say... I will ask you for some more information about this ...the abdominal pain, you know, could be the consequence of this kind of bowel problem...
- C ...but have you ever had diarrhoea or any kind of abdominal pain before? How often do you go to the bathroom? ...and is there any blood in the stool?
- D ...you have had it for just a few days, haven't you? ...It shouldn't worry you I actually don't think it's serious... no temperature, you told me... other symptoms? have you ever had diarrhoea or any kind of abdominal pain before?