Practicing Patient-Centered Care
The Questions Clinically Excellent Physicians Use to Get to Know their Patients as Individuals

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Abstract

Background and Objective: Patient-centered care, which is dependent on knowing each patient as an individual, has been identified as a critical aspect of healthcare. The most effective and efficient methods to get to know patients as individuals have not been defined. Our aim was to identify questions and phrases that can be used by physicians to get to know their patients.

Methods: We surveyed 15 physicians who have been formally recognized for their clinical excellence to determine what questions or phrases they use when interviewing patients to get to know them as individuals.

Results: A total of 28 questions or phrases were received from 13 physicians and were qualitatively analyzed and grouped into six major themes: (i) appreciation of the patient’s concerns; (ii) personal relationships; (iii) hobbies and pleasurable activities; (iv) open-ended questions to learn about the patient; (v) work; and (vi) the patient’s perspective on the patient-physician relationship.

Conclusion: This work identifies questions and phrases used by clinically excellent physicians to get to know their patients as people. Future work should focus on obtaining the perspectives of patients, and on examining whether using the identified questions and phrases results in an improved patient experience as demonstrated by improved satisfaction ratings, ratings on the quality of physician-patient interaction, or patient outcomes.

Key points for decision makers

- Getting to know patients as individuals is a key aspect of patient-centered care, yet the most effective and efficient methods of doing this have not previously been defined
- This work identifies questions and phrases that are used by clinically excellent physicians to get to know their patients as people
- Future work should focus on obtaining the patient’s perspective to determine if the physician’s perspective matches that of the patient
Introduction

The 2001 Institute of Medicine (IOM) report ‘Crossing the Quality Chasm’ identified patient-centered care as one of six core aims for improving the US healthcare system. There is evidence that patient-centered care is important in other countries and cultures as well. The IOM highlights the following dimensions of patient-centered care: (i) respect for patients’ values, preferences, and expressed needs; (ii) coordination and integration of care; (iii) information, communication, and education; (iv) physical comfort; (v) emotional support – relieving fear and anxiety; and (vi) involvement of family and friends. Patient-centered medical practice has been demonstrated to improve patient health status and improve efficiency by reducing use of diagnostic tests and referrals. Higher ratings of physicians on a patient-centered communication subscale were also found to correlate with higher levels of patient trust. Yet recent evidence shows that physicians generally do not have a good understanding of their patients’ health beliefs. Knowing one’s patient as a person is essential to the practice of patient-centered care. However, in the context of a busy clinical practice, the most effective and efficient way to get to know patients as individuals is not clear. Some important perspectives have emerged in this area, including the idea of ‘building’ a history in collaboration with the patient rather than ‘taking’ a history. Stewart and Gilbert have also described the six interactive components of the patient-centered clinical encounter as follows: (i) exploring both the disease and the patient’s illness experience; (ii) understanding the whole person; (iii) finding common ground; (iv) incorporating prevention and health promotion; (v) enhancing the patient-doctor relationship; and (vi) being realistic. However, there is a lack of significant empiric work on the subject. We therefore decided to query a group of 15 physicians at the Johns Hopkins University School of Medicine who have been formally recognized for outstanding patient care by their induction into the Miller-Coulson Academy of Clinical Excellence (hereafter the ‘Academy’). This recognition is based on a rigorous process that involves the development of a clinical portfolio that is evaluated by both an internal review committee and an external review committee. This portfolio includes the perspectives of a minimum of ten patients whose evaluation of and feedback about the physician are an essential part of the review process. Our purpose was to develop a list of questions or phrases that are used by these exemplary clinicians that could be used by others to get to know their patients as individuals in order to provide care that is respectful of, and responsive to, individual patients’ preferences, needs, and values.

Methods

Data Collection

The qualitative study consisted of data obtained from a brief query sent to members of the Academy in September 2010 when the Academy had 15 members. To become a member of the Academy, physician candidates must develop a 13-component comprehensive clinical portfolio that includes anonymous evaluations from physician colleagues, nurses or medical assistants, medical learners, and patients. The portfolio is sent to an external review board that evaluates all components and assigns an overall score of clinical excellence. We asked the Academy members to respond to the query: ‘What question(s) do you typically ask your patients that you feel contributes to your knowing your patient as a person?’ The communications were done by e-mail so that responses could be evaluated verbatim. One of the authors (RZ) is a member of the Academy and also participated in the study.

Analysis

We performed a qualitative analysis of the content of the responses received from our e-mail query. This was done using an ‘editing analysis style,’ where “the researcher searches for meaningful units or segments of text that both stand on their own and relate to the purpose of the study.” The list of questions or phrases suggested by the group was analyzed by two researchers (LH and RZ) who independently read and coded the responses. Themes that emerged
from the data were revised using an iterative process. All decisions on themes were made by consensus by the two researchers (LH and RZ) and were confirmed by the team. At least two investigators participated in each step of the analysis (e.g., reading of responses; identification, modification, and conceptual organization of categories; and selection of themes for presentation). All decisions were made by consensus.

**Results**

We received responses from 13 of the 15 members of the Academy (86.7 %), and clarified responses for five participants with a second communication. Four of the 13 respondents were female. The rank distribution of the respondents was as follows: five Assistant Professors, five Associate Professors, and three Professors. Respondents’ specialties included psychiatry (1), neurology (1), orthopedic surgery (1), critical care medicine (2), and internal medicine (2 cardiology, 1 geriatrics, 3 general internal medicine, and 2 nephrology). At the time of each respondent’s induction into the Academy, the percentage effort spent in clinical care averaged 53.2% with a range of 11–90%.

A total of 28 questions or phrases were suggested by the 13 respondents. From this, six major themes were identified: (i) appreciation of the patient’s concerns; (ii) personal relationships; (iii) hobbies and pleasurable activities; (iv) open-ended questions to learn about the patient; (v) work; and (vi) the patient’s perspective on the patient-physician relationship. These themes, a representative question for each theme, and the areas of patient-centered care defined by the IOM addressed are presented in table I. Three of the 28 questions were not found to fit into a major thematic area and were therefore not included.

Several questions and phrases focused on developing an appreciation of the patient’s concerns. One physician simply asks, ‘Please tell me your questions and concerns.’ Another asks, ‘What would you like me to address today?’ A third focuses on the most important concern of the patient, ‘If I were a magician and could do one thing to make you feel better, what would that be?’

Gaining an appreciation of a patient’s personal relationships was also identified as important to knowing the patient as an individual. One physician asks, ‘Who are the people in your life who are most important to you?’ Several other physicians specifically ask about family: ‘Tell me about your family.’

Physicians also commonly ask about hobbies and other pleasurable activities. Their responses included the questions, ‘What do you enjoy doing?’ and ‘What do you like to do in your free time?’ Some physicians also will ask about patients’ work lives: ‘What do/did you do for work?’

Table I. Themes of physician responses

<table>
<thead>
<tr>
<th>Theme</th>
<th>Number of responses illustrating theme</th>
<th>Sample question or phrase</th>
<th>Aspect(s) of patient-centered care addresseda</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appreciation of the patient’s concerns</td>
<td>6</td>
<td>Please tell me your questions and concerns</td>
<td>1, 2, 5</td>
</tr>
<tr>
<td>Personal relationships</td>
<td>6</td>
<td>Tell me about your family and who is important in your life</td>
<td>1, 6</td>
</tr>
<tr>
<td>Hobbies and pleasurable activities</td>
<td>5</td>
<td>What do you enjoy doing?</td>
<td>1</td>
</tr>
<tr>
<td>Open-ended questions to learn about the patient</td>
<td>4</td>
<td>Tell me about yourself</td>
<td>1</td>
</tr>
<tr>
<td>Work</td>
<td>2</td>
<td>What do/did you do for work?</td>
<td>1</td>
</tr>
<tr>
<td>The patient’s perspective on the patient-physician relationship</td>
<td>2</td>
<td>Describe your previous relationships with physicians and what you are hoping for in a doctor-patient relationship with me</td>
<td>1, 2, 3</td>
</tr>
</tbody>
</table>

a Relevant aspects of patient-centered care, as defined by the IOM: 1. respect for patients’ values, preferences, and expressed needs; 2. coordination and integration of care; 3. information, communication, and education; 4. physical comfort; 5. emotional support – relieving fear and anxiety; and 6. involvement of family and friends.

IOM = Institute of Medicine.
Several physicians use open-ended questions or phrases to allow the patient to describe himself or herself as he/she desires. One physician says, ‘Before we get medical, tell me something about yourself.’ Another simply asks, ‘Tell me about yourself.’

Finally, some of the clinically exemplary physicians ask questions about how the patient perceives the patient-physician relationship. One general internist asks, ‘Describe your previous relationships with primary care physicians and what you are hoping for in a doctor-patient relationship with me.’

Discussion

Patient-centered care is based on knowledge of the patient as a person, and has several dimensions.[1] However, the most effective and efficient strategies to develop this knowledge in the context of the doctor-patient relationship have not been defined. The themes generated from this work are similar to some of the areas identified by Platt et al.[12] as necessary to get to know “about the person of a patient,” including whom the person is and what he or she wants from the relationship with the physician. However, no themes were identified in this work that focused on the patient’s experience, ideas, and feelings around illness, key parts of the patient-centered interview as described by Platt et al.[12] Also, the themes did not encompass as many aspects of the clinical encounter as the work of Stewart and Gilbert,[8] though this may have been because our query specifically asked participants what questions they use to get to know their patients as people, and did not ask for strategies used in a patient-centered encounter.

Although these questions and phrases were distilled from responses from a relatively small number of clinicians, a strength of this work is that each surveyed physician is a member of an Academy at the Johns Hopkins University School of Medicine and was evaluated by an external review board as being clinically excellent based on extensive experience with patients referred from a large geographic region and the opinions of patients, physician colleagues, nurses or medical assistants, and medical learners.

Limitations include the fact that this study asked physicians what they ask to get to know patients as individuals, and did not obtain the opinions of patients directly. Knowing the patient’s perspective is critical and should be examined in future work. Physician responses were obtained in a written format, and other methods, such as in-person interviews, may have provided a deeper understanding of their perspectives. In addition, all physicians are from a single academic institution. Although we considered using physicians from an Academy for clinical excellence would be a strength, employing a broader range of physicians who practice in a wider range of practice settings may be useful to achieve a fuller perspective.

Conclusion

This work highlights what a group of physicians who have been formally recognized for their clinical excellence ask their patients to get to know them as individuals. Future work should focus on determining what patients feel physicians should ask them, as well as querying a larger sample of physicians. Additional studies should examine whether the use of these questions and phrases in patient encounters results in an improved patient experience as demonstrated by improved satisfaction ratings, ratings on the quality of physician-patient interaction, or patient outcomes.

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References


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