

Observation Guide^{© 2007}

to the Patient-Centered Clinical Method

Selected Glossary

ACTIVE INTEGRATION OF BIOMEDICAL AND CONTEXTUAL INFORMATION:

- Integrating patient's biomedical data with the patient's context and illness experience (fears, ideas, impact on function, and expectations for the visit.) and acknowledging this integration to the patient.

ADDRESSING DISAGREEMENTS:

- Acknowledging differences in opinion, understanding and/or beliefs in a manner that is non-confrontational

APPROPRIATE USE OF SILENCE:

- Allowing patient to speak or continue to tell their story without interruption
- Allowing patient to take a moment when overwhelmed with emotion

APPROPRIATE USE OF INTERRUPTIONS:

- Respectfully interrupting a talkative or unfocused patient to facilitate the flow of the interview

ASKING PERMISSION:

- *"In order to get a better understanding of your condition I'll need to ask some sensitive questions. Is that OK with you?"*

ASSUMPTIONS:

- Making a decision, coming to a conclusion, or reaching a diagnosis without accurate evidence

BODY LANGUAGE:

- *Non-verbal expressions, gestures or postures that convey meaning*

BRIDGING:

- Using transitional statements to connect one part of the interview to the next part: *"I think I have a thorough understanding of your past health. Now I'd like to ask you about your current lifestyle....."*

CHECKING IN

- Taking the time to acknowledge and check in with the patient to confirm their experience, reaction and/or understanding throughout the interview

CLARIFYING:

- Verifying facts, information, or feelings that have been expressed. *"What I think I've heard you say is that you don't want to go to hospital because then your husband would not have the support he needs right now at home. Is that accurate?"*

COMMON GROUND:

- Establishing the patient's agenda, explaining your agenda to the patient and finding points of intersection between the two

CONTEXTUALIZING:

- Actively integrating patient's biomedical data with contextual information in a way that demonstrates understanding to the patient and allows optimal management of the case

EMPATHY:

- Clarifying the patient's experience and acknowledging an understanding of the experience to the patient
There are many levels of empathic understanding:
- At its most effective, empathy involves identifying what the patient is experiencing, identifying the source of the experience, checking in with the patient to verify this understanding and asking for confirmation and/or clarification from the patient
"You seem very confused about this decision because you are getting conflicting opinions from doctors and family members as to how you should proceed. Is this accurate?"

EXPLAINING

- Telling the patient why you are asking certain questions – especially with sensitive topics: *"In order to get a better understanding of your condition I need to ask some sensitive questions. Do you use protection during sexual intercourse...?"*

FACILITATING:

- Using body language, non-verbal techniques (e.g. nodding) and encouraging sounds or phrases such as: *"Uh, huh", "Please go on..." "Help me understand..."*

JARGON:

- Technical terminology that may not be understood by patient

JUDGEMENTAL:

- Applying your own values to someone else

LEGITIMIZING:

- Assuring a patient that they have reason to be concerned, e.g. *"Any mother would be concerned if her child had a cough like that. You were right to bring him in."*

LINKING:

- Making a connection for patients: *"Are you aware that heavy alcohol consumption can often cause changes in the liver that result in breast enlargement?"*

NEGOTIATING:

- Blending your agenda with the patient's agenda and working out what needs to be done/how/by whom. *"If I told you that reducing your alcohol consumption would improve your breast enlargement, would you be willing to try and cut back?"*

NORMALIZING:

- Putting the patient's experience into perspective; letting the patient know that his or her experience may be shared by others and/or is understandable under the circumstances. *"Anyone who has gone through such a stressful time would have trouble coping. You're not alone."*

OPEN - MINDED:

- Keeping open to the possibilities until adequate information has been gathered rather than rushing to a premature diagnosis.

PACE:

- Speed or rate

PARAPHRASING:

- Expressing your understanding of the patient's words in your own words while using a vocabulary suitable for the patient. *Patient: "I can't go through this anymore. Doctor: "You've really reached your limit..."*

PRIORITIZING:

- Determining the most important thing(s) to address.

PSYCHOSOCIAL INFORMATION:

- contextual information including family, relationships, finances, occupation, religion, culture, customs, habits, fears, ideas, impact on function, and expectations for the visit

QUALIFYING:

- Giving more detailed information, elaboration or expansion on the original statement. *"Hearing the word diabetes may be upsetting, however, I am referring to adult onset diabetes and that means you will not need insulin injections – in fact you may be able to control this with diet."*

QUANTIFYING:

- Determining a specific understanding of regimens such as medications, alcohol intake or smoking: *"When you say you drink wine socially, can you tell me exactly how many glasses you have in a day?"*

QUESTIONING STYLES:

- **Opened ended questions** do not have one specific answer. They allow the patient to convey their story in their own words: e.g. *"Tell me about your relationship with your partner."*
- **Closed ended questions** have specific answers and elicit limited pieces of information. e.g. *"Are you married?"*
- **Leading or Directive Questions**
 - Can be used to summarize or verify or clarify information *"You're not happy with your marriage?"*
 - Can lead to making assumptions; putting words in the patient's mouth; not getting the full story. e.g.: *"So you live with your husband?"*
- **Multiple or Stacked Questions** are two or more questions that are asked at the same time without waiting for a response in between each question. This can be overwhelming or a source of confusion for a patient. e.g.: *"Do you have a husband and children? Do you live in a house or apartment? Do you work?"*

REFLECTING:

- Repeating all or part of what the patient has said, using the patient's own words to gain clarity. *Patient says: "Nothing in my life makes me happy." Reply: "So you're feeling like there is nothing at all in your life that makes you happy?"*

REITERATING:

- Saying the same thing as the patient but using slightly different words in order to emphasize a point or check in with the patient. *Patient says: "I feel horrible." Reply: "You're not well."*

REPEATING:

- Using the patient's own words to further the conversation and encourage amplification. *Patient says: "I think I'm going crazy" Reply: "Crazy...?"*

RESPECTING:

- Honoring or esteeming another person and/or their viewpoint

SEEKING COMMON GROUND:

- Defining the problem, the goals and the roles of both the patient and the healthcare professional

VALIDATING:

- Recognizing, establishing or illustrating the worthiness or legitimacy of a patient's situation. *e.g. "Congratulations. It's very difficult to quit smoking but you've done it..."*

SUMMARIZING:

- Extracting key elements from the patient's story and linking them together concisely. Can bring an area of discussion to a close. A final contextualizing summary can serve as segue to a shared plan.

THERAPUTIC ALLIANCE:

- A dynamic relationship between patient and healthcare professional that is guided with expertise and incorporated trust, reciprocity and mutual understanding.