

Health Innovation Forum
Partnering with patients to improve care:
Essential skills and strategies
8th Annual Conference of the MUHC-ISAI
October 30, 2015

Enhancing Clinician Performance Through Patient Engagement:
Bringing Back Lessons from the Cleveland Clinic

TOM A. HUTCHINSON
Director, McGill Programs in Whole Person Care

K/DOQI

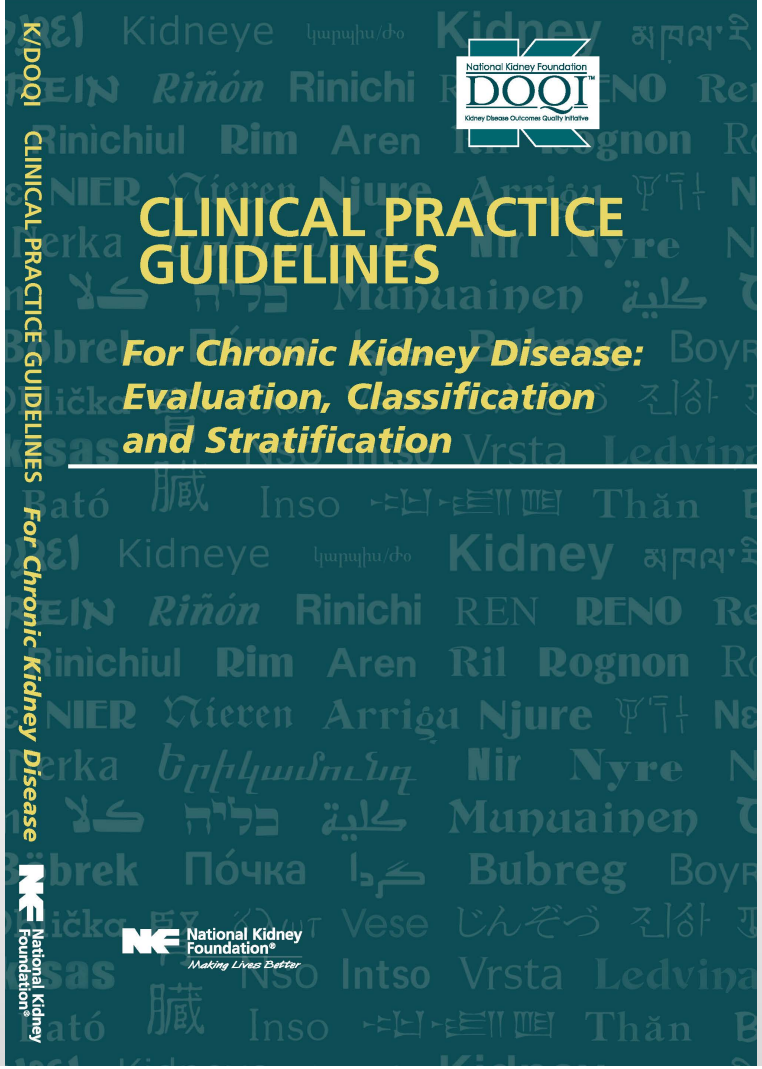
CLINICAL PRACTICE GUIDELINES For Chronic Kidney Disease

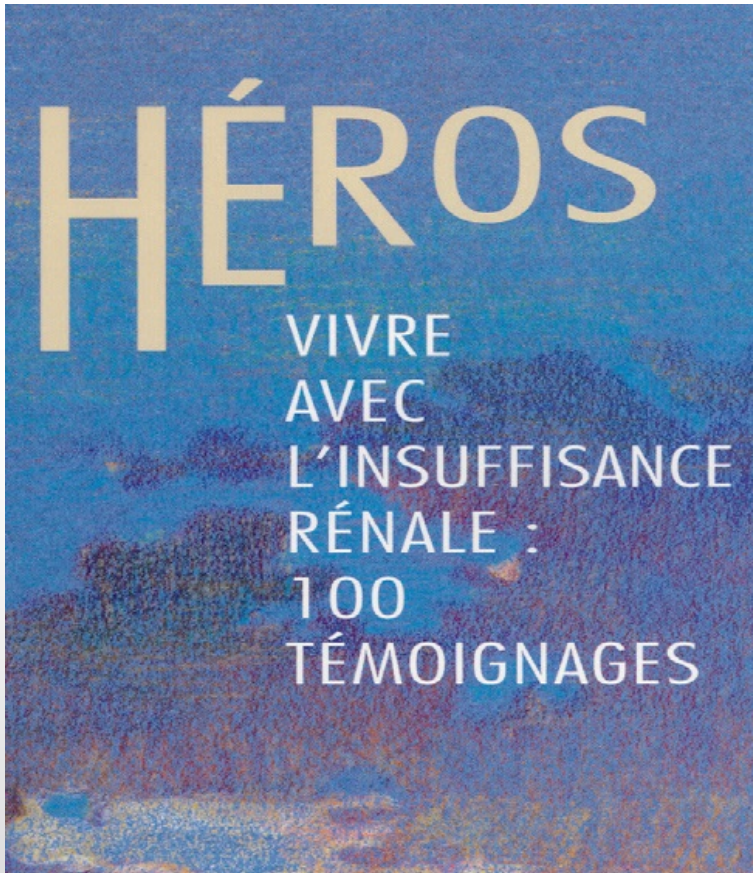
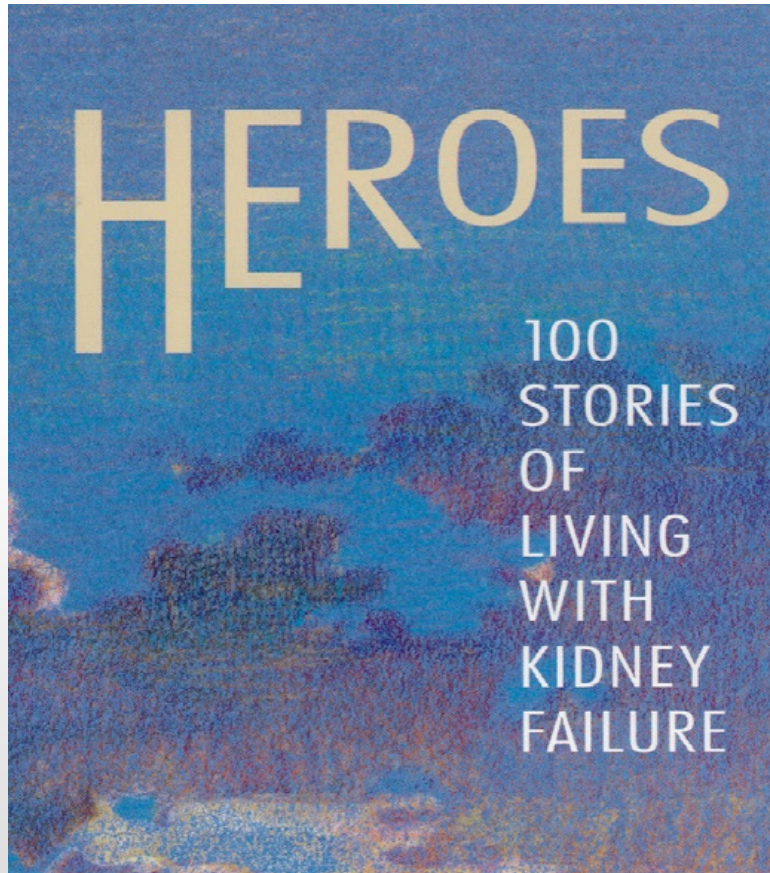
NKF National Kidney Foundation

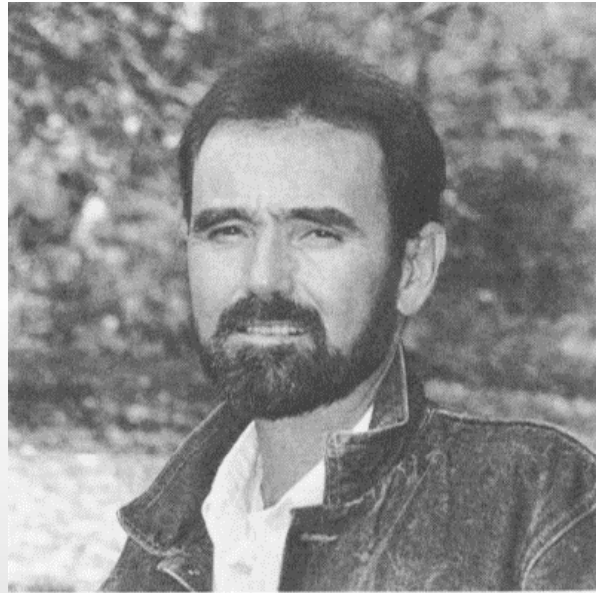


CLINICAL PRACTICE GUIDELINES

For Chronic Kidney Disease: Evaluation, Classification and Stratification







André Dichon

“The spring of 1975 I was enrolled in a police technology program. I had always dreamed of being a police officer. I would then get a law degree, and after a 20- or 25-year career, take my pension and practice law. It seemed like a reasonably good plan.”

André Dichon

“The spring of 1975 I was enrolled in a police technology program. I had always dreamed of being a police officer. I would then get a law degree, and after a 20- or 25-year career, take my pension and practice law. It seemed like a reasonably good plan.”

“Over the fall and winter of 1975 I had a good part-time job. A routine medical found that I had protein in my urine. I was kept on my job while further medical tests were performed. I was then referred to a local hospital. By 1976 I was diagnosed with chronic renal failure, the disease being polycystic kidneys.”

André Dichon

“The spring of 1975 I was enrolled in a police technology program. I had always dreamed of being a police officer. I would then get a law degree, and after a 20- or 25-year career, take my pension and practice law. It seemed like a reasonably good plan.”

“Over the fall and winter of 1975 I had a good part-time job. A routine medical found that I had protein in my urine. I was kept on my job while further medical tests were performed. I was then referred to a local hospital. By 1976 I was diagnosed with chronic renal failure, the disease being polycystic kidneys.”

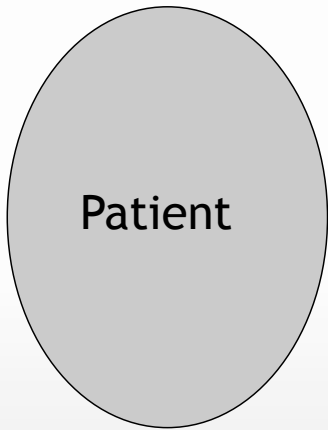
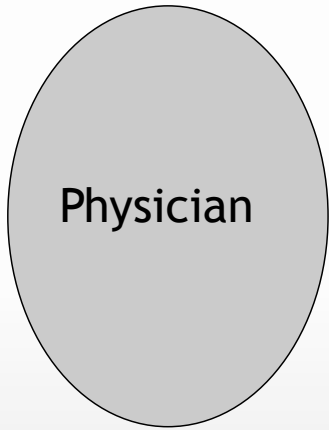
“I knew then that the future I dreamed of would be lost. I didn’t react well to that news. It was as if the rug had been pulled out from under my feet. I was stunned! I was hurt and confused enough not to realize that there will still options open to me.”

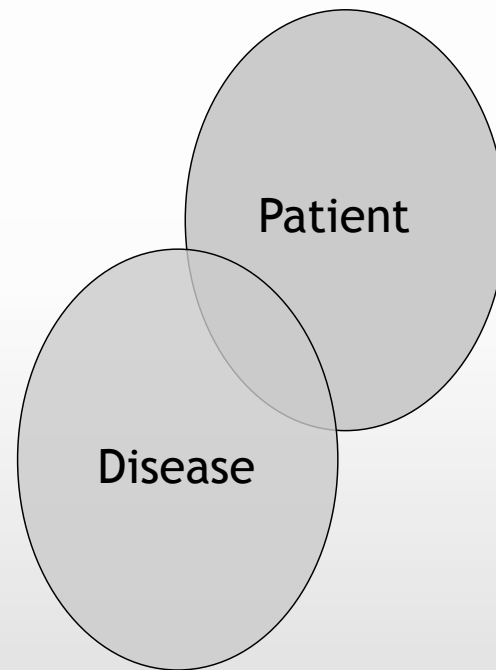
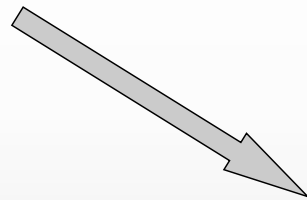
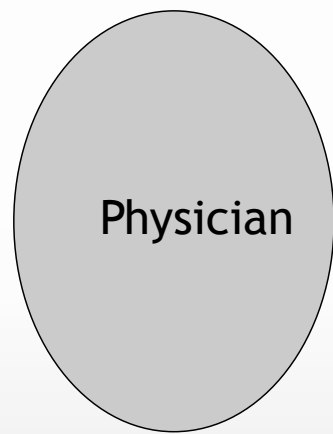
MCGILL PROGRAMS IN WHOLE PERSON CARE

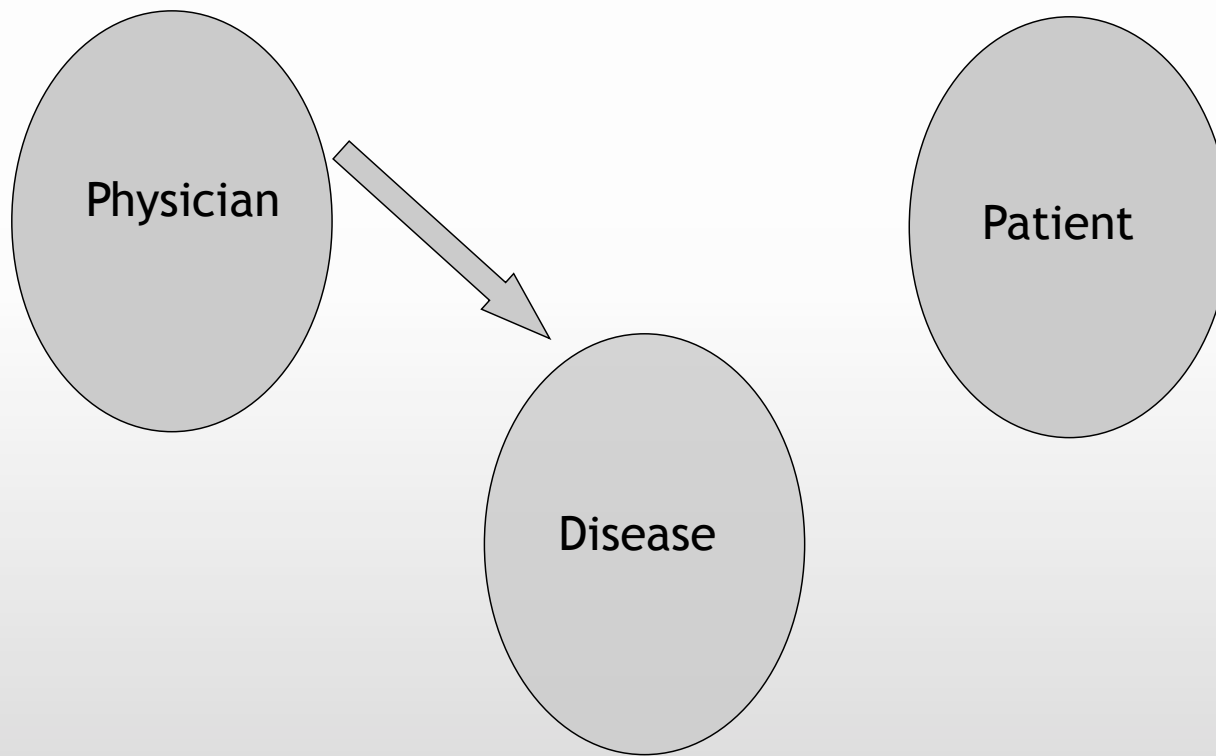
“To transform western medicine by synergizing the power of modern biomedicine with the potential for healing of every person who seeks the help of a healthcare practitioner.”

Statement

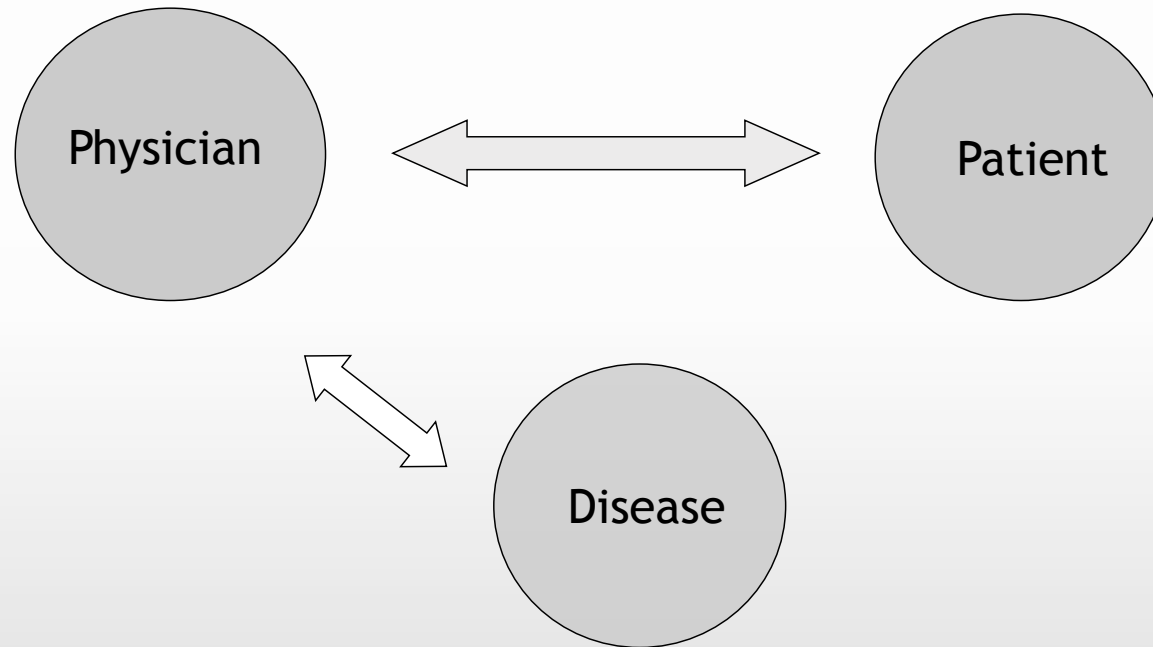
Mission







The Two Therapeutic Relationships



Curing and Healing

Curing is an action carried out by a healthcare practitioner to eradicate a disease or correct a problem. (Cassell)

Healing is a process leading to a greater sense of integrity or wholeness in response to injury or disease that occurs within the patient, which can be facilitated by the healthcare practitioner. (Mount and Kearney)



Hutchinson, T.A. (Ed.). Whole Person Care. A New Paradigm for the 21st Century. New York: Springer Science + Business Media, LLC; 2011.

Table 18.1 The metaphor of the two snakes and the full medical dichotomy

	White snake (Hippocratic)	Black snake (Asklepian)
Patient		
Problem	Symptoms or dysfunction	Suffering
Possibility	Being cured	Healing
Action	Holding on	Letting go
Goal	Survival	Growth
Self-image	At the effect of disease	Responsible for coping with illness
Doctor		
Focus	Disease	Person with illness
Communication	Content	Relationship
	Digital	Analog
	Conscious	Unconscious
Power	Power differential	Power sharing
Presence	Competent technician	Wounded healer
Epistemology	Scientific	Artistic
Management	Standardized	Individualized
Effect	Real	“Placebo”

Whole Person Care Teaching Sessions

- **Physicianship 1: Healer Role**
Whole Class Teaching sessions (5 sessions/year)
- **Physicianship 2: Mindful Medical Practice Course**
Core small group sessions (7 consecutive weeks x 90 minutes)
- **Physicianship 3: Preparing for the High Cost of Caring**
1 session /year
- **Physicianship 3: The Physician as Healer – Relating to Other Team Members**
Simulation Centre sessions (6 sessions/year)
- **Physicianship 3: The Physician as Healer**
Whole Class Recall Days (3 sessions/year)
- **Physicianship 4: Reuniting the Healer & the Professional – Challenges & Opportunities**
Whole Class Teaching sessions (2 sessions/year)



The R.E.D.E.SM Model

Relationship:

I: Establishment

- Convey value & respect with the welcome
- Collaboratively set the agenda (what else?)
- Introduce the computer, if applicable
- Demonstrate empathy using **SAVE**

II: Development

- Engage in reflective listening
- Elicit patient narrative
- Explore the patient's perspective using **VIEW**

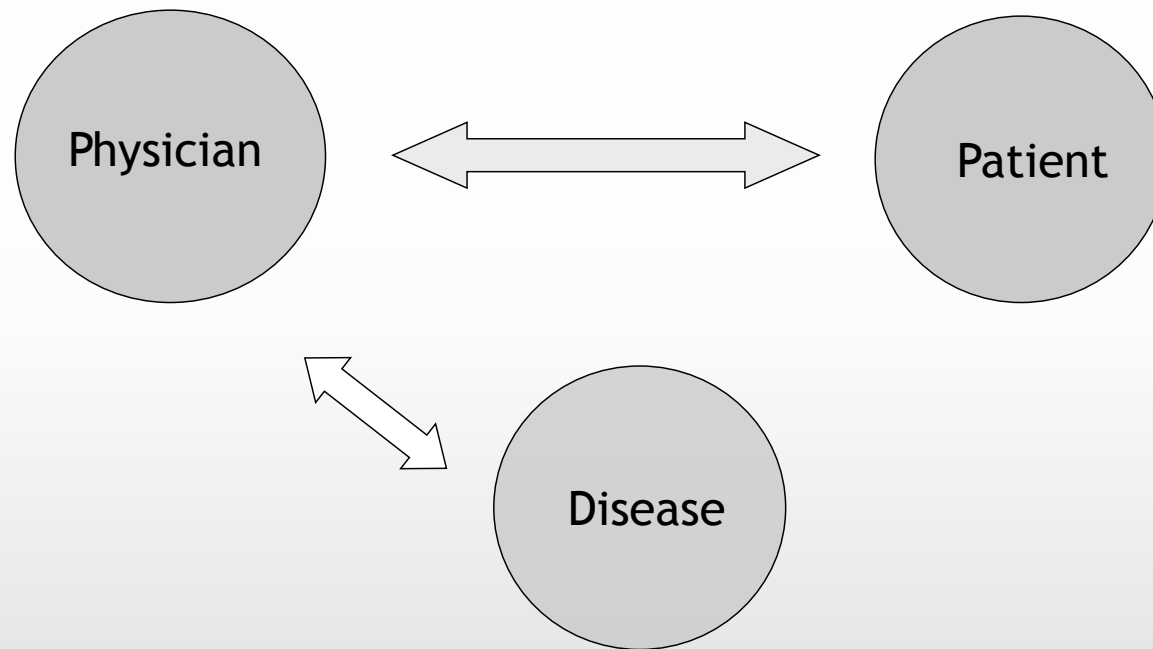
III: Engagement

- Share diagnosis & information in context of patients' perspective
- Collaboratively develop treatment plan
- Provide closure
- Dialogue throughout using **ARIA**

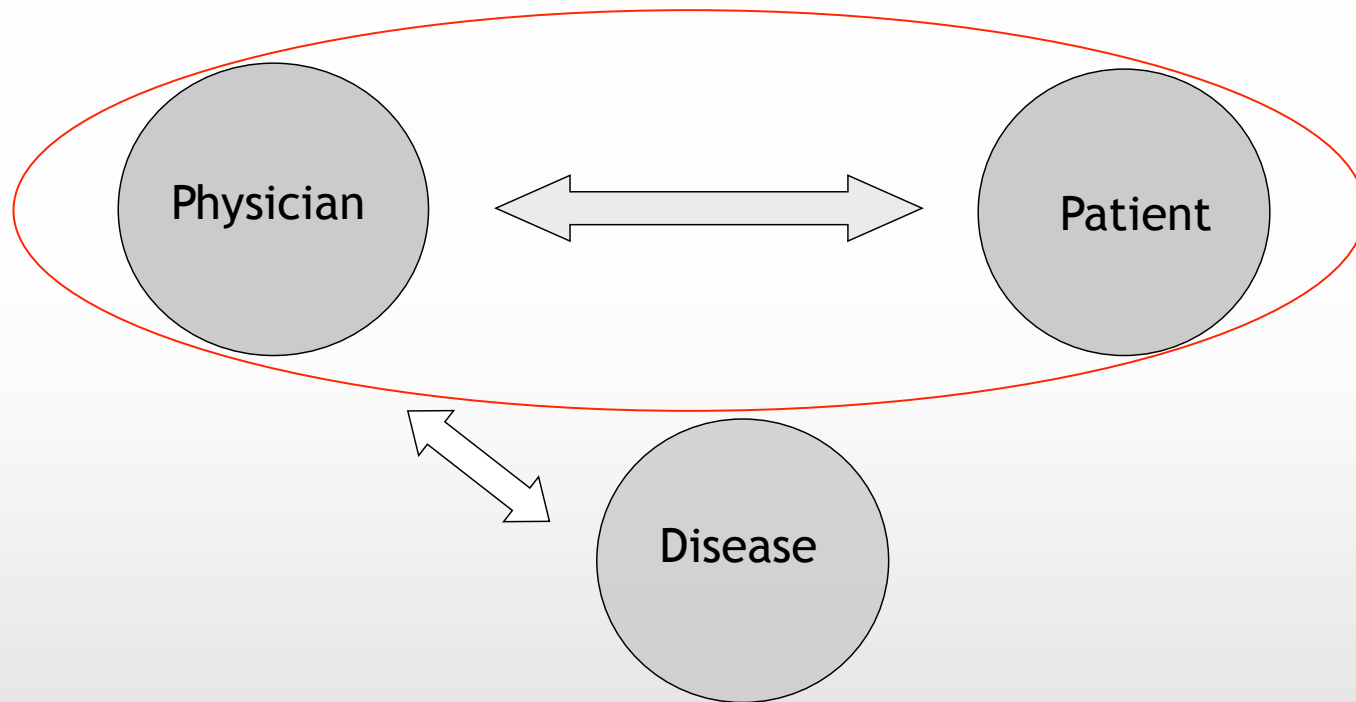
Center for Excellence in Healthcare Communication | <http://healthcarecommunication.info/>

© The Cleveland Clinic Foundation. All Rights Reserved.

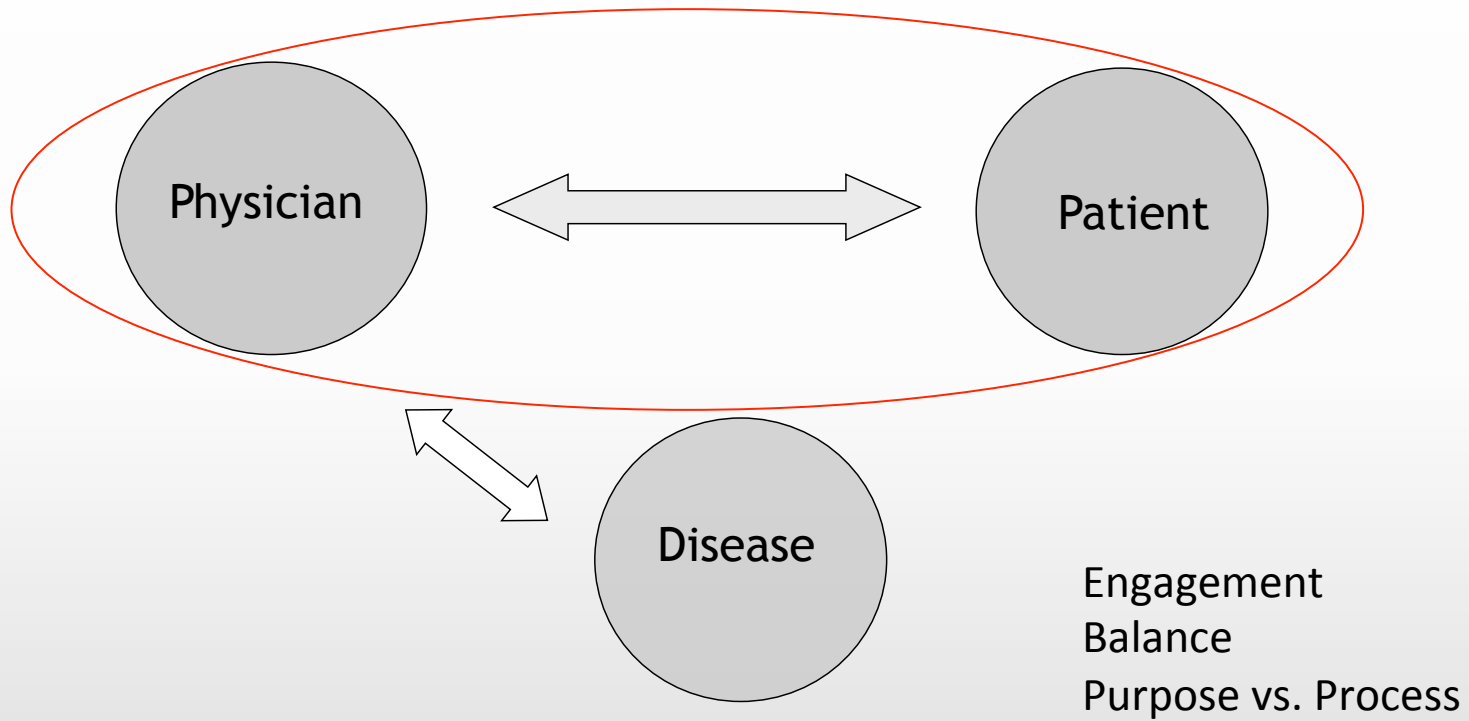
The Two Therapeutic Relationships



The Two Therapeutic Relationships



The Two Therapeutic Relationships





Conclusions

- People with serious illness want and need the best technical care available.
- Helping people with serious illness requires more than technical expertise.
- We need to establish a relationship that is healing for both parties.
- The combination of “curing” and “healing”, which is whole person care, is the key to individual patient engagement and excellent care.