IN THE PATIENT VOICE

From ‘Patient Centred Care’ To ‘Relationship Centred Care’

Presented by
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BECOMING A PATIENT...
MAKING THE TRANSITION

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THE PATIENT EXPERIENCE

Attending to the patient experience requires attending to the unique individual whose experience this is.

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THE EMOTIONAL DIMENSION OF CARE
Overlooked & Undervalued

“...the research is clear that the emotional well-being dimension of patient care is the strongest driver of patient satisfaction.”

(“Why The Emotional Engagement of Patients Will Trump HCAHPS” By Curt Coffman Coffman Organization Research Inst. USA)

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Emotional Connection Improves The Clinician Experience

“When clinicians experience an emotional connection with their patient, they feel they are doing work that has meaning, and are thus more satisfied with their work. In fact, the experience of “being present with” their patients correlates more strongly with finding meaning in work than do diagnostic triumphs. Clinicians who connect emotionally with their patients are more committed to their jobs and less likely to burn out.”


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THE FUNDAMENTAL VALUE OF INTERPERSONAL AND COMMUNICATION UNDERSTANDINGS AND SKILLS

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INTEPERSONAL & COMMUNICATION SKILLS ARE ESSENTIAL

• FOR PATIENT SATISFACTION
Press-Ganey’s research on 2 million patients shows that the highest correlate with overall satisfaction is quality of healthcare provider interpersonal communication skills.

• FOR STAFF SATISFACTION
“...Healthcare workers with effective communication skills have higher levels of job satisfaction” (Gale, Verheul, and Reckers et al 2007, Buchanan and Reckers et al 2003)

• FOR ORGANIZATIONAL SUCCESS
“Employees’ ability to connect with one another, to share information and decision-making, develop authentic work relationships, and provide feedback to one another about their work are essential ingredients for successful organizations” (Interpersonal Neurobiology: How Human Relationships Shape Our Workplaces, Charlene J. Phipps, MS).

COMMUNICATING INFORMATION
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ENGAGING THE PATIENT
“The challenge most physicians and other providers face is not one of how to engage patients... Rather the challenge for providers is how to be engaging to patients.” (Mind The Gap, Stephen Wilkins, 2004)

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This is what the literature tells us....

“Physician communication or the lack of it is probably one of the most important factors for patient noncompliance.” (Edward C. Rosenow III, MD Division of Pulmonary and Critical Care Medicine, Mayo Clinic College of Medicine Rochester, MN)

“Directive styles of teaching and advice giving tend to generate resistance or a sense of hopelessness in those on the receiving end. More engaging methods, such as motivational interviewing, may prove more successful” (Redlich et al., 2010).

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ENGAGEMENT COMES FIRST!

Creating a relationship with a unique human being about his or her personal understanding of their health status and treatment options within the context of his or her personal life circumstances and values

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COMMUNICATING WITH COMPASSION

“...compassionate care improves health outcomes and quality of life, increases patient satisfaction, and lowers health care costs” (Beth Lewis, MD, medical director of the Schwartz Center and an associate professor of medicine at Harvard Medical School)

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USING COMPLAINTS TO YOUR ADVANTAGE

✓ Listen
✓ Check
✓ Respond
✓ Record

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SMALL GESTURES CAN MAKE A BIG DIFFERENCE

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THE LIMITS OF PATIENT CENTRED CARE

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THE NEED FOR GREATER SELF AWARENESS

“At the end of the day, doctors are not a deity—omnipresent and omniscient. We are people—we are fallible, prone to our prejudices and our preferences, insecurities, and biases. I have learned that to become a good doctor, one must be honest with one's self and exert introspection in order to become self aware…”

(Don S. Dizon, MD, FACP ASCOconnection.org, the American Society of Clinical Oncology’s professional networking site)

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"We have a measure of choice and control over what we are aware of, but what we are unaware of controls us.”
- Sir John Whitmore

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THE CLINICIAN/PATIENT RELATIONSHIP IS ONLY ONE OF MANY RELATIONSHIPS THAT INFLUENCE IMPORTANT OUTCOMES

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RELATIONSHIP BETWEEN STAFF & DEPARTMENTS
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RELATIONSHIP BETWEEN HEALTHCARE PROFESSIONALS
“The findings show that while safety measures can help prevent medical errors, cultures of silence in U.S. hospitals may undermine their effectiveness... The report confirms that tools don’t create safety; people do. Safety tools will never compensate for communication failures in the hospital” (http://healthnews.com/health-news/family-health/brain-and-behavior/articles/2011/03/22/study-reluctance-to-speak-up-encourages-medical-errors).
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RELATIONSHIP BETWEEN MANAGEMENT AND STAFF
The emotional dimension of their experience is an important driver of satisfaction for staff as well as for patients
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“About 90 percent of departing employees leave because of issues with their job, manager, culture or work environment,”....

Yet nearly 90 percent of managers believe that "employees leave and stay mostly for the money.”

(The 7 Hidden Reasons Employees Leave By Leigh Branham AMACOM, 2005)

A SHARED JOURNEY WITH MULTIPLE NEEDS
Clinical Financial Personal & Ethical

FROM ‘PATIENT CENTRED’ TO ‘RELATIONSHIP CENTRED’ CARE - Applying Systems Thinking

• A system is more than the sum of its individual parts.
• How the parts interact with one another has a greater influence on how the system operates than how any individual part functions independently.
“RELATIONSHIP CENTRED CARE” RECOGNIZES

• That the clinician/patient relationship is reciprocal – We influence each other's experience & behaviour
• That relationships throughout the system are shaped by the reciprocal influence that each individual, department or team has on the other
• That every relationship within the system has an impact on the system as a whole

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In Medicine....

“At the core of every organization, giving the organization its particular life and character, is its web of relationships…. neither individual excellence nor technology-based solutions alone will yield desired breakthroughs in quality or safety. Rather, the theory and evidence highlight the importance of attending to relationships as part of the foundation of an organization— as fundamental to its functioning and potential as its information systems and other infrastructure components—and equally in need of continual monitoring and attention.”

(“Organizational Dimensions of Relationship-centered Care Theory, Evidence, and Practice”. (Journal Of General Internal Medicine Vol. 21, Issue 31, Pages S9 - S15))

And In The Field Of Organizational Development.....

“Interpersonal relationships in the workplace create a powerful organizational architecture affecting employee motivation and productivity, the flow of information between the parts of the organization, and, ultimately, organizational ability to adapt and thrive amid constantly changing circumstances.”

(Charlene J. Phipps, founder of Innovative Human Dynamics & Connections & Reflections: the GAINS Quarterly, Global Association of Interpersonal Neurobiology Studies, summer 2009)

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CONCLUSION

“...available evidence suggests that relationship-centred theory and practice in health care offer the potential for breakthroughs in quality of care, quality of life for those who provide it, and organizational performance.”

(“Organizational Dimensions of Relationship-centered Care Theory, Evidence, and Practice”. Journal of General Internal Medicine, Vol. 21, Issue S1, Pages S9 - S15)

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‘Losing Face’ is a memoir of Kathy Torpie’s experience of major, disfiguring trauma. It is a deeply intimate view of the patient experience. One that is often hidden by more visible physical trauma.

“This should be a recommended read for every medical and Allied Health Science student and any medical professional who works with trauma patients.” Tristan de Chalain, FRACS

“Many of the health professionals present had read her book and report that they have made changes in their approach to patients as a result.” Rhondda Paice, Trauma Coordinator, Auckland Hospital

Books are available at the registration desk $25