**Title:  Bringing the Patient’s Voice to the Conversation: Can you hear it?**

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**Abstract**

There have been many efforts over the years to move practice environments to those that are “patient centered.” Important components of patient centered care are broad and include providing for patient physical and emotional comfort, improving communication, providing information, having provider continuity and focusing on transitions of care, co-ordination of care, having a respect for patient choice and values, and having sources of social support involved in care. Patient centered care is interwoven throughout the ACGME Milestones for the practice of Family Medicine , with an independent domain under the competency of patient care. However, the question remains as to why if we have placed emphasis on the patient’s voice in clinical treatment do we continue to have gaps between patient satisfaction and continuity of care. What are we missing? How can we bridge these gaps and hear, attend to, and heal our patients? Healthcare is currently in a state of flux but in an environment where reimbursements are tied to patient outcomes, who will be determining what health is and what is a good outcome? For example, Epstein and colleagues published a RCT in JAMA Oncology about a patient centered communication intervention. The conclusion of the student was the intervention improved patient communication but that secondary outcomes such as quality of life remained unchanged. However, quality of life was measured not by patient voice but by a survey designed by researchers. This session is designed to create an inactive experience to simulate how our patient’s voice can go unheard, lost, and/or overlooked in our current healthcare system.

**Session learning objectives:**

Participants will:

1. Be able to define the components of a patient-centered healthcare environment.
2. Describe the importance of improving patient-centered healthcare.
3. Assess the barriers to providing patient centered care and discuss strategies for enhancing patient care.
4. Participate in an experiential exercise to awareness of breakdowns in communication with our patients.
5. Consider current and prospective initiatives within residency programs to enhance patient centered care.

**Bibliographic citations**:

Effect of a Patient-Centered Communication Intervention on Oncologist-Patient Communication, Quality of Life, and Health Care Utlizaion in Advanced Canter: The VOICE Randomized Clinical Trail. Epstein RM, Duberstein PR, Fenton JJ. JAMA Oncol 2017; 3(1): 92-100.

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**Activity Description**

The interactive activity will have two parts.

Activity 1:

We will break the audience up into groups of 4. Two members of the group will serve as observers. The other two will serve as a drawer and the other gives the instructions. The person giving instructions is meant to simulate the patient; the drawer the provider. One of the observers will be given a drawing to hand to the “patient” and the physician (who is to the back of the patient) must listen to the patient and replicate what is being said onto the paper. The observers will observe the reactions of the patient and provider and record them on paper. At the end of the activity the observers will rate the accuracy of the drawing along with the patient. The activity will also be timed.

Process Questions:

1. What was your strategy to listen to the patient?
2. What were the barriers? What worked?
3. What was the patient’s experience (rating of the drawing)? And did it differ from that of the observer?
4. What did the observers see?
5. How did time impact the process?

Facilitation: The ratings represent how we can sometimes miss with measurement the experience and not capture what our patients truly experiences. Time should facilitate the experience of being rushed in our clinical environments. The lack of ability to see the image simulates our inability to fully see, experience, capture what our patients are attempting to tell us.

Activity 2:

Have audience members write down patient experiences whether observed, experienced as a patient themselves, or where they were the provider where the patient voice was either lost, captured well, etc. Have groups discuss them and share one from each table group. Comments from whole group.