Our medical school, as part of its strategic plan, selected patient-centered care (PCC) as the organizing competency for its students. To better describe and assess this competency we completed an extensive literature review, conducted focus groups with patients, faculty, and students about the elements of PCC, and surveyed groups of faculty and students. Twenty-five descriptors organized into three domains for the PCC competency were derived. These behavioral descriptors were used to develop a PCC (Objective Structured Clinical Evaluation) OSCE that 3rd year students must pass in order to graduate. In the present study patients assessed the patient centeredness of exemplary student performance on PCC-OSCE cases. The patient perspective provided further checks of validity and fidelity for the measurement of PCC competencies in our students.

We used a qualitative case study design to address the research purposes. Faculty OSCE evaluators identified exemplary student performance from five different simulated patient scenarios. Digital recordings of exemplary student performance were shown to a purposeful sample of chronically ill patients. To be a participant, patients must have visited a physician for their illness at least three times in the past year. Six focus groups and two individual interviews were conducted with 25 chronically ill patients. Participants viewed a selected video and collectively commented on the elements of PCC they identified in the video. The process was then repeated with a second selected video. Interviews were digitally recorded and transcribed. Transcript data were analyzed to identify themes related to PCC.

Five overarching themes emerged from this study as central to PCC: a) communication, b) nonverbal cues, c) avoiding medical jargon, d) team approach, and e) treatment by the health system. These findings are completely consistent with themes identified to develop the OSCE, thus supporting the validity of the PCC-OSCE. The present research added to the original work in that it provided more detailed descriptions of exemplary PCC behaviors, as well as suggestions in how to best frame physician questions. The present study added to the prior research by identifying the need for -- a) patient advocacy beyond the physician, b) use of visual aids, c) confidentiality, and d) increased focus on religious and cultural considerations.

Research findings provide evidence of the value of using patients as sources of evidence to define PCC. Further, the study demonstrates and validates the approach used to create and administer this high stakes exam assessing complex student learning outcomes.