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Fostering the Culture of Patient-Centered Care

New medical residents get pep talk.

Story by Tom Selva, MD

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When new medical residents arrive each year, Tom Selva, chief medical information officer and professor of clinical child health at MU, gives a “fire starter” talk as part of their enculturation into patient-centered care. The following text is excerpted from that talk.

So, you may ask: What is all this patient-centered care business? Hasn't our whole medical education been about taking care of patients? Isn't that why we went to medical school, sacrificed our youth, and are going deeply into debt? And by the way — who is the patient to tell me what to do, what they want,



how they want it, when they want it?

Tom Selva, MD, encourages medical residents to see the world from their patients' point of view. Photo courtesy of MU Health Care.

If these sentiments sound familiar, congratulations, you are in touch with the hubris with which the medical profession has practiced its craft for generations. Somewhere along the line, we forgot that we are in a service industry.

If you went to medical school to make money, you'll do OK on that score. But you will miss the emotional and intellectual richness, the wonder, the joy and the tears that make medicine perhaps the most rewarding of careers.

Despite the challenges and frustrations that will fill the days ahead of you, here's what I would say: It's not about you. It's about the patient.

So you may ask again: What is all this fuss about patient-centered care about, and why are we talking about it now? Isn't our niche as doctors to take a history, do a physical, render a diagnosis, and tell the patient what to do? Isn't the patient, ostensibly not anywhere as smart as any of us, supposed to do what they are told? Whatever happened to the sentiment, "Trust me, I'm a doctor"? Doesn't the system move patients reliably along a journey of great care? Short answer: Maybe. There are lots of cracks to fall through. Remember that, in medical care, there's only one person who lives out the entire experience from making the appointment to see their doctor through admission and transition back to their doctor. That's

the patient. Indeed, they are the only person who sees all the bills!

Let's think about how we might deal with patients. Let's say the patient is someone you love and respect as you would your own mother. Would you use the same terms with this beloved person as you would with a colleague? Would you start a visit without taking two minutes to look over the chart and get acquainted with her case? Would you open the door without knocking? Would you fail to introduce yourself? Would you wake her up at all hours of the night and then wonder why she looks tired the next day? Would you put her in cold, flimsy gowns that open at the back, call her by a name she doesn't prefer, make her take medicines she doesn't want, and put her on regimens she doesn't understand? Would you refuse to tell her when she can go home or maybe give some nebulous time frame? Would you make assumptions about your beloved patient based on name, nationality, accent, the color of her skin?

Of course not.

Yet, we oftentimes do such things to patients we admit to the hospital or see in the clinic. We dehumanize them, disarm them, "dis-able" them. Occasionally this is appropriate. But even then, do we do so with a clear insight into their humanity and with a clear vision that this is for their benefit? Do we do so with a plan to "re-enable" them — return them to their place in the world?

These issues speak to the core of what we are as physicians. Patients come to us so we can explain their present, predict their future, and change that future.

Patients need our help.

So, go ahead, take it from the top — this time, with some humanity: Take the history by listening without interruption. Do the physical with respect and perhaps some explanation. Order tests with a clear reason. Explain what is wrong. Discuss what will happen should patients choose to forgo therapy or changes in lifestyle. Then work the true art of medicine and change your patients' future by partnering with them to change behavior, alter lifestyle, or start a regimen they can accept, adopt, and sustain.

You are embarking on your residencies. We are committed to teaching you the skills to deliver patient-centered care. It is not “smile school.” If you are bored, then you are either (1) not listening or (2) already wired to deliver patient-centered care. But I bet you will gain something valuable from the process.

Let's face it, everybody knows you are smart, the “MD” behind your name speaks to your skills, and we certainly expect that you will do your best to care for your patients. But can you (as they say in show business) sell it? Can you communicate that caring? You mustn't assume patients can read your mind and know how much you care. It is about putting yourself

in their place.

I promise you that if you place the patient at the core of your professional life, your days will be rich and full and meaningful. To do this, you must put on your game face every day. Take your emotional temperature before entering a room or encountering a family. Use your powerful imagination to walk in their shoes. When we see a patient, we tug on but one thread of the fine tapestry that is their life.

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