Knowing Ourselves in Relationship with Our Patients

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Agenda

- Relationship-Centered Care
- Tools for Relationship-Centered Care
- Writing about relationships
- Sharing stories and reflections
- Large group summation
Relationship-centered care "displaces the old idea that

physicians be compassionate yet somewhat depersonalized, who practice medicine with scientific objectivity and skepticism in a humane and altruistic manner,

with the idea that a physician's humanity, emotions, motives, and capacity to influence and be influenced play a central role in healing relationships."

Components of Relationship-Centered Care

1. Dimension of personhood, not just roles
2. Affect and emotion have central importance
3. Reciprocal influence
4. Moral foundation

The patient-centered encounter

Doctor

- work/family
- culture
- skills
- attitude
- values
- perspective

Patient

- work/family
- culture
- skills
- perspective
- values
- needs

Illness narrative

- beliefs/ideas
- feelings
- expectations

self-aware
curious
responsive
open
present
After the Encounter

**Doctor**
- self-efficacy
- efficiency

**Patient**
- Needs met
- Heard
- Respected
- Measurable impact

**Connection**
- Satisfaction
- Trust
- Integrated understanding

**What our patients give and teach us**
- Can increase self-awareness
- Impacts patient care
- Lessons taken into personal life
- Healing
Why focus on reciprocity?

- It is not that easy for us to openly acknowledge.
- It guides us to reflect.
- It encourages us to become more self aware.
- Narrative participation is reciprocal.
- It can be protective for us.
Guidance and tools to assist in Relationship-Centered Care

- Narrative Understanding
- Mindfulness
- Reflective Practice
“We construct a narrative for ourselves, and that's the thread we follow from one day to the next”
Paul Auster – writer

Narrative Medicine

“…medicine practiced with narrative competence, that is, the ability to acknowledge, absorb, interpret, and act on the stories and plights of others.”

Charon, R. Welcome and introduction, Presented at :Narrative Medicine: a colloquium; May 2, 2003; Columbia University, New York, NY.
Narrative Skills

- Elicitation
  - *listen for and draw out the patient’s story*

- Interpretation
  - *Enter the patient’s perspective*
  - *What does this mean for the patient?*

- Translation
  - *Communicate understanding*
  - *What does this mean for us?*
Mindfulness

Paying attention without judgment in the present moment.

Awareness practices: Attentive observation, meditation

Quality of Awareness: “Beginners’ Mind”, curiosity, open, compassionate
Reflection

Reflection is “a process of examining and exploring an issue of concern, triggered by an experience, which clarifies meaning in terms of self, and which results in changed conceptual perspective”

Why Reflect?

- to know ourselves
- to honor emotion
- to deepen our capacity for empathy
- to discover what we do not yet know
Telling and Listening

“The moral genius of storytelling is that each, teller and listener, enters the space of the story for the other.”

“In listening for the other, we listen for ourselves.”

Think about a relationship with a patient, be it one encounter or over time. Write about what you learned about you, how you and your personal life were touched by this relationship. What gift do you take into your life?