

Abstract from

Brera G. R. Education in Person-Centered Clinical Method and Perceived Quality of Person-Centered Clinical method

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Person Centered Clinical Method and its Teaching Results in Medical Practice

(a first pilot study)

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Socrates..... Well then, could we ever know what art makes the man himself better, if we were ignorant of what we are ourselves ?

Alcibiades: Impossible !

Background

Clinical method is the fundament of medical science, but to our knowledge up to now there haven't been investigations about its effect on medical practice quality. Person-Centered Medicine is a new interactionist and teleonomic paradigm of medical science, structured on the integration of humanities, biologics and clinics. This paradigm has developed a new standard of clinical method: the "Person Centered Clinical Method"

The aim of the study is to investigate about the first application quality of the Person Centered Clinical Method (PPCM) by a three years trained physicians' sample.

Methods

It is a descriptive pilot study. **20 Physicians (7 medical practitioners, 6 Paediatricians, 3 hospital doctors, 4 private doctors)** accepted to fill out a questionnaire on "PCCM Quality in Medical Practice" and e-mail it upon completion. Questionnaire items, positive answers' rates about the perception of a change in medical practice, associations with the physicians' role were studied with descriptive statistics and cross tabulations

Findings

Physicians state that PCCM improves patients' comprehension (**95%**) and patients' quality of life and health, (**75%**), saves useless examinations and drug prescriptions, (**70%**) spares unnecessary hospitalizations (**55%**) but requests more time to dedicate to patients (**55%**).PCCM effectiveness in saving useless examinations and drug prescription is significantly associated to medical role ($P=0,02$). MP (**100%**) and Paediatricians (**85%**) declare that PCCM

is effective in sparing useless examinations, drug prescription and unnecessary hospitalizations .
 There is general agreement about the necessity and importance to learn and spread PCCM.

Interpretation

MCCP leads to medical practice quality improvement. Most impressive are the abilities the PCCM has in improving skills in comprehending patients' problems, in saving useless examination and drug prescriptions, and in improving the quality of life and health in general.

TAB. 1
“ PCCM and Medical Care Quality ”

	%
Permits a better comprehension of patient and his own problems	95
Improves the finalization of specialty referrals and technical examinations	30
Saves useless examinations and drug prescriptions.	70
Spares unnecessary hospitalizations	55
Reduces hospitalization times (only if HP)[1]	10
Improves professional realization	40
Is effective on patients' quality of life and health improvement	75
Reduces doctor -dependency	45
Creates new possibilities for research	30
Shortens improvement times	30
Requests more time to dedicate to patient	55

About the possible associations between medical role and answers, PCCM gives evidence to significant differences in the items: “ Saves useless examinations and drug prescriptions. : “ Spares unnecessary hospitalizations “ , “Improves professional realization “ , “Is effective on patients' quality of life and health improvement,” “Is effective on patients' quality of life and health improvement “ “Creates more patients' possibilities for self-health management “ Creates new possibilities for research”. “Shortens improvement times”

No differences appear in the following items: “Improves the finalization of specialty referrals and technical examinations , Requests more time to dedicate to patient. Borderline differences appear in the item :” Creates more patients’ possibilities for self-health management (tab 3)

TAB. 2

Medical Role and PCCM Quality

N	Answers categories	MP	P	HP	PD	p
1	Permits a better comprehension of patient and his own problems	5 83,3 %	7 100 %	3 100%	4 100%	
2	Improves the finalization of specialty referrals and technical examinations	2 (33.3%)	2 (28.6%)	1 (33.3%)	1 (25.0%)	0.992
3	Saves useless examinations and drug prescriptions.	6 (100.0%)	6 (85.7%)	1 (33.3%)	1 (25.0%)	0.027
4	Spares unnecessary hospitalizations	5 (83%)	4 (57.1%)	1 (33.3%)	1 (25.0%)	0.263
5	Reduces hospitalisation times (only hospital MD))					
6	Improves professional realization	2 (33.3%)	4 (57.1%)	2 (66.7%)	0 (0%)	0.210
7	Is effective on patients’ quality of life and health improvement	4 (66.7%)	6 (85.7%)	1 (33.3%)	4 (100.0%)	0.190
8	Creates more patients’ possibilities for self-health management	2 (33.3%)	3 (42.9%)	1 (33.3%)	3 (75.0%)	0.580
9	Creates new possibilities for research	3 (50.%)	2 (28.6%)	1 (33.3%)	0 (0%)	0.411
10	Shortens improvement times	0 (0%)	4 (57.1%)	1 (33.3%)	1 (25.0%)	0.165
11	Requests more time to dedicate to patient	4 (66.7%)	4 (57.1%)	1 (33.3%)	2 (50.0%)	0.813

Moreover MD believe that PCCM is necessary (60%) and important (40%) for the development of medical science, without significant differences among roles and 90% of them state that learning

PCCM changed quality of their medical skills. Private +Hospital MD (71,4%) state that PCCM learning permitted them to comprehend the interaction between quality of life, individuality and biological variables (Odd Ratio : Territorial MD/ H+PD= 0,25) .

Cases rates of positive answers have been computed . It appears an answers' mean of 5.35 by individual. (tab 4)

Tab. 3

Rate of positive answers

ITEMS	N	% of answers	% of cases
Permits a better comprehension of patient and his own problems	19	17.8	95.0
Is effective on patients' quality of life and health improvement	15	14.0	75.0
Saves useless examinations and drug prescriptions	14	13.1	70.0
Spares unnecessary hospitalizations	11	10.3	55.0
Requests more time to dedicate to patient	11	10.3	55.0
Creates more patients' possibilities for self-health management	9	8.4	45.0
Improves professional realization	8	7.5	40.0
Improves the finalization of specialty referrals and technical examinations	6	5.6	30.0
Creates new possibilities for research	6	5.6	30.0
Shortens recovery times	6	5.6	30.0*
Reduces hospitalisation times (only hospital MD)*	2	1.9	10.0*
Overall	107	100.0	535.0