

Five Cards - a method for patient-centered communication

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NOTE ON USE:

These materials were developed for training and continuing education in family medicine. When editing or adapting the content, please ensure that medical accuracy is maintained and clearly indicate any modifications.

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Personal experiences from a patient's perspective

Have you ever felt

- that you felt misunderstood by a doctor?
- that the doctor had a completely different plan than you?
- that you were talking at cross-purposes?

Personal experiences from the doctor's perspective

Have you ever had the feeling that

- you need a lot of time to grasp what is important in a conversation?
- to encounter unreasonable expectations?
- being questioned?
- talking at cross-purposes?

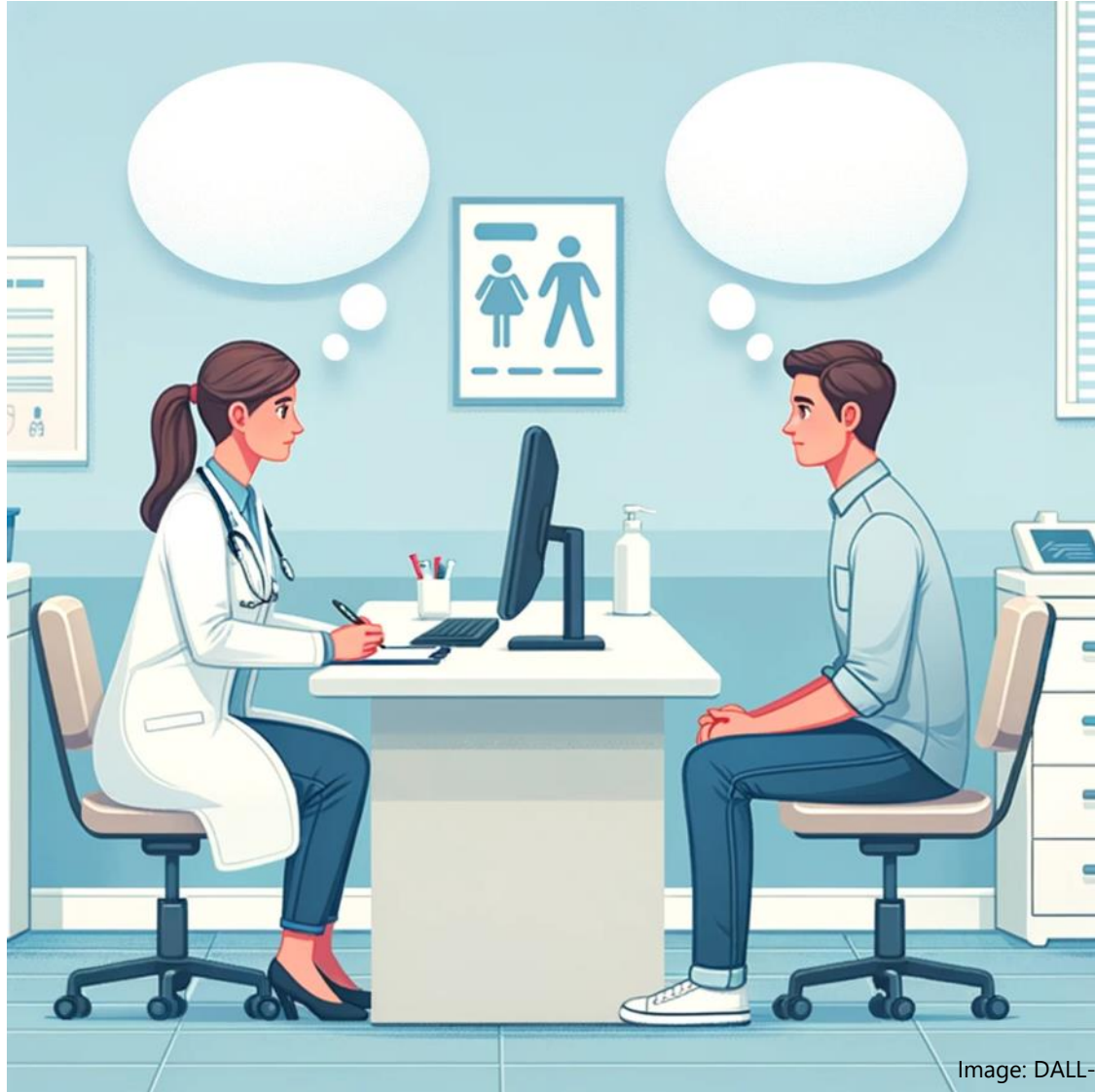


Image: DALL-E

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Patient: "I need antibiotics."

Doctor: "This looks like a viral infection. Antibiotics won't help."

Patient: "I know my body, and I have to work tomorrow. Can you just prescribe them?"





“The doctor did not listen to my concerns and appeared unqualified.”

“You never get the help you need.”



Image: DALL-E

"Only crazy people here today!"

"The patient is non-adherent and acts independently."

Origins of patient-centered care

- Originally, a paternalistic model dominated
- Doctors made decisions without taking patients' opinions or wishes into account
- Paradigm shift toward a patient-centered approach that focuses on the needs, values, and preferences of patients

Stewart et al., 2000, "The Impact of Patient-Centered Care on Outcomes," Journal of Family Practice
Rogers, C. R. "On Becoming a Person," 1961

Research

A patient-centered approach:

- identifies patient problems more accurately
- increases adherence and patient satisfaction
- reduces non-indicated diagnostic tests and referrals
- reduces non-indicated practice visits and prescriptions
- reduces the risk of litigation

→ **More efficient consultation**

Lassen, L.C., 1991. Connections Between the Quality of Consultations and Patient Compliance in General Practice. *Fam Pract* 8, 154-160.

<https://doi.org/10.1093/fampra/8.2.154>; Matthys, J., Elwyn, G., Van Nuland, M., Van Maele, G., De Sutter, A., De Meyere, M., Deveugele, M., 2009. Patients' ideas, concerns, and expectations (ICE) in general practices impact on prescribing. *Br J Gen Pract* 59, 29-36. <https://doi.org/10.3399/bjgp09X394833>

Nystrup, J., Larsen, J.-H., Risor, O., 2010. Developing communication skills for the general practice consultation process. *Sultan Qaboos Univ Med J* 10, 318-325

Classic challenges

- Needing a lot of time to grasp what is important
 - The feeling of talking at cross-purposes
 - Demanding or overly concerned patients
 - Unreasonable expectations
 - Being questioned
-
- long lists of symptoms
 - Desire for high-tech diagnostics/medication
 - "...just one more quick question..."
 - ...

Theory and practice

Although it is accepted that doctors should allow patients sufficient time,

most doctors find it difficult

- not to interrupt patients and
- not to medicalize the problems presented.

Five cards: a simple guide to beginning the consultation. Larsen JH, Neighbour R. Br J Gen Pract. 2014 Mar;64(620):150-1

Previous experience with the method

More than 5,000 participating physicians in Scandinavian courses lasting several days:

- clear conversation structure and greater efficiency
- Improved emotional understanding of patients
- Higher level of satisfaction, security, and self-confidence in one's own role as a family doctor
- Course is perceived as an eye-opener, stronger professional motivation

The solution

When patients feel that their **emotions** are understood and that their **ideas, concerns, and expectations** are acknowledged and addressed during the consultation, they are more likely

- to follow treatment advice
- be satisfied with the visit

At the same time, consultation time is limited and must be used effectively.

Five cards: a simple guide to beginning the consultation. Larsen JH, Neighbour R. Br J Gen Pract. 2014 Mar;64(620):150-1

Is it serious?

Will I still be able to work and do sports?

Will I receive proper care?



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Hopefully...

- am I missing anything important?
- we have an effective treatment
- the patient is satisfied
- the case does not require too much time or energy.



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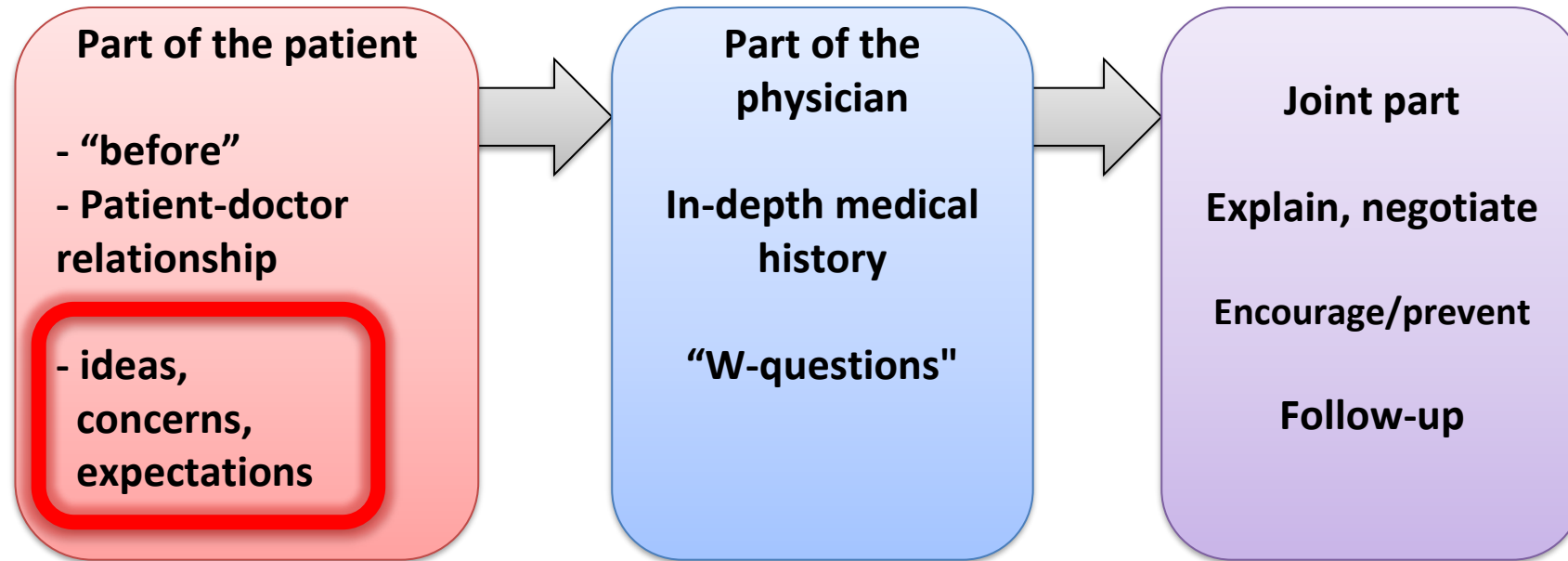


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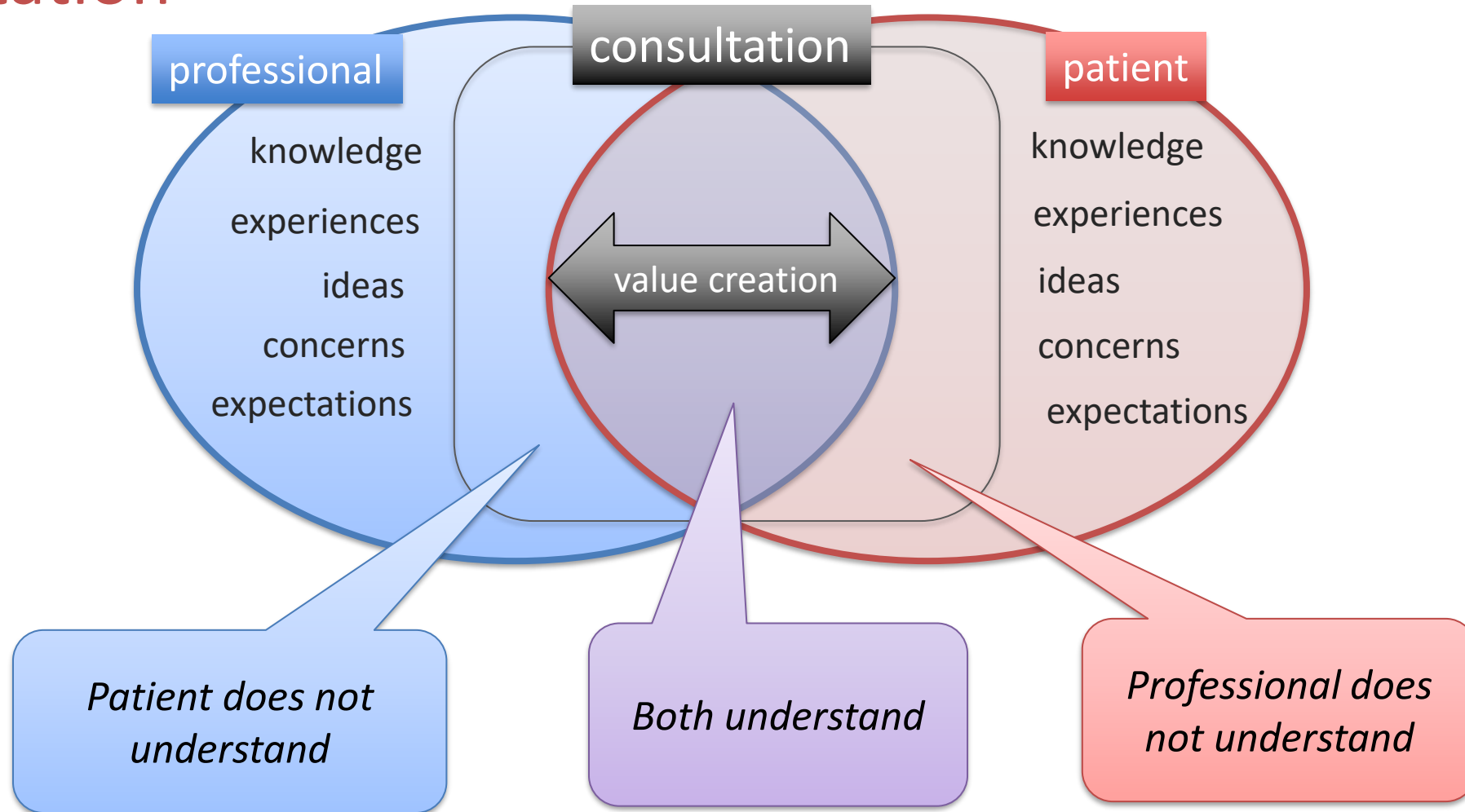
Image: DALL-E

Patient-centered consultation



Larsen J-H, Risør O, Putnam S. P-R-A-C-T-I-C-A-L: a step-by-step model for conducting the consultation in general practice. *Fam Pract* 1997;14: 295-301.

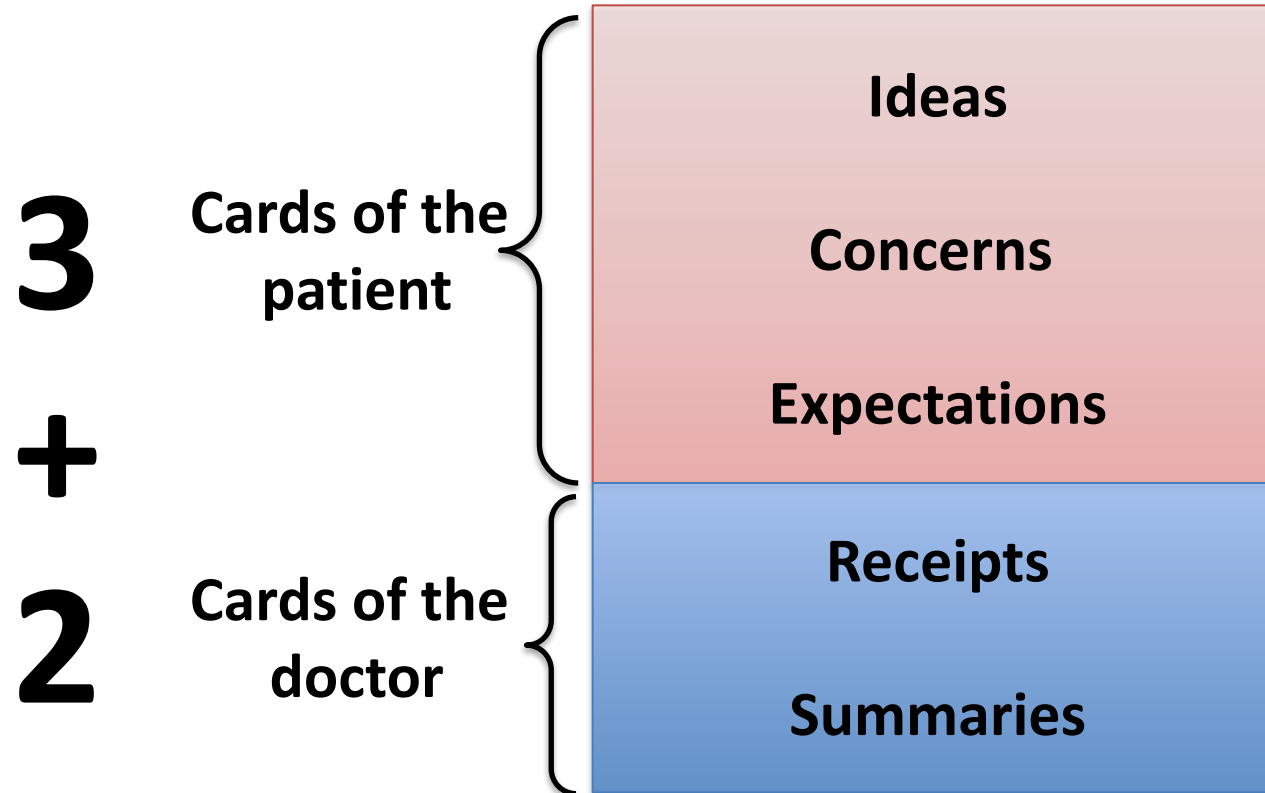
Consultation



A Maun, B Sengpiel 2012

Our approach

The five-card model



The 3 patient cards "I-C-E"

Ideas

The patient's thoughts and assumptions about their symptoms

Concerns

The patient's concerns and fears

Expectations

The patient's expectations towards the doctor

Choose the right words!

Opinions

"What do you think is the cause?"

"How do you think this came about?"

Fears

"Are you afraid that there is something specific behind it?"

What are you afraid of?"

Expectations

"How do you think we can best help you?"

The doctor's 2 cards

Receipts

Repeated and constant affirming feedback on emotions and thoughts. No evaluation of the content.

Summaries

Summarize what has been said, "think aloud" → common thread

Examples of affirmations without evaluating the content

"Thank you for telling me that—tell me more about it."

"It's good that you said that right away, then I know why you came."

"I understand that this must be stressful/difficult for you."

Ideas

"What do you think is the cause?"

Concerns

"Are you afraid that there is something specific behind it?"

Expectations

"How can we best help you?"

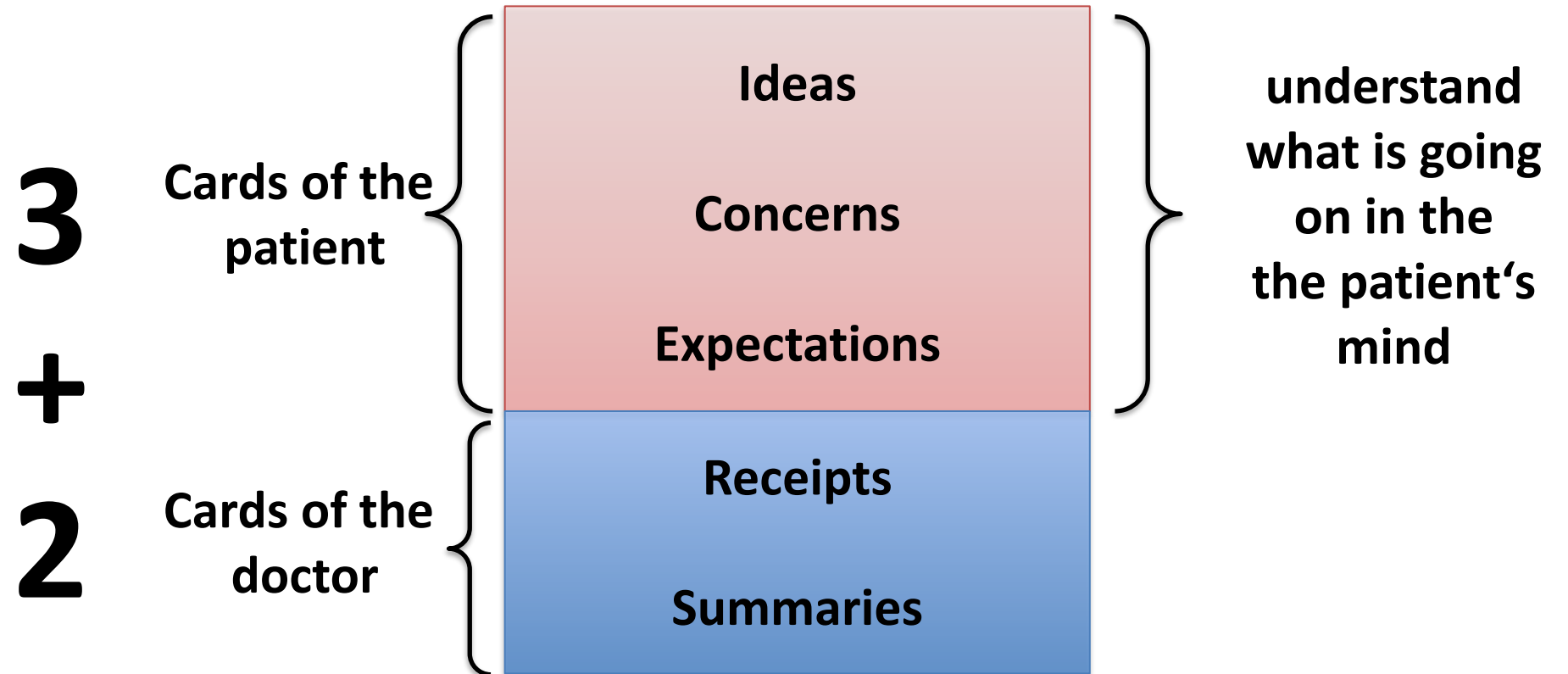
Receipts

"I understand that this must be... for you."

Summary

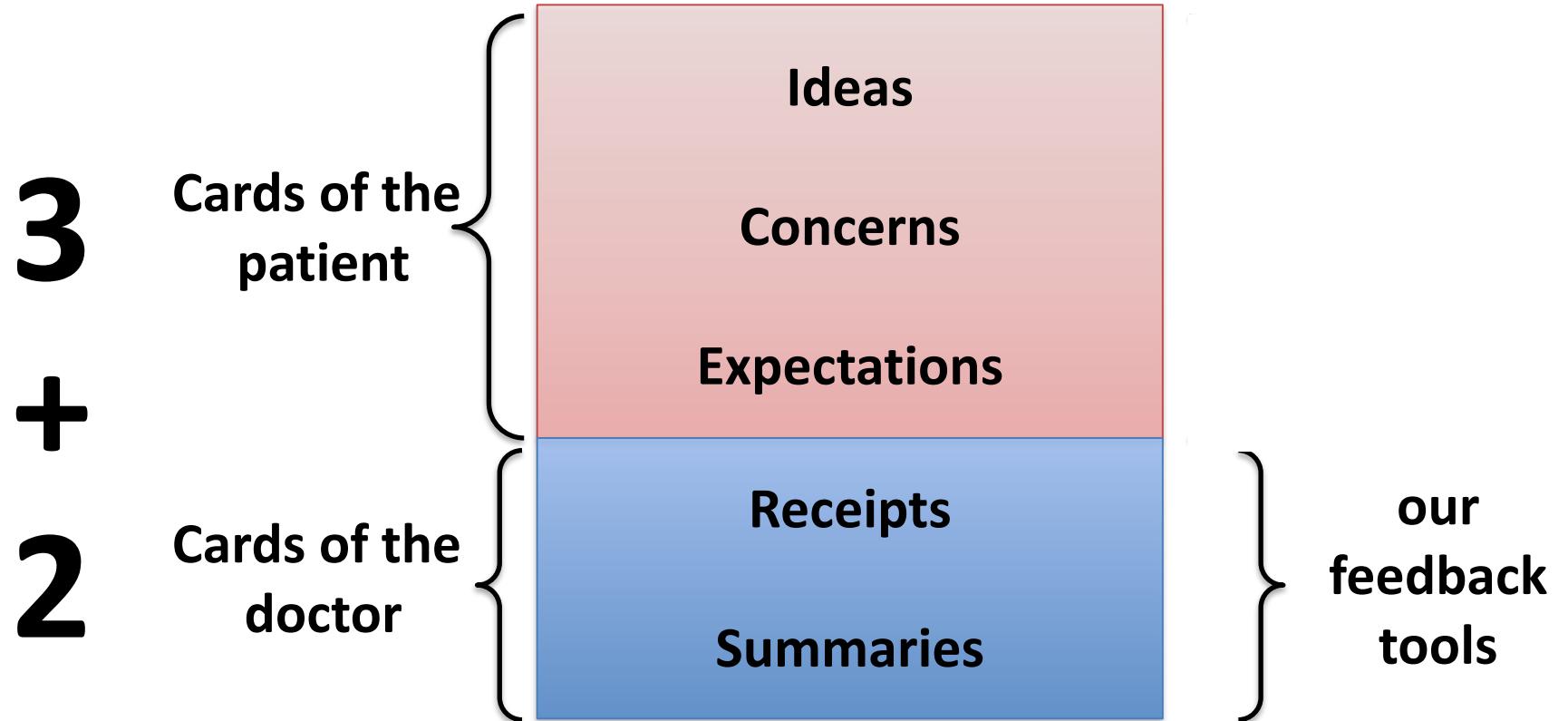
"Let me summarize. If I understand correctly..."

The five-card model



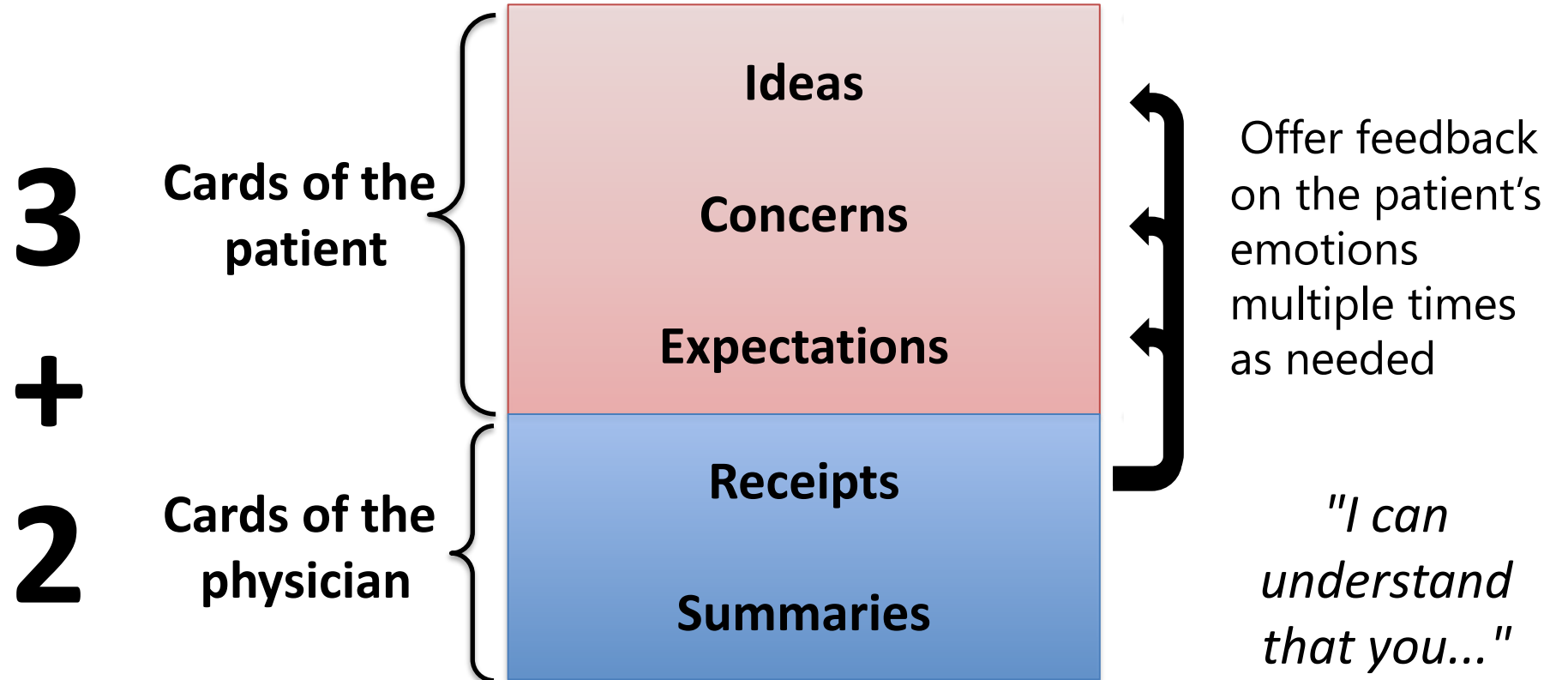
One approach

The five-card model



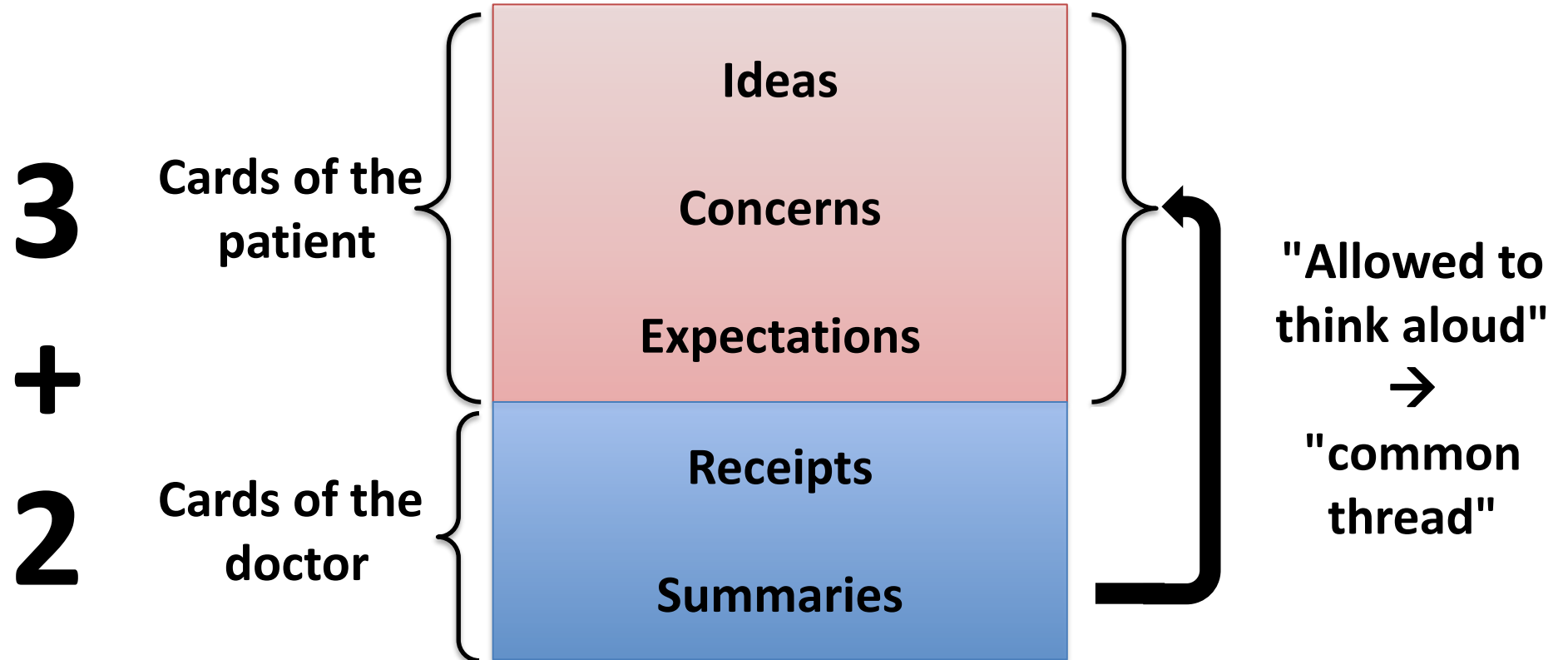
One approach

The five-card model



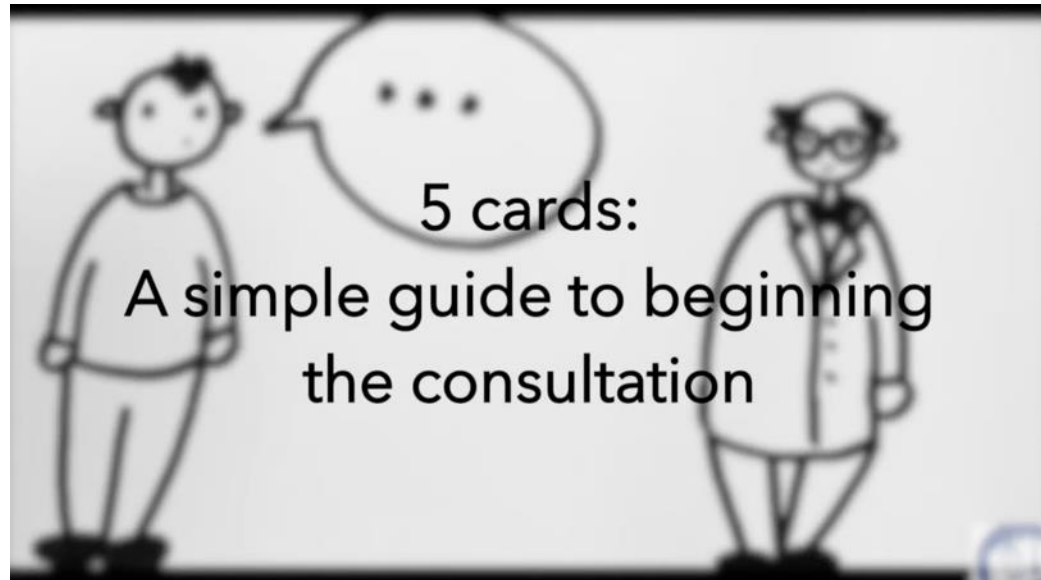
One approach

The five-card model



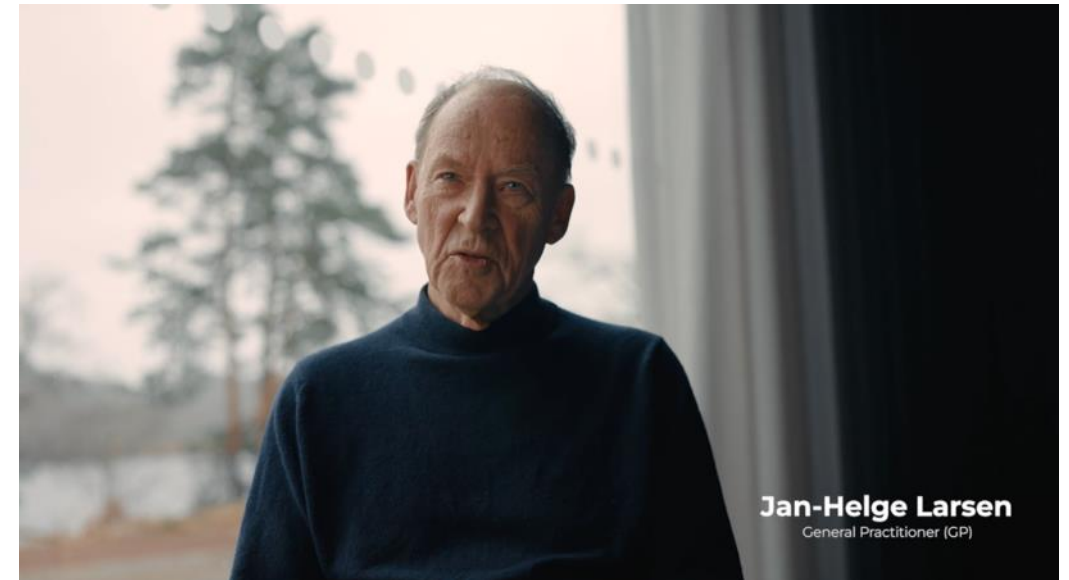
Videos

Five Cards – A simple guide



<https://youtu.be/uQFc2jetuBc?si=WIFYaLBzbf1tyluH>

Five Cards - The Art of Consultation



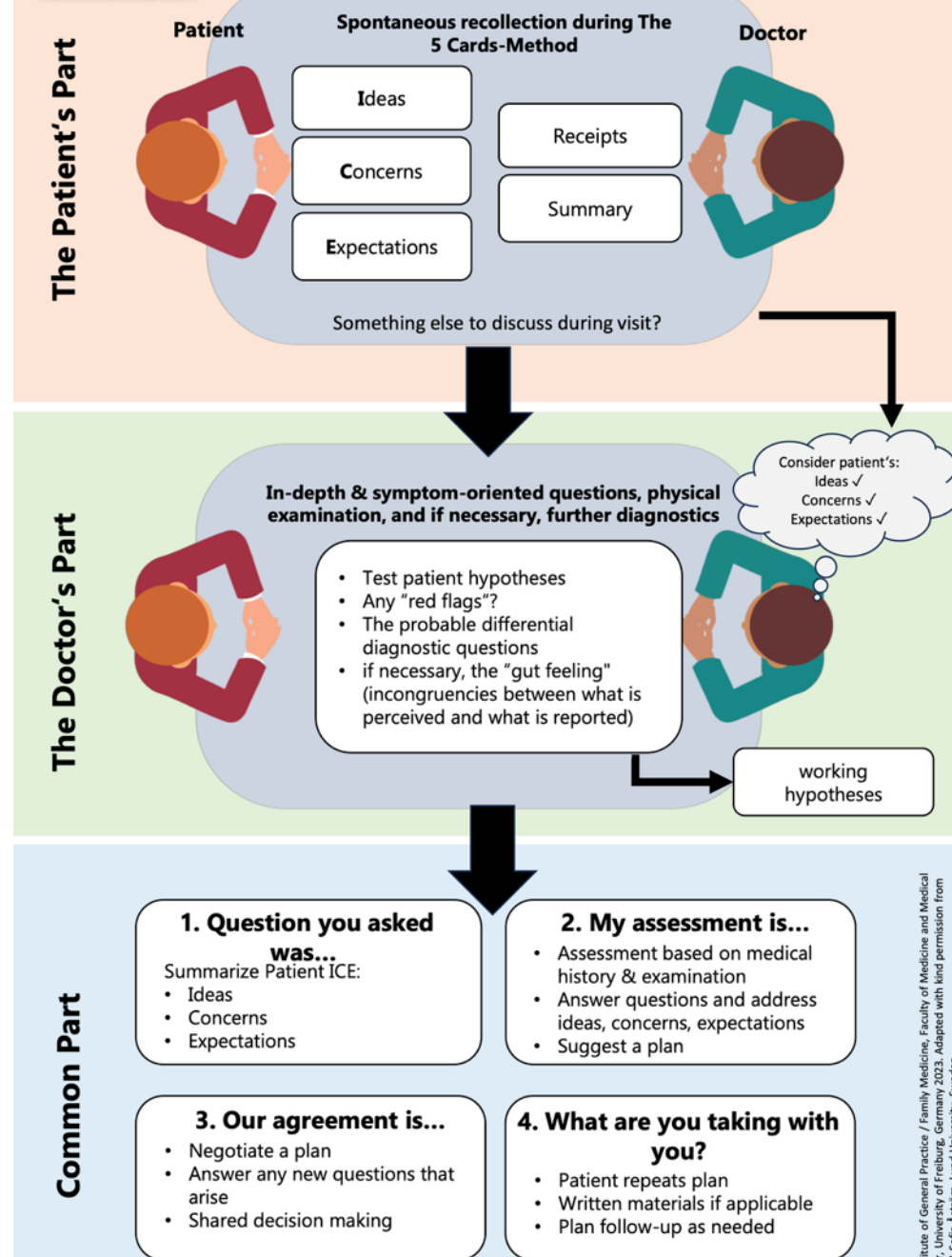
<https://uni-freiburg.cloud.panopto.eu/Panopto/Pages/Viewer.aspx?id=f8c904aa-3f9c-4a59-939c-b40500d03916>

Warm-up exercise: Affirmations

- Stage 1: Object
- Stage 2: Emotion/state of the other person
- 3rd level: Emotion in relation to the other person

Do not evaluate, but rather "acknowledge" without judgment and show that you understand the other person's point of view.

Practice in small groups.



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Exercise: Role play in groups of three

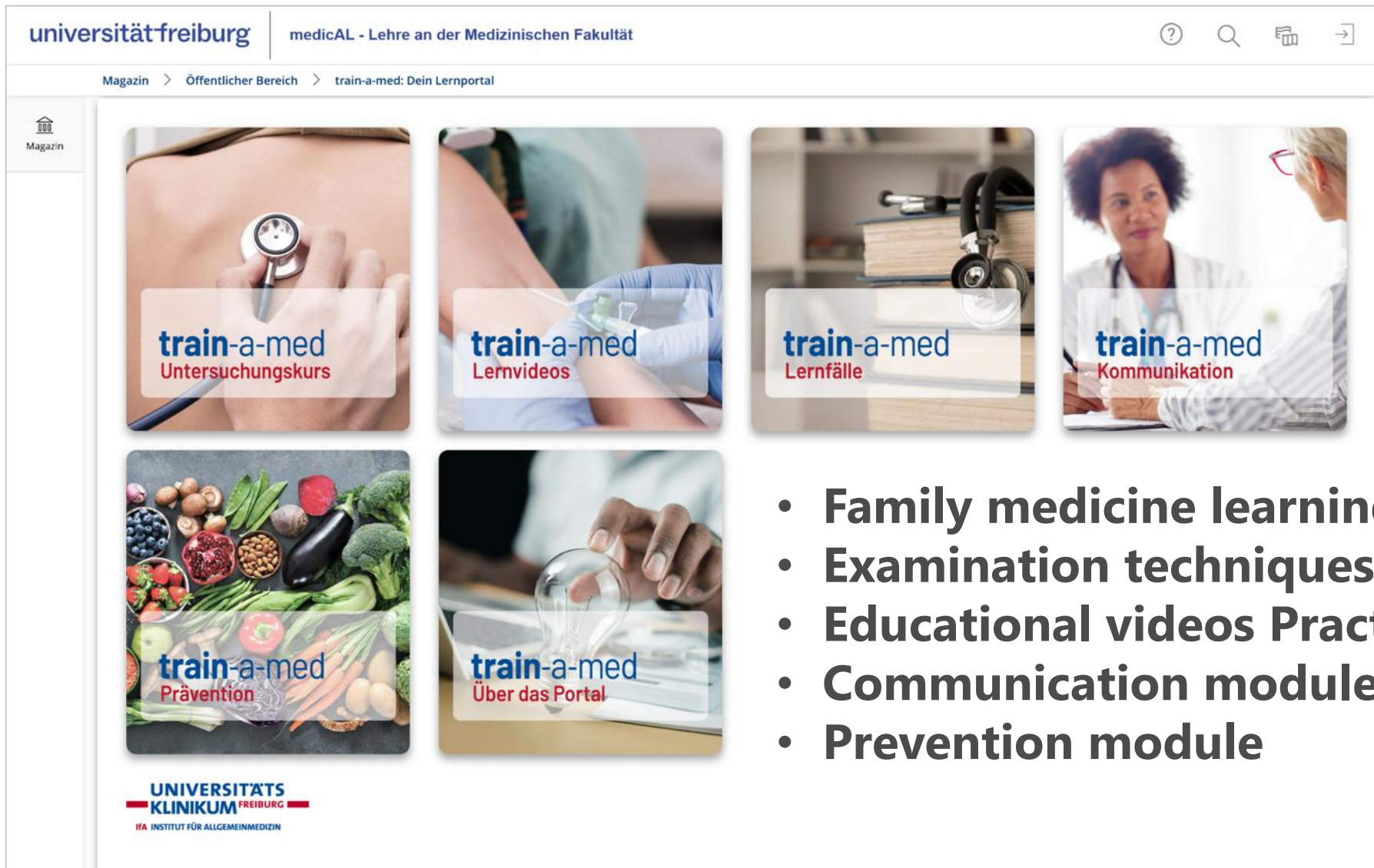
- Doctor
- Patient (whom you remember)
- Observer (can help the doctor with the corresponding card)

This is not about medical questions or in-depth medical history (no medical part of the medical history)!

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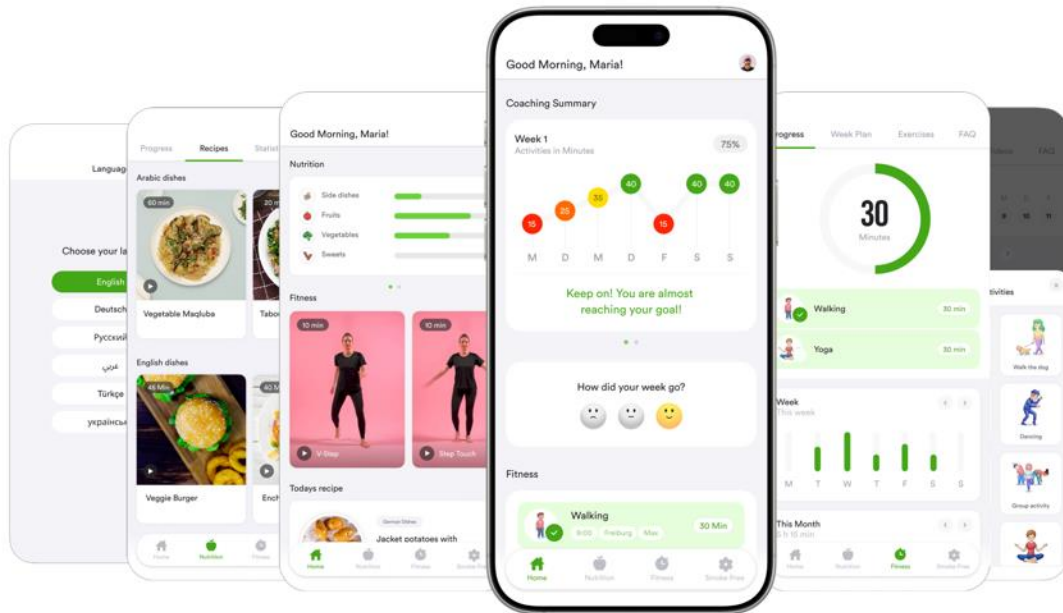
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