SPC 委員会企画 1-C5-3 English

Three important topics in patient-centered care

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対象者 医師・後期研修医(卒後3年目以上)・初期研修医(卒後1-2年目) Target Doctor・Senior resident(3+years after graduation)・Resident(1-2 years after graduation)

General internal medicine (GIM) practice has been reinvigorated by the recent acknowledgement of importance of patient-centered care (PCC). Since 2001, the US Institute of Medicine has recognized PCC as a core concept critical to high-quality healthcare. Though PCC is recognized as a practice emphasis on physician-patient partnership and collaboration, the multifaceted and often vague nature of the concept may make it difficult for practitioners to apply PCC to actual practice. In an attempt to clarify some of the more important components of PCC, this lecture will focus on three important topics within the larger context of PCC: (1) Active listening; (2) Deprescribing; and (3) Shared-Decision Making. After an introduction to the core components that define PCC, and a brief commentary about the state of these components in both the US and Japan, evidence for benefit of active listening will be shown, and tips for practicing clinicians will be shared. Audience participation is welcome in further discussion of this component. Second, the evidence on the growing, deleterious effects of polypharmacy from the Japanese literature, and the critical importance of deprescribing for patient safety will be presented. Finally, we will discuss the evidence surrounding shared decision-making on patient outcomes, present several clinical examples of where shared decision making. At the end of this talk, the audience should be able to: (1) Define the core philosophy of PCC; (2) Implement several important techniques for active listening; (3) Identify polypharmacy and understand the importance of deprescribing medication review; and (4) Identify several clinical opportunities for shared decision-making.

