



Training in patient-centred clinical consultations

Overview: The UK Government signalled in its white paper [Equity and excellence: liberating the NHS](#) (2010) that more emphasis needs to be placed on improving patients' experiences of NHS care. The aims of this policy are to: put patients at the heart of everything the NHS does; focus on continuously improving healthcare outcomes for patients; and empower and liberate clinicians to innovate and improve healthcare services.



Current advice: NICE has guidance on [patient experience in adult NHS services](#), which notes that patients value healthcare professionals acknowledging their individuality and the unique way in which each person experiences a condition and its impact on their life. Patients wish to be seen as an individual within the healthcare system. This requires healthcare professionals to recognise the individual, and for services to be tailored to respond to the needs, preferences and values of the patient. Advice on treatments and care, including risks and benefits, should be individualised as much as possible. NICE also has guidance on [service user experience in adult mental health](#).

New evidence: A Cochrane review by [Dwamena et al. \(2012\)](#) assessed interventions to promote a patient-centred approach in clinical consultations. The review included 43 randomised controlled trials of training interventions aimed at improving communication in healthcare settings. All training involved healthcare workers, mainly in primary care, but some interventions also included training or educational materials for patients. Interventions were classed as brief if they involved up to 10 hours of training and extensive if they involved 10 or more hours of training.

Outcomes included direct effects on consultation processes and effects on patient outcomes (patient satisfaction, health behaviour, and health status). Meta-analysis for each outcome category was possible for only a small proportion of the included studies for each outcome category. Separate analysis of studies using dichotomous or continuous variables further reduced the sample for each meta-analysis, so the authors additionally reported a qualitative analysis.

Generally, the interventions had positive effects on consultation processes such as clarifying patients' concerns and beliefs, communicating about treatment options, levels of empathy, and patients' perception of providers' attentiveness to them and their concerns as well as their diseases. Brief interventions were as successful as extensive interventions.

The effects of the interventions on patient satisfaction, health behaviour and health status were mixed. Interventions aimed at both providers and patients and that used condition-specific materials generally had beneficial effects on health behaviour, patient satisfaction and consultation processes, but mixed effects on health status. Pooled analysis suggested moderate beneficial effects of interventions on the consultation process, mixed effects on behaviour and patient satisfaction, and small positive effects on health status.

Commentary: "This important update of a Cochrane review confirms that training health professionals in patient-centred consulting styles can be effective, leading to improved

communications and, in some cases, better health outcomes. The skills needed to understand patients' experiences of illness, involve them in treatment decisions and support their self-management efforts are not universally taught in professional training courses, so it is good news that these deficiencies can be remedied by providing special courses.

“Given the difficulties involved in organising time away from clinical practice to learn new skills, the review's finding that short courses can be just as effective as longer ones is especially welcome. This review did not examine the relative effectiveness of different teaching modes, but it is possible that these skills could be taught cost-effectively using web tools and video.

“But interventions aimed at professionals alone may not be sufficient. The review suggests that greater benefit could be achieved if professional training courses are combined with patient-focused interventions such as condition-specific information, question prompts or coaching. Multi-faceted interventions incorporating patient information and personalised support, provider training and incentives, organisational measures such as enhanced use of medical records and more flexible appointment systems, plus imaginative support from commissioners may be needed to ensure that a more patient-centred approach becomes the norm throughout the NHS.” – **Dr Angela Coulter, Senior Research Scientist, Nuffield Department of Population Health, University of Oxford**

Study sponsorship: Partly funded by the World Health Organization, Switzerland.

About this article: This article appeared in the [October 2013](#) issue of the Eyes on Evidence e-bulletin. This free monthly e-bulletin from NICE Evidence outlines interesting new evidence and what it means for current practice. They do not constitute formal NICE guidance. The opinions of contributors do not necessarily reflect the views of NICE.

To receive the Eyes on Evidence e-bulletin, please complete the [online registration form](#).

[Visit Evidence Search](#)

Copyright © 2013 National Institute for Health and Care Excellence. All Rights Reserved.