

Teaching Tool description.	
Title	How to reach <u>concordance</u> <i>(The process of reaching an agreement between health care provider and patient to determine the choice of management and life style changes, in which patients beliefs, concerns and expectations are valued and sought)</i>
For whom? (pregrad, postgrad, residents,...)	Postgraduates, residents
Goals/ Educational objectives	To demonstrate how concordance can be reached during doctor-patient consultation, in order to initiate healthy life style changes
Methods (small group, lecture,...)	Presentation, discussion, group work, (role play)
Short description	<p>Presentation of the concepts</p> <p>Discussion in large group about the doctor behaviour for reaching the concordance</p> <p>Work in small groups /role play to reach concordance, in a simulated consultation</p> <p>team work (to make a statue expressing concordance)</p>
Practical Implementation advice	<p>Give specific instructions:</p> <ul style="list-style-type: none"> ➤ Keep in contact with patient ➤ Give patient time to process messages ➤ Be attentive to non-verbal cues ➤ Ask further, be curious ➤ Make more jigsaw puzzles ➤ (not only own, but also patient's) ➤ Slow themselves down, take time ➤ Be empathetic
Tips for success	<p>Be patient centered, ask the proper questions:</p> <ul style="list-style-type: none"> ➤ How important is it to you to follow this advice / take this medicine according to prescription? ➤ How confident are you that you will manage this?

Pitfalls	<p>➤ How ready are you to follow this advice?</p> <p>Loose the patient, jumping to prescriptions</p> <p>To confound concordance with compliance</p>
Contact (name and email)	Geurt Essers: g.essers@elg.umcn.nl

USE KNOWN

**ON CONCORDANCE
FOR GENERAL PRACTITIONERS**

The background of the lower half of the slide is light purple. It features several thick, dark blue, wavy lines that flow from the right side towards the left, creating a sense of movement and depth.

Concordance

The process of reaching an agreement between health care provider and patient to determine the choice of management and life style changes, in which patients beliefs, concerns and expectations are valued and sought.

Concordance and Compliance

■ Compliance:

The extent to which patients take their medication according to the instructions prescribed

■ Concordance:

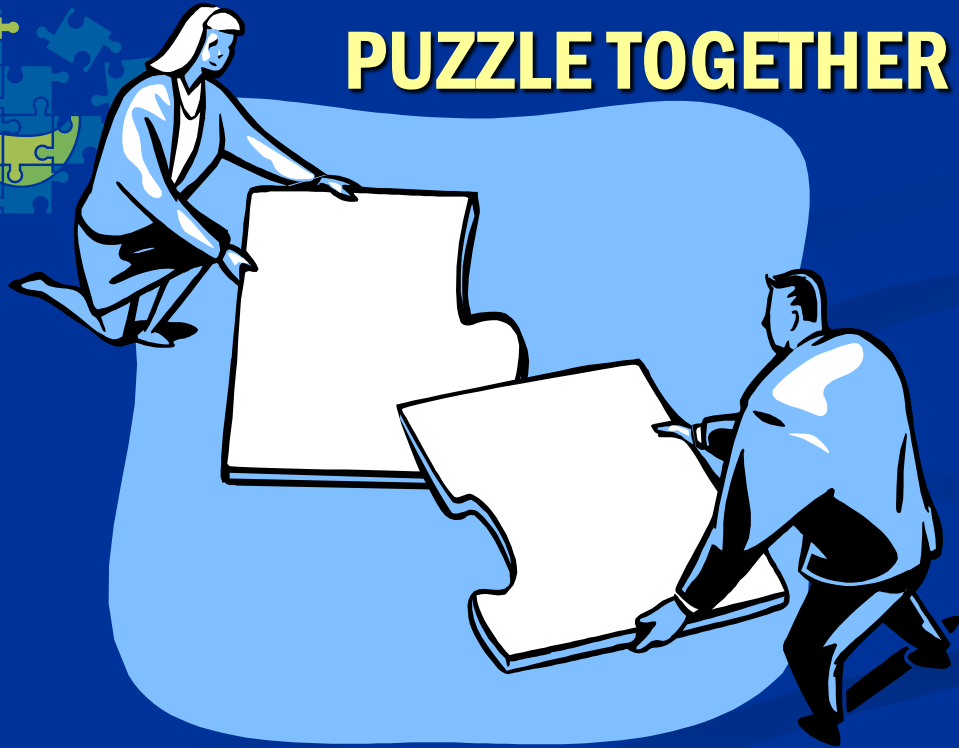
The decision process on medication and / or life style changes that takes place between doctor and patient.

Concordance

GOAL:



**SOLVING THE JIGSAW
PUZZLE TOGETHER**



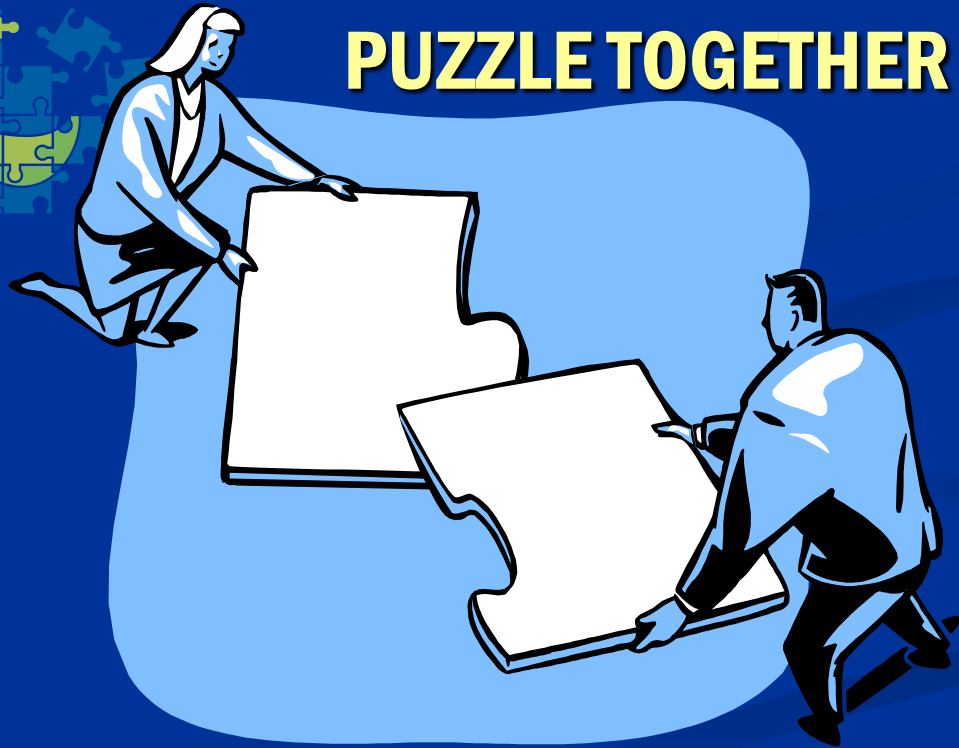
THE VANISHING POINT

Concordance

GOAL:



**SOLVING THE JIGSAW
PUZZLE TOGETHER**



Vragen voor concordantie

- How important is it to you to adhere to this medication (or advice) exactly according to prescription?
- How much confidence do you have that you are going to succeed? Can you picture yourself doing it?
- How ready are you to follow this advice? How are you going to manage this in your daily life?

2 Dimensions

1. Importance

2. Self-efficacy

Readiness to change

Important



Readiness

Self-efficacy



What tools do you already have in store? (needed for concordance)

- Making and maintaining contact with patient
- Giving patient time to process your messages
- Being attentive to non-verbal cues
- Being curious, questioning patient
- Making jig-saw puzzles (not only your own, but also helping the patient to make his)
- Slowing yourself down, taking time
- Being empathic

Working relationship with your patient

**LEADING FROM ONE STEP
BEHIND**

In groups of 5-7

**Create a statue named
'Concordance'**

Concordance: use already known!

A story by Toon Tellegen

It often happened that the elephant, after having visited the squirrel, fell down from the top of the beech tree and got himself all bumped and bruised. The squirrel was a little worried about the elephant and on top of that, he found the noise deafening. One day the squirrel made a sign especially for the elephant that said "DO NOT FALL". He hung the sign right next to the front door.

Not long after that the elephant came and visited him again. Grey and weighty the elephant sat in the lazy chair and told the squirrel important stories. He told him he wanted to visit the moon, and cross the ocean by foot. He yearned to dress himself in clouds and he was about to make a giant floating blossom cake.

"But first", he said "I'm going to think of something I have never thought of before. I'm very curious what that will be!" The squirrel was silent and happily sat in his corner drinking his tea.

At the end of the visit the elephant said, "Ah well, I will be off, home again". He folded his ears alongside his head, shook hands with the squirrel and walked out the door.

"First read the sign!", said the squirrel. The elephant turned, started to read and then fell with a thundering racket down onto the ground. When he lifted his eyes he saw the squirrel high above him in the top of the beech tree.

"Didn't you read it?" he shouted.

"I didn't finish it" the elephant said, "What did it say after 'DO NOT'?"

"FALL" the squirrel shouted.

"FALL?" the elephant wondered. "What's that supposed to mean?"

What does this parable teach us?

That many people don't know how to read? Or that many people are careless in following good advice? Or that they don't find other people's advice that important? Or maybe they don't mind having a bump or a bruise once in a while?

Or maybe they do find the advice important, but don't know how to carry it out. Or they don't see themselves doing it. It does not fit into their way of life!

Or maybe this parable teaches us something about giving advice or about motivating other people. Is it enough to have a sign posted with a very sensible message and clearly saying to read it well? [**Smoking is deadly!**]

The squirrel clearly expected the elephant to follow his advice. Could he have done it another way and be more effective?

We are going to take you on a journey into the daily practice of a Health Care Provider and show you where and how in their consultations there are possibilities to enhance concordance and work towards better compliance.

Compliance, Concordance: what's the difference?

Compliance is enhanced by concordance, so it cannot be not the same! Concordance is associated with 'patient empowerment' and 'shared decision making'. It is the process by which HCP and patient reach an agreement and

determine the choice of management and life style changes; in this process patients beliefs, concerns and expectations are valued and sought.

Compliance is the extent to which patients take their medication according to the instructions prescribed. Concordance refers to the quality of the decision process.

Compliance can be measured. It is the extent to which the patient executes the management that has been advised. For example: take the pill 3 times a day, before meals or every 8 hours, don't mix with alcohol, finish to the end. If you notice undue or heavy side effects, please contact your physician.

Concordance is a process that can be seen and shown.

HCP's actions to enhance compliance were primarily aimed at convincing patients, using their professional knowledge and expertise. Concordance requires using patient's knowledge too. The thought behind concordance is that the patient has important information concerning compliance, namely feelings, arguments, beliefs, circumstances, and culture.

The execution of the doctor's health advice is a part of the jigsaw puzzle for which the patient brings new pieces. What does the patient feel he is willing to accept? How annoying or bothersome is his condition? Does it justify this therapy (in the eyes of the patient)? Does it match his request for help? How important is it for him to exert himself to be or stay or become healthy again? And what awkward circumstances can be in the way of a good application of the advised therapy? All these are pieces of the new puzzle!

Concordance requires from the HCP to engage in a discussion with this one individual patient and reach an agreement that can be expected to lead to success. Is the advice on management important to the patient? Does he see himself doing it? Is he confident that he can manage and comply? These are very relevant questions in daily consultations.

However, if you look closely at these daily consultations, there seems to occur a "vanishing point".

Vanishing point

What does a normal consultation look like?

Normal course of action, without content. D: Please come in. What can I do for you? P: I have a condition. D: Why come now? P: It bothers me so! D: What do you expect from me? P: That you examine me and give me something to ease my burden. D: OK, I will ask you some questions and examine you well. P: Aaaaahh! D: Ah, there it is! This is what's wrong. I will give you something, that's the best there is. If it does not help, please come back in two weeks. P: OK, that's fine. Thanks doc!

And most times the patient is satisfied and contently leaves the room. What can you say? Diagnostically it's OK. Your findings are OK, nothing wrong with that. You're a researcher, a riddle solver. What you say, the content, makes sense. Nevertheless, compliance / adherence sucks.

Looking closer at this interview, the doctor loses the patient at one point and the patient has to struggle to restore contact. That is the moment right after the doctor has told his findings of history taking and physical examination. There is about three nanoseconds between the end of that message and the next

message on management. The doctor usually jumps directly to 'what can be done', as he is so glad he solved the riddle and knows what to do about it. The doctor forget the patient. He is thinking and processing what he just heard. The patient is still there physically, but mentally only in part. Patient's attention is inward and he gets to run behind.

Because the doctor is going on, the patient has to make a mental jump to be present again, restore contact and keep up with what the doctor is telling him. The doctor should better wait a little here for the patient to catch up. And maybe ask some questions on what the diagnosis means to him.

Then comes the next moment, in which decision making is at hand. Mostly the doctor's text after these nanoseconds will be something like "and so (?) / that's why (??) I suggest you to take these / I can prescribe this-and-this for you. You will have to take these every 8 hours, preferably before meals. It is important you finish them all". Et cetera. "But if it doesn't help, I will see you in two weeks! If it gets worse, you need to come sooner."

Is there concordance here? Is there a process in which agreement is reached to determine the choice of management and life style changes, in which patients beliefs, concerns and expectations are valued and sought? No, it does not look like it.

When a diagnosis is established and the discussion about what road to follow has begun, a new jigsaw puzzle emerges. Again, new pieces are being revealed and put in – or not! However, this needs to be established. That's what concordance is about! Both patient and HCP are going to try to put the new pieces together and fit them into the jigsaw puzzle.

Questions to ask the patient

In fact it is very simple: you just ask the patient about what you don't know yet, but want to know about in order to maximize the effect of your actions and advice. On top of that, asking these questions will strengthen the working relationship with your patient. These questions may be:

- How important is it to you to follow this advice / take this medicine according to prescription?
- How confident are you that you will manage this?
- How ready are you to follow this advice?

Importance and self-efficacy help to explain patient's readiness to follow advice. ***If a change feels important to you and you are confident that you can manage it, you will be more ready to start with it and have a bigger chance of succeeding.***

These concepts, the dimensions of importance and of self-efficacy, emerge from research mostly done in the addiction field. To illustrate these dimensions, imagine the usual smoking addict who is asked about his readiness to stop. He will tell you he **knows** that smoking is bad for his health, but he just can't get it done to quit. A typical heavy drinker who is asked the same question, will answer you "Of course, I would be able to quit any moment! However, it doesn't bother

me, I don't feel any nuisance or damage, so I don't need to quit!". [Health behaviour change, Stephen Rollnick e.a.]

So, in advising on life style there are some critical processes, of which an important one is that one person seems to believe that a change is good for another person. In surgery, picture the doctor / HCP and patient in this process. The doctor wants to talk about patient's life style changes and the doctor expects the patient to be willing to bring these changes about in his life. But he hardly knows a thing about patient's motivation to do this: is the change important to the patient? Is the patient confident about himself to execute the advice?

So, the HCP is not ready when he thinks he is! The second half of the consultation is just as important as the first half. And doctors / HCP's have all they need to get by in this second half. All they need to do is:

- Keep in contact with patient
- Give patient time to process messages
- Be attentive to non-verbal cues
- Ask further, be curious
- Make more jigsaw puzzles
(not only own, but also patient's)
- Slow themselves down, take time
- Be empathetic

Now, could there have been a way for the squirrel to prevent the elephant from noisily falling down his tree? Maybe there was, or maybe not. Maybe the elephant liked to have bumps and scratches and bruises every now and then. However, the squirrel did not know. He never asked about it either.

Assignment

Form groups of about seven people. Make with your group a statue expressing 'Concordance'. The statue will be placed in front of Trinity College, so that everyone who walks by will say "Ah, yes, that's Concordance!".

Use everything in the room that is not fixed to wall or floor or ceiling. Use each other. Take about 5 minutes to discuss how you are going to do this. Then show it to the rest.