

Teaching doctors to treat the individual

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Doctors can be taught to listen better to individual circumstances that may affect patient care, according to researchers at the University of Illinois at Chicago College of Medicine. The findings are reported in the Sept. 15 issue of *JAMA*.

In a previous study the investigators had shown that doctors are not good at picking up clues to details in their patients' personal lives that may affect their treatment -- what the researchers call "context." The current study was designed to see if doctors could be taught to think about context when examining patients.

Fourth-year [medical students](#) from the UIC College of Medicine for the last two years were divided into two groups. One group attended four short workshops training them to recognize and respond to contextual clues during patient examinations. The second group did not attend the workshops.

The two groups were compared by having them see four standardized patients -- actors who are trained to portray patients the same way every time. The students acted as doctors to these patients, making a diagnosis and developing a treatment plan.

All the students saw the same four cases. The investigators were able to score the interactions with the standardized patients to determine how well the students individualized care for patients who had unique contexts.

In one of the cases, for example, a patient came in with worsening [asthma](#).

Such a patient may simply need to have his inhaler dose increased, says Alan Schwartz, associate professor of [medical](#) education and [pediatrics](#) at UIC College of Medicine and first author of the study. "But if the patient tells their doctor that they've lost their job, it may be that the patient isn't using their medication properly because they can't afford it -- and increasing the dosage wouldn't help."

In this case, Schwartz said, the doctor needs to ask if there is a problem with insurance or paying for the medication, and perhaps should be prescribing a cheaper alternative inhaler.

In the control group, students correctly treated the contextually complicated patients about 25 percent of the time. In the group that attended the workshops, students correctly identified and appropriately treated the contextually complicated patient two thirds of the time. All students did equally well at treating other kinds of [patients](#).

"Our workshop was not only effective at improving students' abilities to individualize care, but it focused specifically on that ability without affecting their other abilities as a doctor," said Schwartz. "Individualized care is something that can be taught and should be part of training doctors."

Provided by University of Illinois at Chicago

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