

The Clinician's Role in Aligning Patients' Goals with Diagnostic Care

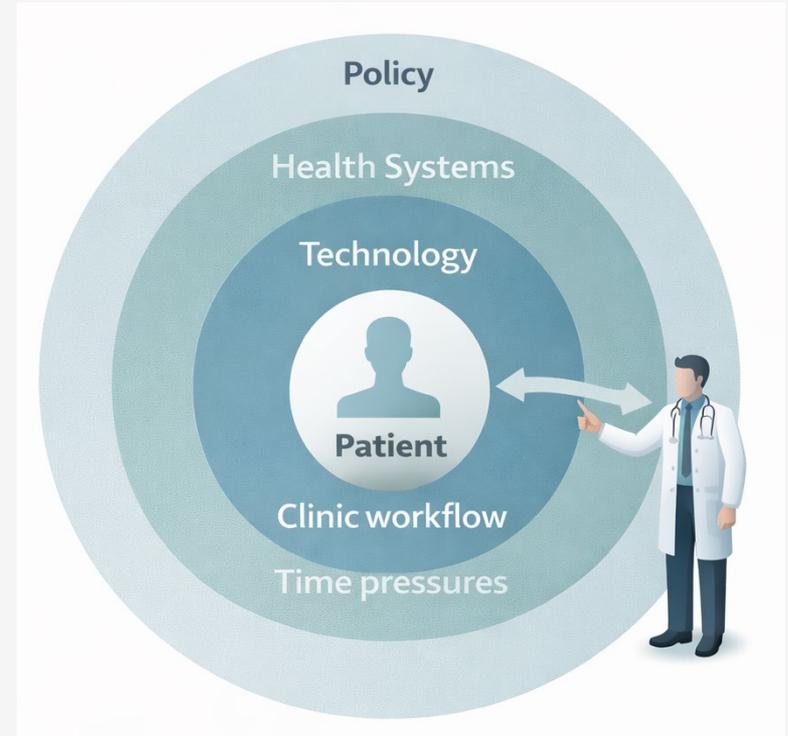
Naykky Singh Ospina, MD, MSc
Associate Professor
University of Florida

Recognizing Our Influence



Many forces shape
diagnosis care and
pathways

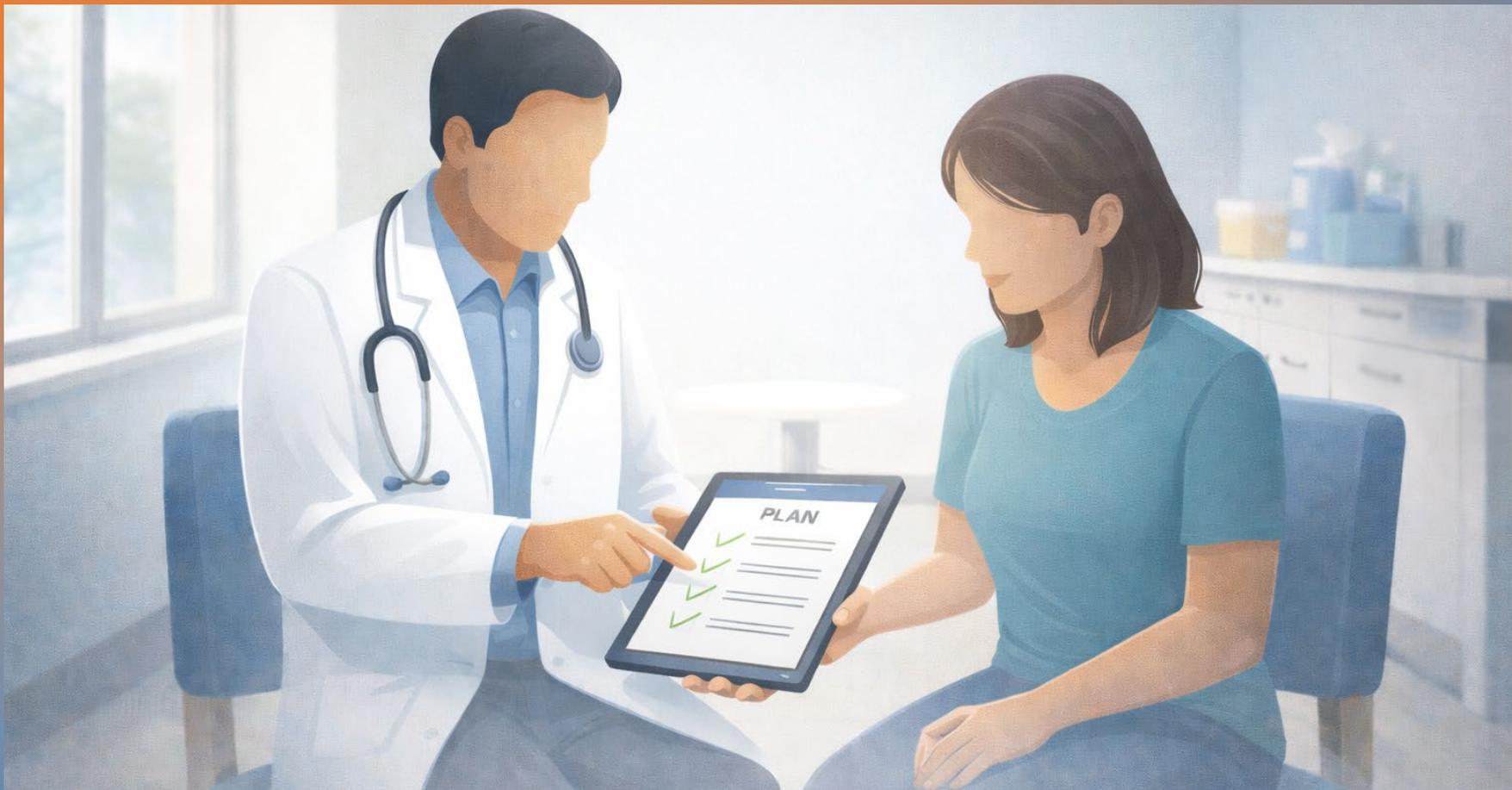
but the patient
should be at the
center.



Recognizing Our Influence

At the clinical encounter, **clinicians hold significant influence** over whether that centering happens.

We can **enable or obstruct** patient-centered diagnosis.



"The goal is to co-create a plan of care...for this person."

Real life assessment: Who Controls the Conversation?



Clinicians commonly set the agenda and control conversation pace during clinical visits

36%

Clinicians elicited patient's agenda

11 sec

Median time before interruption

53%

Image review during visits (thyroid), always initiated by clinicians

Patient Centered Diagnostic Conversations

Three components where patient-centered care breaks down:

1. Recognizing the Diagnostic Situation

Skipping agenda elicitation, frequent interruptions → framing the wrong problem, poor understanding

2. Prioritizing

Prioritization without patient input = clinician's hierarchy, not patient's → misalignment

3. Co-developing a Feasible & Desirable Plan

Diagnostic reconciliation: evidence-based + feasible + desirable

Patient Centered Diagnostic Conversations: diagnostic evaluation

Understanding the need

Why this test or referral is needed?

Logistics

Practical operational aspects

Understanding the test/referral

What it entails ?

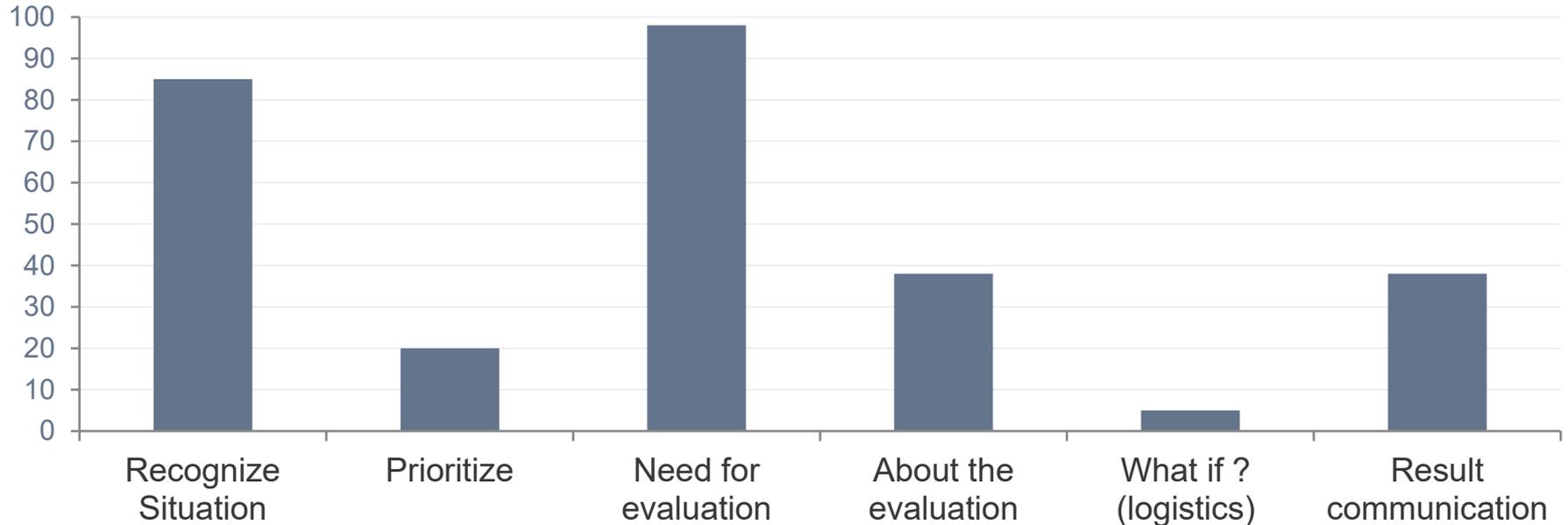
Using test results

Communication of results and next steps

Does This Happen in Practice?

Analysis of 56 real clinical visits

Frequency of Diagnostic Reconciliation Components (%)





Stewarding Our Role Toward Patient-Centered Care



Our influence is an asset when used intentionally

We Control:

- Setting the agenda
- Listening without interrupting
- Identify, prioritize diagnostic situations
- Co-develop plans of care

This Means:

We can enable patient-centered diagnosis
Or we can obstruct it
the choice is ours to make





"Systems can make well-intentioned clinicians feel ineffective for taking time to listen and care for patients."

Removing Barriers to Patient-Centered Diagnosis



Make patient-centered care the path of least resistance

Value Redesign

Care \neq Productivity

Workflow Redesign

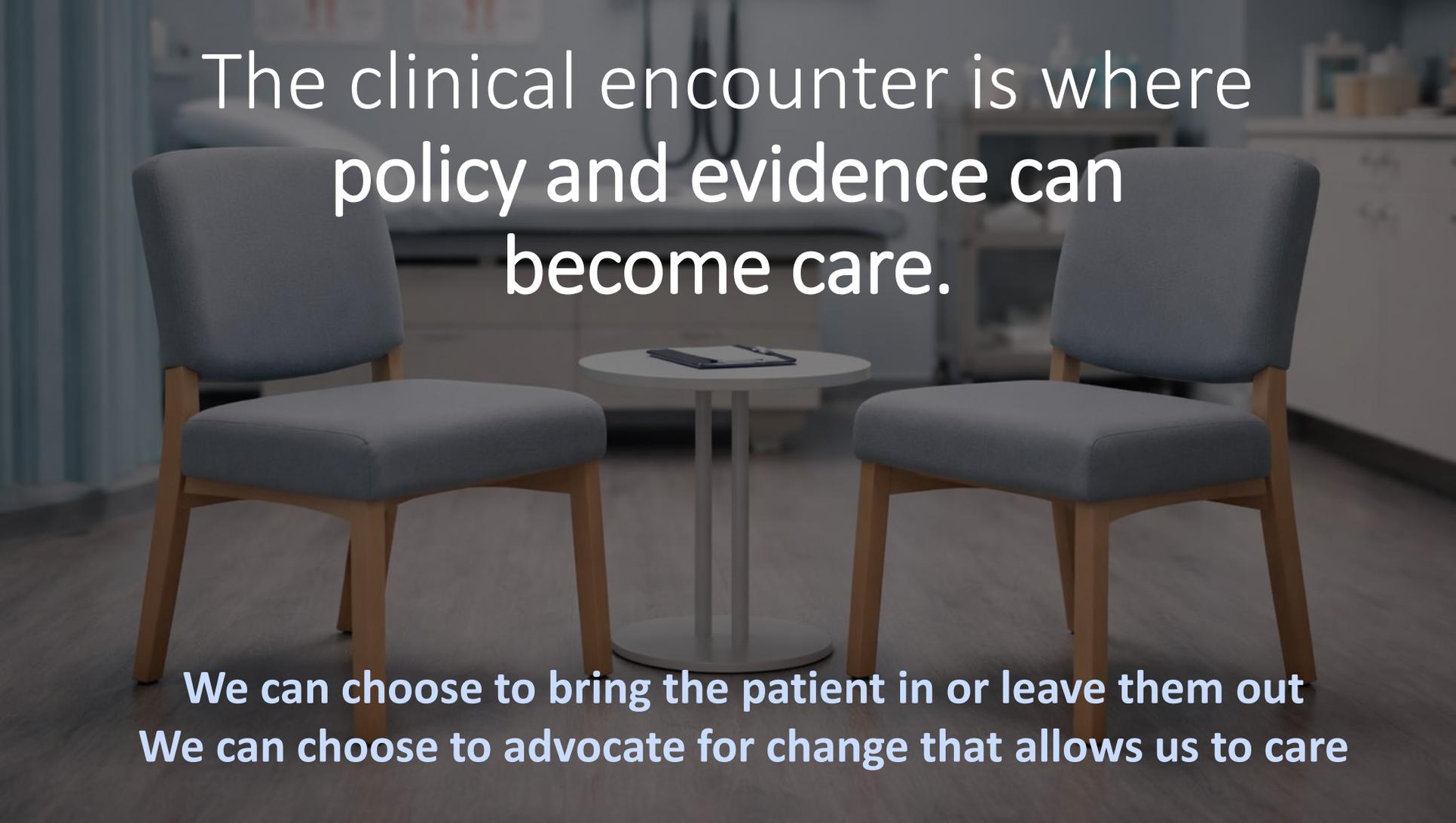
Time for conversations

Training & Culture

Co-creation of plans of care

Focal interventions

Remove distractions

A clinical setting with two blue upholstered chairs with wooden legs, facing each other around a small white round table. On the table is a clipboard and a pen. The background shows a blurred clinical environment with a white cabinet and a blue wall.

The clinical encounter is where
policy and evidence can
become care.

We can choose to bring the patient in or leave them out
We can choose to advocate for change that allows us to care

Thank you

