Residency Education

The Clinical Hand: A Curricular Map for Relationship-centered Care

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Learning and teaching the complex craft of relationship-centered care in the context of the competing demands of clinical family medicine can be challenging. The "Clinical Hand" is an educational aid, which serves as a curricular map specifying what content and skills are important for relationship-centered care. The Clinical Hand illuminates seven features of the clinical encounter. "Opening the Hand" symbolizes the importance of relationship and healing intention. The "Grip of Power" highlights the significance of locating, owning, aiming, and sharing power in the relationship. The "Wrist Lines of Guidance" name three goals for every visit and three types of clinical encounters. The "Fingers of Direction" identify five sequential tasks for each encounter, and the "Nails for Trouble" remind residents of the BATHE technique. The "Palm of Hope" represents a diagnostic and management tool, and a "Swinging Cultural Ape" emphasizes the importance of evolution, culture, and the need to "keep swinging." The use of the Clinical Hand in a residency program is briefly discussed.

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When challenged by the multiple problems of a patient and the competing demands of clinical practice,[1,2] how can a family physician keep everything in view? Roger Neighbour first proposed the hand as a possible tool, in which the five fingers signify checkpoints for each encounter.[3] We translated this idea into a curricular tool or "map" and found it to be helpful for residents and faculty at integrating the many aspects of relationship-centered care. This paper identifies the features of the tool, which we call the "Clinical Hand," and provides references that point toward more detail. The paper concludes with a brief discussion of using the Clinical Hand in a residency program.

The Clinical Hand holds the following seven features that illuminate potentials of the clinical encounter: "Opening the Hand," "Grip of Power," "Wrist Lines of Guidance," "Fingers of Direction," "Nails for Trouble," "Palm of Hope," and "Swinging Cultural Ape" (Figure 1).

The Clinical Hand

Opening the Hand

The extending of an open hand frequently serves as the official beginning and closing of the clinical encounter. This hand, opening to compassion as clinician meets patient, symbolizes the importance of relationship and healing intention in every encounter.[4,5] The opening of the hand at the start of the visit also reminds clinicians to open themselves to be fully present and to experience the uniqueness of each encounter. Shake hands; the power of relationship is ready to begin.

Grip of Power

The Clinical Hand also contains power, the power of grip symbolizing the healer's power. Power is present and is lived in every encounter. Patients often arrive at the office feeling as if their power is diminished, and the healer's power is great. The grip of power reminds the clinician to locate, own, aim, and share power.[6,7] In a successful encounter or series of encounters, the power in the patient's handshake should be greater at the end than in the beginning. The grip reminds one to recognize and remember the power of diagnosis and treatment and to beware of the allure of power. Use diagnostic and therapeutic power with humility and in the relationship.[8] Healing power is situated, not in the doctor or the patient, but in the relationship between them, in the space where two hands grasp in the grip of power.

Wrist Lines of Guidance

There are usually three parallel lines evident on the wrist, divided perpendicularly by the palmaris longus

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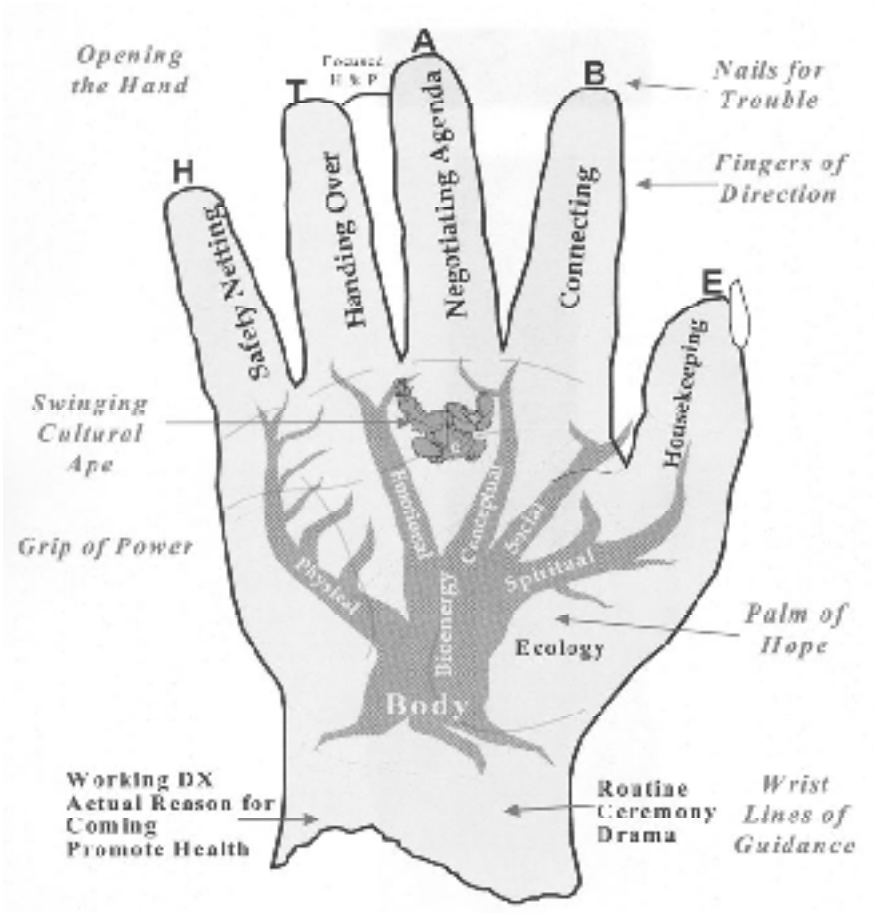
tendon. These represent lines of guidance—the three goals of every visit (on the ulnar side) and the three types of clinical encounters (on the radial side corresponding with the pulse or rhythm of the visit). Both of these tools help prioritize and organize the many complexities of each particular clinical encounter.

The three goals of any visit are to develop and address working hypotheses for presenting concerns, to address the actual reason for coming, and to address one health maintenance/promotion issue related to either of the first two goals. Three major types of encounters are routines, ceremonies, and dramas.[9] Routines are simple, single, and less than 2-week old concerns on which clinicians and patients can easily agree. Examples include minor acute infections, minor traumas, reassurance, insurance physicals, simple skin problems, and simple pain. Maintenance ceremonies are "always the same" visits concerning either stable chronic illness such as diabetes, hypertension, recovering addiction, recurrent somatization, and chronic leg ulcer or health maintenance visits for prenatal care, well-child care, and screening pelvic exams. Dramas represent a potential turning point in a patient's life story. The issues are complicated and uncertain. Clinician and patient struggle toward "finding common ground."[10] Dramas also occur whenever the clinician presents a patient with a new chronic illness label. Dramas require several visits over time and often necessitate exploring symptom, family, and life stories.

Figure 1

The Clinical Hand



Fingers of Direction

Each finger represents a critical task to complete during the visit. The index finger points the way to "Connecting." This initial guidepost is reached when the patient is welcomed with confidence, rapport is established, something memorable about the patient is clearly set in the clinician's mind, and the patient is as comfortable as possible.

The middle finger of "Negotiating Agenda" reminds us to elicit possible issues for each visit and then prioritize and set the agenda. These tasks include identifying the chief concern of the patient and other issues of importance and identifying and sharing the clinician's goals for the visit. Negotiating the agenda must also be remembered when the clinician has invited the patient to this visit for follow-up. Another important aspect of negotiating the agenda is to explore the patient's actual reason for coming. A differential diagnosis for this includes intolerance of worry, intolerance of pain, a problem of living, social sanctioning, sick role legitimation, health maintenance, and administrative issues.[11,12] "What worries you the most about your concern?" and "How can I be most helpful to you?" are useful questions for identifying the actual reason for coming.[13,14] Once all the possibilities for the visit are known, it is necessary to negotiate what will actually be addressed in the time allotted. This includes deciding when and how to address any leftover concerns. At this point, the clinician determines what type of encounter this is—routine, ceremony, or drama—and completes the guidepost of negotiating agenda. Negotiating agenda before doing a focused history and physical is critical to optimizing time management and a therapeutic partnership.

The ring finger guidepost is "Handing Over." Having completed whatever focused evaluation is necessary for the agenda, including weaving between illness and disease and noting the patient's feelings, ideas, function, and expectations,[15] clinicians must hand over what they have learned and what suggestions for care they have. This process of handing over requires communication skills including cultural sensitivity,[16,17] active listening,[18] motivational interviewing,[19-21] and practical use of Kolb's learning style theory.[22,23] The guidepost of handing over is accomplished when common ground is reached, and the patient accepts and understands what is happening and what is expected. At this point, the encounter is nearly done.

The little finger of "Safety Netting," the next guidepost, is a mental discipline performed by the clinician while completing paperwork and just before the closing shaking of hands. It consists of a prognosis review whereby clinicians ask themselves what they think is really going to happen with the patient and then ponder how to respond if things don't happen that way. What else might be going on? What will be the next step? This end-of-visit discipline not only helps expand the differential and review any missed red flags before it's too late but also highlights where one may need to do more study or review. In addition, it prepares the clinician for the next visit or any later calls from the patient or family.

The thumb represents "Housekeeping." The visit is over, and the patient is leaving, but one guidepost remains before the next encounter can begin. The house that needs cleaning is the clinician's self and the office. It begins with a quick post-visit emotional self check. "How am I feeling after that encounter?" "What must I do to clear the emotions?" Do it! Then wash hands mindfully as a way of grounding oneself back into the present moment.[24-26] Finally, complete any necessary paperwork, including notes of things to consider next time, and quickly check in with office staff and the schedule. The clinician is now ready to open his/her hand for the next encounter.

Nails for Trouble

The open hand facilitates trust. In a trusting relationship with shared power, patients' defenses are reduced and old pains resurface. The patient suddenly begins crying or getting angry or falls silent and/or the clinician feels overwhelmed. They are hanging on by their nails. Fortunately, Stuart and Lieberman developed BATHE,[27] an excellent technique for such times of trouble, and the letters conveniently fit onto the five fingernails of the Clinical Hand. BATHE stands for background ("Tell me, briefly, what's been happening."), affect ("How does it make you feel?"), trouble ("What troubles you the most about it?"), handling ("How have you been handling it?"), and empathy (Give empathic response).

The Palm of Hope

Up to this point, the metaphor of the Clinical Hand provides a checklist of things to do in supporting a successful clinical encounter. It reminds the clinician to open a hand to relationship with a grip of power, to use wrist lines of guidance, finger guideposts, and nails for trouble. The deeper work and values of naming and caring, of diagnosis and treatment, are represented in the palm as a tree of healing.

The palm is the place for community-oriented primary care,[28,29] where all aspects of ecology and society find their place. The palm of the Clinical Hand also contains lines that may be visualized as a tree of healing with five limbs. The five limbs represent five clinically important aspects of the patient: emotional, physical, conceptual, social, and spiritual. The trunk sym-

Table 1

Differential Diagnosis Using the Naming Tree

Body Aspect (Tree Limb)	*Mnemonic Letter*	*Diagnosis Category*	*Examples*
Emotional	T	Threat	Anxiety disorders
	E	Expression	Pain/pleasure axis
	L	Loss	Affective disorders
Physical	A	Anatomy	Lung problem
	V	Vascular	Thrombosis
	I	Infectious	Pneumonia
	N	Neoplastic	Lung cancer
	C	Congenital	Atrial septal defect
	E	Endocrine	Hyperthyroid
	N	Nutritional	Iron deficiency anemia
	T	Trauma	Pneumothorax
	A	Allergy/autoimmune	Anaphylaxis
	I	Inflammatory	Asthma
	D	Degenerative	COPD
Conceptual	I	Illness prototypes	Self, other, media
	S	Self-image	Born loser
	E	Explanatory models	"Hyper-tension"
	A	Attributions	Judgments, inner chatter
Social	T	Troubles	Work, politics, neighbors
	T	Ties	Family, kin issues
	T	Traditions	Holidays
Spiritual	S	Soul story	Mid-life crisis
	A	Soul awakened	Turning point
	V	Soul visited	Angel visit
	E	Soul escapes	Soul loss

COPD—chronic obstructive pulmonary disease

bolizes wholeness, and the sap can symbolize blood or nervous system in allopathy or bioenergy (vitalism, chi, prana, chakras) in other traditions.[30] This image of a many-limbed tree in an ecosystem promotes thinking of webs of multiple and reciprocal causation rather than simplistic linear cause and effect. In our residency, each limb also holds diagnostic mnemonics (Table 1).

The emotional limb reminds the clinician to pay attention with feeling. Psychopharmacology, dream work, solution-focused therapy,[31,32] music and art, neurolinguistic programming,[33] ritual therapy,[34,35] progressive muscle relaxation, and daily belly laughs are some of the possible management and caring options for emotional distress.

Residents often refer to the physical limb as the "medical school limb," with its allopathic focus and its emphasis on the management tools of pharmacology and surgery. Additional physical therapeutic options can include manipulative therapy, exercise, nutritional therapy, traditional Chinese medicine with acupuncture, and herbalism.

The conceptual limb is where the clinician pays attention to the words, stories, and judgments expressed or hidden within the patient's speech. This is the realm of mind-body medicine,[36] illness prototypes,[37,38] and explanatory models.[39-41] Cognitive therapy, journaling, hypnosis, biofeedback, and bibliotherapy are caring options for this limb.

The social limb is where we notice how our bodies are influenced by and part of the world's troubles, ties, and traditions.[42] This is the realm of the family where genograms,[43] family function measures,[44-46] and the family life cycle[47] are important. The social limb is where the clinician pays attention to the patient's depth of social resources by recalling Smilkstein's SCREEM (social, cultural, religious, economic, educational, medical) resource mnemonic.[48] Support groups, home visits, family therapy, social work consults, pets, and community volunteering are examples of management options for the social limb.

The spiritual limb is concerned with thoughts, experiences, and behaviors that arise from paying attention to questions of ultimate concern such as, "Who am I?" "Why am I here?" "Why me?" "Why is there suffering?" "Why do we die?" and "What happens after death?" FICA is a helpful mnemonic (specifying Faith, Important, Community, Address) for what questions to ask patients concerning spiritual care.[49] These include, "What is your faith?" "Is it important in your life?" "Are you part of a spiritual community?" and "How would you like me to address these issues?" Caring options on the spiritual limb include pastoral care, learning spiritual disciplines, nature walks, gardening, prayer, ceremonies, and shamanic practice.

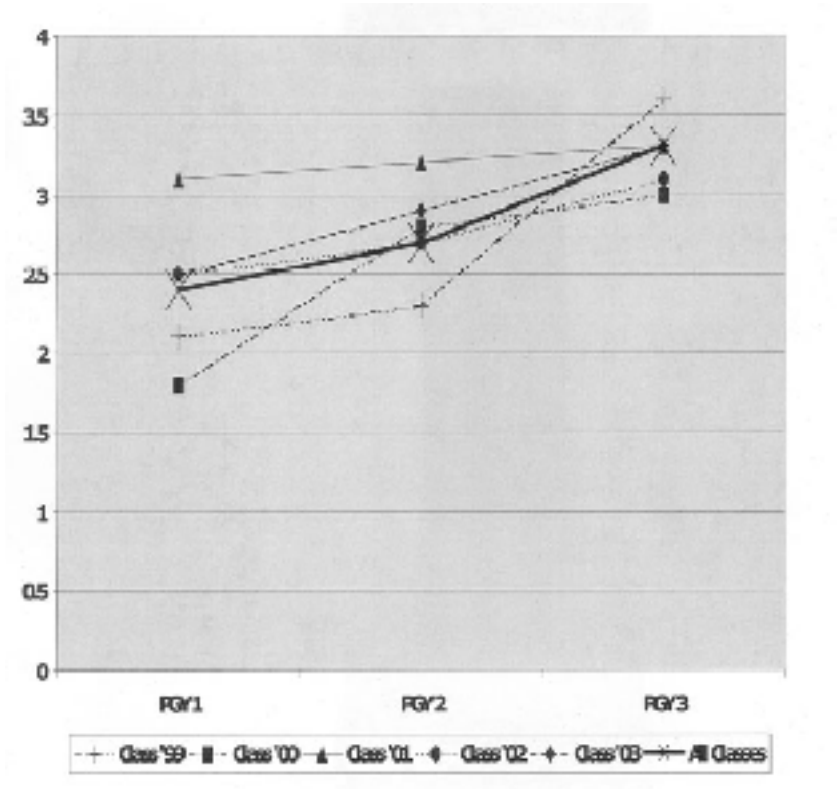
A Swinging Cultural Ape

You are the cultural ape swinging in the tree, the branches of which were just described. There are three core messages in this image: evolution, culture, and "keep swinging." The ape is a reminder of evolutionary heritage. Knowing the story of human evolution helps, for example, to understand back pain, hemorrhoids, and the diseases of civilization such as diabetes, cancer, and obesity.[50-54] The human evolution story highlights the importance of adaptive mechanisms, local variation, and diversity.[55-57]

The "C" on the ape's chest (Figure 1) highlights the importance of culture in all that humans know and do. Culture is our shared values and assumptions. Cultural scripts of normalcy[58] and healing symbols[59-61] such as stethoscopes and pills are examples of culture in the clinical encounter.

Figure 2

Assessment of Residents' Skills Applying the Clinical Hand
(Based on Paired Precepting Assessment)



Finally, "keep swinging" is the mantra of the healer who must "keep swinging" across the palm and tree limbs. This mantra helps us remain open to new ideas and prevent premature closure.

Discussion

The Clinical Hand has been a central fixture, alongside the Relationship-centered Clinical Method, in our family medicine residency program for the past 7 years. The Clinical Hand is introduced to PGY-1 residents during orientation month. Each aspect of the Clinical Hand is reviewed at monthly 1-hour workshops. This teaching is reinforced at monthly case conferences, during routine precepting, and through display of a Clinical Hand poster in the resident conference room and small posters in each exam room. We have also created an evaluation instrument for assessing competency using the Clinical Hand (excluding the Palm of Hope) that is applied when doing paired precepting with our residents. Paired precepting involves one of the full-time faculty (physician or behavioral scientist) shadowing a resident for an entire half-day session in the Family Health Center. The paired precepting assessment was developed and is periodically reviewed by the faculty as part of faculty development and as a means of assuring consistency in scoring.

Residents demonstrate improvement in applying the Clinical Hand over their 3 years of training. Figure 2 illustrates this improvement for all five of our graduating classes. This data is based on the scores of 167 paired precepting assessments (excluding the "Office Management" scores that don't pertain to the Clinical Hand) for 29 residents (approximately six per resident at two per resident per year). Initially, the residents are overwhelmed by all the features of the Clinical Hand but with frequent review and practice usually become comfortable and proficient by the end of the second year. Negotiating the agenda appears to be the most difficult skill to learn, although there is much individual variation among residents in learning the many different aspects of the Clinical Hand. We are still working on developing a means for assessing use and competency of the Palm of Hope; nonetheless, residents do make frequent mention of the tree and its five limbs at case conferences and when precepting.

A strength of the Clinical Hand, as a curricular map, is its ability to be open to the multiple possibilities within clinical encounters and to contain them. The Clinical Hand begins with opening. This is reinforced by the mantra, "Keep swinging!" The palm and tree metaphors create space for complementary and alternative therapies, the family systems approach, and a narrative approach.[62] The fingers of direction accommodate several models of interviewing.[63-66] The practice of housekeeping and the Clinical Hand itself support mindful practice.[67,68] The Clinical Hand map also holds practices that help to limit and prioritize within the complexity and competing demands of care. The three most important limiting disciplines are Negotiating Agenda, the three-goal visit, and types of encounters.

Learning and teaching the craft of family medicine remains both an exhilarating and exasperating process. Both residents and faculty continue to voice frustration over the difficulties of putting it all together. The Clinical Hand offers a curricular tool for learning and doing relationship-centered care. It represents a step toward addressing this desire for integration and clarity. Open your hand and enter.

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