



Identity, Beliefs, and the Patient-Physician Relationship

Ann Fam Med 2008;6:iii. DOI: 10.1370/afm.847.

The *Annals of Family Medicine* encourages readers to develop a learning community of those seeking to improve health care and health through enhanced primary care. You can participate by conducting a RADICAL journal club and sharing the results of your discussions in the Annals online discussion for the featured articles. RADICAL is an acronym for Read, Ask, Discuss, Inquire, Collaborate, Act, and Learn. The word *radical* also indicates the need to engage diverse participants in thinking critically about important issues affecting primary care and then acting on those discussions.¹

HOW IT WORKS

In each issue, the *Annals* selects an article or articles and provides discussion tips and questions. We encourage you to take a RADICAL approach to these materials and to post a summary of your conversation in our online discussion. (Open the article online and click on "TRACK Comments: Submit a response.") You can find discussion questions and more information online at: <http://www.AnnFamMed.org/AJC>.



CURRENT SELECTION

Article for Discussion

Street RL Jr, O'Malley KJ, Cooper LA, Haidet P. Understanding concordance in patient-physician relationships: personal and ethnic dimensions of shared identity. *Ann Fam Med*. 2008;6(3):198-205.

Discussion Tips

The patient-physician relationship is the central element of family medicine, the family physician's most potent instrument of healing and a centerpiece of the Future of Family Medicine Project.² Yet, our ability to relate effectively to our patients is challenged the more we are different from our patients in any number of ways. The authors of this article attempt to further our understanding of the patient-physician relationship with regard to similarities and differences.

Discussion Questions

- What questions are addressed by the article? Why do they matter?
- This study uses both quantitative (patient survey) and qualitative (analysis of audio-recording) data. How do the 2 data types work together to inform our understanding of patient-physician relationships? Which do you find more compelling?
- The study developed a 10-item scale to assess patients' perceptions of similarity to their physician. Does the scale measure what it intends? If not, what other steps might be used?
- What are the main findings?
- To what degree can the findings be accounted for by the following:
 1. The number of participating physicians?
 2. Ethnicity of participating patients and physicians?
 3. The study settings?
 4. Confounding (false attribution of causality because 2 variables discovered to be associated actually are associated with a third factor)?
 5. Chance?
- How transportable are the findings to your practice setting? How might they be adapted?
- How might the study findings affect your approach to patients who are different from you?
- What are the implications of this study for medical education?
- What questions do you have for further research or application? How would you design a study to further our understanding of patient-physician relationships?

REFERENCES

1. Stange KC, Miller WL, McLellan LA, et al. *Annals Journal Club: It's time to get RADICAL*. *Ann Fam Med*. 2006;4(3):196-197. <http://annfammed.org/cgi/content/full/4/3/196>.
2. Martin JC, Avart RF, Bowman MA, et al. The future of family medicine: a collaborative project of the family medicine community. *Ann Fam Med*. 2004;2(Suppl 1):S3-S32.