



MANITOBA INSTITUTE  
FOR PATIENT SAFETY

## Make It Personal: Interview Series

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### An Interview with Dr. Marnie Waters

#### Patient-centeredness: A key to patient safety

Dr. Marnie Waters, a family physician in Winnipeg's Downtown Access Centre, believes that patient-centered care is at the root of patient safety.

Dr. Waters explains that patient-centered care involves her learning about her patient's ideas about their illness, their feelings about their illness, the impact of their illness on their day-to-day function, and their expectations of the physician visit. Dr. Waters says, "Learning about my patient's perspectives helps me to create a management plan that ensures that my patients feel that their needs have been understood and addressed."



#### "Patient safety equals clinician safety"

Dr. Waters believes that a patient-centered approach builds trusting relationships that are mutually beneficial for both patients and physicians. She explains, "My use of patient-centeredness builds trust, which allows my patients to feel emotionally secure during our interactions. When I can sense this feeling of security in my patients, I know that I am practicing more safely." For example, it is better for Dr. Waters to know if a patient disagrees with the treatment plan she has suggested. This gives her the opportunity to discuss the treatment plan further with her patient, and adapt it as necessary. This is safer than a patient leaving her office with no intention of carrying through with the treatment plan without her knowledge.

#### Tools in the toolbox of a patient-centered practitioner

While Dr. Waters recognizes that trust-building requires time, she has developed several strategies for gaining trust with patients. One of these tools is the "Check-In". Dr. Waters starts all her visits by asking simply "How are you doing?" or "How are things going at home?"



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Taking a few minutes for this simple check-in helps Dr. Waters' patients feel listened to, and helps Dr. Waters quickly gauge how she can best structure the rest of the medical visit.

Another tool in Dr. Waters' toolbox is "Meeting Patients Where They Are At". Dr. Waters takes time to learn what her patient's health priorities are. She says, "If I apply too much pressure on a health issue that is not a priority for a patient, I risk having that patient disengage from me, and then it takes us time to rebuild our relationship." Instead, Dr. Waters focuses on the health issue that is most important to her patient at that time.

Finally, Dr. Waters' team uses morning 'huddles'. "My team gets together in the morning and chat about the patients that are coming in and anticipate their needs. I like to give my team members a bit of information about the patients, perhaps one is writing a children's book, or another's mom is in hospital. If I can peak my team's interest in who this patient is, it invests them in wanting to build trust with that patient."

#### **Putting the patient in the driver's seat**

Dr. Waters wants patients to know that it's safe to ask their health care team to provide them with the type of care that best meets their needs. Dr. Waters says, "Gone are the days of 'the doctor knows best'. In this era, the patient is in the driver's seat. Physicians can provide advice on road conditions and navigation, but the patient gets to make the choices along their journey." To patients, Dr. Waters would like to say, "If you don't feel satisfied at the end of a health visit, ask yourself why. You may need a few days to figure that out. If you do recognize why, then book another appointment so that you can express your concerns and needs to your health care providers. If I hear from a patient that they have a concern that isn't addressed, then I welcome that. It gives a chance to talk about it and understand each other better."

*The Manitoba Institute for Patient Safety (MIPS) is an independent, not-for-profit corporation established in 2004 to promote and coordinate activities that improve patient safety and enhance quality healthcare in Manitoba.*

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