## Appendix 1 Glossary

**Patient-centeredness:** different professions introducedthe concept of patient-centeredness. Since then, much has been written about the concept of patient-centeredness. Mead and Bower (2000) performed a review of the literature regarding definitions and different dimensions of the concept. They cite five dimensions of patient-centred care: the bio-psychosocial perspective, the patient-as-a-person, sharing power and responsibility, the therapeutic alliance, the doctor-as-a-person. Stewart et al. (2003) defined patient-centeredness by six elements: exploring both disease and illness, understanding the whole person, finding common ground, incorporating prevention and health promotion, enhancing the patient-doctor relationship, and being realistic (Stewart et al. 2003). In a recent systematic review, Scholl et al. (2014) did not define the concept but developed a model to capture the concept of patient-centeredness and to be able to do interventions and to do measurements with this model. They divided 15 dimensions into three levels of care: principles, enablers and activities to the concept of patient-centeredness. The box below describes the dimensions. We choose the dimensions of Scholl et al. (2014) to define patient-centeredness in this review.

Dimensions by Scholl et al. (2014):

|  |  |  |
| --- | --- | --- |
| **Principles** | **Enablers** | **Activities** |
| Essential characteristics of the clinician | *Clinician-patient communication* | *Patient information* |
| *Clinician-patient relationship* | *Integration of medical and non-medical care* | *Patient involvement in care* |
| *Patient as a unique person* | *Teamwork and team building* | *Involvement of family and friends* |
| Biopsychosocial perspective | *Access to care* | *Patient empowerment* |
|  | *Coordination and continuity of care* | *Physical support* |
|  |  | *Emotional support* |

**Context**: In our review, we use the word context to denote medical, dental and nursing settings in which patient-centeredness is educated or investigated. Besides, we considered context to be those factors external to the intervention but not necessarily external to the participants in the intervention. Often, these were socio-cultural factors.

**Learning:** in our review, we choose learning and related terms to denote general terms about education.

**Interventions:** In our review, we use the word interventions to denote possible programs/ways of educating or learning patient-centeredness.

**References**

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