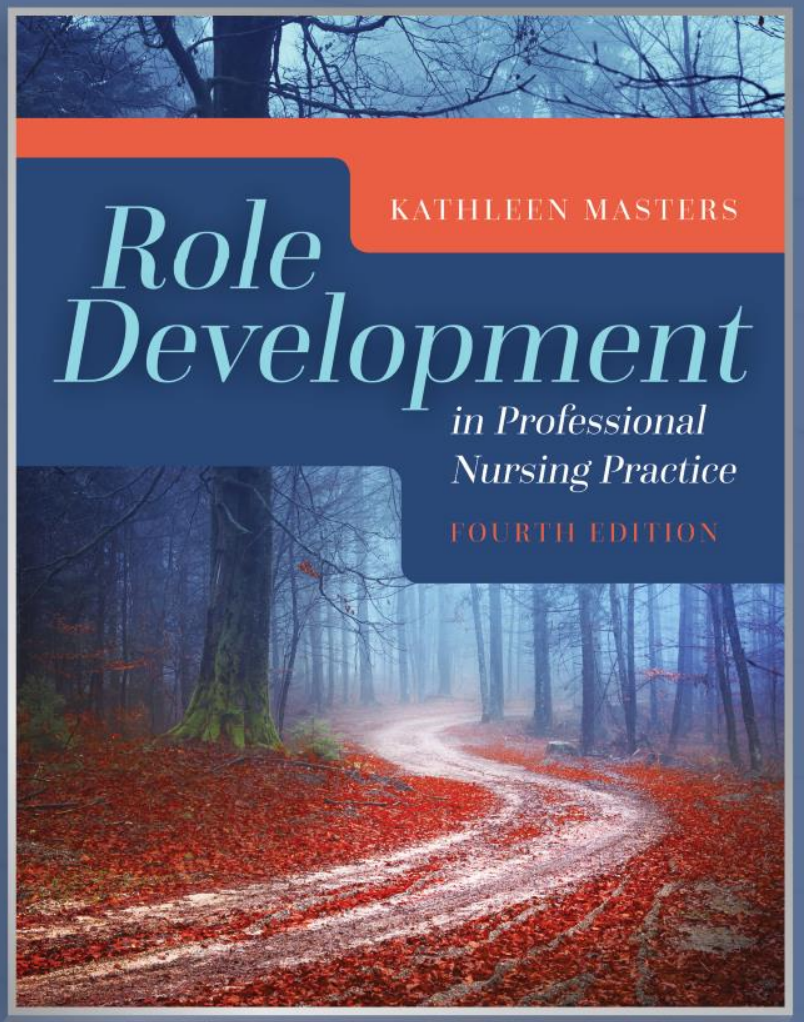
Chapter 11

Patient-Centered Care and Professional Nursing Practice



What is Patient-Centered Care (PCC)?

- Care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions (IOM, 2001)
- Recognizes the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for the patient's preferences, values, and needs (QSEN, 2014)

PCC Competency

- The nurse “will provide holistic care that recognizes an individual’s preferences, values, and needs and respects the patient or designee as a full partner in providing compassionate, coordinated, age and culturally appropriate, safe and effective care” (Massachusetts Department of Higher Education, 2010, p. 9)

Dimensions of PCC

- Respect for patients' values, preferences, and needs
- Coordination and integration of care
- Information, communication, and education
- Physical comfort
- Emotional support
- Involvement of family and friends
- Transition and continuity
- Access to care

Picker Principles of Patient-Centered Care

Videos featuring patients “in their own words”

http://cgp.pickerinstitute.org/?page_id=1319

Components of Patient-Centered and Family-Centered Care Delivery Models

- Coordination of care conference
- Hourly rounding by the nurse
- Bedside report
- Use of patient care partner
- Individualized care established on admission
- Open medical record policy

Components of Patient-Centered and Family-Centered Care Delivery Models (cont.)

- Eliminating visiting restrictions in relation to family members
- Allowing family presence with a chaperone during resuscitation and other invasive procedures
- Silence and healing environment

Communication as a Strategy to Support PCC

- Communication is defined as the nurse interacting "effectively with patients, families, and colleagues, fostering mutual respect and shared decision making, to enhance patient satisfaction and health outcomes" (Massachusetts Department of Higher Education [2010], p. 27)

Empathetic Communication

- Behaviors that facilitate empathetic communication include:
  - Listening carefully and reflecting back a summary of the patient's concerns
  - Using terms and vocabulary appropriate for the patient
  - Calling the patient by his or her preferred name
  - Using respectful and professional language

Empathetic Communication (cont.)

- Behaviors that facilitate empathetic communication include (cont.):
  - Asking the patient what they need and responding promptly to those needs
  - Providing helpful information
  - Soliciting feedback from the patient
  - Using self-disclosure appropriately
  - Employing humor as appropriate
  - Providing words of comfort when appropriate

Nonempathetic Communication

- Behaviors can also hinder empathetic communication:
  - Interrupting the patient with irrelevant information
  - Using vocabulary that is either beneath the level of the patient or not understandable to the patient
  - Using language that may be perceived as patronizing or demeaning
  - Using nonprofessional language

Non-Empathetic Communication
(cont.)

- Behaviors can also hinder empathetic communication (cont.):
  - Reprimanding or scolding the patient
  - Preaching to the patient
  - Providing the patient with inappropriate information
  - Asking questions at inappropriate times or giving patient advice inappropriately
  - Self-disclosing inappropriately

Kleinman's Questions

- What do you think has caused your problem?
- Why do you think it started when it did?
- What do you think your problem does inside your body?
- How severe is your problem? Will it have a short or long course?

Kleinman's Questions (cont.)

- What kind of treatment do you think you should receive?
- What are the most important results you hope to receive from this treatment?
- What are the chief problems your illness has caused you?
- What do you fear most about your illness/treatment?

Patient Education as a Strategy to Support PCC

- Patient education is any set of planned educational activities designed to improve patients' health behaviors and/or health status

Learning Domains

- Cognitive learning encompasses the intellectual skills of knowledge acquisition, comprehension, application, analysis, and evaluation
- Psychomotor learning refers to learning skills and performance of behaviors or skills
- Affective learning requires a change in feelings, attitudes, or beliefs

Andragogy

- Letting learners know why something is important to learn
- Showing learners how to direct themselves through information
- Relating the topic to the learners' experiences
- Realizing that people will not learn until they are ready and motivated

Health Belief Model (HBM)

- According to HBM, the likelihood of acting in response to health threat is dependent upon 6 factors:
  - Person's perception of the severity of the illness
  - Person's perception of susceptibility to the illness
  - Value of the treatment benefits
  - Barriers to treatment
  - Costs of treatment in physical and emotional terms
  - Cues that stimulate taking action toward treatment of illness

Social Learning Theory

- If a person believes he or she is capable of performing a behavior (self-efficacy) and also believes the behavior will lead to a desirable outcome, the person is more likely to perform the behavior

Social Learning Theory (cont.)

- Four methods for enhancing efficacy expectations:
  - Performance accomplishments
  - Vicarious experience or modeling
  - Verbal persuasion
  - Interpretation of physiological state

The Patient Education Process

- Assessment
- Planning
- Implementation
- Evaluation

Assessment of Learning Needs

- What information does the patient need?
- What attitudes should be explored?
- What skills does the patient need to know?
- What factors may be barriers?
- Is the patient likely to return home?
- Can the caregiver handle the care?
- Is the home situation appropriate?
- What kinds of assistance will be required?

Other Variables in the Patient Education Process

- Learning styles
- Readiness to learn
- Health literacy
  - "The degree to which individuals have the capacity to obtain, process, and understand basic health information and services they need to make appropriate health decisions" (IOM, 2004, p. 31)

Ask Me 3™ Questions

ED/AU: Trademark symbol needed?

- What is my main problem?
- What do I need to do?
- Why is it important for me to do this?

Ask Me 3® Video

https://youtu.be/B3EB-icaNKQ

ACTS

- **A**ssess
- **C**ompare
- Teach 3/**T**each back
- **S**urvey

Readability of Written Materials

- Written materials for patients with low health literacy skills should be fifth grade level or below
- Several readability formulas are available to determine the grade level of materials (Flesch, 1948; Fry, 1968; McLaughlin, 1969)
- SMOG formula

Planning

- Nurse responsible for guiding the process through the use of goals and objectives
- Objectives for patient education are stated as behavioral objectives
  - Performance
  - Conditions
  - Criteria
- Learning objectives should be specific, measurable, and attainable

Implementation

- Learning activities need to be consistent with learning objectives
- Using varied learning activities can make learning more fun and more effective
  - Examples include lecture, demonstration, practice, games, simulation, role play, discussion, and self-directed learning

Criteria for Judging Patient Education Materials

- Material contains the information that the patient wants
- Material contains the information that the patient needs
- Patient understands and uses the material as presented

Patient Education with Older Adults: Age-Related Barriers

- Cognitive changes:
  - Changes in encoding and storage of information
  - Changes in the retrieval of information
  - Decreases in the speed of processing information

Patient Education with Older Adults: Age-Related Barriers (cont.)

- Visual changes:
  - Smaller amount of light reaches the retina
  - Reduced ability to focus on close objects
  - Scattering of light resulting in glare
  - Changes in color perception
  - Decrease in depth perception and peripheral vision

Patient Education with Older Adults: Age-Related Barriers (cont.)

- Changes in hearing:
  - Reduced ability to hear sounds as loudly
  - Decrease in hearing acuity
  - Decrease in ability to hear high-pitched sounds
  - Decrease in ability to filter background noise

Strategies to Accommodate for Age-Related Barriers: Cognitive

- Slow the pace of presentation
- Give smaller amounts of information
- Repeat information frequently
- Reinforce verbal teaching with audiovisuals, written materials, and practice
- Reduce distractions
- Allow more time for self-expression

Strategies to Accommodate for Age-Related Barriers: Cognitive (cont.)

- Use analogies and examples from everyday experience to illustrate abstract information
- Increase meaningfulness of content
- Teach mnemonic devices and imaging techniques
- Use printed materials and visual aids that are age specific

Strategies to Accommodate for Age-Related Barriers: Visual

- Make sure glasses are clean and in place
- Use printed materials with 14- to 16-point font and serif letters
- Use bold type on printed materials and do not mix fonts
- Avoid use of dark colors with dark backgrounds but instead use large, distinct configurations with high contrast

Strategies to Accommodate for Age-Related Barriers: Visual (cont.)

- Avoid blue, green, and violet to differentiate type, illustrations, or graphics
- Use line drawings with high contrast
- Use soft white light to decrease glare
- Light should shine from behind learner
- Use color and touch to help differentiate depth
- Position materials directly in front of learner

Strategies to Accommodate for Age-Related Barriers: Hearing

- Speak distinctly
- Do not shout
- Speak in a normal voice or lower pitch
- Decrease extraneous noise
- Face person directly while speaking at a distance of 3 to 6 feet
- Reinforce verbal teaching with visual aids or easy-to-read materials

Cultural Considerations

- Adapt information to be more specific and use more relevant terminology
- Create descriptions or explanations that fit with different people's understandings of key concepts
- Incorporate a group's cultural beliefs and practices into the program content and process

Evaluation

- Measuring the extent to which the patient has met the learning objectives
- Identifying when there is a need to clarify, correct, or review information
- Noting learning objectives that are unclear
- Pointing out shortcomings in patient teaching interventions
- Identifying barriers that prevented learning

Evaluation of PCC

- National Strategy for Quality Improvement in Health Care priority
- Link between quality and patient satisfaction
- HCAHPS standardized survey
- CAHPS supplemental item sets

Don Berwick What Patient Centred Care Really Means Video

https://youtu.be/sXpGMGwYWiY