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Patient Centred Care

1. Introduction

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Acknowledgement of country

I would like to acknowledge the Custodians of the Land on which we meet today here in Melbourne - the Wurundjeri, Boonerwrung, Taungurong, Djajawurrung and the Wathaurung groups.

I would like to pay respect to the Elders, both past and present, and extend that respect to other Aboriginal and Torres Strait Islander people who are present.

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Session Objectives

1. Provide an overview of patient centred care
2. Explore the emotional impact of patient centred care
3. Encourage critical reflection on experiences of patient centred care and non-patient centred care
4. Outline ways to foster patient centred care in the workplace
5. Provide an update on what the College is doing to encourage patient centred care

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Outline

Item	Facilitator/s
What is patient centred care?	Prof Charlotte Rees
Patient centred reflections	Prof Charlotte Rees Dr Robin Youngson Prof Greg Whelan
Fostering patient centred care in the workplace – Schwartz Rounds	Dr Robin Youngson
Group activity: Compassion rounds	Prof Charlotte Rees Prof Greg Whelan Dr Robin Youngson

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2. Patient centred care

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What is patient centred care?

Patient centred care is an approach to the planning, delivery and evaluation of health care that is grounded in mutually beneficial partnerships among healthcare providers, patients, families and communities. It redefines the relationships in health care

- Adapted from the Institute for Patient- and Family-Centred Care (US)

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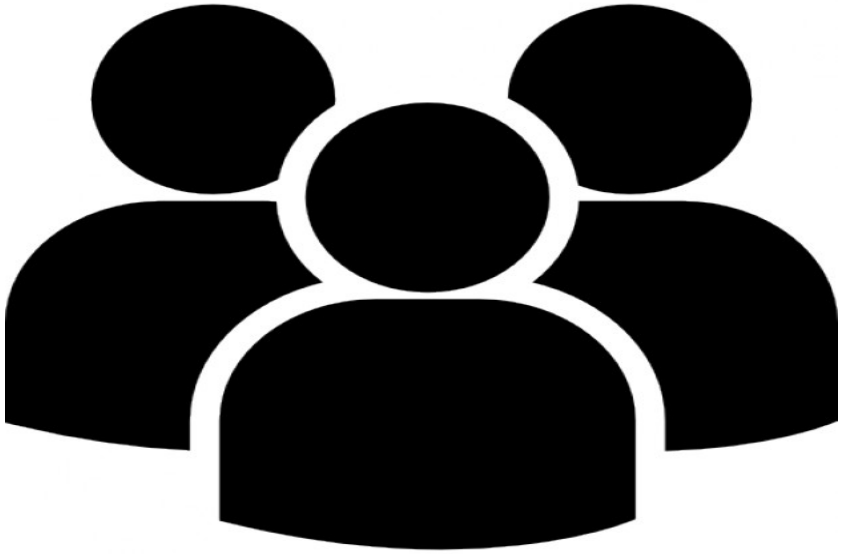
Mead & Bower (2000)

Dimensions	Definitions
Bio-psychosocial	Perspective that challenges biomedical model so includes non-biomedical aspects/problems
Patient-as-person	Understanding patient's biography and personal meanings that illness holds for the patient
Sharing power	Promotes egalitarian P-D relationship where power/responsibility is shared
Therapeutic alliance	Affords greater priority to personal P-D relationship so alliance seen to have therapeutic benefit
Doctor-as-person	Two-person medicine where emotional self-awareness of doctor is of central concern

Patient centred reflections



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3. Fostering patient centred care in the workplace

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Schwartz Rounds

What?

A structured forum where all staff, clinical and non-clinical, come together regularly to discuss the emotional and social aspects of working in healthcare

Why?

To understand the challenges and rewards that are intrinsic to providing care, not to solve problems or to focus on the clinical aspects of patient care.

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Evidence for Schwartz rounds

- Reduce the feelings of stress and isolation
- Foster a greater sense of collaboration with colleagues
- Allow staff to reconnect with their values and reaffirm their motivation to work in healthcare
- Allow for greater insight into how all colleagues play a vital part in the patient journey
- Reduce professional hierarchies and improve communication between colleagues.

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Group Activity

Schwartz Rounds are multidisciplinary so not ideally suited to running in a session like this at Congress, so we will be running an adapted version we like to call **compassion rounds**. This is also something you could try in your hospital.

Read the cases and consider the prompt questions for discussion
Case 1 – Patient perspective
Case 2 – Professional practice perspective

Participants will be given an opportunity to reflect and discuss their own experiences.

Case 1

"I had been on a ward round earlier that morning and heard an elderly gentleman be told by a registrar that he had oesophageal cancer. For learning, I then went to take a history from this patient. He told me that he had never thought he would be treated as 'sub-human' in a hospital. That he was unable to breathe when lying flat but that no one would get an extra pillow for him or rearrange the bed. That he had wet the bed several times because he had to wait over an hour for a bedpan. That when he did inevitably bed wet the nurses scolded him and moved him around roughly to change sheets, which gave him back pain due to his arthritis… I went and got him an extra pillow and rearranged his bed to be more upright. I then found a few urine collectors and put them on his bedside table… [I did this] because I thought the way he had been treated was inhumane and the man had just been told he had cancer so at least had the right to be in a comfortable environment. I did not tell any healthcare professionals about my concerns because I was only a third year and did not feel it was my place. That incident occurred in my first few weeks of third year and I have seen a great number of incidents like that since then, where patients are stripped of their dignity. Unfortunately I believe we become desensitised to them as you get more and more involved with the tasks on the ward. You get distracted by other jobs and you also see so many patients treated in this manner that it becomes the norm. I believe that if I witnessed the same situation now it would not distress me half as much, which I believe is a terrible thing"

(Kate, Female, Year 5, Medical Student, UK)

Case 2

Mary was a registrar - one of four - in the haematology training program of a metro teaching hospital. She had inpatient and outpatient clinical responsibilities; performed procedures e.g. bone marrow biopsies and was on call (via a pager) for consultations with other medical and surgical services in the hospital.

For some time Mary had been concerned about her workload. One day while performing a biopsy her pager went off. The message requested immediate attention to a patient in another service. She explained this to the patient who had been biopsied and asked the nurse to continue with the dressing and observations.

The patient complained about lack of care.

Mary went off work on sick leave. I saw her on referral from her GP. Following an assessment I referred her to a psychologist for support. When she was cleared to return to work she was very anxious about returning to the same program. I went with her to a meeting with her service director. I negotiated a stepwise increase in her work hours with an agreement that she be left off the pager roster until stable.

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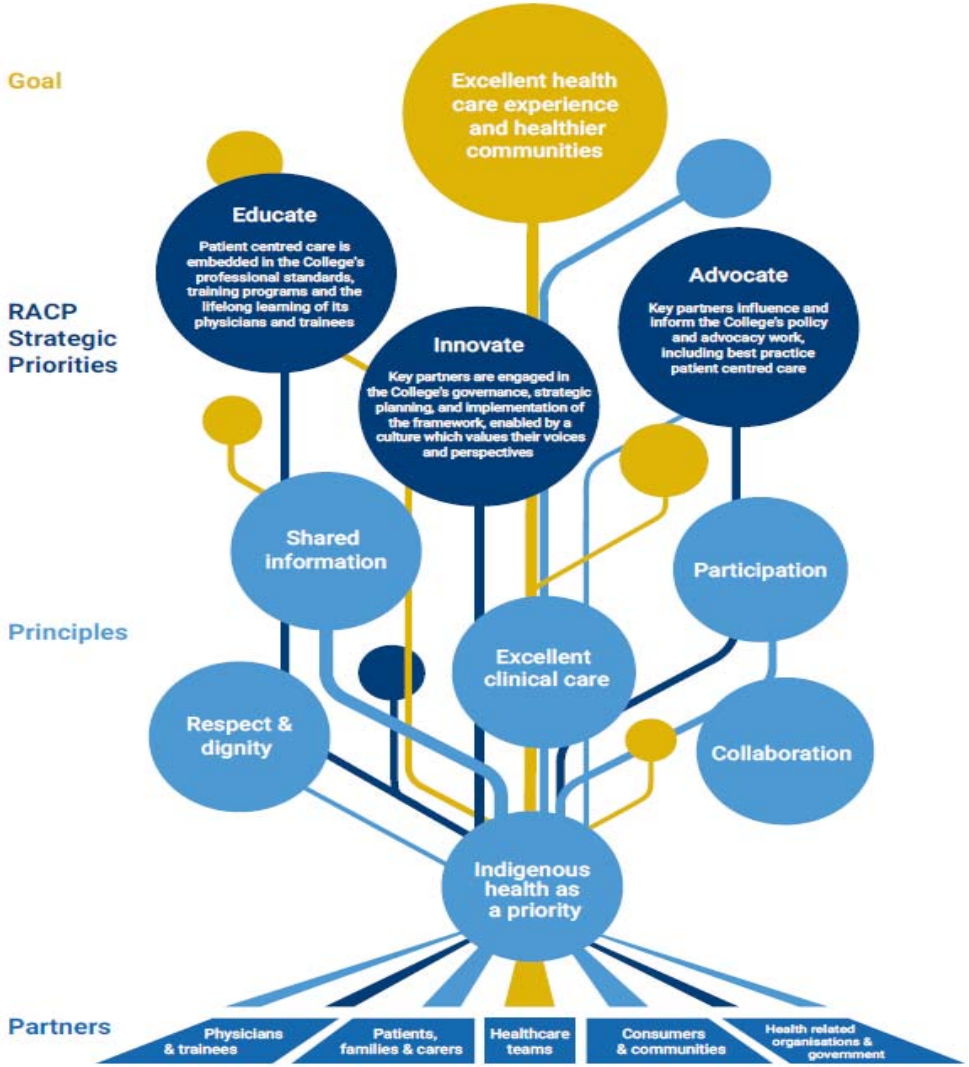

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Take-away points

- Patient-centred care is important and can be fostered in multiple ways
- Important to reflect on patient-centred care and its emotional impacts
- Take a moment to think about: what 1 action will take from this workshop?
- Any outstanding questions?

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- Mead N & Bower P. (2000). Patient-centredness: a conceptual framework and review of the empirical literature. Social Science & Medicine, 51, pp. 1087-1110.
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