

Person Centred Care

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Introduction

- Question:
- If you were invited to decide whether you would prefer to deliver person centred care or something more standardised:
- What would you decide?
- Why?
- What would your patients/residents/clients think of this?

Proper Regard

- Requires that 'we' should have 'proper regard' for the needs and experiences of the individual. Challenging us to find out what people really need/want
- What are THEIR GOALS?
- What do we need to negotiate for on their behalf?

(NMC, 2015)

Person Centred Care

- Person Centred Care
- An obvious thing?

To be Person Centred is 'synonymous with understanding and helping'

(Doherty & Thomson, 2014; Sharpe *et al*, 2016)

Response

- PCP or PC Care is therefore
- ‘A professional response to health-care situations’
- An exploration of
 - Assumptions about PCP
 - Concerns related to those assumptions
 - Extremes-
 - PCP idolised with emphasis on the individual and their needs
 - A focus on standards, policies and protocols

(Price, 2019)

Key Premises of Person Centred Care

- According to Sharma *et al.* (2015)
 - Underpinning assumptions look at
 - Therapeutic Relationships
 - Rapport
 - Expertise
 - Patient Responsibility
 - Knowing the 'Person'
 - Positive Relationships
 - Communications

Therapeutic Relationships

- Rapport built up patient confidence in
 - Themselves
 - The Advocate
- Extending beyond the usual boundaries of trust
 - Professional boundaries maintained
 - Allowing an 'exploration' of client needs
- i.e. Joint explorers of problems
- E.g. Gabrielson *et al* (2014) this is essential in understanding and confronting challenges

Advocate as Expert?

- Power & Responsibility shared equally in care planning
- Patients/clients exercise their power of informed consent/assent
- Collaboration with other professionals
- The patient as 'expert' in their own lives
- i.e. a well-educated and informed health-care consumer
- Via a partnership
- Negotiating expectations, and responsibilities

(Tonnessen, *et al.*, 2017)

Active Engagement

- In PCP then the client,
 - Carries responsibility for their part
 - Must be actively engaged
 - NOT
 - A Passive Consumer
- Question:
 - Is this a challenge to some clients (Medical Model)
 - Do clients always want to exercise their 'Power' / 'Rights'?

Rapport

- Whilst maintain professional boundaries the advocate will (try to)
 - Establish a rapport
 - Use their skills to engender trust
- Must become a skilled interviewer
 - Encourage the client to ask questions
 - Make observations
 - Encourage requests

Power Shift

- Power may start with the Advocate
- And then
- Passed/allowed to flow to the client
- Based on 'judgement' and 'readiness' of the client
- To
 - Accept responsibility
 - Autonomy
 - Power

Empowerment

- Can we empower people?
- Discuss this in pairs and come to a decision
- Report back to the group

Empowerment

- Can we empower people?
- Discuss this in pairs and come to a decision
- Report back to the group
- Many professional believe that they can actually empower people, clients, patients or residents.
- What do you feel about this?
- Examples: social Workers and Nurses
- Is it really that simple?

Readiness

- Deep seated beliefs that prevent or delay
 - Acceptance of a personal responsibility in their care
 - Assumptions about well-being (Medial Model)
 - Expert knows best
 - Varying level of 'literacy' about the care they need
 - Or prefer?
- Preferences about:
 - Information is shared
 - To whom
 - And when

(Roberts, 2013)

As Advocates

- Person Centred Care is known to be:
 - Complex
 - Contested nature/ideas/ideals
- Seeing people:
 - In the 'Context of Relationships'
 - With the
 - Advocate
 - Other professionals
 - Family

Views

- Reflective and/or Introspective
- i.e. keenly self-aware
- Considerable understanding (of themselves)
- What matters most to them?
- What are their personal motives?
- What role do they wish us to play (as advocates)
- i.e. Metacognition knowing the 'self'

(McCormack & McCance, 2017)

The Shift

- Person at centre
- Values known and understood
- 'Therapeutic culture'
- Shifts power and control to the client (suitable appropriate pace)
- Beneficial Progress towards creating and environment within which the client can develop agency
- Or 'Empowerment'

Four Key Factors

- Advocates must be
- Skilled, competent with interpersonal skills
- Clarity of beliefs and values (Mary Gentile)
- A good understanding of themselves (bias/prejudices)

Key Factor

- Create a conducive caring environment
- Accept the necessity of sharing decision making with client
- Developed an awareness of care provision options
- i.e. manage expectations but
- Negotiate for the best possible outcome

Key Factor

- A Person Centered Care Process needs to be in place
- i.e. a culture of care
- Ethos of care-visible and known
- Local Practical Measures in place
- An accommodation for and an adaptability to meet the different care environments

Key Factor

- Managing Expectations
- Potential outcomes explained and explored (with client)
- An evaluation of the needs met by potential outcomes
- Client satisfaction measured?
- A known and identified outcome (preferred)

Questions

- Critically explore the following
 1. What is your understanding of person centred care?
 2. What additional insights are needed to truly focus effort?
 3. What are the misconceptions relating to PC care?
 4. What do you understand about 'commitment' (to being an advocate)?
 5. What are the main issues affecting the delivery of PC Care?

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