

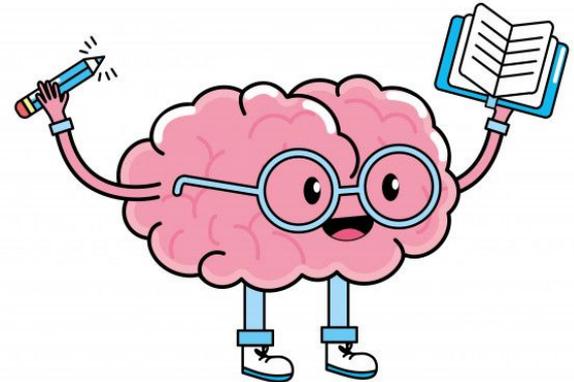
Tips and Tricks for Person Centered Care

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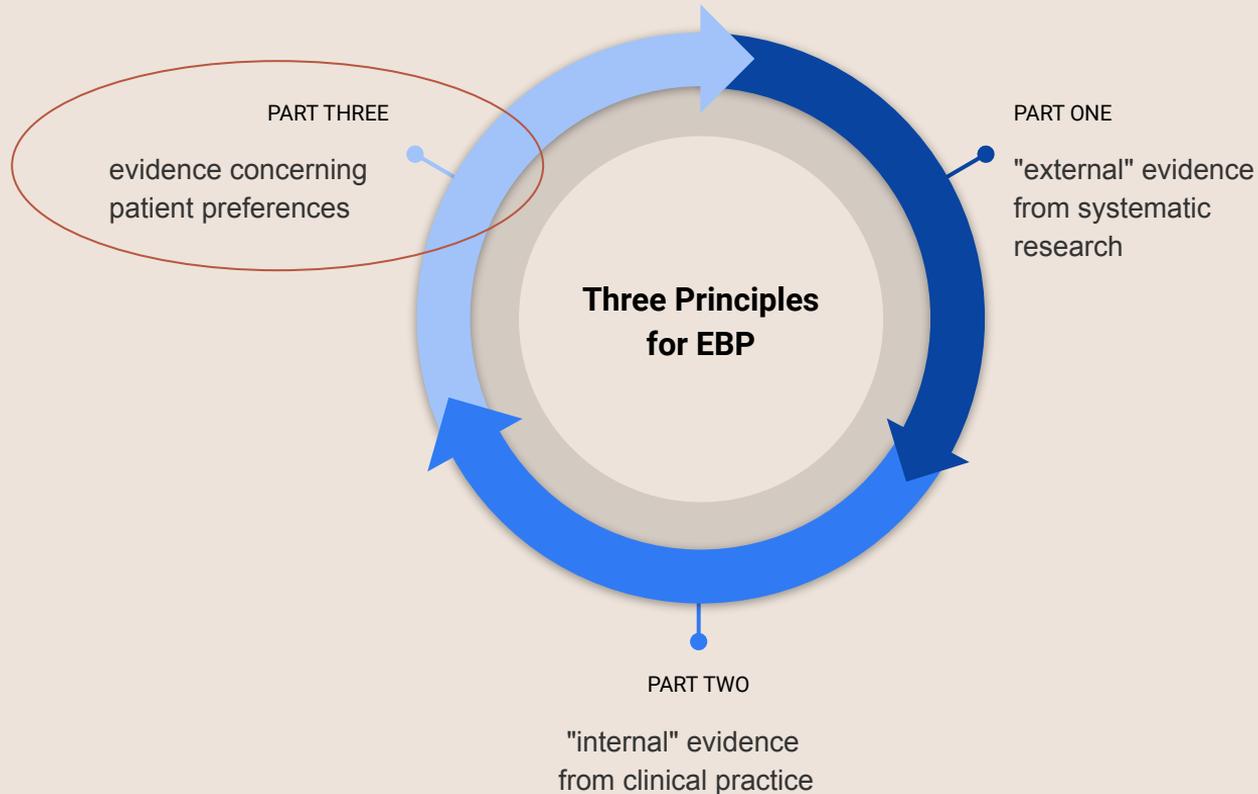
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Learning Objectives

1. *Define* “Person-Centered Care”
2. *Establish* a framework for patient and/or family interviewing
3. *Identify* ways to support shared decision making



Evidenced Based Practice Principles



Patient Centered Care



Person Centered Care

- Patient centered care was adopted as a priority for health care services in 2001
- FUNCTIONAL life

Shared Qualities:

- (1) empathy
- (2) respect
- (3) engagement
- (4) relationship
- (5) communication
- (6) shared decision-making
- (7) holistic focus
- (8) individualized focus
- (9) coordinated care

- Person centered care expands this notion to acknowledge the person versus their symptoms, supporting a more holistic approach to healing
- MEANINGFUL life

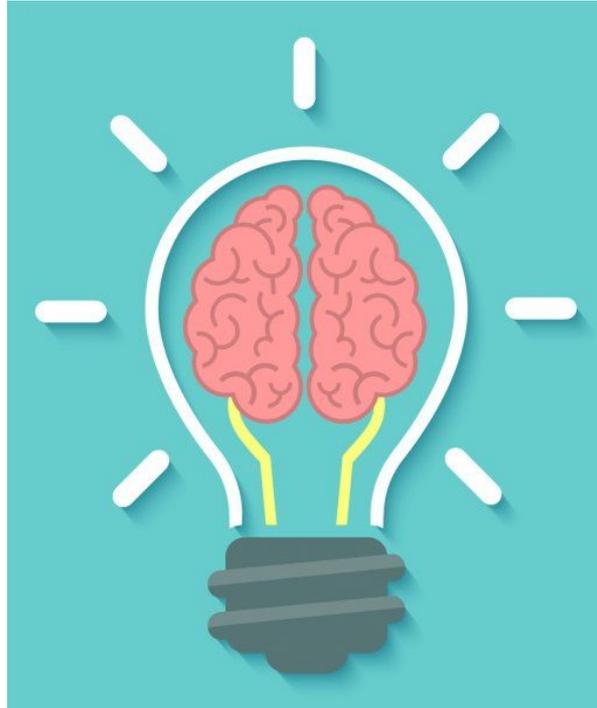
So how are we doing as a field?

ASHA'S REFRAMING THE PROFESSION REPORT (2013)

Recommendations for:

- Improved patient reported outcomes measures (PROMS) and quality of life measures
- Training clinician to include family and patient in goal setting
- Shift focus from providing direct services to a “consultative” approach

How do we become part of the solution?



What we know...since the 90s...

“Decontextualized treatment activities that take place in artificial environments (settings that are different from those the individual will encounter in the real world) and that involve tasks the individual will never be called upon to perform, may not constitute effective intervention”

(Coelho, DeRuyter, & Stein , 1996)

“If you want people to learn something, teach it to them. Don't teach them something else and expect them to figure it out later.”

(Detterman 1993)

NEWS FLASH

FIND OUT
YOUR
PATIENT'S
"CONTEXTS"

Including patient / family with
structured interviewing



★ Patient + Clinician =
THERAPUETIC ALLIANCE ★

Patient interview framework – 4 CONTEXTS

My goals of information to gather during a patient or family interview:



What specific activity is challenging?

Where do these challenges occur?

What domain does this fall under?

What options for treatments can we present to our patient?

Patient's role: ACTIVITY+ENVIRONMENT

ACTIVITY = actual task

- Drinking liquids
- Eating solids
- Having a conversation
- Remembering people's names
- Completing the bills
- Organizing a med box



Activity questions:

- What seems to be the most challenging right now?
- When is hard to focus?
- What is the most challenging things for you to remember?
- What types of food are hard to eat?

ENVIRONMENT = where

- At home
- At a party
- At work
- In the community



Environment questions:

- Where do you feel like these challenges occur?
- Does this get more challenging when distractions are present like at a party or in the community?

Clinician's *role* = DOMAIN + APPROACH

1. DOMAIN

With your amazing clinician skills, you take the information provided by your patient to determine what domain (cognition, speech-language, oral-motor, or swallowing) seems to be the issue(s). You may ask questions to probe this using your *consultative* approach such as “when paying your bills, is it challenging to remember when to do it or complete the task at the level of accuracy you desire” (recall vs. alternating attention)

2. APPROACH

Gather the information and provide options, using a *consultative* - like mindset as outlined in ASHA's reframing the profession report.

- Personalized education
- Strategy training
- Direct treatment
- Task specific training
- Environmental modifications
- Assistive devices

SUPER HERO = YOUR PATIENT

- They are the ones fighting their challenges head on
- They are the ones who have to take action



SIDE KICK = YOU

- You aid the patient to be successful
- Emotional support, physical assistance, gives “comic” relief

Side twist: Shared decision
making through effective
patient education +
clinical skills

**Gentle reminder that you are
Robin**

Common educational topics and how to involve your patient

1. Educational topics:
 - Information regarding their condition
 - Symptom validation (i.e. common symptoms following CVA / tracheostomy / etc.)
 - Strategies to facilitate performance
2. How to present information:
 - Discussion
 - Handouts
 - Youtube / Ted Ed
3. How to involve the patient:
 - Highlighting text they feel relevant to them
 - Develop a log to keep track of challenges / successes
 - Experimental tasks
 - Patient reported outcome measures (PROMS)

All geared to support insight, decrease confusion, support therapy progress, and provide rationale for therapy approaches.

CASE STUDY

Mr. John Doe

Comes to your outpatient rehabilitation unit following ischemic CVA in the basal ganglia.

Find tasks: *Hi Mr. Doe, tell me what brings you to speech therapy?*

- Tells you he has trouble finding words in conversation
- Tells you his wife won't let him manage bills

What is the most challenging for you on daily basis?

- Tells you he has to talk to people all day at work as a realtor

Find environment: *When is your speech most challenging?*

- Tells you at work and in the evening.

Does having more than one person in the conversation impact your speech?

- Yes, I try to not talk to more than 2 people

Find domain: Responses pointing to possible non-fluent aphasia and attention challenges consistent with basal ganglia CVA → complete assessment including patient self-ratings

Find approach: Provide education regarding BG CVA, discuss options to directly train word finding, implement strategies, or practice structured discourse. Patient says he open to using strategies at work.

Self rating revealed...

Expression, Discourse & Social Communication

articulation, word finding, language, memory, attention social communication, fatigue, fluency, reasoning, executive functions, social cognition, perception, self-regulation

17. Speech sounds, muscle movements, voice, fluency, stuttering
18. Word finding, word retrieval, thinking of the word, vocabulary, word choice
19. Sentence planning, sentence construction, grammar
20. Initiating conversation
21. Generating topics of conversation, thinking of what to say, elaborating, adding
22. Vague, nonspecific, disorganized conversation
23. Overly talkative, rambling, verbose conversation
24. Socially unsuccessful comments (impulsivity, anger, swearing, joking, topic selection)
25. Nonverbal skills (eye contact, personal space, facial expression, tone of voice, mannerisms, gestures)
26. Perceiving or understanding conversation partner cues, emotions, context, views

From the Cognitive Communication Checklist following Acquired Brain Injury (CCCABI)

<https://www.assbi.com.au/resources/Documents/Assessment%20Resources/Free/CCCABI%20checklist%20FINAL.pdf>

Supportive decision making + experimental tasks

Supportive Decision Making

Provided education on word finding strategies using the basic handout at the clinic with patient highlighting strategies he would be open to trying.

Narrowed down to three out of the ten strategies educated.

Experimental Tasks

One minute conversation topics - select a topic and discuss. Record any pauses and record patient self rating from 1 - not very confident to 5 - very confident.

Patient trialed

- No strategies → rated a 2, with 4 pauses
- Association → rated a 2, with 6 pauses
- Description → rated a 4, with 2 pauses
- Pacing → rated a 4, with 3 pauses
-

Clinical review revealed patient felt less effective and more verbose with description strategy and opted to trial pacing strategy.

PERSON CENTERED THERAPY GOAL

During structured discourse of known topic, Mr. Doe will implement pacing strategies to circumvent word finding challenges with clinician reminders in no more than 25% of opportunities.

- Activity - structured discourse
- Environment - face-to-face conversation
- Domain - word finding (language)
- Approach - strategy based instruction

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