

protocols and policies. You can lock the door and say, “Sorry, Mrs Gruzenski, your 30 minutes are up.” But, you can also *unlock* the door. You can ask, “Shall I call you ‘Dr Gruzenski’?” “Would you like to be alone?” “Is this a convenient time?” “Is there something else I can do for you?”

Source: Reproduced with permission: Jocelyn Anne Gruzenski and Dr. Donald Berwick.

PATIENT-CENTRED CARE

Recognition that patient-centred care is arguably the most important attribute of patient-safe communication is changing the landscape of contemporary healthcare and health professional education. The traditional view of patients as passive recipients of care has given way to one where patients are seen as active participants and integral members of the healthcare team. Patients (and their families) are now seen to have a vested interest and valuable perspective in ensuring safe care.

There are various definitions of the term ‘patient-centred care’, with each underpinned by principles such as *empathy, dignity, autonomy, respect, choice, transparency*, and a desire to help individuals lead the life they want. Patient-centred care is built on the understanding that patients bring their own experiences, skills and knowledge about their condition and illness. It is a *holistic* approach to the planning, delivery and evaluation of healthcare that is grounded in *mutually beneficial partnerships* between healthcare professionals, patients and families. Patient-centred care applies to people of all ages and can be practised in any healthcare setting (Institute for Patient- and Family-Centered Care 2008).

Health professionals who practise patient-centred care are *ethical, open-minded, self-aware* and have a profound sense of *personal responsibility* for actions (*moral agency*). They place the ‘person’ at the centre of healthcare and consider their needs and wishes as paramount (Victorian Government Department of Human Services 2006). Patient-centred clinicians:

- appreciate that people have a unique life history that influences their healthcare experience
- seek to understand the patient’s perspective
- inform and involve patients in their care
- promote active involvement of family and friends
- elicit patient preferences
- check and confirm information with patients
- share treatment decisions
- respect patients’ culture, values and personal beliefs
- provide physical and emotional comfort and support
- maintain patients’ dignity
- design care processes to suit patients’ needs, not the provider’s needs
- ensure coordination and continuity of care
- are transparent and provide access to health information
- are sensitive to non-medical and spiritual dimensions of care
- guide patients to appropriate sources of information on health and healthcare
- educate patients on how to protect their health and prevent occurrence or recurrence of a disease
- provide support for self-care and self-management
- communicate information on risk and probability.

Source: Gerteis et al. 1993; Robb & Seddon 2006; Shaller 2007.

Levett-Jones, T. (2013). *Critical Conversations for Patient Safety*. : Pearson Australia. Retrieved from <http://www.ebrary.com>

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