UNIVERSITY OF WOLLONGONG AUSTRALIA

Aged Care Standards and Accreditation Agency Ltd

LA TROBE UNIVERSITY

ADHERe

Person-Centred Care:

What are the first steps towards implementation in residential aged care?

Participant Workbook

Authors and Acknowledgements

Authors

Associate Professor Victoria Traynor*, Dr Margaret Winbolt**, Professor Jan Dewing* Professor Richard Fleming*, and Professor Rhonda Nay**

*: University of Wollongong and **: La Trobe University

Acknowledgements

© Aged Care Standards and Accreditation Agency Ltd 2023

Copyright and disclaimer

This package is published for general information, and should not be taken as constituting professional advice. The Aged Care Standards and Accreditation Agency Ltd is not liable for any loss of damage howsoever caused, whether due to negligence or otherwise, arising from the use of, or reliance on this package.

All rights reserved. Except under the conditions described in the *Copyright Act 1968* of Australia and subsequent amendments, no part of this publication may be reproduced, stored in a retrieval system or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior permission of the copyright owner.

Contents

Authors and Acknowledgements....2

Contents....3
- Index Figures....4
- Index of Tables....5
- Index of Participant Hand-Outs....5

Notes for Using this Workbook....6

Focus on Facilitation....7
- Prerequisites of the facilitator....7
- Model of facilitation....7
- Outcomes of using facilitation as a strategy for implementing change....8

Learning and Teaching Strategies....8
- Workshop activities....8
- Learning approach....8
- Learning activities....9
- Group-based discussion, activities and feedback....9
- Providing effective feedback to participants....10

Learning Outcomes....10

Organisation of Workshop....11
- Target audience....11
- Participant numbers....11
- Resource requirements....11
- Continuing education....11

Workshop Program....12

Pre-Workshop Activities....13
- Part One: What do you and others think about person-centred care?....13
- Part Two: Environmental 'walkthrough' activity....16

Introductions and Expectations....21

Step One: What is the Meaning of Person-Centred Care?....21
- Is there a common language to use when talking person-centred care? (sharing Pre-Workshop Activity: Part one)....21
- What the experts say about a model of person-centred care: Developing understanding of one model....23
- Unlocking creativity and using it to broaden our horizons....32

Step Two: Assessing and measuring person-centred care....41
- Factors which promote and prevent the delivery of person-centred care....41
- Reflections from the morning....47
- Impact of the physical environment on the delivery of person centred care (sharing Pre-Workshop Activity: Part Two)....49
- Measuring person-centredness in your organisation....51

Step Three: Developing an action plan 71
Action planning activities and implementation strategies for the delivery of person-centred care 71
Evaluation Activities 76
What did we learn today? 76
Close 78
Post-Workshop Activity 79
Building Effective Engagement Techniques (BEET) Tool 79
References and Resources 83
Participant essential reading 83
Facilitator essential reading 83
Additional references 84
Tools 85
Implementation examples 85
Postgraduate Aged Care Courses 86
La Trobe University Postgraduate Courses 86
University of Wollongong Postgraduate Courses 86
Research Institutes 87
Australian Centre for Evidence Based Aged Care, Australia 87
Centre for Research on Personhood and Dementia, University of British Columbia, Canada 87
Institute of Nursing Research: Person-centred Practice, Ulster University, UK 87
Participant Hand-outs 88
Facilitator Activity Hand-Outs 105

Index Figures

Figure 1: Role, skills and attributes of facilitators 7
Figure 2: Prompt questions for undertaking the environmental 'walk through' activity 17
Figure 3: McCormack & McCance's (2006) Person-Centred Nursing (PCN) Framework 26
Figure 4: Summary elements of the Framework 27
Figure 5: 'Pre-requisites' in the Framework 28
Figure 6: 'Care environment' in the Framework 28
Figure 7: 'Care processes' in the Framework 29
Figure 8: Four constructs of the Framework 30
Figure 9: Claims, Concerns and Issues (CCIs) exercise 42
Figure 10: Examples of Claims, Concerns and Issues (CCIs) 42

Figure 11: Summary of promoting and preventing environmental factors in aged care 51
Figure 12: Examples of P-CAT assessments 58
Figure 13: Example using an audit process and action plan to review P-CAT Indicators 58
Figure 14: Examples of P-CAT assessments: Indicator 2.....59
Figure 15: Examples of P-CAT assessments: Indicator 3.....59
Figure 16: Example of using P-CAT to assessment person-centredness 60

Index of Tables

Table 1: Claims, Concerns and Issues (CCIs) Exercise Template 45
Table 2: Action Planning Template.....74

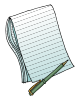
Index of Participant Hand-Outs

Participant Hand-Out 1: *Person-centred Care Nursing (PCN) Framework: Elements* ..89
Participant Hand-Out 2: *Claims, Concerns and Issues A3 Template* 91
Participant Hand-Out 3: *Person-centred Care Assessment Tool (P-CAT)* 93
Participant Hand-Out 4: *Action Plan A3 Template*.....94
Participant Hand-Out 5: *Values Clarification Exercise* 96
Participant Hand-Out 6: Environmental Audit Tool (EAT).....97
Participant Hand-Out 7: *Building Effective Engagement Techniques (BEET) Tool: A guide to bringing people together co-operatively to find sustainable solutions* Wollongong: University of Wollongong 99
Participant Hand-Out 8: Educational Package for Person-centred Care (EPP-CC)..101
Participant Hand-Out 9: Tool for Understanding Residents Needs as Individual Persons (TURNIP).....103

Notes for Using this Workbook

This Participant Workbook was prepared to assist you successfully complete this Workshop.

The following symbols are used throughout the Participant Workbook to identify key points for you to note or emphasise within the content and activities.

	Learning outcomes – steps towards achieving implementation of person-centred care.
	Timing – suggested timeframe for a session or activity.
	**Notes** – an invitation to participants to write notes for an activity.
	'Call-outs' – an activity in which facilitators invites participants to call out their responses to a question.
	Discussion activity –an activity in which participants are invited to discuss with participants sitting close to them or to form a group to complete an activity.
	Creative activity – an activity in which participants are invited to use creative techniques and skills to undertake an activity.
	Prompt questions – prompt questions which the facilitators and/or participants can choose to use when leading or undertaking a learning activity.
	Facilitator information – content which facilitators can use to support participants complete an activity.
	Take home messages – summaries of key learning from a specific session.

Focus on Facilitation

Prerequisites of the facilitator

The following pre-requisites are expected for the facilitators of this Workshop:

- in-depth understanding of person-centred care including the range of theoretical perspectives used to explain what personhood means and strategies for implementing person-centred care in clinical areas and aged care services;
- experience in using active learning techniques;
- experience in leading initiatives with a focus on change management/ knowledge translation/ practice development and/or implementation strategies for delivering person-centred care.

Model of facilitation

A model of facilitation was created to explain the role of facilitators and the skills and attributes required by effective facilitators (Figure 1). The model was created to distinguish facilitation from other types of directive teaching and styles.

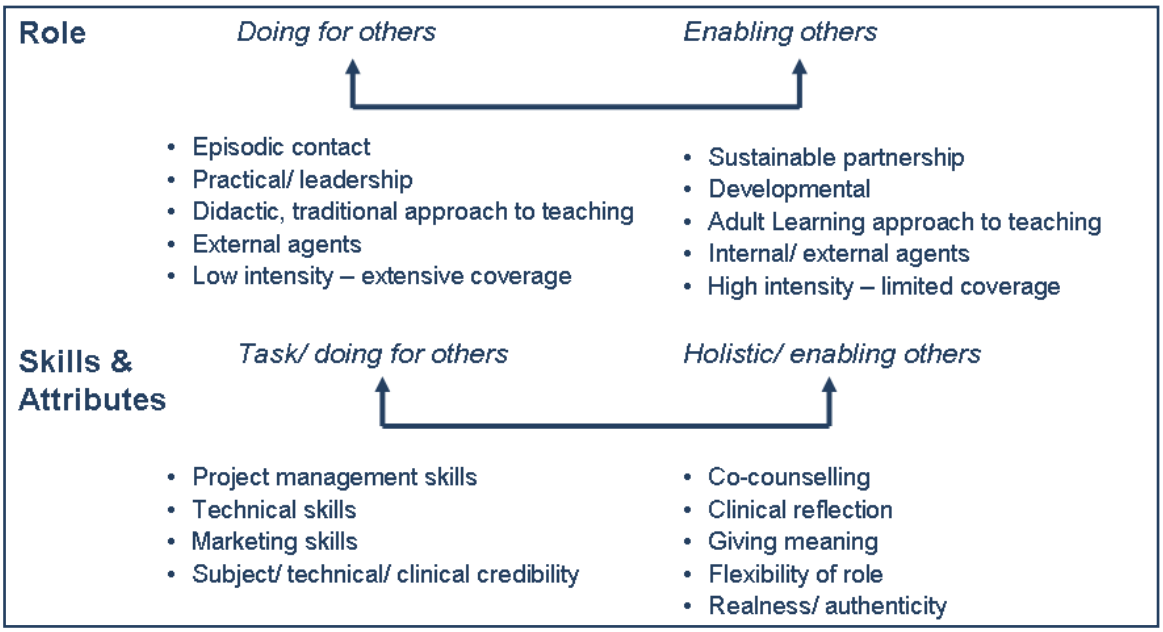


Figure 1: Role, skills and attributes of facilitators
Adapted from: Harvey, G.; Loftus-Hills, A.; Rycroft-Malone, J.; Titchen, A.; Kitson, A.; McCormack, B. & Seers, K. (2002) Getting evidence into practice: The role and function of facilitation *Journal of Advanced Nursing* 37(6); 577-588

Outcomes of using facilitation as a strategy for implementing change

The benefits of focusing on the use of facilitation skills to deliver this Workshop are:

- participation in active learning activities increases the likelihood that what is learnt during the Workshop is meaningful to the participants;
- role modelling of the facilitation skills required by participants when they lead their own person-centred care implementation project.

Developing person-centred care:

- focusing every aspect of 'care' around older people and how they see their health care needs in the context of their life plan;
- person referred to includes not only the resident but also users of the service, for example, the family, friends and carers of residents and staff;
- involves valuing all individuals, teams, organisations, communities and other members and their contributions.

Learning and Teaching Strategies

Workshop activities

During this Workshop, participant learning opportunities are provided through individual and group activities. These activities are designed to progressively introduce the key content areas of the Workshop. Facilitators are asked to conclude each of these activities with a summary of the discussion points raised by the participants and invite participants to ask questions and seek clarification of any discussion points raised during the activities.

Learning approach

The Agency's learning and teaching philosophy is based on a learner-centred approach. This approach encourages participants to actively and meaningfully engage in the learning process as they acquire, assimilate, construct and apply new knowledge and skills. Integral to this approach is an acknowledgement that participants are mature, motivated and experienced adult learners who bring with them a rich background of knowledge, skills and experiences from a range of previous learning, life and work related experiences.

The role of the facilitators is to guide and facilitate the participants' learning. This approach encourages learners to collaboratively solve problems, build on existing knowledge and experience to reflect on their learning experience. The emphasis is not on knowledge (content) input but on the development of skills to selectively identify, use and apply knowledge in an appropriate and transferable way.

Learning activities

The role of facilitators is to:

- create an informal atmosphere to enable full discussion of topics presented to participants;
- use notes on white boards or butchers' paper to summarise key ideas as they emerge during the Workshop;
- use only a few, if any, PowerPoint slides during the Workshop;
- use summaries of content within the workbook with in-depth detail being provided in printed hand-outs;
- use interactive resources, such as action planning templates, provided in the workbook which can be used as a template within the care setting;
- use art work and other creative approaches by and about older people to trigger and inform discussions about person-centred care;
- use scenarios and questions from the participants to explore a range of pre-determined topics with the participants;
- be ready to share evidence based care practices with the participants when examples of inappropriate care practices are suggested.

Group-based discussion, activities and feedback

Facilitators are expected to actively involve all participants in the discussion and feedback activities. Facilitators are asked to use active listening skills and pay close attention to non-verbal communication cues from the participants to ensure they:

- are aware of, and respond appropriately to, group dynamics and sensitivities during discussion sessions;
- encourage participants to draw on examples from their homes or organisations;
- invite participants from the same home/ organisation to spend time with participants from different organisations to promote learning from different perspectives about person-centred care;
- encourage participants from the same home/ organisation to join different discussion groups and as appropriate invite them to move around the Workshop room to find a different group to join;
- pay special attention to cultural differences within the participant group and promote the sharing of different views and perspectives on the topics being discussed during the group activities.

Providing effective feedback to participants

Facilitators are expected to actively use the facilitation skills described above. This includes the provision of effective, timely and constructive feedback to participants to promote effective learning within the group. Facilitators are expected to be aware of verbal and non-verbal communications cues and assess readiness for receipt of feedback by individual participants and the whole group.

Facilitators to use their learning and teaching skills to determine when it is appropriate to provide a supportive or challenging comment as participants offer views and opinions about their experiences and attitudes. Facilitators to use sensitive communication strategies to challenge ideas, thoughts, feelings and creative expressions within the group. Facilitators to provide their feedback in a supportive way which promotes the self-esteem of the participants and encourages further discussion.

If facilitators are able to effectively use feedback strategies they can positively contribute to:

- informing and facilitating the learning process;
- addressing problems and/or negative behaviours before they become a major issue;
- informing and guiding the focus of further learning.

Learning Outcomes

Learning outcomes: At the end of this Workshop you will be able to:

- describe the first steps towards implementing person-centred care in your care home;
- describe your own practice based understanding of person-centred care and compare this with contemporary explanations of person-centred care in the literature;
- describe a framework for person-centred care practice;
- reflect on the attributes needed to be person-centred;
- reflect on how the care environment influences the delivery of person-centred care;
- describe how the physical environment can help promote (enable) and present (inhibit) well being;
- use published tools to assess and measure the person-centredness of your care home;
- identify what environmental and care practice changes are necessary in your workplace to deliver person-centred care;
- develop an action plan to bring about change and implementation person-centred care in your workplace.

Organisation of Workshop

Target audience

This Workshop was developed specifically for senior aged care staff including:

- managers;
- directors of nursing;
- quality coordinator;
- registered nurses;
- care managers/ team leaders;
- educators.

Registration to the Workshop is open to all and participants will come from a range of aged care organisations.

Participant numbers

The Workshop is designed for 20-30 participants with one to two facilitators.

There is a focus within this Workshop on using group based activities as the learning strategy. During the Workshop activities it is suggested that facilitators invite participants to create even-sized groups made up of five to six participants.

Resource requirements

Participants are asked to bring with them:

- completed Pre-Workshop Activity: Part One and Two;
- pen(s);
- note pad.

Continuing education

- Face-to-face Workshop: provides 6 hours of learning activities which is equivalent to 6 CNE points. ACSAA is classified as an RCNA Authorised Provider of Endorsed Courses (APEC) and our educational activities attract RCNA Continuing Nurse Education (CNE) points. This Workshop is 6 points.
- Pre-Workshop Activity Parts One and Two: provide 1 hour of learning and are equivalent to 1 CNE. Practitioners can use the notes they make (in the Participant Workbook) as evidence of their learning and file these within their portfolio to demonstrate they are achieving their Registration requirements for continuing professional development.

Workshop Program

Full-day Workshop 08.30-17.00

Coffee and tea available during registration

Welcome and introductions

08.30-09.00: Registration and informal networking

09.00-09.15: Introductions and expectations

Step One: What is the meaning of person-centred care?

09.15-09.45: Is there a common language to use when talking about person-centred care? (Sharing Pre-Workshop Activity Part One)

09.45-10.30: What the experts say about person-centred care: Developing understanding of one model of person-centred care

Morning tea (10.30-11.00)

11.00-11.30: Unlocking creativity and using it to broaden our horizons

Step Two: Assessing and measuring person-centredness

11.30-12.30: Factors which promote (enable) and prevent (inhibit) the delivery of person-centred care

Lunch (12.30-13.15)

13.15-13.30: Reflections from the morning

13.30-14.00: Impact of the physical environment on the delivery of person-centred care (sharing the Pre-Workshop Activity: Part Two)

14.00-15.00: Assessing and measuring person-centredness in your organisation

Afternoon tea (15.00-15.15)

Step Three: Developing an action plan

15.00-16.30: Action planning activities and implementation strategies for the delivery of person-centred care

Reflections on the day

16.30-16.45: What did we learn today?

16.45-17.00: Close

Pre-Workshop Activities

The learning activities offered below are integral to a successful completion of this Workshop.

During the Workshop, you will be invited to share your findings from undertaking the pre-Workshop learning activities and your experience of undertaking these activities. The content delivered during the Workshop builds on the responses you and the other participants provide from undertaking the pre-Workshop learning activities.

When participants are able to complete the preparation activities and share their findings and experiences of completing the activity with other participants the facilitators are able to use this to provide a rich learning experience for all.

Our approach in this Workshop can be compared to the usual approach which consists of participants making unprepared responses to questions from facilitators about their practice. This approach is always worthwhile but requires participants to 'think on their feet' and responses are not as thorough as they are when based on structured preparation activities.

Part One: What do you and others think about person-centred care?

(i) What does person-centred care mean to you?

This activity is expected to take you 10 mins to complete.

You are invited to prepare a short description or definition of person-centred care:

When you try to do this, base it on your own experience and what you believe is important – do not look at text books at this point. If you wish you can write this onto some butchers' paper. Please bring your written description or definition along to the Workshop as we would like to use this (and the ones developed by everyone else coming along) in one of the Workshop sessions.

.....

.....

.....

.....

.....

Look at what you have said – would your description be any different if you weren't writing it about the care of people living with dementia?

.....

.....

.....

.....

.....

(ii) What do others think person-centred care means?

This activity is expected to take you 20 mins to complete.

For the next part of your Preparation Learning Activity Part One please ask others – about 3-5 people - what they think person-centred care for people living with dementia means. Then ask them if their description would be any different if it wasn't about the care of people living with dementia? You can ask co-workers, residents, family members, your friends and family.

1. .....

.....

.....

.....

2. .....

.....

.....

.....

.....

3. .....

.....

.....

.....

4. .....

.....

.....

.....

.....

5. .....

.....

.....

.....

.....

.....

Summary .....

.....

.....

.....

.....

.....

Part Two: Environmental 'walkthrough' activity

This activity is expected to take you 25 mins to complete.

For this activity you need:

- paper;
- pen or pencil.

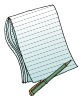
Make 4 columns on your paper and label them:

- noise levels;
- light;
- signage and way finding cues;
- personal belongings.

You need between 15-30 minutes of undisturbed time in your workplace for this activity. Before you start, make sure you let other people know that you are carrying out a learning activity as part of your studies. You are asked to walk or push yourself through an aged care home, and as you do this imagine what it is like to experience this place as an older person living in the home ……. . In particular, consider ease of access to rooms and spaces – including outside spaces. There is a list of suggested prompt questions to help you complete this activity (Figure 2).

Please use the following guidance to complete this activity:

- choose a starting point and slowly stroll around the setting noticing the noise, light levels signage and personal belongings;
- you can also sit down somewhere for a few minutes (do this several times) and listen to the noises you hear (close your eyes for few moments to help you do this);
- look around to see what you notice about environmental stimuli. Really focus on what you see and how the (i) lighting either helps or hinders this, (ii) on what you hear, (iii) on the signs you can see, and (iv)what personal belongings are present. Please note: if you think what you are seeing and hearing is atypical, you may need to carry out the activity again or at another time;



- make a few notes on what you encountered and bring these with you to the Workshop please.

Noise	Lighting	Signage	Personal belongings
What sort of noises can you hear?	Is the lighting clear and bright?	Is signage placed at the right height for people to see?	What personal items are seen in the person's room?
Who/what is making the noise?	Is there access to natural daylight?	Is signage clear - does the text stand out from the background?	Are the personal items well cared for?
		Is the spacing out of different signs appropriate?	
Is the noise prolonged?	Is there overhead florescent lighting?	Are there age appropriate pictures as well as text?	Are there 'must have' policy information posters?
Are there any TV or radios on?	Are the corridors or hallways clearly lit or are they dull or dark?	Are signs placed frequently enough for people with memory loss?	What does the person tell you about his/ her items?
Who is watching or listening to the resident?	Is the lighting constant or does it vary across a room or in an area?	Can the toilet be easily found?	Are there contrasts between individuals' space and the rest of the home?
How do you feel about the noise?	Are there any shadows or dark patches/corners?	Does the toilet door look different to other doors?	Are their photos within the home?
How do people in the environment react to the noise?	How do you feel about the lighting?	Is there a sign that stands out?	What items create a sense of a home-like environment?
Other questions I have are.	Other questions I have are:	Other questions I have are:	Other questions I have are:

Figure 2: Prompt questions for undertaking the environmental 'walk through' activity

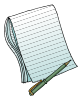
Noise	Lighting	Signage	Personal belongings

Options to advance this learning activity

- As you walk with specific older people notice what they see and hear. Ask them about the noise, lighting, signage and personal belongings if you can do this;

  Or

- Imagine you are an older person and have a visual and/or hearing impairment. You could ask a co-worker to push you around the building in a wheelchair and see what difference this makes.



When you have completed the activity, please write up a short summary of 2-3 paragraphs of what you did and what you noticed and discovered. In your final paragraph you are asked to consider what the implications are for older people based on your understanding you have explored in this activity.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Introductions and Expectations

"Please Acknowledge people who are the Traditional Custodians of the Land on which the Workshop is held. Please also pay respect to the Elders both past and present. Please extend that respect to other Aboriginal people and/or colleagues present today."

NSW Teachers' Federation Aboriginal Education and Aboriginal Members Committees (2009)

Outcomes of this session: At the end of this session you will be:

- orientated to the venue;
- be able to understand the creative interactive learning and teaching strategies used throughout the day;
- able to describe the program including learning outcomes;
- be clear about the expectations of participants and facilitators.

09.00-09.15 (15 mins)

Step One: What is the Meaning of Person-Centred Care?

Learning outcomes: At the end of this session you will be able to:

- identify Step One of implementing person-centred care as finding a shared definition or vision of what person-centred care means;
- define person-centred care;
- debate the various terminologies around person-centred care;
- understand the importance of using one person-centred care model to aid implementation;
- describe one person-centred care model.

09.15-09.45 (30 mins)

Is there a common language to use when talking person-centred care? (sharing Pre-Workshop Activity: Part one)

Learning outcomes: At the end of this session participants will be able to:

- explain the importance of reaching a shared definition;
- demonstrate understanding of the wide range of terms used for person-centred care;

- demonstrate understanding of different and common definitions of person-centred care among residents, family members, staff, managers and lay persons.

The focus of this session is an invitation from facilitators to participants to report back what they found from Pre-Workshop Activity: Part One.

You will be invited to turn to others near you and discuss the highlights of undertaking the person-centred care Pre-Workshop Activity: Part One:

i. what does person-centred care mean to you?
ii. what did others say person-centred means to them?
iii. what commonalities and differences can you find with other participants?
iv. why do you think these commonalities and differences occur?

Key issues to explore with participants:

- person-centred care was first discussed within aged care when Kitwood published 'The Person Comes First' dementia care text;
- person-centred care was first discussed within aged care when Kitwood published 'The Person Comes First' dementia care text;
- person-centred care was based on psychological theories of therapeutic relationships and enabling individuals to flourish;
- many practical efforts can be made to deliver person-centred care but it is much more than providing choice for older people;
- recent emphasis was on the impact of environmental factors on promoting (enabling) or preventing (inhibiting) person-centred care;
- person-centred care requires creating a home for an individual but standards and policies sometimes prevent this achievement;
- biography and life story work are key elements to delivering person-centred care;
- person-centred care requires an emotional commitment from practitioners to provide that level of care to an individual;
- providing person-centred care requires more than just additional time and requires a commitment to re-organise routine aged care;
- implementation of person-centred care is complex and requires engagement of staff and managers;
- involvement of family members and friends are integral to the delivery of person-centred care;
- use of technology can promote or prevent the delivery of person-centred care;
- special needs of younger people with chronic illness living, Culturally and Linguistically Diverse and Aboriginal and Torres Strait Islander Communities provide challenges not yet satisfactorily met.

.....

.....

.....

.....

.....

.....

Take home messages

- Many different terminologies are used to explain the meaning of person-centred care;
- Multiple definitions and models of person-centred care exist;
- Organisations need to discuss the meaning of person-centred care with residents and staff to help gain a common understanding.

What the experts say about a model of person-centred care: Developing understanding of one model

Person-Centred Nursing (PCN) Framework

Learning outcomes: At the end of this session you will be able to:

- describe in-depth the PCN Framework;
- debate how well the PCN Framework explains person-centred care in the organisations where the participants work.

09.45-10.30 (45 mins)

Step One of implementing person-centred care is to reach agreement as to what person-centred care means to staff and residents within a home, essentially a vision for person-centred care in the home by agreeing to apply one model.

For the purposes of this Workshop we are looking at the Person-Centred Nursing (PCN) Framework by McCormack and McCance (2006), hereafter called the 'Framework'.

.....

.....

.....

.....

.....

.....

Take home message

- Although called a person-centred nursing framework the elements and principles of the Framework reflect those in the broader literature and it could be applied to all health care disciplines, care environments and person-centred care generally;
- Facilitators focus on one model so that participants have the opportunity to develop in-depth understanding and appreciation of one model and use it to inform action plans developed during the afternoon sessions.

About the Framework

This model is one approach which has been used to explain the meaning of person-centred care and it provides us with a structure around which to deliver person-centred care. Emphasise to participants that although the Person-centred

Nursing (PCN) Framework was developed in the context of nursing the principles could apply more broadly to care in general.

The Framework has made an important contribution to our understanding about person-centred care because it was one of the first models of person-centred care to clearly identify what elements are needed to deliver person-centred care and what outcomes can been seen, evaluated or measured when person-centred care is being delivered. The Framework helps us understand what older people experience when practitioners and services are delivering person-centred care. The Framework can be used to assess and measure the person-centredness of your organisation.

The Framework identifies four aspects (constructs) of a home which are important if person-centred care is to be achieved including the expected outcomes of implementing person-centred care (Figure 3).

During this session the facilitators focus on presenting, in depth, the Framework. This part of the Workshop is presented using an interactive approach and the facilitators use their experience of implementing person-centred care to illustrate the Framework to participants.

Background knowledge and understanding about person-centred care is drawn from the facilitators' understanding about this model and the essential reading publications (McCance, Slater & McCormack, 2008; McCormack, 2004; McCormack & McCance, 2006; Slater, McCormack & Bunting2009).

The Framework identifies four aspects (constructs) of a home which are important if person-centred care is to be achieved as well as the expected outcomes of implementing person-centred care (Figure 3):

i. pre-requisites: attributes of the staff;
ii. care environment: context in which care delivered;
iii. processes: delivering care through a range of activities;
iv. expected outcomes: results of effective person-centred care.

The Framework suggests that if all these elements are in place person-centred care is possible and the outcomes for residents can be achieved.

As the facilitators discuss the detail of each of the elements of the Framework they use

Facilitator Activity Hand-Out 1: The Framework Exercise: Explaining the elements and the paper cut outs to place details of each of the elements of the Framework onto a white board or butcher's paper (Figure 5, Figure 6 and Figure 7).

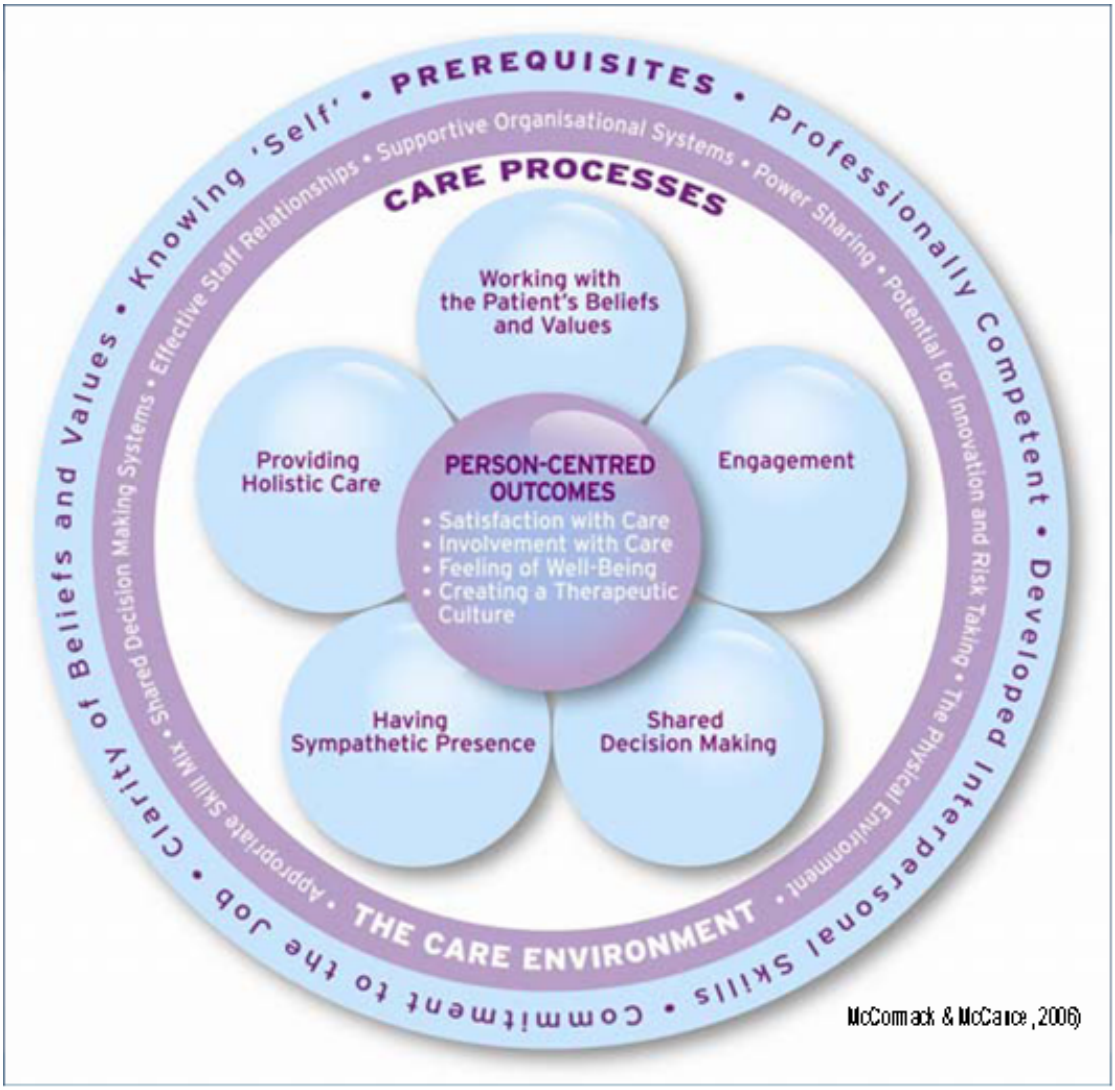


Figure 3: McCormack & McCance's (2006) Person-Centred Nursing (PCN) Framework
Adapted from: McCance, T (2010) Person-Centred Nursing Framework Symposium, Belfast: University of Ulster [Available at www.rcn.org.uk/__data/assets/.../2010_RCN_research_symposium_17.pdf Accessed November 2010*]*

Facilitators talk through each element of the Framework (Figure 4).

.Outer circle	*Inner circle*	*'Petals'*	*Flower centre*
• Pre-requisites ○ Staff competency ○ Developed interpersonal skills ○ Commitment to the job ○ Clarity of beliefs and values ○ Knowing 'self'	• Care environment ○ Appropriate skill mix ○ Shared decision making systems ○ Effective staff relationships ○ Supportive organisational systems ○ Power sharing ○ Potential for innovation and risk taking ○ Physical environment	• Care processes ○ Working with resident's beliefs and values ○ Engagement ○ Shared decision making ○ Having a sympathetic presence ○ Providing holistic care	• Care outcomes ○ Satisfaction with care ○ Involvement with care ○ Feeling of well-being ○ Creating a therapeutic culture

Figure 4: Summary elements of the Framework

Pre-requisites	
• Staff competency	⇒ Competence to make *decisions* and *prioritise* care in physical aspects of care
• Developed interpersonal skills	⇒ Ability to communicate at a variety of levels
• Commitment to the job	⇒ Dedication and a sense that you want to provide care that is best for the older person
• Clarity of beliefs and values	⇒ Knows own views and an awareness of how this has an impact of decisions made by older person
• Knowing 'self'	⇒ Before we can help others we need to know how we function as a person

Figure 5: 'Pre-requisites' in the Framework

Care environment	
• Appropriate skill mix	⇒ Context in which care is delivered
• Shared decision making systems	⇒ Skill mix
• Effective staff relationships	⇒ Systems to facilitate shared decision making
• Supportive organisational systems	⇒ Effective staff relationships
• Power sharing	⇒ Supportive organisational systems
• Potential for innovation and risk taking	⇒ Sharing power
• Physical environment	⇒ Potential for innovation and risk taking
	⇒ Culture of workplace
	⇒ Quality of nursing leadership
	⇒ Commitment to use multiple sources of evidence to evaluate quality o care delivery

Figure 6: 'Care environment' in the Framework

Care processes	
• Working with beliefs and values of older person	⇒ What an older person values about his/ her life ⇒ How an older person makes sense of what is happening
• Engagement	⇒ Quality of relationships between nurses and older persons and level of engagement is demonstrated as follows: o full engagement when older person and nurse connected in the relationship; o partial engagement occurs when a problem affects the way in which an older person or nurse are able to work together; o complete dis-engagement when the older person and nurse take stock of the situation and formulate a problem.
• Sympathetic presence	⇒ Emotional intelligence determines engagements: o self-awareness; o self-regulation; o motivation; o empathy; o social skills.
• Shared decision making	⇒ Nurses facilitating the participation of older people through: o information giving; o Integrating newly formed perspectives into established practices; o processes of negotiation takes account of individual values to form a legitimate basis for decision-making and is dependent on good communication.
• Holistic needs	⇒ Is an essential 'way in' to operationalising person-centred care processes and achieving person-centred care outcomes

Figure 7: 'Care processes' in the Framework

.....

.....

.....

.....

.....

.....

.....

.....

.....

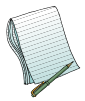
Four constructs of the Framework

The Framework breaks this down further and identifies the components of each aspect which must be present in order for care to be person-centred (Figure 8).

Construct	Explanation
Pre-requisites	Attributes of staff
Care environment	Context in which care is delivered
Person-centred processes	Delivering care through a range of activities
Expected outcomes	Results of effective person-centred care

Figure 8: Four constructs of the Framework

You will be invited to explore each of these constructs and what they look like in your home by discussing:



- whether the constructs are present;
- how staff could build on constructs which are present in their home;
- if these constructs are not present why might this be so;
- what might be done to correct this lack?

Facilitators will invite you to call out your responses.

Facilitators will invite you to review your meaning of person-centred care with the Framework and call out what else you would add to the framework.

Take home messages

- Step One of implementation of person-centred care is to reach a shared understanding of what person-centred care means;
- In aged care homes, it is best to choose and understand one model of person-centred care to achieve a common understanding among all.

.....

.....

.....

.....

.....

.....

.....

References

Background knowledge and understanding about person-centred care is drawn from the facilitators' knowledge and understanding of this model and the following references:

- McCance, Slater & McCormack (2008);
- McCormack & McCance (2006).

Morning tea 10.30-11.00 (30 mins)

Unlocking creativity and using it to broaden our horizons

Learning outcomes: At the end of this session you will be able to:

- describe how the creative arts can be used to define reach a shared understanding of the meaning of person-centred care;
- describe how the creative arts can be used to look beyond the usual factors which promote or prevent the delivery of person-centred care.

11.00-11.30 (30 mins)

Activity: Critical reviewing of art works of older people and ageing

Flexibility and creativity in thought, attitude, care routines and processes are essential components of person-centred care. The creative arts can be used to unlock creativity and assist us to look beyond limitations, inhibitors and broaden our horizons.

This activity gives participants the opportunity to reflect on their feelings and emotions about and attitudes towards their own ageing, older people, and caring for older people. It also gives them the opportunity to explore their understanding of person-centred care through the use of art work to trigger thoughts and feelings about their delivery of care to older people living in aged care homes.

Quotation

> Painting is just another way of keeping a diary.
> - Pablo Picasso

This quotation is used to illustrate the usefulness and relevancy of art work for understanding person-centred care. Most individuals understand the wide range of reasons why a person keeps a diary, for example, is it enjoyable, therapeutic, historical. This quotation can provide those who are new to the use of creative arts with an understanding about how they could use it later.

Facilitators place A3 laminated colour print-outs of the paintings, poems and quotations around the Workshop room.

Facilitators invite participants to:

- stand up and walk slowing around the areas where paintings, poems and quaotes are displayed;
- quickly get a sense of their thoughts and feelings about the paintings, poems and quaotations displayed;
- review the paintings, poems and quaotations and write down their thoughts and feelings on the sheets of A4 placed beside the prints outs;
- participants invited to share their thoughts and feelings about the paintings during the 'call out' discussion activity;
- review comments made by other participants and make notes in the Participant Workbook about comments which are similar to theirs, surprising, interesting or challenging;

- participants invited to share their thoughts and feelings about the comments made by others during the ‘call out’ discussion activity.

Paintings about old age and ageing

Painting 1: Salvador Dali (1940) Old Age, Adolescence, Infancy (the 3 ages) Adapted from: http://www.theartinpixels.com/salvador-dali/Salvador+Dali+-+Old+Age_+Adolescence_+Infancy+_The+Three+Ages_.jpg.html Accessed Feb 2011

Painting 2: Thomas Cole (1842) 'The Voyage of Life: Old Age' Adapted from: http://www.alloilpaint.com/cole/ Accessed Feb 2011

Painting 3: John Lautermilch (2009)'The Decision' Adapted from: http://fineartamerica.com/featured/the-decision-john-lautermilch.html Accessed Feb 2011

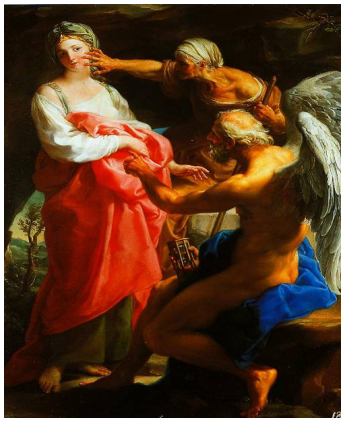
Painting 4 Kazuya Akimoto (2007) 'Monumental Old Age'Adapted from: http://forums.joeuser.com/170135 Accessed Feb 2011

Painting 5 Patrice Lynne Young (2009) 'What Remains' Adapted from: http://patricelynneyoung.blogspot.com/2009/11/wide-open-spaces-and-commissions.html Accessed Feb 2011

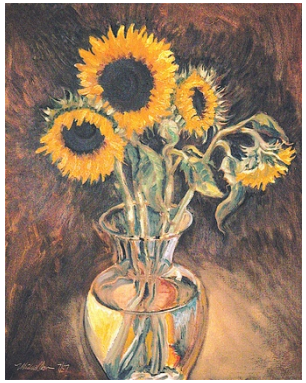
Painting 6: Celine Michel

'Poetry of Old Age' Adapted from http://www.oil-paintings-art.com/Arts/D/Dali/SD011.html Accessed Feb 2011

Painting 7: Nancy Mueller (2010) 'Old Woman' Adapted from: http://fineartamerica.com/featured/old-woman-nancy-mueller.html Accessed Feb 2011



Painting 8: Pompeo Girolamo Batoni (1746) 'Time Orders Old Age to Destroy Beauty' Adapted from: http://www.oceansbridge.com/oil-paintings/product/45420/timeordersoldagetodestroybeauty1746 Accessed Feb 2011



Painting 9: Michael Dean Art (2002) 'Four Sunflowers in a Glass Vase (the 4 Stages)' Adapted from: http://www.life.com/image/53136700 Accessed Feb 2011

Notes

The painting expresses the Ikebana concept of telling stories with flower arrangement. The four stages of life are: youth, maturity, old age and death.

Painting 10: Adapted from: http://www.genesisoilpaints.com.au/gallery_guest.htm Accessed Feb 2011

Painting 11: Cy Twombly (2008) 'The Rose' Adapted from: http://www.artreview.com/profiles/blogs/cy-twombly-the-rose Accessed Feb 2011

Notes

Cy Twombly is an American artist, now resident in Italy, who produced five colour-drenched paintings of roses in full bloom, juxtaposed by lines from Rainer Maria Rilke's poem cycle *The Roses*. Bursting with colour (quite literally – paint fairly spills from their petals), these flowers are pregnant with associations, not least of them youth and, eventually, old age.

Painting 12: Susan White (1988) 'The First Supper' Adapted from: http://www.susandwhite.com.au/artworks_painting.html Accessed Feb 2011

Notes

The multi-cultural emphasis in this painting is relevant for understanding the importance of diversity and background of residents and staff when delivering person-centred care. Specifically, the lack of services for Aboriginal and Torres Strait Islander communities. This is a challenge which practitioners and service providers need to consider when developing person-centred care. The painting triggers us to think about how person-centred care can be provided for Aboriginal and Torres Strait Islander communities.

Han Tianheng (1940) *'Hall of a Spirited Old Man'*	Gao Shixiong (1921) *'Spirited Old Man'*	Wu Zijian (1947) *'High Spirit in Old Age*	Paintings 13-15: Adapted from: http://alaintruong.canalblog.com/archives/2010/02/09/16851566.html Accessed Feb 2011

During this activity you will be invited to walk round paintings and add comments to note paper beside each painting, Also, please review comments made by others and make notes about your thoughts.

.....

.....

.....

.....

.....

.....

Facilitators invite participants to re-form large group and call out their thoughts and feelings about the paintings, poems and quotations.

Feedback activity

Participants might consider using this activity in their own workplace. The following *prompt questions* provide guidance about commenting on the paintings, poems and quotations:

- how do you feel when you look at them?
- what thoughts do you have when you look at them?
- what do you think the artist was feeling during their creation?
- what message do you think they give about ageing?
- what message do you think they give about person-centred care?
- how do you think you could use these art works with your co-workers to develop person-centred care?
- what comments from other participants surprised you and why were these comments surprising?
- what comments from other participants were helpful in contributing to your understanding about person-centred care?
- what comments triggered your thinking about how you could use these paintings in development work with your co-workers?
- can you explain how it felt expressing your thoughts and feelings about these paintings with others?
- what aspects of this creative activity did you find enjoyable?

Notes

Bamboo Chinese paintings

Bamboo Chinese paintings have special significance. Bamboo is one of the most popular subjects of Chinese painting. The noble bamboo is a symbol of old age and modesty. The bamboo grows in dense groves and symbolise resilience and integrity because it bends in the strong wind but return to their upright position. Delicate in appearance yet known for its strength, its slender stems and lush covering of delicate leaves represents durability and vigour. Together bamboo, plum trees and pine trees symbol of lasting friendship.

Adapted from: http://www.chinesepaintings.com/chinese-bamboo-paintings.html

The quotation acknowledges diverse cultural backgrounds and the responses of participants might touch on issues of art from Asia because bamboo Chinese paintings have important significance for ageing.

Quotation

Buddha says:

The three challenges of life, according to Buddha, are illness, ageing and death.

Love transforms old age into youth. If you can go on loving to the very last breath, you will remain young. Love knows no old age. Love knows no death. If you can go on loving, your love will continue beyond death too. Love is the most precious experience in life.

.....

.....

.....

.....

.....

.....

.....

.....

Optional activity: Poetry about older people and ageing

You might be invited by the facilitators to read aloud one of the poems below.

The Old Fools By: Philip Larkin (1922-1985)

What do they think has happened, the old fools,
To make them like this? Do they somehow suppose
It's more grown-up when your mouth hangs open and drools,
And you keep on pissing yourself, and can't remember
Who called this morning? Or that, if they only chose,
They could alter things back to when they danced all night,
Or went to their wedding, or sloped arms some September?
Or do they fancy there's really been no change,
And they've always behaved as if they were crippled or tight,
Or sat through days of thin continuous dreaming
Watching the light move? If they don't (and they can't), it's strange;
Why aren't they screaming?

At death you break up: the bits that were you
Start speeding away from each other for ever
With no one to see. It's only oblivion, true:
We had it before, but then it was going to end,
And was all the time merging with a unique endeavour
To bring to bloom the million-petalled flower
Of being here. Next time you can't pretend
There'll be anything else. And these are the first signs:
Not knowing how, not hearing who, the power
Of choosing gone. Their looks show that they're for it:
Ash hair, toad hands, prune face dried into lines -
How can they ignore it?

Perhaps being old is having lighted rooms
Inside you head, and people in them, acting
People you know, yet can't quite name; each looms
Like a deep loss restored, from known doors turning,
Setting down a lamp, smiling from a stair, extracting
A known book from the shelves; or sometimes only
The rooms themselves, chairs and a fire burning,
The blown bush at the window, or the sun's
Faint friendliness on the wall some lonely
Rain-ceased midsummer evening. That is where they live:
Not here and now, but where all happened once.
This is why they give

An air of baffled absence, trying to be there
Yet being here. For the rooms grow farther, leaving
Incompetent cold, the constant wear and tear
Of taken breath, and them crouching below
Extinction's alp, the old fools, never perceiving
How near it is. This must be what keeps them quiet:
The peak that stays in view wherever we go
For them is rising ground. Can they never tell
What is dragging them back, and how it will end? Not at night?
Not when the strangers come? Never, throughout
The whole hideous inverted childhood? Well,
We shall find out.

A Friend by: Carmen Sylva (1843-1916)

Old age is gentle as an autumn morn;
The harvest over, you will put the plough
Into another, stronger hand, and watch
The sowing you were wont to do.
Old age
Is like an alabaster room, with soft
White curtains. All is light, but light so mild,
So quiet, that it cannot hurt.
The pangs
Are hushed, for life is wild no more with strife,
Nor breathless uphill work, nor heavy with
The brewing tempests, which have torn away
So much, that nothing more remains to fear.
What once was hope, is gone. You know. You saw
The worst, and not a sigh is left of all
The heavy sighs that tore your heart, and not
A tear of all those tears that burnt your cheeks,
And ploughed the furrows into them.
You see
How others work again and weep again,
And hope and fear. Thy alabaster room
With marble floor and dainty hangings has
A look so still, that others wonder why
They feel it churchlike. All thy life is here;
Thy life hath built the vault and paved it, and
Thy hands have woven yonder curtains that
Surround thy seat, a shady sunshine.
Age
Is feeble not to thee, as all thy wishes
Are silent and demand no effort. Age
is kind to thee, allows thee all the rest
That never came, when life was hard and toilsome.
Receive it with a smile and clothe thyself
In white, in Nature's silver crown, and sing
A lullaby of promise and of comfort.
Tell them that life is precious, after work,
And after grief and after all the deaths,
And not a loathsome burden of a life.
Old age is like a room of alabaster,
The curtains silken; thou art priest and Druid!
No mystery for thee, but Light from heaven!

.....

.....

.....

.....

Take home messages

- Creative arts can be used to reach a shared understanding of the meaning of person-centred care;
- Flexibility and creativity in care routines and processes are essential components of person-centred care;
- Understanding how the creative arts can trigger different feelings and thoughts about ageing and person-centred care;
- Creative arts can be used to unlock creativity and assist us to look beyond usual limitations and broaden our horizons;
- Participants could simulate this activity in their aged care home using the prompt questions provided in the Participant Workbook.

Step Two: Assessing and measuring person-centred care

Factors which promote and prevent the delivery of person-centred care

Learning outcomes: At the end of this session you will be able to:

- identify the factors which promote and prevent the delivery of person-centred care;
- describe and apply one strategy for identifying the factors which promote and prevent person-centred care.

11.30-12.30 (60 mins)

Identifying factors which promote (enable) and prevent (inhibit) to best practice

There are many ways to identify factors which promote (enable) and prevent (inhibit) including concept mapping, interviewing key people, audits, observation and reflection and questionnaires. This part of the session will focus on demonstrating a Claims, Concerns and Issues (CCIs) exercise which one method to identify factors which promote and prevent best practice being implemented.

Claims, Concerns and Issues (CCIs) exercise: Guidance notes

Claims, Concerns and Issues (CCIs) can be carried out as part of a formal evaluation or can be used within various elements of practice development activities. For example, CCIs can be used to evaluate how effective a

meeting was or set a meeting agenda. Issues that arise in a home can be addressed using CCIs. This is a collaborative exercise.

Claims, Concerns and Issues originated from Guba and Lincoln (1989) Fourth Generation Evaluation work and explained below (Figure 9).

Activity	Explanation	
Claims	Favourable assertions about the topic you are evaluating	Our ideal: what we say we do
Concerns	Unfavourable assertions about the topic and its implementation	Our actual: what we actually do or don't in relation to our ideal
Issues	Questions that may be raised about the topic and its implementation which they usually arise from concerns	The gaps between actual and ideal

Figure 9: Claims, Concerns and Issues (CCIs) exercise

The group could use 'how?' and 'what?' questions to address the issues identified, for example, if the concern was about poor communication within the unit:

- what can we do to improve our communication?
- how can we ensure that our communication is more effective?

One example of working through a CCIs exercise might be triggered by the question 'Do we offer 'real' choices to residents?'(Figure 10Figure 4):

Claims	*Concerns*	*Issues*
• We offer choice in our homes	• We don't always involve residents in decisions about care	• Why aren't residents always involved in decisions about their care? • What do we need to change to make sure residents are involved in care decisions?

Figure 10: Examples of Claims, Concerns and Issues (CCIs)

Participants will be invited to move into small groups and complete the CCIs exercise with a focus on the person-centred outcomes described in the Framework:

- satisfaction with care;
- involvement with care;
- feeling of well-being;
- creating a therapeutic culture.

Your group will be invited to draw 3 columns on butchers' paper and label them:

- 'Claims';
- 'Concerns';

- ‘Issues’.

- You will also be given an A3 CCIs exercise template to write on.

.....

.....

.....

.....

.....

.....

.....

.....

.....

A suggestion to help you complete this CCIs exercise is to focus on the home where you work and respond to prompts below:

i. put forward *claims* or *positive statements* about elements of the Framework are present in their homes;
ii. put forward *concerns* or *unfavourable statements* about elements of the Framework present in their homes;
iii. put forward *issues* or *questions about implementation* from elements of the Framework in their homes.

It is important that you ensure suggestions from each member are captured and not discussed or modified by other group members.

You will be asked what questions can be developed from either the claims or concerns. Remember to use the ‘how?’ and ‘what?’ questions.

You will be invited to summarise this activity by thinking about what *commonalities* and *differences* they shared across the different care environments in which they work and then calling out their findings.

As an introduction to the creative session, included within this Workshop, your group will be invited to conclude their CCIs exercise by thinking of a song which reflects their experience of undertaking this activity.

Feedback activity

In summary compare each responses to the commonly cited barriers to person-centred care:

- identifying wishes and preferences of clients with communication problems;
- consent and capacity issues for clients with cognitive deficits;
- constraining nature of institutions;
- physically or spiritually impoverished environments;
- time management strategies;
- level of staff competency in person-centred care practices;
- dissolution of power: staff experiencing a loss of status and decision making power;
- staff lacking autonomy to practice in this way;
- lack of clarity about what constitutes person-centred care.

……

……

……

……

……

……

……

……

……

……

……

You will be asked to keep the butchers' paper and notes as they are to be used during the afternoon action planning session.

Table 1: Claims, Concerns and Issues (CCIs) Exercise Template

CLAIMS: **What positive statements would I make about care in the place where I work?**	**CONCERNS:** **What are my concerns about the care in the place where I work?**	**ISSUES:** **What questions do I have about the care in the place where I work?**

Adapted from: Health Services Executive (2010) Enhancing Care for Older People: A guide to practice development processes to support and enhance care in residential settings for older people Dublin: HSE

Optional activity: Delivering person-centred care to older people with communication difficulties and cognitive deficits

Consider how you would approach delivering person-centred care to residents with communication and cognitive difficulties.

It is important to acknowledge that person-centred care may be more difficult in these circumstances and it is important not to ignore these residents and their distinct needs within any implementation plan for delivering person-centred care.

Take home messages

- Step Two of implementing person-centred care includes identifying factors to promote (enablers) and prevent (inhibitors) it;
- There are many ways to identify promoting (enabling) and preventive (inhibiting) factors, including, concept mapping, interviewing key people, audits, observation and reflection and questionnaires;
- Once promoting (enabling) and preventive (inhibiting) factors are identified action plans can be developed to address these.

.....

.....

.....

.....

.....

.....

.....

.....

.....

Lunch 12.30-13.15 (45 mins)

Reflections from the morning

Learning outcomes: At the end of this session you will:

- be able to describe a creative technique to capture thoughts and feelings of participants on their learning about person-centred care during the morning sessions;
- have shared ideas, thoughts and feelings about the morning session with the rest of the group;
- have summarised learning from morning session.

13.15-13.30 (15 mins)

Butcher's paper will be laid along tables in the Workshop room and you will be invited to share your ideas, thoughts and feelings about the morning session with the rest of the group by writing or drawing on the butcher's paper using the marker pens.

The focus of this session is the use of a 'graffiti wall' to creatively capture your thoughts and feelings of participants on your learning about person-centred care during the morning session.

.....

.....

.....

.....

.....

.....

.....

Notes

This technique was chosen as an activity for the following reasons:

- facilitators can gain insight into what the participants have learnt from the Workshop about person-centred care;
- facilitators can reflect on comments made by participants about their learning and adjust afternoon learning activities to ensure the learning desires of the participants were met by the end of the Workshop;
- illustrate to the participants an interactive approach to gathering the views of others about a specific topic.

Feedback activity

Your will be invited to re-form large group.

You will be invited to discuss your contribution to the graffiti wall.

If you are replicating this activity in your workplace the following prompt questions can be used:

- what graffiti contributions surprised you and why?
- what graffiti contributions were confronting and why?

- facilitators to select one to three contributions and invite participants to explain the meaning of these contributions (the author of these contributions may or may not provide additional comments)?

Impact of the physical environment on the delivery of person centred care (sharing Pre-Workshop Activity: Part Two)

Learning outcomes: At the end of this session you will be able to:

- describe the environmental features which promote (enable) the delivery of person-centred care;
- describe the environmental features which prevent (inhibit) the delivery of person-centred care;
- describe best practice environmental examples from residential aged care;
- explain how it felt to undertake the environmental 'walk through' and what impact this had on participants' views of person-centred care.

This session provides participants with an opportunity to share their Preparation Learning Activity: Part Two with the rest of the group.

13.30-14.00 (30 mins)

Notes

The environmental 'walk through' Preparation Learning Activity: Part Two focused on exploring two fundamental concepts underpinning person-centred care environments: familiarity and sensory stimuli.

The core of these concepts could be said to be noise, lighting, signage and personalisation. They are all factors that teams can do something about.

Getting these right for older people helps older people with cognitive, sight and hearing difficulties.

It may also help the workplace feel less stressful for staff. Attending to these factors also contributes to enhancing care delivery by staff.

This session consists of the following two activities about the the environmental 'walk through' Pre-Workshop Activity Part Two. You will be invited to:

- turn to those close to them and discuss:
  - findings from the activity;
  - impact on your understanding of person-centred care.

- consider the feedback you received from other participants during the small group discussions and call out:
  - reflections on the meaning of their environmental 'walk through' Pre-Workshop Activity Part Two for their understanding about person-centred care.

If you are replicating this activity in your workplace use the following prompt questions:

- what surprises did you find in the environment where you work?
- what was challenging about undertaking your environmental 'walk through' activity?
- what reactions did you receive from your co-workers, residents and family carers when you undertook the environmental 'walk through' activity?
- what key findings from your environmental 'walk through' activity have informed your understanding about person-centred care?

.....

.....

.....

.....

.....

Notes

This activity highlights common environmental factors which can promote and prevent person-centred care below (Figure 4).

Take home messages

- Physical environment can either promote or prevent the delivery of person-centred care;
- Step Two of implementing person-centred care includes assessing the environment and highlighting environmental features which promote (enable) or prevent (inhibit) the delivery of the person-centred care.

Promoting environmental factors	*Preventative environmental factors*
• Use of attractive name plates on the doors of residents; • Wide doors and corridors to enable walking aids and wheelchairs to be used easily; • Use of contrasting colours to promote access to specific areas and rooms appropriately; • Rails placed along corridors (and at appropriate heights); • Attractive new art work at low heights to enable older people to view them easily; • Lack of 'official' posters in view of residents and family visitors.	• Poor signage prevents residents successfully navigating round the home, in particular, toilets and bathrooms with the result that the environment becomes disabling for the older person; • Televisions and radios causing and unrequested disturbing background noise in communal areas and in the rooms of residents; • Inappropriate floor coverings which are not home-like or safe; • Clutter causing constant hazards; • Lack of access to outside areas, for example, doors to the outside area being locked or inaccessible to the residents; • Unsafe outside areas, for example, uneven paving which prevent them being useable by the residents.

Figure 11: Summary of promoting and preventing environmental factors in aged care

Measuring person-centredness in your organisation

Learning outcomes: At the end of this session you will be able to:

- identify that Step Two towards implementing person-centred care includes the measurement of person-centredness;
- demonstrate awareness that person-centred care can be measured and it is possible to measure person-centredness in a home;
- demonstrate awareness of some of the tools and resources that are available to assist in measuring person-centredness;
- demonstrate the ability to apply one measurement tool.

14.00-15.00 (60 mins)

Facilitators draw on their essential reading by the authors of the P-CAT Tool to inform the content of this session (Edvardsson, Fetherstonhaugh, Nay et al. 2010; Fetherstonhaugh, Winbolt, Bauer, et al., 2010).

This session focuses on practical strategies and how to use measuring tools and the style in this sessions and interactive discussion facilitated using prompt questions.

- You will be invited to:
  - call out any tools you have used to measure person-centredness;
  - share with the group how you have used any tool(s).

Facilitators will explain that there are a range of tools available but many are:

- not specific to residential aged care;
- not relevant to residential aged care setting;
- too long and difficult to use in practice.

.....

.....

.....

.....

.....

.....

.....

.....

.....

Facilitators introduce the Person-centred Assessment Tool (P-CAT).

You will be asked to look at your copy of the P-CAT in the Participant Workbook (

Table 1: Claims, Concerns and Issues (CCIs) Exercise Template

CLAIMS: **What positive statements would I make about care in the place where I work?**	**CONCERNS:** **What are my concerns about the care in the place where I work?**	**ISSUES:** **What questions do I have about the care in the place where I work?**

Adapted from: Health Services Executive (2010) Enhancing Care for Older People: A guide to practice development processes to support and enhance care in residential settings for older people Dublin: HSE

Participant Hand-Out 3: *Person-centred Care Assessment Tool (P-CAT)*).

Facilitators describe the purposes of the P-CAT as being to measure person-centredness in a home in which people with dementia live and explain that although there are specific items related to residents with dementia it is not a dementia specific tool.

Facilitators list the elements of person-centredness identified in the literature which are form the basis for the P-CAT:

a) valuing people;
b) personalising tasks;
c) focussing on strengths;
d) embedding flexibility;
e) creating person-centred physical environments;
f) shared decision-making;
g) connecting with the person;
h) fostering constructive relationships;
i) meeting physical needs.

You will be invited to refer back to the McCormack and McCance Framework to:

- compare the elements of that Framework with those in the P-CAT.
- consider differences and similarities in the two models:
  - terminology (differences);
  - elements in models (similarities).

Facilitators describe what the P-CAT is designed to measure:

- how staff personalise the care provided to each resident;
- amount of organisational support perceived for providing person-centred care;
- degree of environmental accessibility and how easily residents are able to access areas around the home.

You will be invited to refer back to Part Two of the Pre-Workshop Learning Activity: Part Two 'walk-through' activity.

Facilitators indicate that the P-CAT can be used as a:

- survey to ascertain staff perceptions of person-centredness in your home is- used in this way the P-CAT provides information about how person-centred staff perceive the home to be;
- clinical audit tool to assist implementation of person-centred care by:

- identifying what structures and processes need to be in place to make the home person-centred;
- checking what is currently happening against what you want to be happening;
- guiding the development of strategies to implement person-centred care.

Facilitators introduce the P-CAT clinical audit tool to demonstrate how to use the tool:

- P-CAT clinical audit tool measures person-centred care in a home against the items on the P-CAT;
- identifies gaps;
- supports development of strategies/ interventions to improve the person-centred care of a residential care home by:
  - taking statements from the P-CAT items and transforming them into measurable indicators;
  - listing the structures and processes that need to be in place to meet the indicator;
  - stating the desired outcomes;
  - enabling actual findings to be compared against the desired outcome (identifying where the gaps are);
  - enabling the development of action plans based on the findings.

You will be reminded to look at your copy of the P-CAT in the Participant Workbook.

Facilitators explain the application of the P-CAT clinical audit tool.

Facilitators demonstrate how the questions on the P-CAT can be transformed into measurable indicators for the purpose of auditing.

Facilitators list the structures and processes that need to be in place for the indicator to be achieved using P-CAT questions 2 and 3 as examples.

Facilitators explain that the process of completing the audit includes assessing whether:

- structures exist;
- processes are being followed;

- decisions about how to audit structures and processes depend on the structure or process being audited.

.....

.....

.....

.....

.....

Facilitators talk through 3 x examples of using P-CAT (Figure 12, Figure 13, Figure 14 and Figure 15)

The indicator is what will be measured to audit compliance with the P-CAT item.

Facilitators talk through examples of what might be audited to measure Indicators 2 and 3: Regular formal meetings are held in the facility about residents' care and life histories used in with older people (Figure 13).

.....

.....

.....

.....

.....

.....

.....

.....

.....

……

……

……

……

……

……

……

P-CAT Item	*Indicator*
1. We often discuss how to give person-centred care	1. Regular discussions are held in the facility about how to give person-centred care
2. We have formal team meetings to discuss residents' care	2. Regular formal team meetings are held in the facility about residents' care
3. Life history of residents is formally used in care plans we use	3. Life history of the residents is formally used in their care plans.

Figure 12: Examples of P-CAT assessments

Example Indicators	

Staff meetings (Indicator 2):
• Meetings held
• Attendance:
  ○ staff attend;
  ○ only 10% of residents attend;
  ○ only 20% of family members attend.
• Action plan:
  ○ strategies to increase resident and family member attendance at meetings.
	Life story (Indicator 3)
	• Audit resident records for life story forms:
	  ○ present in documentation?
	  ○ completed?
	  ○ reviewed?
	  ○ updated?
	• What is desired outcome?
	• What is expected result?
	• Show audits results:
	  ○ actual findings;
	  ○ did or did not meet desires or expectations;
	  ○ what to aspire to?
	  ○ nearly there but action required.
	• Seek explanations about why outcomes not met:
	  ○ examine structure and process criteria;
	  ○ identify reasons for not reaching target outcome.

Figure 13: Example using an audit process and action plan to review P-CAT Indicators

Facilitators provide examples of what structures and processes are necessary in order for the home to meet Indicators 2 and 3. The outcome is what the home aspires to achieve (Figure 14 and Figure 15).

Indicator 2: Regular formal team meetings are held in the facility about the care of residents		
Structure	Process	Outcomes
Formal meetings are scheduled in which residents' care is discussed following admission to the residential aged care home, on a regular schedule and when the need arises i.e. a change in health status, unmet need behaviour, request from the family.	Staff attend, and participate in, the formal meetings in which residents' care is discussed. Residents and/or families attend and participate in the formal meetings in which residents' care is discussed.	100% of staff answering Item 2 on the P-CAT tic **agree completely**.

Figure 14: Examples of P-CAT assessments: Indicator 2

Indicator 3: The life history of the residents is formally used in their care plans		
Structure	Process	Outcomes
A form on which to take, and document, the life history of residents, is available. Education is provided about how to collect a resident's life history and how to document this on the life history form. The care plan template can accommodate aspects of the resident's life history.	Staff take a life history of the resident and document it on the life history form in the resident's health record. Changes/alterations to residents' life history (i.e. death of a spouse/family member are update/documented on the life history form. Staff attend education sessions about collecting residents' life histories. Staff have used the information provided in the residents' life history during HOUSE and used it where appropriate in the formulation of the residents' care plans.	100% of staff answering Item 3 on the P-CAT tick **agree completely.**

Figure 15: Examples of P-CAT assessments: Indicator 3

Facilitators explain that the scores on the P-CAT are then collated to assess how close the home s to the desired outcome (Figure 16).

P-CAT question	*Disagree completely*	*Disagree*	*Neither agree or disagree*	*Agree**	*Agree completely***
1. We often discuss how to give person-centred care.	10%	8%	8%	48%	28%
2. We have formal team meetings to discuss residents' care.	15%	33%	15%	23%	15%
3. The life history of the residents is formally used in the care plans we use.	5%	18%	13%	53%	13%

***Green**: What to aspire to/ ****Orange**: Nearly there

Figure 16: Example of using P-CAT to assessment person-centredness

.....

.....

.....

.....

.....

.....

.....

- Examine the structure and process criteria to identify reason for not reaching target outcome, for example, in indicator 2 you may find that meetings are held, staff attend only 10% of residents and 20% of family members attend.
- Action plans will therefore include strategies to increase the number of residents and family members who attend meetings.

You will be invited to reflect on the home in which you work and to complete the P-CAT.

Facilitators hand-out copies of the P-CAT for you to write on.

You will be invited to share your findings from completing the P-CAT:

- estimated score/ outcome from completing the P-CAT;
- discuss what these outcomes suggest about the person-centredness of your home.

Other tools used when implementing person-centred care

Facilitators use the following resources to inform the content of this session:

-

- Table 2: Action Planning Template

Element/issue/ environmental concern/P-CAT item	*Where are we at now?* What are we doing which promotes and prevents the delivery of person-centred care in this area?	*Desired goal* What is the overall ideal outcome we would like to achieve in this area?	*Priority* (low, medium, or high) How big is the gap between ideal and actual? What are the risks/ impacts/ consequences of not addressing this now?	*Objectives* What specific achievements will contribute to the attainment of this goal?	*Measurement* What will we use to measure if we have or have not achieved our goal?	*Actions* What tasks, processes etc need to happen to achieve the objectives?	*Responsibility* Who is responsible for specific aspects? Who needs to be involved?

- Participant Hand-Out 5: *Values Clarification Exercise*
-

- Participant Hand-Out 6: Environmental Audit Tool (EAT)
-

- Participant Hand-Out 7: Building Effective Engagement Techniques (BEET) Tool: A guide to bringing people together co-operatively to find sustainable solutions Wollongong: University of Wollongong
-

- Participant Hand-Out 8: Educational Package for Person-centred Care (EPP-CC)
-

- Participant Hand-Out 9: Tool for Understanding Residents Needs as Individual Persons (TURNIP)

Facilitators explain examples of other tools which can measure person-centred care or assist and support the implementation of person-centred care:

Environmental Assessment Tool (EAT):

- measures at the social and physical environment within an aged care home and measures how this compares to 'best practice' environment. It assists staff to identify gaps and to develop action plans to address these.

Building Effective Engagement Techniques (BEET) Tool:

- structured guidance for the implementation of practice change and in the context of this Workshop would be used to assist implementation of person-centred care. The BEET tool assists change agents to engage co-workers and other stakeholders in the change process.

Tool for Understanding Residents Needs as Individual Persons (TURNIP):

- extension of the P-CAT and provides includes more elements of person-centred care. It can be used as the basis for a clinical audit tool and as such would provide more information about why outcomes are not being met and enable more detailed action plans.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Take home messages

- Person-centredness within a home can be measured;
- Using the P-CAT as an audit tool enables the measurement of the actual person-centredness of a home;
- Tools are available to aid and support the implementation of person-centred care.

Afternoon tea 15.00-15.15 (15 mins)

Step Three: Developing an action plan

Action planning activities and implementation strategies for the delivery of person-centred care

Learning outcomes: At the end of this session you will be able to:

- describe developing an action plan to address the changes needed and to overcome preventing (inhibiting) factors as the Step Three towards implementing person-centred care;
- address the changes needed and to overcome the preventative (inhibiting) factors.

15.00-16.30 (1 hour 30 mins)

Facilitating action planning

By completing the 'what is person-centred care' activity, explanation of the elements of the McCance & McCormack Framework, CCIs exercise, the physical environment activity and the P-CAT Tool you will have identified issues which prevent (inhibit) the delivery of person-centred care and areas where practice needs to change if person-centred care is to be realised. Step Three to implementing person-centred care is to identify strategies/ interventions to overcome the preventive (inhibiting) factors and to change practice.

Factors which promote and prevent the delivery of person-centred care were identified during the morning session.

The next stage in the implementation process is to develop an action plan to build factors which promote (enable) and address preventive (inhibiting) factors.

This activity will guide you through the process of developing an action plan based on the issues and inhibitors identified through the CCIs and the P-CAT activities.

You will be invited to reform the groups you created for the CCIs exercise and retrieve the group's CCIs notes. They will also need the list of elements in the McCormack and McCance Framework, notes from the physical environment activity and a completed P-CAT tool. Inform the group they can either work from one P-CAT or choose less than optimally scored items from two or more P-CAT items.

You will be given an A3 Action Plan template to write on.

Invite participants to work together in their groups to use the findings from:

- CCIs exercise

  and

- completed P-CAT forms.

The Framework was presented as one model of person-centred care. Previous activities provided the opportunity for participants to identify where current practice is not consistent with the Framework. The purpose of this activity is to develop an action plan to bridge the gaps and to overcome the factors which prevent the delivery of person-centred care. Facilitators will provide participants with an A3 template to develop their action plan.

……

……

Table 2: Action Planning Template

Element/issue/ environmental concern/P-CAT item	*Where are we at now?* What are we doing which promotes and prevents the delivery of person-centred care in this area?	*Desired goal* What is the overall ideal outcome we would like to achieve in this area?	*Priority* (low, medium, or high) How big is the gap between ideal and actual? What are the risks/ impacts/ consequences of not addressing this now?	*Objectives* What specific achievements will contribute to the attainment of this goal?	*Measurement* What will we use to measure if we have or have not achieved our goal?	*Actions* What tasks, processes etc need to happen to achieve the objectives?	*Responsibility* Who is responsible for specific aspects? Who needs to be involved?

You will be invited to re-form the large group and share the main findings of undertaking the action planning activity by calling out:

- most important factors which promote and prevent the achievement of the action plan;
- creative strategies developed to involve residents and their family members in achieving the action plan.

Implementation examples

Facilitators will share with you their examples of implementation projects and draw on the published examples of successfully implementing person-centred care (References and Resources: Implementation examples).

.....

.....

.....

.....

.....

.....

.....

.....

Take home messages

- Develping an action plan is the Step Three towards implementing person-centred care;
- Inclusion of residents and their families in the action planning stages ensures a the development of a more effective evaluation strategy.

Evaluation Activities

What did we learn today?

Learning outcomes: At the end of this session you will be able to:

- summarise what you have learnt from the Workshop.

16.45-17.00 (15 mins)

You will be invited to share with the group one thing you have learned from the Workshop and how you think this can be applied in your practice.

.....

.....

.....

.....

.....

You will be invited to describe how they will apply the knowledge gained from the Workshop when they return to work.

.....

.....

.....

.....

.....

You achieved the following during this Workshop:

- understanding Steps One, Two and Three towards implementing person-centred care in your care home:
    1. explaining the meaning of person-centred care:
        i. initiated the process of seeking a shared understanding of person-centred care;
        ii. examined one model of person-centred care;
        iii. used creative approaches to learn about person-centred care;
        i. explored the factors which promote and prevent delivery of person-centred care and one method of identifying these.
    2. assessed and measured person-centredness to identify what changes are needed;
        i. evaluated physical environmental features which promote and prevent the delivery of person-centred care;
        ii. used a tool which can be used to measure the person-centredness to support and guide the implementation process.
    3. developed an action plan to address the changes needed and to overcome the preventive (inhibiting) factors.

Future activities you might consider include:

- implementation of action plans;
- application of the knowledge gained and tools from the Workshop to measure the person-centredness in your home;
- undertake a project aimed at implementing person-centred care in one practice area, for example, mealtime or bathing activities using the knowledge and skills about person-centred care and tools gained from the Workshop;
- undertake further reading and exploration of the listed resources to expand knowledge and understanding of person-centred care;
- enrol in post-graduate studies in the area of person-centred care.

.....

.....

.....

.....

.....

Take home messages

- Emphasise that the Workshop covered the first steps towards achieving person-centred care and provided a range of resources which can be used in a future project to start working towards delivering person-centred care within an aged care home;
- Person-centred care can be described and is measurable;
- A wide range of resources are available to assist the implementation of person-centred care.

Close

Facilitators will:

- thank you for your energy and commitment to participation in the Workshop;
- thank the host of Workshop;
- remind you to collect your Certificate of Attendance;
- ask you to take time to complete feedback forms.

Post-Workshop Activity

Building Effective Engagement Techniques (BEET) Tool

Stakeholder engagement

This activity is expected to take a minimum of 1 hour and 10 mins to complete:

- 2 x 5 mins: identifying stakeholders;
- 30 mins: 1 x stakeholder meeting/ discussion group (extend number of meetings and time for discussion as appropriate);
- 30 mins: 1 x meeting with a manager and share findings of stakeholder meeting.

You will need to organise:

- meeting time;
- meeting invitation on posters;
- meeting room.

You will need:

- note pads;
- pens;
- butchers' paper;
- markers;
- 'sticky notes'
- scribe to help you take notes.

The four key activities which the Building Effective Engagement Techniques (BEET) Tool consists of are listed below, including, the page numbers where you can find these activities within the BEET Tool resource:

1. puzzles and purpose: Identifying the question to be answered and the reasons behind the engagement (p. 4 -7);
2. evidence: Assessing the strength of the proposal for engagement (p. 8-9);
3. context: Considering the environment and people within engagement will occur and identifying who else needs to be involved (p. 10-15);
4. facilitation: How to bring people together constructively (p. 16-20);

We suggest you work towards identifying a puzzle which you and your co-workers agree to develop an implementation strategy listed below.

1. Identify one nursing co-worker and one non-nursing co-worker who can help you select the stakeholders you will approach at the start of the engagement process. Asking the view of co-workers with different responsibilities in the organisation where you work will ensure you gain a wide range of suggested stakeholders to talk with. This will increase the likelihood that your implementation plan will be successful because, from the beginning, you are trying to make sure you get 'buy-in' for achieving person-centred care from your co-workers. We suggest that you ask your co-workers to list the people they consider the most important co-workers to invite to a group discussion to identify the person-centred care puzzle within your organisation.

2. Organise a meeting and invite the range of stakeholders who you and your co-workers have decided are key to improving person-centre care:
    - consider asking another co-worker to help you facilitate this meeting;
    - consider using positive enticements to ensure co-workers, residents and/or family members attend your meeting, for example, think about where you host the meeting and whether tea, coffee and treats can also be provided;
    - think about the signs you use to promote the meeting, whether you have music playing at the beginning of the meeting or whether you pin up photographs of older people in the room where you host the meeting;
    - at the start of the meeting enlist the help of one of the participants to write-up the notes;
    - negotiate with the volunteer note taker the format of the notes and a time when they will be ready for review and circulation;

    - notes made on the butchers' paper to highlight:
        - puzzle using precise wording dictated and agreed by stakeholders;
        - explanation about why your stakeholders considered the selected puzzle important for improving person-centred care in the organisation where you work.

3. Arrange to have some one-on-one time with a 'person of influence' within your organisation, for example, a manager, an educator, the chair of the resident committee or the director of the volunteer programme to:
    - present your stakeholder meeting notes and the puzzle to this 'person of influence';
    - ask the 'person of influence' for suggestions about the next steps in achieving your goal of bringing about change in the delivery of person-centred care in your organisation;

    - Write-up the notes from your meeting with the 'person of influence'.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Notes about this activity

Consider sharing your notes from this meeting with the 'person of influence' to confirm that what you heard and recorded in your notes is the same as what he/ she agrees to having said. This is a common technique used when working on projects aimed at bringing about change in an organisation. It is a technique that can achieve 'buy-in' from the 'person with influence' in the organisation where you work which will be positive for your goal of promoting the delivery of person-centred care.

Take home messages

We hope you have found this activity useful and that it motivates you to understand more about this process: the challenges you face (and overcome) when undertaking the activity and the successes you have in implementing person-centred care in the organisation where you care for older people.

References and Resources

Participant essential reading

Nay, R.; Bird, M.; Edvardsson, D.; Fleming, R. &Hill, K. (2009) Peron-centred care pp. 107-119 Nay, Rhonda & Garratt, Sally (Eds.) *Nursing Older People Issues and Innovations in Care* 3rd Edition Sydney: Elsevier

Facilitator essential reading

Edvardsson, D.; Fetherstonhaugh, D.; Nay, R. & Gibson, S. (2010) Development and initial testing of the Person-centred Care Assessment Tool (P-CAT) *International Psychogeriatrics* 22(1); 101-108

Fetherstonhaugh, D.; Winbolt, M.; Bauer, M.; Nay, R.; McAuliffe, L. & Edvardsson, D. (2010) *Translating Rhetoric about Person-Centeredness into Practice in Care of Older People with Dementia* Poster presentation Latrobe University, Australian Centre for Evidenced Based Aged Care and Umea University

Fleming, R. (2010) An environmental audit tool suitable for use in homelike homes for people with dementia *Australasian Journal on Ageing* Jul 1-6

McCance, T.; Slater, P. & McCormack, B. (2008) Using the caring dimensions inventory as an indicator of person-centred nursing *Journal of Clinical Nursing* 18; 409-417

McCormack, B. (2004) Person-centredness in gerontological nursing: An overview of the literature *International Journal of Older People Nursing* in association with the *Journal of Clinical Nursing* 13(3a); 31-38

McCormack, B. & McCance, T. (2006) Development of a framework for person-centred nursing *Journal of Advanced Nursing* 56(5); 472-479

Nay, R.; Bird, M.; Edvardsson, D.; Fleming, R. &Hill, K. (2009) Peron-centred care pp. 107-119 Nay, Rhonda & Garratt, Sally (Eds.) *Nursing Older People Issues and Innovations in Care* 3rd Edition Sydney: Elsevier

Nolan, MR.; Davies, S.; Brown, J.; Keady, J. & Nolan, J. (2004) Beyond 'person-centred' care: A new vision for gerontological nursing *International Journal of Older People Nursing* in association with the *Journal of Clinical Nursing* 13(3a); 45-53

Slater, P.; McCormack, B. & Bunting, B. (2009) The development and pilot testing of an instrument to measure nurses' working environment: The Nursing Context Index *Worldviews on Evidence Based Nursing* 6(3); 173-182

Walsh, K.; Lawless, J.; Moss, C. & Allbon, C. (2005) The development of an engagement tool for practice development *Practice Development in Health Care* 4(3); 124-130

Additional references

Bartlett, R. & O'Connor, D. (2007) From personhood to citizenship: Broadening the lens for dementia practice and research *Journal of Aging Studies* 21; 107-118

Dewing, J. (2004) Concerns relating to the application of frameworks to promote person-centredness in nursing with older people *International Journal of Older People Nursing* in association with the *Journal of Clinical Nursing* 13(3a); 39-44

Edvardsson, D. & Innes, A. (2010) Measuring person-centred care: A critical comparative review of published tools *The Gerontologist* 1-13

Guba, EG. & Yvonna, SL (1989) *Fourth Generation Evaluation* California: Sage Publications

Harvey, G. Loftus-Hills, A. Rycroft-Malone, J. Titchen, A. Kitson, A. McCormack, B. Seers, K. Getting evidence into practice: the role and function of facilitation (2002), *Journal of Advanced Nursing* 37(6), 577 – 588

Health Services Executive (2010) *Enhancing Care for Older People: A guide to practice development processes to support and enhance care in residential settings for older people* Dublin: HSE

Heron, J. (1999) *The Complete Facilitator's Workbook* Milford, CT: Kogan Page

Lawless, J. & Walsh, K. (2008) Building Effective Engagement Techniques (BEET) Tool: A guide to bringing people together co-operatively to find sustainable solutions Wollongong: University of Wollongong

Kitwood, T. (1997) *Dementia Reconsidered: The person comes first* Milton Keynes: Open University Press

McCormack, B. & Dewing, J. (2010) *The Implementation of a Model of Person-Centred Practice in Older Person Settings: Final report* Dublin: Health Services Executive and National Council for the Professional Development of Nursing and Midwifery

McCormack, B.; Dewing, J.; Breslin, L.; Coyne-Nevin, A. et al. (2010) Developing person-centred practice: Nursing outcomes arising from changes to the care environment in residential settings for older people *International Journal of Older People Nursing* 5; 93-107

McCormack, B.; McCance, T.; Cardiff, S.; Dewing, J. & Gribben, B. (2010) *Enabling Human Flourishing through the Development of Person-Centred Care in Nursing: The challenge of personhood* RCN Research Symposium, Belfast: University of Ulster [Available at www.rcn.org.uk/data/assests/.../2010_RCN_research symposium_17.pdf Accessed November 2010]

McCormack, B. & Reed, J. (2005) Editorial: Respect: 'When one flower blooms it is spring everywhere' 85 Journal of Clinical Nursing 14; 55

Manley, K (2006) *RCN Facilitation and Workplace Standards* Professional and Practice Development NMAHPs' Annual Conference [Available at: www.ppdnf.org/conference/2006/manley2006.ppt Accessed Nov 2010]

McMillan, F.; Kampers, D.; Traynor, V. & Dewing, J. (2010) Person-centred care as caring for Country *Dementia: International journal of social research and practice* 9(2); 163-167

NHS Institute for Innovation and Improvement and Royal College of Nursing (2007) *Developing and Sustaining Effective Teams* London: RCN [Available online at: http://www.rcn.org.uk/__data/assets/pdf_file/0003/78735/003115.pdf Accessed Nov 2010]

Webster, J. (2005) Ask the experts: Person-centred care *Nursing Older People* 17(9); 14-15

Tools

Fleming, R. & Forbes, I. *Environmental Audit Tool* (EAT)

Latrobe University, Australian Centre for Evidenced Based Aged Care and Umea University *Educational Package for Person-centred Care (EPP-CC)*

Latrobe University, Australian Centre for Evidenced Based Aged Care and Umea University *Person-centred Care Assessment Tool (P-CAT)*

Australian Government, Latrobe University, and Umea University *Tool for Understanding Residents Needs as Individual Persons* (TURNIP)

Lawless, J. & Walsh, K. (2008) *Building Effective Engagement Techniques (BEET) Tool: A guide to bringing people together co-operatively to find sustainable solutions* Wollongong: University of Wollongong

Implementation examples

Duffy, A. & Woodland, C. (2006) Introducing the Liverpool Care Pathway into nursing homes 36 *Nursing Older People* 18(9); 33-36

Fenton, W. (2006) Developing a guide to improve the quality of nurses' handover *Nursing Older People* 18(11); 32-36

Harnett, T. (2010) Seeking exemptions from nursing home routines: Residents' everyday influence attempts at institutional order *Journal of Aging Studies* 24; 292-301

Hung, L. & Chaudhury, H. (2011) Exploring personhood in dining experiences of residents with dementia in long-term homes *Journal of Aging Studies* 25; 1-12

Uglow, J. & Dewing, J. (2004) Introducing a physical activity group on an intermediate care ward *Nursing Older People* 16(6); 19-22

Wright, J.; McCormack, B.; Coffey, A. & McCarthy, G. (2006) Developing a tool to assess person-centred continence care *Nursing Older People* 18(6); 23-28

Webster, J. (2004) Person-centred assessment with older people *Nursing Older People* 16(3); 22-27

Postgraduate Aged Care Courses

La Trobe University Postgraduate Courses

- Graduate Certificate, Postgraduate Diploma and Master of 'Gerontology'

Web addresses: http://www.latrobe.edu.au/publichealth/gerontology

University of Wollongong Postgraduate Courses

- Graduate Certificate and Master of Science 'Gerontology & Rehabilitation Studies'
- Graduate Certificate and Master of Science 'Dementia Care'
- Graduate Certificate and Master of Science 'Practice Development and Facilitation'

Web address: http://www.uow.edu.au/health/nursing/pgcourses/index.html

Research Institutes

Australian Centre for Evidence Based Aged Care, Australia

Web address: http://www.latrobe.edu.au/acebac/ACEBAC

Centre for Research on Personhood and Dementia, University of British Columbia, Canada

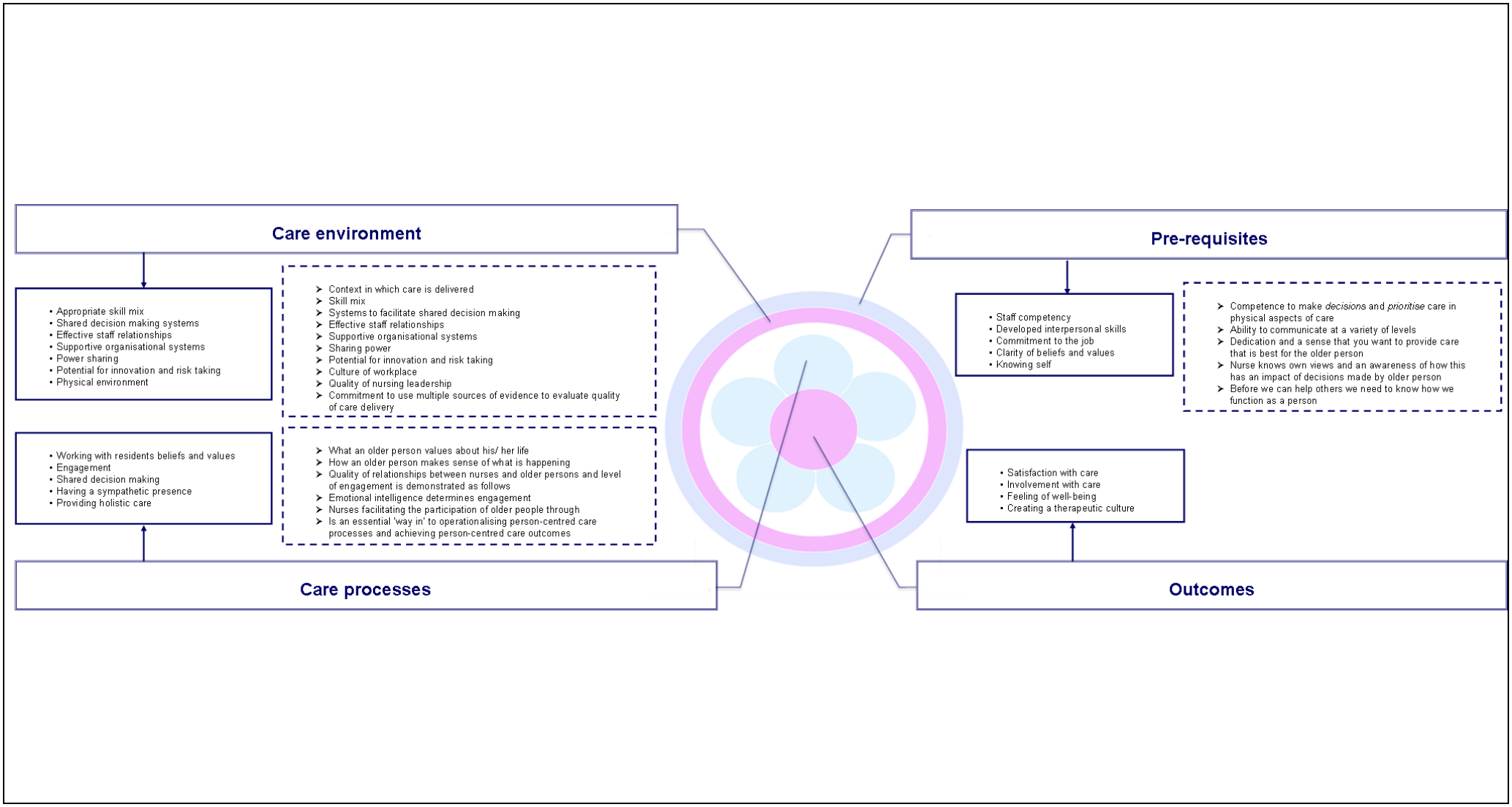
Web address: http://www.crpd.ubc.ca/

Institute of Nursing Research: Person-centred Practice, Ulster University, UK

Web address: http://www.science.ulster.ac.uk/inr/pcp.php

Participant Hand-outs

Participant Hand-Out 1: ***Person-centred Care Nursing (PCN) Framework: Elements***


Care environment
• Appropriate skill mix
• Shared decision making systems
• Effective staff relationships
• Supportive organisational systems
• Power sharing
• Potential for innovation and risk taking
• Physical environment
➢ Context in which care is delivered
➢ Skill mix
➢ Systems to facilitate shared decision making
➢ Effective staff relationships
➢ Supportive organisational systems
➢ Sharing power
➢ Potential for innovation and risk taking
➢ Culture of workplace
➢ Quality of nursing leadership
➢ Commitment to use multiple sources of evidence to evaluate quality of care delivery
• Working with residents beliefs and values
• Engagement
• Shared decision making
• Having a sympathetic presence
• Providing holistic care
➢ What an older person values about his/ her life
➢ How an older person makes sense of what is happening
➢ Quality of relationships between nurses and older persons and level of engagement is demonstrated as follows
➢ Emotional intelligence determines engagement
➢ Nurses facilitating the participation of older people through
➢ Is an essential 'way in' to operationalising person-centred care processes and achieving person-centred care outcomes
Care processes
Pre-requisites
• Staff competency
• Developed interpersonal skills
• Commitment to the job
• Clarity of beliefs and values
• Knowing self
➢ Competence to make *decisions* and *prioritise* care in physical aspects of care
➢ Ability to communicate at a variety of levels
➢ Dedication and a sense that you want to provide care that is best for the older person
➢ Nurse knows own views and an awareness of how this has an impact of decisions made by older person
➢ Before we can help others we need to know how we function as a person
• Satisfaction with care
• Involvement with care
• Feeling of well-being
• Creating a therapeutic culture
Outcomes

Participant Hand-Out 2: *Claims, Concerns and Issues A3 Template*

Table 1: Claims, Concerns and Issues (CCIs) Exercise Template

CLAIMS: **What positive statements would I make about care in the place where I work?**	**CONCERNS:** **What are my concerns about the care in the place where I work?**	**ISSUES:** **What questions do I have about the care in the place where I work?**

Adapted from: Health Services Executive (2010) Enhancing Care for Older People: A guide to practice development processes to support and enhance care in residential settings for older people Dublin: HSE

Participant Hand-Out 3: *Person-centred Care Assessment Tool (P-CAT)*

Participant Hand-Out 4: *Action Plan A3 Template*

Table 2: Action Planning Template

Element/issue/ environmental concern/P-CAT item	*Where are we at now?* What are we doing which promotes and prevents the delivery of person-centred care in this area?	*Desired goal* What is the overall ideal outcome we would like to achieve in this area?	*Priority* (low, medium, or high) How big is the gap between ideal and actual? What are the risks/ impacts/ consequences of not addressing this now?	*Objectives* What specific achievements will contribute to the attainment of this goal?	*Measurement* What will we use to measure if we have or have not achieved our goal?	*Actions* What tasks, processes etc need to happen to achieve the objectives?	*Responsibility* Who is responsible for specific aspects? Who needs to be involved?

Participant Hand-Out 5: *Values Clarification Exercise*

Participant Hand-Out 6: Environmental Audit Tool (EAT)

Participant Hand-Out 7: *Building Effective Engagement Techniques (BEET) Tool: A guide to bringing people together co-operatively to find sustainable solutions* Wollongong: University of Wollongong

Participant Hand-Out 8: Educational Package for Person-centred Care (EPP-CC)

Participant Hand-Out 9: Tool for Understanding Residents Needs as Individual Persons (TURNIP)

Facilitator Activity Hand-Outs

Facilitator Activity Hand-Out 1: The Framework Exercise: Explaining the elements