

**What do patients expect from
us?-**

Ensuring patient-centred care

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Dietitians

Science of dietetics

Information - knowledge

- Transfer of knowledge alone doesn't change behaviour

(Arborelius 1996, McClusky & Lovarini 2005, Norris, Engelgau et al 2001)

Art

Application relevance to individual / personal
aware of patient needs and concerns

(Stewart 1991)

Patient Centredness

“process that involves the health care professional being open and responsive to the concerns and needs of patients including needs for information and participation in decision making”

(Mead & Bower 2000)

Dietetics

- Diet often reflects multiple behaviours.
- Reality of peoples lives very complex
- Food choices, emotions, behaviours, thoughts.

Evidence

- Issue of training in communication and counselling skills.....cognitive and socio-emotional components

(Davidson C et al 1987)

- Need for skills recognised but practice is poor

(Stetson and Pichert 1992)

- Clarification of client centred nutritional counselling

(MacLellan 2003)

Active listening

- Good relationships, co operation, communication skills
(Barlow et al 2002, Ellis 2004)
- Adherence to diet related to perceptions of patient provider relationship
(Epstein 2005, Maddigan 2005)
- Patient involvement (Stetson 1992, Michie 2000)
- Active patient involvement (Harrington 2004)
- Engaging in decision making (Heisler 2007)

- Little research in the literature on effective dietetic consultation skills (lots on GP's)
(Guimond 2003, Edwards 2003, Elwyn 2004)

Need to focus on our behaviours

(Cullen 2001, Ley 1982,)

- Need to look at reality **NOT** perception of care
(Parkin & Skinner 2002, Pill et al 1999)

Perception of care

- Practice Nurses trained in “patient-centred care” think they are doing it, when they are not! (Pill et al 1999)
- Perception data does not correlate (Parkin & Skinner 2002)

Behaviours that support patient centred approach

- Asking about problems / concerns / expectations
- perceptions of impact of problem on functioning
- clear information along with emotional support
- sharing decision making process / agreeing on nature of problem

Compliance/adherence?

- Compliance and adherence to recommendations is poor

(Donnan et al 2002, Benner, 2002, Toobert, 2000, Huang 2005, Peyrot 2005)

Recall

- 7 recommendations made: 2 remembered : 40% of those remembered were not made in the consultation (Page et al 1981)
- After 1 month 30-50% recall different risk status (Croyle et al 1998)
- Ranked top 3 goals from a list of 11 possible outcomes agreement was poor (Heisler 2003)

Recall

- Practice Nurse and Patient only agreed on main concern 20% of time (Woodcock et al 2001)
- Nurses/ dietitians in specialist centre completely disagreed on issues discussed 20% (Parkin& Skinner 2003)
- More controlled motivation less agreement on decisions made. (Parkin and Skinner 2003)

Method

84 Dietetic consultations

audio taped, questionnaires completed



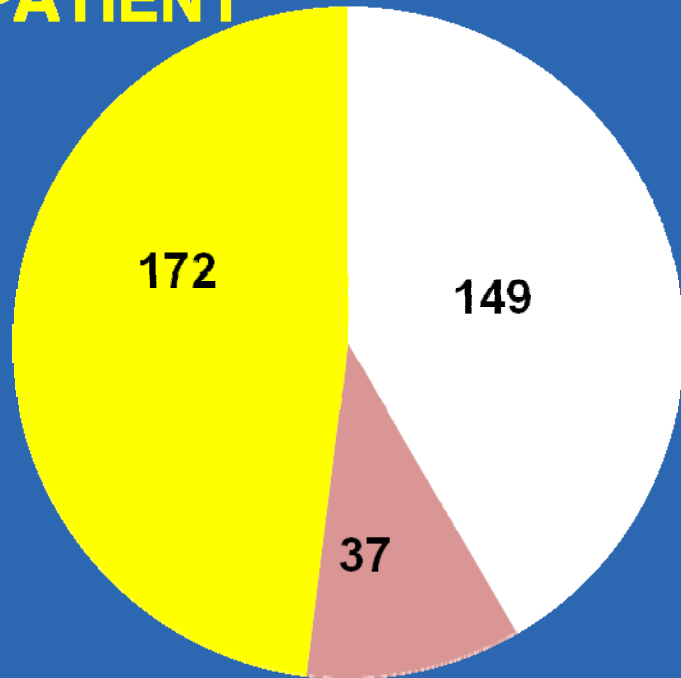
Please could you write down any decisions that were made in the consultation today?

Percentage recall agreement

	Patient and Dietitian recall of decisions from Questionnaires	Patient recall of decisions compared to tape decisions	Dietitian recall of decisions compared to tape decisions
No agreement	14%	13%	5%
Agreement recall	43.3%	46%	66%
Complete agreement	70%	68%	85%
Some agreement	30%	32%	15%

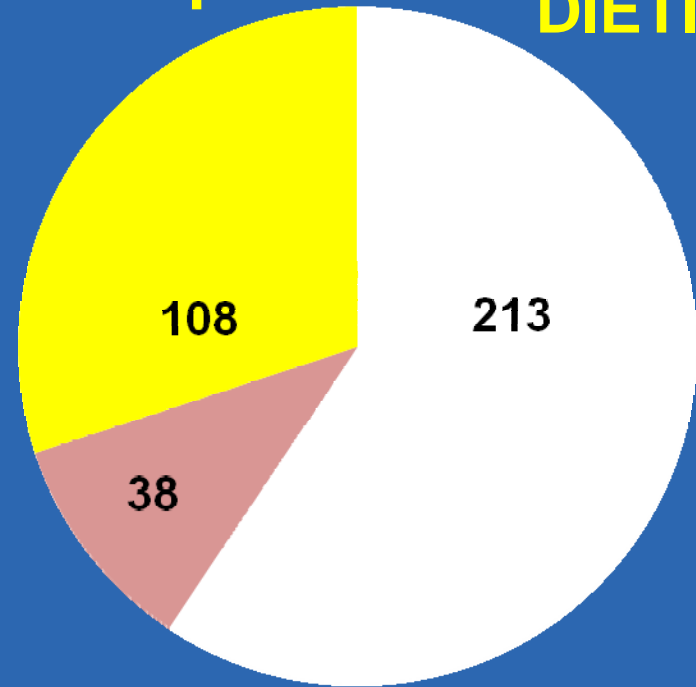
Patient and dietitian recall compared to tapes

PATIENT



- Patient decisions that agree with tape
- Patient decisions not on tape
- Decisions on tape that patient has missed

DIETITIAN



- Dietitian decisions that agree with tape
- Dietitian decisions not on tape
- Decisions on tape that dietitian did not recall

Number of decisions recalled from questionnaires and tapes

	Mean decisions per consultation
Patients recall	2.19 (range 0-5)
Dietitians recall	2.98 (range 0-4)
Decisions from tapes	3.74 (range 0-8)
Patient /dietitian recall agreement	1.58 (range 0-5)

Conclusion

- Patients and dietitians immediate recall of decisions made in the consultation is poor.
- Both parties recall a number of decisions that were not made in the consultation

Implications

What is recorded in notes / future care?

- Need to explore further cause for this discrepancy
- Consider number of decisions made in consultation
- Consider clarity of decisions made