



“At the Centre of it All” Providing Patient-Centered Care

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Evidence Informed Model



What is a Value?

val·ue

/ˈvallyoo/ 

noun

1. the regard that something is held to deserve; the importance, worth, or usefulness of something.
"your support is of great value"
synonyms: worth, usefulness, advantage, benefit, gain, profit, good, help, merit, helpfulness, avail; More
2. a person's principles or standards of behavior; one's judgment of what is important in life.
"they internalize their parents' rules and values"
synonyms: principles, ethics, moral code, morals, standards, code of behavior
"society's values are passed on to us as children"

verb

Why do we need to include patient values/ preferences?

- "In the trifecta of EBP, patient values, clinical expertise, and research evidence were intended to have equal weight in guiding patient care. However, as PT practice has evolved over the past 20 years, an imbalance of emphasis on the RCT and the use of quantitative evidence has developed in EBP" Brun-Cottan et al 2018
- It is imperative that we do not lose sight of the importance of our roots, the wisdom in our history. Our practice ought to be evidence based, but let the scope of that evidence be defined according to its ability to accurately describe the human landscape in which we find ourselves practicing. Brun-Cottan et al 2018

Patient Values and Patient Centered Care

- No one working definition of what it is
- “as care that “*honors* and responds to individual patient preferences, needs, values, and *goals*.” (Greene et al 2012)
- In a Scoping review of PCC frameworks all included some aspect of - communication, partnership, and health promotion Communication . “The three components of communication were commonly discussed in the articles reviewed: a) sharing information, b) compassionate and empowering care provision, and c) sensitivity to patient needs.” (Constand et al 2014)

Value Scales

- Rokeach Value Scale
- Allport- Vernon Study of Values
- Schwartz Value Theory
- Hartman Value Profile

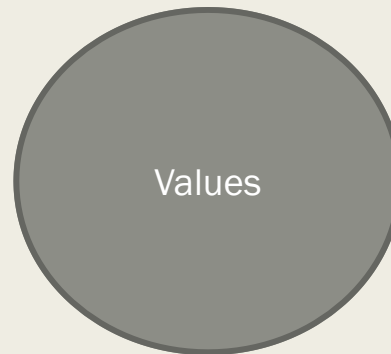
Types of Values

- Rokeach distinguishes between two types of values: Instrumental and Terminal.
- ***Instrumental Value:*** Instrumental values reflect the means by which goals are achieved; they represent the acceptable path/ behaviour in which one should follow to reach the end state ie; ambition and honesty.
- ***Terminal Value:*** Terminal values represent the goals to be achieved, or the end states ie; happiness and love.

Type of Values

- Political Values
- Social Values
- Religious Values
- Theoretical Values
- Economic Values
- Aesthetic Values

- *Allport Vernon Study of Values*



Schwartz 2012

Schwartz: An Overview of the Schwartz Theory of Basic Values

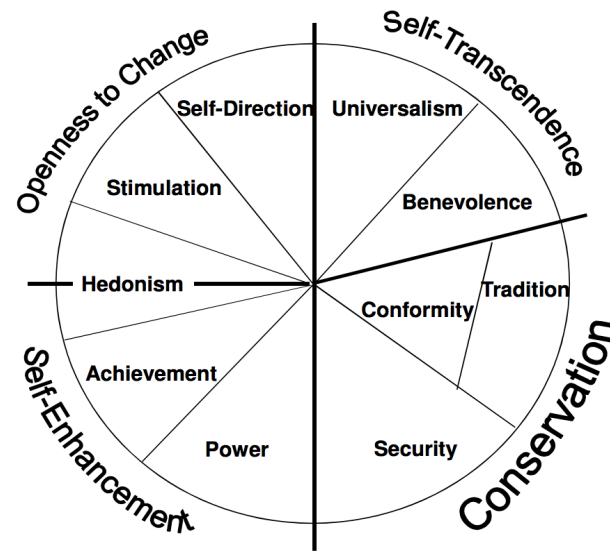


Figure 1. Theoretical model of relations among ten motivational types of value

How to we ascertain our patients values

- open- ended and non-directive questions
- responding to emotional aspects of a person's experience
- avoiding interrupting patients
- strategies to elicit and incorporate the patient's narrative and experiences
- use active listening to ensure acceptance
- use reflective listening to ensure understanding
- validation of the patient's experience, consideration of their broader con- text, working towards mutual understandings between the health (Hiler A. et al)
- (Epstein et al 2011; Grol, de Maeseneer et al 1990, Mead et al 2000, Smith et al 2013, Wine et al 1996, Hiler et al 2015, Constandt et al 2014).

Let's try it out!

Pref-er-ence

noun

A greater liking of one alternative over another or others.

Patient Preferences

- Perspectives
- Beliefs
- Expectations
- Goals

Patients may have preferences when it comes to defining a problem, identifying the range of management options, selecting the outcomes used to compare these options, and ranking these outcomes by importance.

- Montori JAMA 2013;310(23):2503-2504

Therapist Attributes (Satisfaction and Quality)

- Skill
- Knowledge
- Professionalism
- Friendly Attitude
- Effective Communication
- Empathy

Hush Physical Therapy, Volume 91, Issue 1, 1 January 2011, Pages 25-36

What Matters the Most to People in Musculoskeletal Physiotherapist Consultations ?

- Clear versus unstructured agendas
- Information and understanding
- Developing a sense of collaboration

Importance of “Communication” to elicit, identify and address the issues of importance to people in clinical encounters to ensure a positive experience and outcome for the patient and clinician.

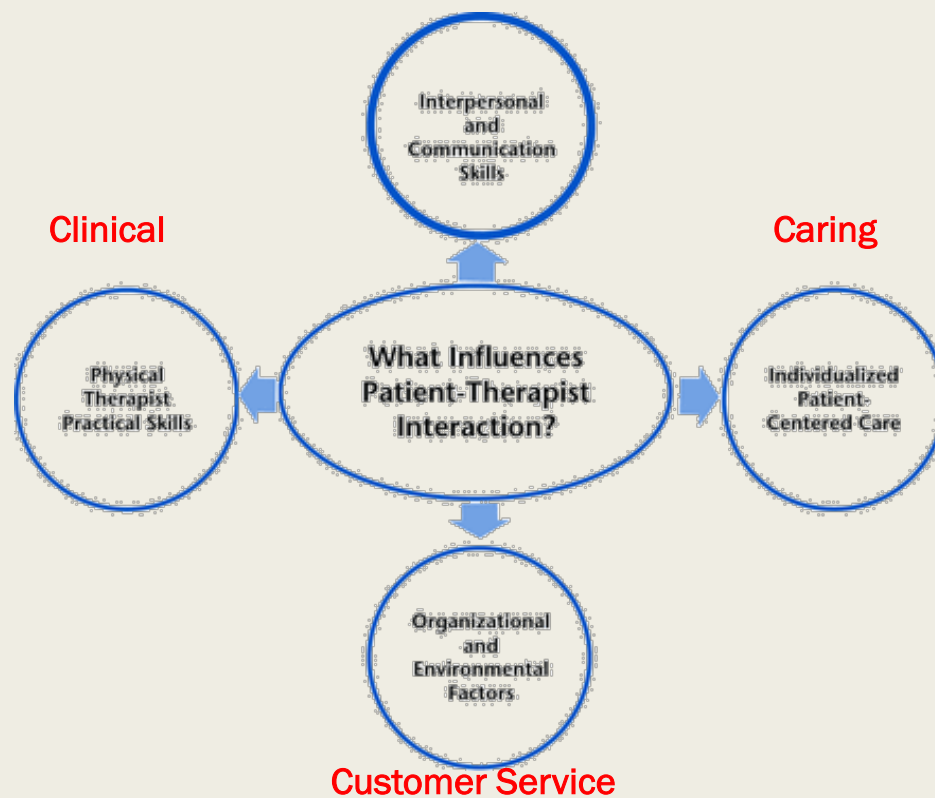
Stenner Musculoskeletal Science and Practice 35 (2018) 84-89

Identification of Factors Influencing Patient Satisfaction with Orthopaedic Outpatient Clinic Consultation.

- Clinic Wait Time
- Clinic Contact Time
- Trust
- Empathy
- Communication
- Expectation
- Relatedness

Waters Manual Therapy 25 (2016) 48-55

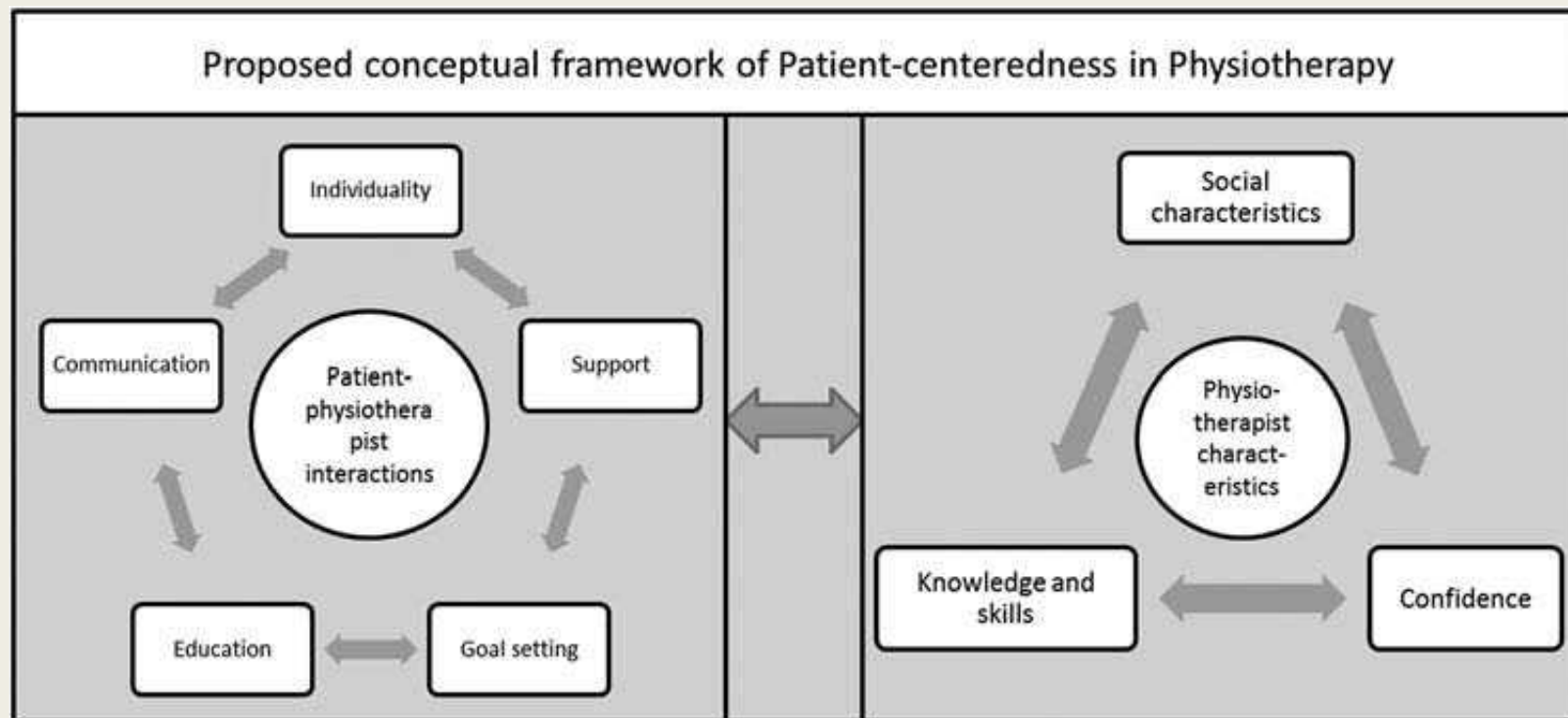
What Influences Patient-Therapist Interactions in Musculoskeletal Physical Therapy?



O'Keefe (2016)

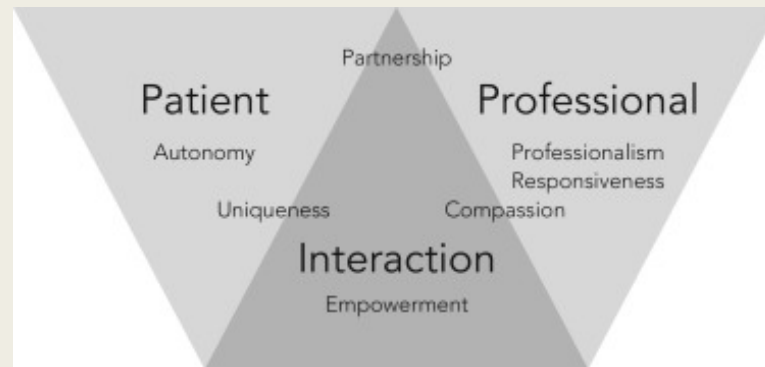
Patient-Centeredness in Physiotherapy: What Does it Entail?

Wijma Physiotherapy Theory and Practice 2017



What do Patient Preferences Mean?

- Uniqueness
- Autonomy
- Compassion / Empathy
- Professionalism
- Responsiveness
- Partnership
- Empowerment



Bastemeijer Patient Education and Counselling 100 (2017) 871-881

**“The single biggest myth in Communication is
the illusion that it has taken place”**

GB Shaw

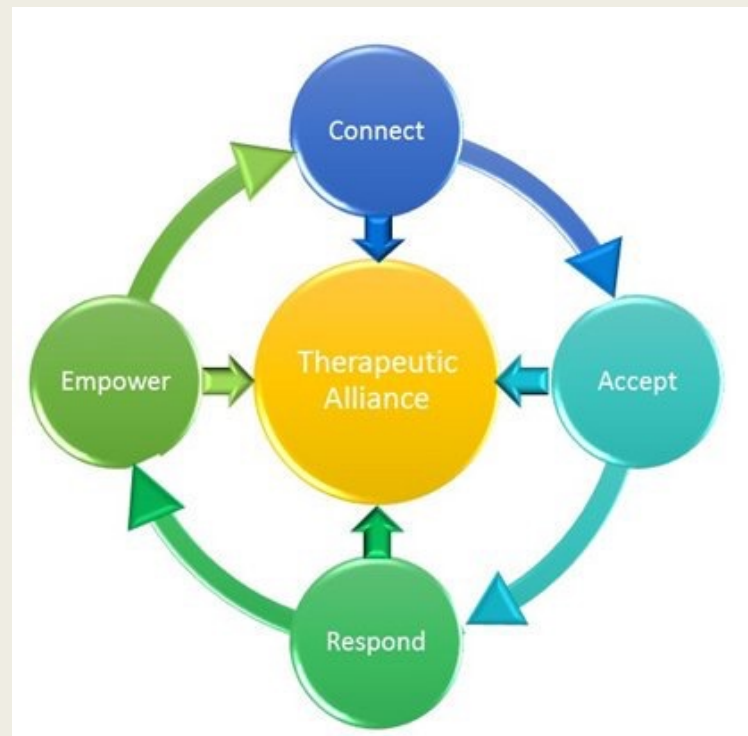


Is Physiotherapy Patient Centered?

How We Do Deliver Our Care Matters!



Therapeutic Alliance





**KEEP
CALM
AND
IMPROV
ON**



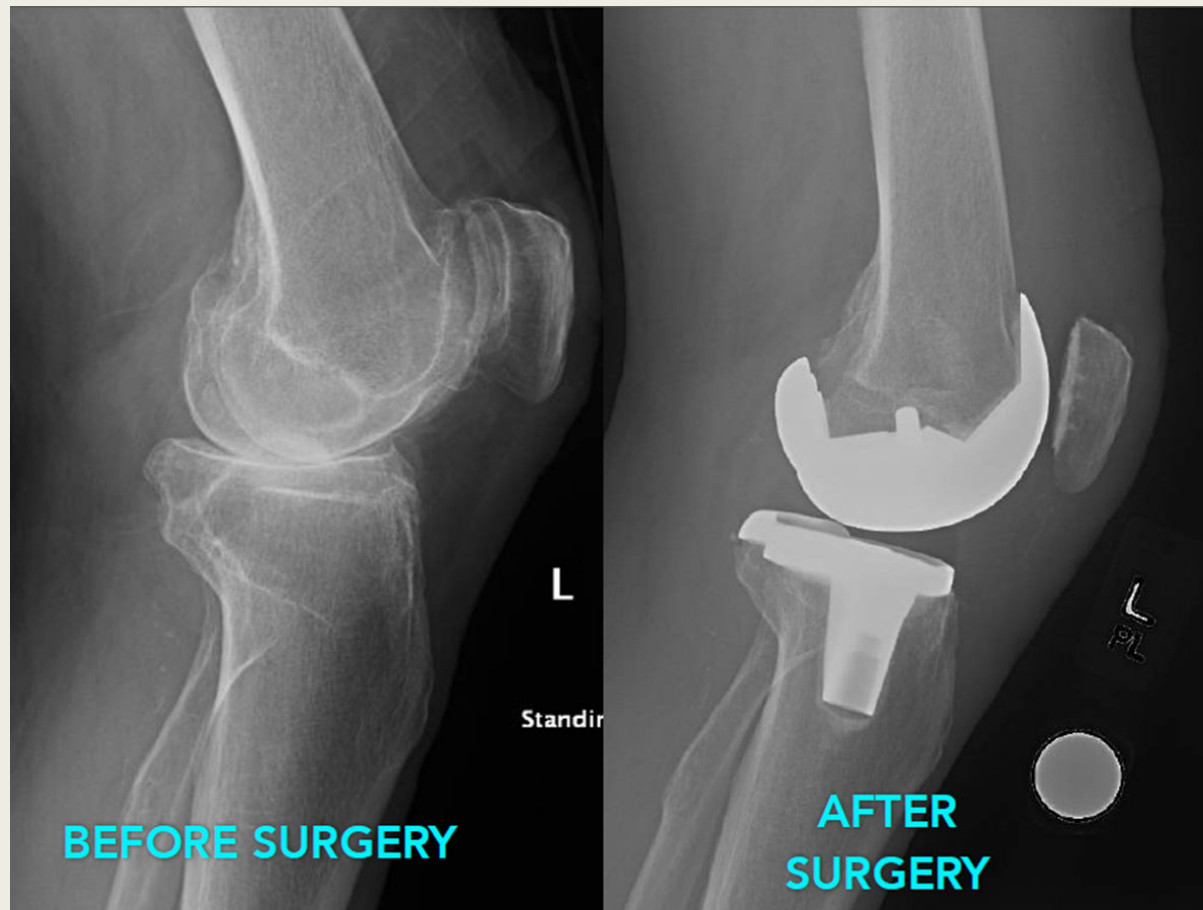
THE END OF PHYSIOTHERAPY

David M. Walton PT PhD

Outline

- What outcomes matter to patients?
- How can physiotherapists know when they've reached that?

What is a good outcome?



What is important to patients?

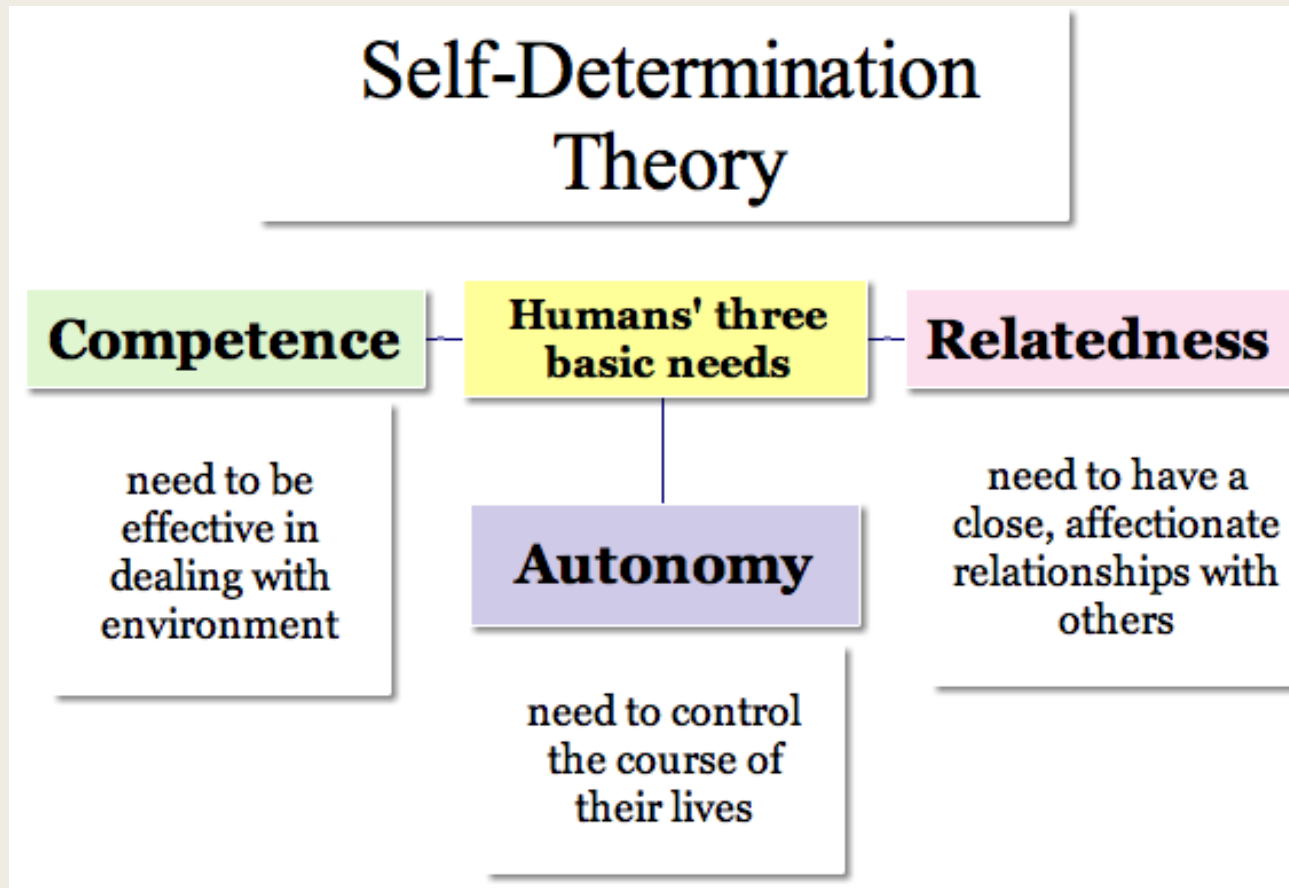
- ?

What Does ‘Recovery’ Mean to People with Neck Pain? Results of a Descriptive Thematic Analysis

David M. Walton^{*,1}, Joy C. MacDermid², Todd Taylor³ and ICON[§]

- Absent or manageable symptoms
- Participation in valued life roles
- Having the physical capacity one ought to have
- Feeling positive emotions
- Autonomy and spontaneity
- Re-establishing a satisfactory sense of self

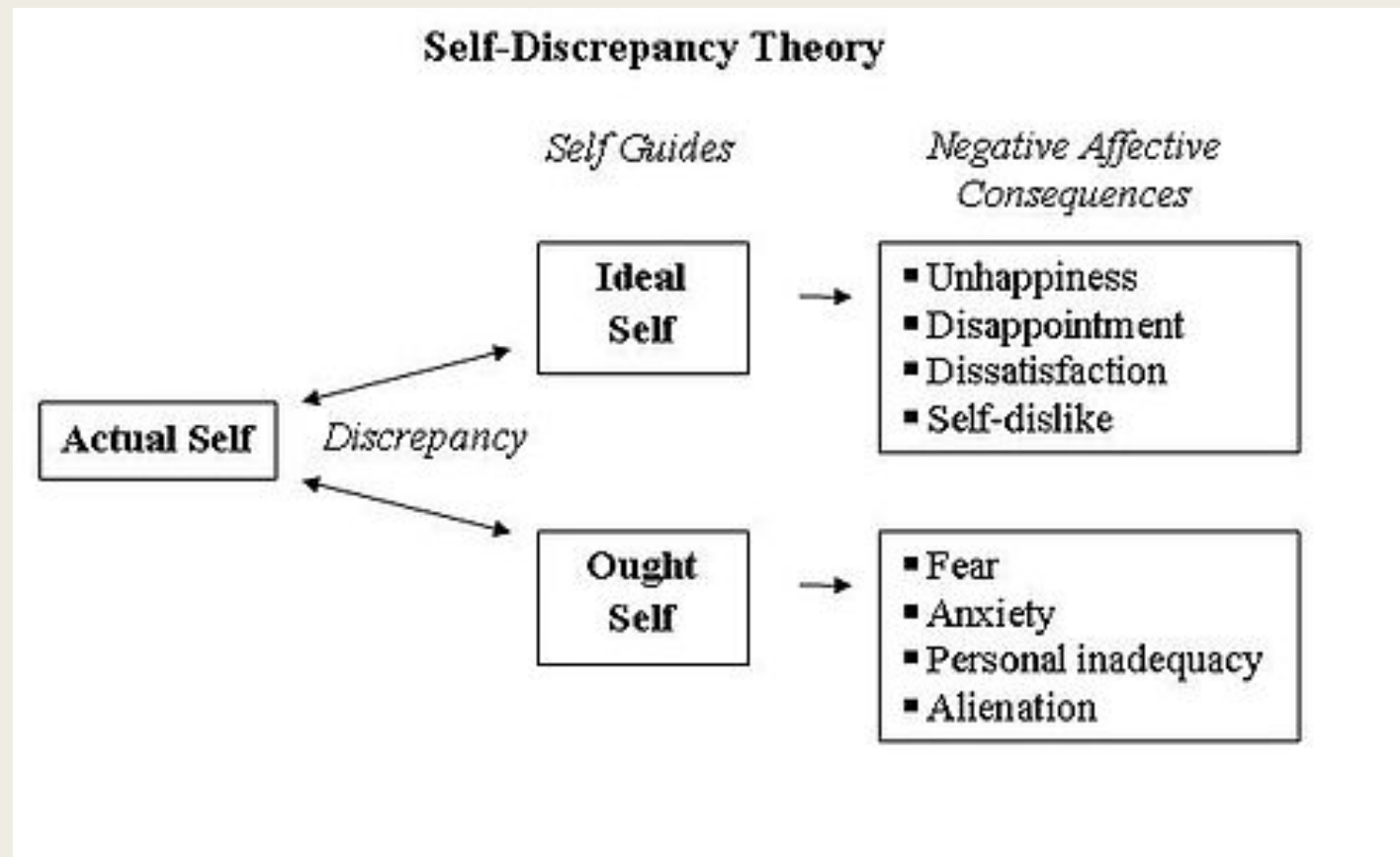
Ryan & Deci



Maslow



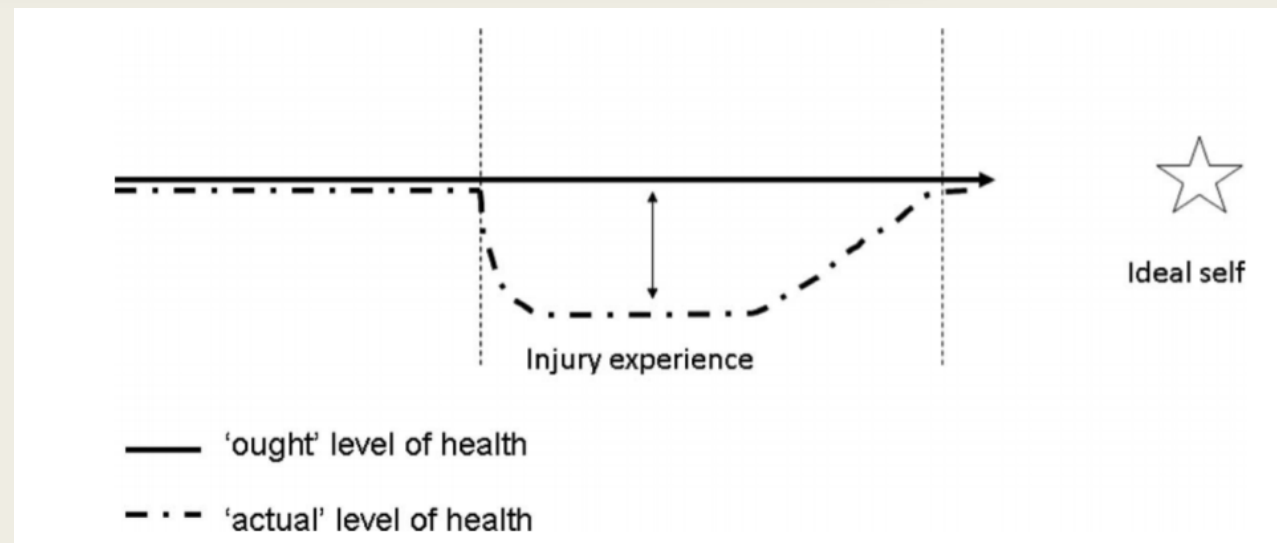
Higgins

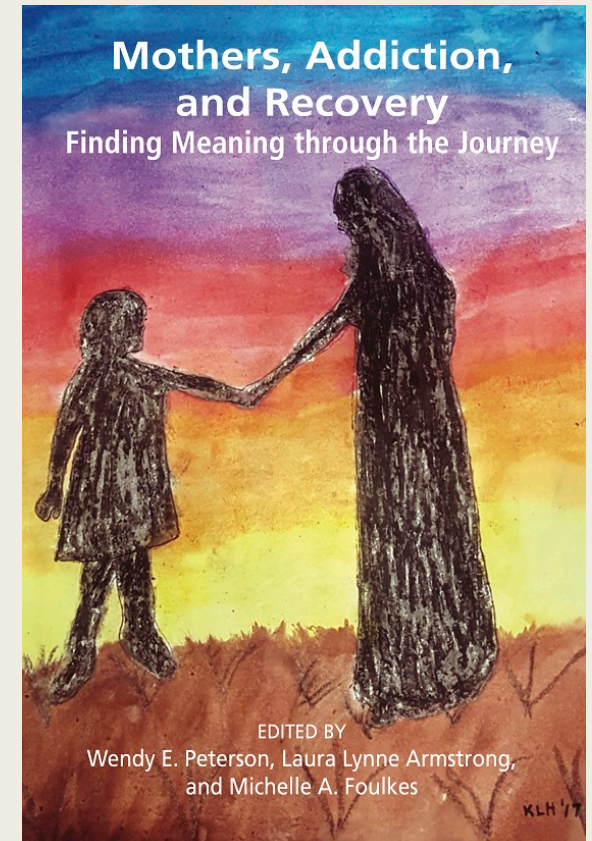
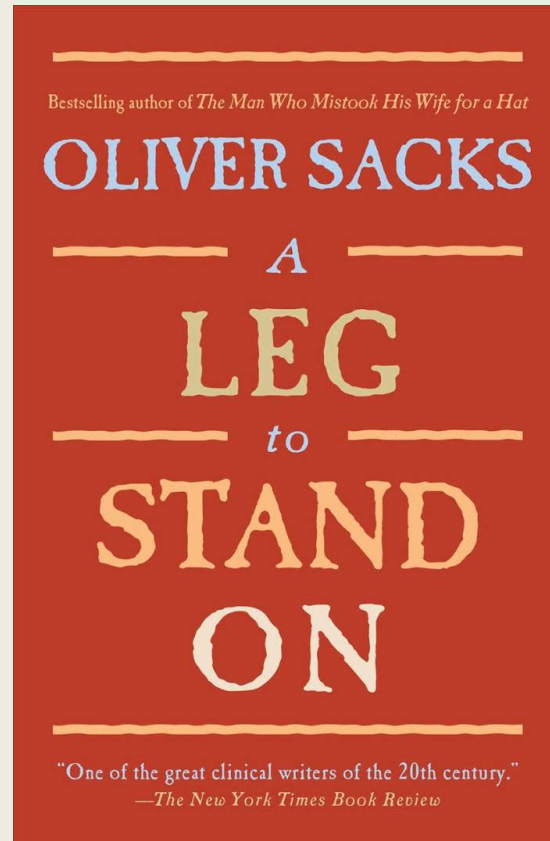
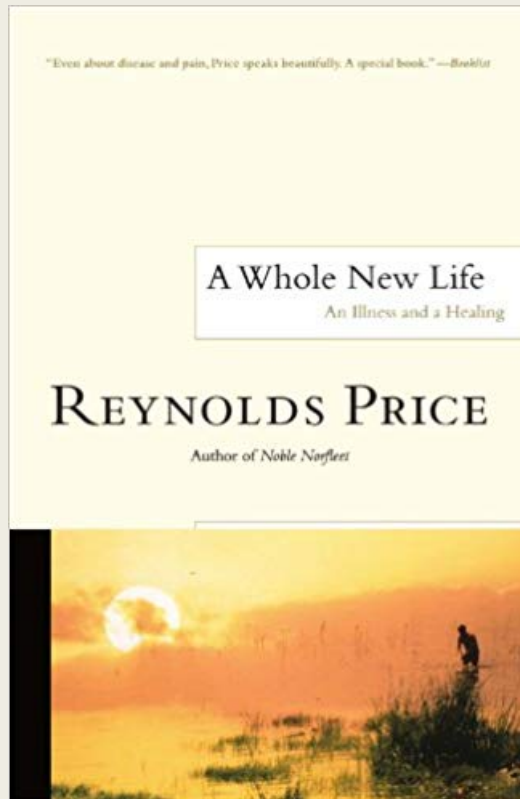


PERSPECTIVES ON REHABILITATION

Recovery from acute injury: Clinical, methodological and philosophical considerations

DAVID MARK WALTON¹, JOY C. MACDERMID^{2,3} & WARREN NIELSON⁴






What is
important?

Purpose and meaning

Freedom

Potential

Altruism



How to
identify?

No 1: Patient Narrative

No 2: Patient-centric self-report measures

- Patient-specific functional scale
- Canadian Occupational Performance Measure
- Satisfaction and Recovery Index

Satisfaction and Recovery Index

Below are 10 areas of life that other people in pain have identified as influencing recovery and satisfaction. For each row, please indicate 1: how *important* that area is to you personally, and 2: how *satisfied* you currently feel in that area considering any interference from your injury or symptoms. Note that it is possible to feel satisfied in an area that is not important to you, or to feel dissatisfied in an area that is important to you. Use the following scale:

Importance:

0 1 2 3 4 5 6 7 8 9 10
 Not important Moderately Extremely
 to me at all important to me important to me

Satisfaction:

0 1 2 3 4 5 6 7 8 9 10
 Not satisfied at all Completely satisfied
 (complete interference) (no interference)

	Importance (0-10)	Satisfaction (0-10)
1. Meeting your most basic needs (e.g., eating well, good sleep, good personal hygiene, etc...)		
2. Being mentally sharp (i.e., your ability to concentrate, remember or think quickly)		
3. Being physically fit (eg., strong, energetic or flexible) compared to other people of your age and sex		
4. Fulfilling your 'life roles' (e.g., being a spouse, friend, parent, coworker and/or volunteer)		
5. Intimate relationships, whether they be physical relationships or close personal relationships above the level of normal friendship		
6. For validation purposes, place a '4' in the Importance column, and a '6' in the Satisfaction column in this row		
7. Being independent (e.g., making your own decisions and being in control of your own life)		
8. Being spontaneous (doing things without having to plan)		
9. Feeling positive emotions (e.g. happiness, joy, self-esteem)		
10. Feeling like you've got the potential to achieve new or greater things in the future		

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4. Fulfilling your 'life roles' (e.g., being a spouse, friend, parent, coworker and/or volunteer)	9	5
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SRI =
49%

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SRI =

49%

SRI =

52%



3%

Not likely important

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SRI =

49%

SRI =

54%



5%

Likely important

Development and Initial Validation of the Satisfaction and Recovery Index (SRI) for Measurement of Recovery from Musculoskeletal Trauma

David M. Walton^{*,1}, Joy C. MacDermid^{2,3}, Mathew Pulickal¹, Amber Rollack¹ and Jennifer Veitch¹

	Responsiveness AUC (95%CI)
SRI	0.82 (0.67, 0.97)
Region-specific disability	0.79 (0.62, 0.96)
SF12 PCS	0.69 (0.42, 0.86)
SF12 MCS	0.50 (0.25, 0.70)

SRI = Satisfaction and Recovery Index; SF12 PCS = Physical Component Summary score of SF-12; SF12 MCS = Mental Component Summary score of the SF-12.

- SRI score > 80% likely indicates satisfactory recovery
- SRI score > 90% strongly indicates satisfactory recovery

Discussion

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