



IDEAS AND INFLUENCES

A healthful experience? A patient practice development journey

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While facilitating the first practice development school for our local healthcare authorities in Nova Scotia, Canada, recently, I was simultaneously preparing for my second hip replacement. Focusing workshop participants on the principles of practice development, collaboration, inclusion and participation, I wondered if, in my upcoming journey through the healthcare system, I would experience the processes and outcomes we were promoting in the school. I would like to share this commentary as a reflection of my practice development experience as a patient. Overall, I received care that was inclusive and collaborative – as well as care that was provider focused and system driven. It goes without saying that as a patient, I felt valued when I was included and felt part of the team when my wishes and expectations were taken into consideration. For me, inclusion in care correlates with valuing that patient as a participant in their care journey, as set out by practice development principle 6 (Manley, McCormack and Wilson, 2008) (Table 1).

My recent healthcare experience has led me to reflect further on the principles of practice development and its implications and challenges for local healthcare authorities. For example, my anaesthetist comes to mind as embodying practice development principles 2, 4, 6 and 8. The anaesthetist supported my wishes surrounding narcotics, and provided research- and practice-based evidence for each of his actions. Although the offering of additional narcotics is routine practice in hip surgery, I did not want this, so we discussed my expectations and developed a plan together that reflected my wishes. He actually chatted throughout the entire two-hour procedure. I was pleasantly surprised when he told me he provides care that focuses on the patient (practice development principle 1). Nevertheless, inconsistencies in the attention to person-centred practices across the microsystem reminded me that the system is not yet set up to enable a person-centred focus (practice development principle 2). Given that I had experienced hip surgery before, I had expectations for my care that aligned with my first experience. When I shared these expectations with care providers, the response I sometimes received was 'I am not comfortable doing that'. In those moments, I felt the care was not about me, but rather about the comfort of the person providing the care. Care that meets the needs of the provider rather than those of the patient pre-empt opportunities for creativity and for flourishing moments (practice development principle 5). I experienced how a busy unit and the needs of the provider took priority

over individual patient needs. At these moments I did not feel part of my care, nor did I feel that I mattered.

This experience has reinforced for me the implications of adhering to a practice where the focus is person-centred and the principles of practice development are followed. When you hear your care provider say, 'I don't feel comfortable letting you do that' or 'that's not the way we do that here', it diminishes your value as a person and as a patient. When you are not heard, you are not cared for. For example, I had the experience of listening to a patient cry in pain when her care provider told her there was nothing left to 'give' her. I thought of alternate approaches to supporting comfort and wondered why these were not offered or suggested?

I left the hospital thinking about my practice and the practice of others. I really don't believe the healthcare providers I encountered came to work with the intention of not being supportive of the patients for whom they cared; in fact, I think the nurses and doctors I encountered didn't even realise they were not being person-centred. They were focusing on the job that needed to be done, not the patient (practice development principles 3, 5, 6 and 8). A series of tasks needed to be completed and the focus was on the outcome, not the process. But as we have learned through practice development, when we focus on the process, the outcome will look after itself. Meeting the needs of the patient, with their individual and varied requests, supports a relationship of wellness. This relationship ensures that a patient feels looked after, respected and cared for. As a patient who is also a healthcare provider, I knew what I wanted and what to ask for. But what about patients who are new to the system or who don't know what is possible or available? Who advocates for their care when nurses and physicians are striving to get tasks accomplished and to work through their lists?

My experience prompts me to remind practitioners to reflect on their care experiences. Do you listen to the patients for whom you are providing care? Do you spend time with them and ask how they would like to receive their care? How they would like to be treated? In an era of evidence-informed care and best practice, at a time when patient safety and quality matters, it is of the utmost importance that we take the time to reflect on our practices and our person-centred focus (practice development principle 9). I walk away from my experience as a patient knowing it will make a difference to my work as an educator, clinician and researcher. As an educator, I will strive to engage students in critical self-reflective processes; it is important to ensure that students are providing care that is informed by the best available research evidence, as well as based on the needs and expectations of the patients (practice development principle 1). As a clinician, I recognise that I have a responsibility to contribute to the workplace culture. Moreover, as a collective we have a responsibility to challenge the status quo and support a learning environment for change (practice development principle 7). Finally, as a researcher, I have always aimed to include the patient voice in our work. It is time to make sure that voice is truly heard.

Table 1: Principles of practice development (Manley, McCormack and Wilson, 2008)

Principle 1	Practice development aims to achieve person-centred and evidence-based care that is manifested through human flourishing and a workplace culture of effectiveness in all healthcare settings and situations
Principle 2	Practice development directs its attention at the micro-systems level – the level at which most healthcare is experienced and provided, but requires coherent support from interrelated mezzo- and macro-systems levels
Principle 3	Practice development integrates workbased learning with its focus on active learning and formal systems for enabling learning in the workplace to transform care
Principle 4	Practice development integrates and enables both the development of evidence from practice and the use of evidence in practice
Principle 5	Practice development integrates creativity with cognition in order to blend mind, heart and soul energies, enabling practitioners to free their thinking and allow opportunities for human flourishing to emerge
Principle 6	Practice development is a complex methodology that can be used across healthcare teams and interfaces to involve all internal and external stakeholders
Principle 7	Practice development uses key methods that are utilised according to the methodological principles being operationalised and the contextual characteristics of the programme of work
Principle 8	Practice development is associated with a set of processes including skilled facilitation that can be translated into a specific skillset required as near to the interface of care as possible
Principle 9	Practice development integrates evaluation approaches that are always inclusive, participative and collaborative

Reference

Manley, K., McCormack, B. and Wilson, V. (Eds.) (2008) *Practice Development in Nursing: International Perspectives*. Oxford: Blackwell.

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