Lesson 1: An Introduction to Person- and Family-Centered Care

- The Children’s Hospital of Philadelphia defines person- and family-centered care as a series of values or principles:
  - Dignity and Respect
  - Information Sharing
  - Participation
  - Collaboration
  - Access
  - Care Coordination
- Providing person- and family-centered care is also critical to creating an environment that fosters safety and quality of care.

Lesson 2: First Impressions

- When she was a child, Lauren Sampson created “Lauren’s List,” four simple rules for health care providers when they make their first impressions:
  - Please knock on my door.
  - Please introduce yourself.
  - Please explain why you are here.
  - Please tell me if something might hurt.
- Building on those rules, here are some basic behaviors that demonstrate dignity and respect:
  - Acknowledge the patient and family; make eye contact, ideally at the level of the patient and family.
  - Introduce yourself to the patient and family by the name you prefer to be called. Make sure your introduction includes your title and a description of your role. Avoid using medical jargon or titles that do not have value or meaning for patients and families.
  - Ask family members how they would like to be addressed and ask the patient or family if there are designated family members with whom the staff should communicate about the plan of care. Don’t make assumptions about the role of friends or family members and their access to information.
  - If possible, partner with the patient and family to decide the best time for a meeting, procedure, or discussion.
  - Be open, nonjudgmental, and accepting when patients and family members share their points of view.

Lesson 3: Privacy and Confidentiality

- Here are some essential behaviors providers need to practice to respect their patients’ privacy and confidentiality:
  - Use a hushed voice when speaking with patients and families or when sharing information in public areas.
  - When possible, find a private area for talking with patients and families.
  - Never discuss patient information in public areas – elevators, hallways, cafeterias, parking areas, or on the phone in a patient registration area.
Lesson 4: Culture and Belief Systems

- Here are some basic things you can do to show respect for the culture and belief systems of patients and families:
  o Avoid assumptions about a patient’s or family’s culture or beliefs.
  o Learn by asking patients and families about their culture and preferences.
  o Ask patients and families how you can help make them more comfortable.
  o Keep in mind that some patients and families may be reserved about expressing their needs, and that this may be cultural as well.
  o Refrain from placing judgment on beliefs and preferences that are different from your own.

- Here are some basic things you can do when you are caring for a patient and family whose primary language is not the language spoken in your setting:
  o For patients and families with limited English proficiency (or whatever the primary language spoken in your setting), ask them which language they prefer and offer the assistance of an interpreter, if available.
  o Before the conversation with the patient or family member begins, speak briefly with the interpreter to tell him or her what you hope to accomplish with the discussion, and give the interpreter a brief description of the patient’s situation. Position the interpreter to the side and slightly behind the patient or family member.
  o Introduce the interpreter to the patient and family members.
  o Look at the patient or family – not at the interpreter – when you speak so you can gauge their reaction to what you’re saying.
  o Use short sentences and avoid jargon.

Lesson 5: Creating and Restful Healing Environment

- Here are some basic things you can do to create a restful and healing environment for patients:
  o Think about how much noise you are making when the patient or family members are sleeping (either at night or during a nap).
  o When possible, bundle services that need to happen during the night, such as taking vital signs and administering pain medication, at the same time.
  o At night, use lighting judiciously so that you can safely provide care while limiting disruption to the patient.
  o Perform as many nonessential services as possible during waking hours – 6:00 AM to 9:00 PM. If you must enter a room after 9:00 PM, switch to your “silent mode” and perform the task as quietly as you can.
  o Take everything you need into a room when you enter to limit the number of times you open the door.