



Summary of Tweet Chat - Getting Evidence into Practice – Using Video

Date: 3rd April 2014, 8pm

Hosts: FoNS - Jo Odell, Theresa Shaw, Kate Sanders

On the 3rd April 2014 FoNS hosted its latest tweet chat. This tweet chat used a video as a form of clinical evidence to help nurses and healthcare teams think about person centred practice. The video from Professor Jan Dewing at the England Centre for Practice Development at Canterbury Christ Church University, discussed practical ways to identify person centred practice and how to work in this way.

FoNS and the England School for Practice Development are also partners in the International Practice Development Collaborative (IPDC).

You can find the video here: <http://www.youtube.com/watch?v=s4212TVXkO8>

114 participants took part in the chat, including several patient representatives *'The patient here lurking in bay 2 bed 2 hoping nurses' task lists include discussing my person centred care plan'*

At the beginning, the discussion focused on what had resonated with people in relation to their own experiences and the video. Below is a sample of what people tweeted

- *A helpful intro. Liked the emphasis on values and cultures and checklist to look for at the end*
- *I thought it was good - made me think on a few levels*
- *Enjoyed hearing about complex nursing care frameworks then current policy drivers*
- *Video highly resonated - this is everything we are taught in university and see in practice too - but not always*
- *Summarised a tangible shift in practice from condition specific to person specific language. Reinforced values and standards*
- *A useful reminder of the importance of values and beliefs and part of culture*
- *I liked the mindful suggestions in the video - Stop, pause and ask*

The remaining discussion had two main themes running through it, namely *Evidence* and *Person Centred Care*. The speed of the discussion was so fast on the day that it was difficult to identify these themes at the time, only on reading and analysing the transcript did they emerge.

Evidence

This part of the discussion focused on what constituted evidence, how to recognise other forms of evidence particularly patient and clinical experience, but also how to recognise whether a piece of evidence is valid in its own right.

A sample of tweets:

- *At risk of sounding stupid I wouldn't immediately recognise this video as evidence*
- *I saw it as a way of sharing evidence rather than evidence itself*
- *Surely this sort of account can be classed as evidence?*
- *Yes clinical experience? Had not thought of it until now*
- *Would you question if it was written in the BMJ? Surely it's like an audio visual journal article?*
- *It supports the telling of story by person with condition, his/her hopes, aspirations, fears*
- *The same rules apply on critiquing a video or podcast as a written article. So is the spoken word less evidence than the written word? Opened my eyes!*
- *Does challenge the traditional view of evidence only coming from peer reviewed journals*

- *Do we think about validity of evidence in nursing?*
- *The spoken word is more difficult to evidence BUT the patient voice is IT*
- *You can now reference tweets in academic papers and use as CPD*
- *How do you prove validity?*
- *Evidence is graded by NICE. Look at their methodology e.g. Multi-centred RCT vs expert opinion*
- *Are the right things captured? The key things that have improved my family's care have mostly gone unmeasured I guess*
- *In practice, knowledge is situated and validity check may be less conscious - depends on what counts as evidence!*
- *Tweet chats are helping get the message out there to help Person Centred Practice*
- *And no book/ lecture can tell you what the experience is like better than the person in front of you*

Finally Jo Rycroft Malone tweeted:

- *Experience of patients and practitioners plus research and local context info melded together - that's what counts as evidence*

Person Centred Care

This theme took up the largest part of the discussion and the greatest number of tweets. The discussion focused on the following issues:

What is Person Centred Care (PCC)?

- *PCC - respect and holism - power and empowerment - choice and autonomy - empathy and compassion*
- *Person centred practice is very important but not always witnessed in practice*
- *Person centred care, shared understanding rethink your role as a professional*
- *What would we want as patients?*
- *Does PCC lead to better outcomes? More engaged patients? Is the language important? I know it's important to me*
- *To be truly patient centred we should ask each patient if they want to be at the centre*
- *I am the patient, the person, an individual at the centre of your care. I am not 'the hernia' or the 'bay 2 bed 4'*
- *Relatives are essential to PCC as they know the loved one best e.g. dementia care*
- *How do we achieve PCC in areas where people are unable to participate in care or where safety comes first?*
- *But different people want different things and no two people's experiences of ill health are the same*

How was this affected by power differentials between patients and healthcare professionals (HCP)?

- *If every person has the potential to be a patient then surely as a human being we all have the potential to be disempowered?*
- *How does empowerment happen for everyone in a world where there are unequal resources and power?*
- *What's the evidence base? Do patients want to be the centre or do people want to lead their own health and well being?*
- *Giving the knowledge/power to patients and families*
- *Each person is different and will want a different relationship/role in their own well being*
- *Depends on how able patients feel to take control of their own conditions*
- *Moving from paternalistic 'doing to' toward collaborative 'working with' requires re-evaluation of our beliefs*
- *A passive recipient of care? On the terms of the staff?*
- *Ask what is important to you?*

- *The sociological role that permits helplessness and diminished responsibility - well documented*
- *Issue of power transfer and their associated models are equally important as models of participation. Should both be considered?*
- *Agree - person centredness promotes inclusive partnerships between nurses and persons*
- *Equality is an immensely complex concept = all equal but some more equal than others*
- *People under legislation have the right to make 'unwise' decisions*
- *I think there should be individualised care, some people [patients] want to lead, others want to be led, but the choice is theirs*
- *Are there right choices?*
- *Don't have to agree with [patients'] decisions, but have to respect right to choose*

People vs patients:

- *Person or patient - whatever constructed identity and label they visualise themselves as*
- *No we want to be heard, be informed, know our next steps, explain our care and meds, our needs as an individual*
- *There is a distinction between person centred and patient centred. I think we need person centred - treatment and care in context of whole life*
- *We are all patients and all persons*
- *It's about removing labels, I'm David first, patient with diabetes second*
- *From a Learning Disability perspective PCC works well when done properly, with the person, not just for them, helps them find their voice*
- *So person centred care aims to ensure a person is an equal partner in their healthcare. True and false!*
- *I would suggest that we are people who may, at times in our life, need others to care for us*

Caring for each other as colleagues:

- *Do we support each other?*
- *Teams valuing time out to get to know each other to share experiences and reflect*
- *For culture shift nurses must of course remember to apply PCC to one another in practice*

Patients as experts:

- *Sometimes service users have more clinical knowledge/knowledge base!*
- *When do we ask on our initial assessment 'how much do you know about your condition'?*
- *The greatest expert in an individual is the person themselves (or family/carer)*
- *I'm not sure I would call myself the expert just another source of information*
- *Dare I ask who is more expert on you than you?*
- *But do nurses also feel their knowledge is exposed when conversing with patients with extensive knowledge?*

Whether custom and ritual helped or hindered:

- *Custom, ritual, culture can have a nasty way of creeping up on healthcare professionals and standards can slip. Refresh of values vital*
- *Have a fondness for ritual? Remember salt in the bath?*

In conclusion

Towards the end of the discussion participants were asked to tweet what they would take away from the discussion. Below is a selection of tweets.

- *Listen very carefully and develop a shared understanding*
- *Be more mindful, listen to language both mine and others*
- *Evidence may not always be clear cut and lack quantitative data but does that means it's not valid?*

- *Hierarchies of evidence are not helpful in the reality of 'in the moment' decision making*
- *It's all about good communication between HCP and patients*
- *It's about time we stopped and looked at how PCC is driven by the patient and their voice*
- *Not without me, about me*
- *We have to be mindful that care is a multi-relational process with people*
- *The world is changing, journals are not the only form of evidence*
- *Not all innovations have as it's too new. Good job we try it anyway*
- *Be open/accept evidence from a rich variety of sources, embrace diversity of views, welcome challenge to deliver best PCC*
- *But what if 'the patient had the tools in their own hands, would that reduce your time'?*
- *I know I don't know everything and I am sure most HCPs don't know everything*
- *Aren't we also creating evidence through this discussion?*
- *The day you think you know everything is the day you need to worry*

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