

Training requirements for student placements

Consumer Engagement learning module – Transcript

December 2015

Slide 1

Welcome to this learning module on Consumer Engagement.

Slide 2 – Learning Objectives

Welcome to this learning module on consumer engagement and cultural and linguistic diversity.

At the end of this module, you should be able to:

- Describe the concept of consumer engagement and how it applies to allied health professionals and students
- Understand the implications of cultural and linguistic diversity amongst staff, students and consumers.

Slide 3 – What is Consumer engagement?

- The phrase 'consumer engagement' is short hand for the process of involving consumers, carers and the general community in the planning, delivery and evaluation of health services.
- This process involves much more than just asking health service consumers what they thought of their treatment and requires careful and strategic planning and thinking to ensure that the process is valuable and productive for all stakeholders involved.
- Consumer, carer and community engagement is the process by which the aspirations, concerns, needs and values of citizens and communities are incorporated in government, non-government and private sector decision-making, planning service delivery and evaluation.

Slide 4 – What does engagement mean?

Consumer and community engagement means building meaningful connections between government, communities and citizens. Through engagement, people are encouraged and supported to contribute to the development of health policies, programs, services and projects. Engagement allows people to have their say and get involved in the processes of developing, delivering and evaluating health services. Engagement extends beyond informing the public, to enabling the public to have access to the decision making process.

Slide 5 – Who is a health consumer?

The definition of a health consumer is much wider than inclusion of a patient. A health consumer can be a patient but can also be a family member, carer, community member or resident in an aged care or other facility. Treating only the patient in isolation from consideration of their support systems and environmental factors is reductionist.

Slide 6 – Partnering with consumers

On the right of the slide you will see a symbol taken from the Australian Commission on Safety and Quality in Healthcare website. This symbolises 'Partnering with consumers' which is the second of ten standards set out by the Australian Commission on Safety and Quality in Healthcare.

To partner with consumers, you should provide care at which they are 'at the centre'.

Consumer or patient-centred care is healthcare that is respectful of, and responsive to, the preferences, needs and values of patients and consumers.

It is a holistic approach which acknowledges that we are treating the whole person. The term consumer and patient are sometimes used interchangeably. It is important to ask the patient or consumer, which term they would prefer.

Consumer-centred care should be practiced at all times as there is evidence that it can lead to improvements in health care quality and outcomes by increasing safety, cost effectiveness and patient, family and staff satisfaction.

Slide 7 – Benefits of consumer-centred care

Other demonstrated benefits of consumer-centred care include:

- Decreased mortality
- Decreased readmission rates
- Decreased rates of healthcare acquired infections
- Reduced length of stay
- Improved adherence to treatment regimens and
- Improved functional status.

Slide 8 – Four core concepts for person-centred care

The institute for patient and family-centred care identifies 4 core concepts:

1. Respect and dignity – staff listen to and honour patient and family perspectives and choices, and incorporate their collective knowledge, values, beliefs and cultural backgrounds into planning and delivery of care.
2. Information sharing – staff communicate and share timely, complete, and accurate information so that patients and families can effectively participate in care and decision-making.
3. Participation – staff encourage and support patients and families at their level of choice when making decisions about their healthcare, and

4. Collaboration - staff collaborate with patients and families in policy and program development, implementation and evaluation; in health care facility design; and in professional education, as well as in the delivery of care.

Slide 9 – How does this apply to you?

You should apply consumer-centred care at all times. Some examples include when you are:

- Developing a new service
- Goal setting with a patient
- Creating a treatment plan with a consumer, and
- During clinical handover

So when considering how to engage the consumer, ask yourself some questions such as:

1. How have you included that consumer's preferences in the plan?
2. How are you ensuring that their preferences are heard in clinical handover or in case conferences?
3. How are consumers incorporated into the planning as well as the managing of the new service?
4. What bio-psycho-social elements may impact upon the consumer being able to manage your goal-setting?

Slide 10 – Cultural diversity

When engaging with consumers we must recognise that Queensland and Australia have a culturally and linguistically diverse population with a range of needs. All consumers deserve the right to receive fair and equitable services that are of a high quality.

However, Aboriginal and Torres Strait Islander people have a poorer health profile and lower life expectancy than other Australians due to lower socio-economic conditions, poor nutrition, substance abuse, environmental impacts and the remoteness of communities.

Slide 11 – Aboriginal and Torres Strait Islander health resources

There are many documents and websites available for further information that can help you to provide culturally appropriate health services to consumers and communities. This slide provides examples of key websites you may like to explore.

Slide 12 – Impact of culture and language on health care

- There is a clear association between cultural and language barriers in health care settings resulting in miscommunication, higher rates of unnecessary diagnostic testing, higher rates of medication incidents and errors, higher use of resources and lower rates of attendance and admission to hospitals.

- Health professionals need to be skilled to bridge the cultural divide and provide culturally competent care in order to remove potential risks and negative consequences to consumers.
- The following factors impact on the health and illness experiences of all consumers, but are particularly pertinent for consumers from culturally and linguistically diverse backgrounds:
 - Language and communication styles
 - Explanatory models of health and illness
 - Knowledge and familiarity with health system and procedures within health services
 - Use and belief in medicines including traditional medicines
 - Spirituality and religion
 - Family and community
 - Gender and modesty
 - Diet and food preferences/restrictions
 - Pain and disability
 - Impact of trauma on expression of illness and distress (e.g. refugees).

Slide 13 – Cultural competence

‘Cultural competence’ refers to the awareness, knowledge, skills and congruent behaviours needed by practitioners in order to bridge the cultural divide.

Queensland Health has identified 5 Cross Cultural Capabilities that staff need to be able to provide culturally competent care in:

1. Self-reflection
2. Cultural understanding
3. Context
4. Communication, and
5. Collaboration.

Slide 14 – What can I do?

Some helpful guidelines to follow when engaging with any individual are:

- Speak clearly and simply without being simplistic or patronising
- Clarify meaning: both yours and others
- Be aware of your own non-verbal behaviour and the way you interpret that of others
- Monitor your own style and the way you respond to difference
- Relate to others as individuals, recognising similarities rather than only differences
- Ensure you understand your consumers living arrangements, relationships and accessibility to health services.

Slide 15 – Using a professional interpreter

All Queensland Hospital and Health Service consumers have a right to an interpreter at no charge to them. If a consumer is assessed to have inadequate English proficiency, or is hearing impaired and communicates using sign language, Queensland Health staff must engage a professional interpreter. Queensland Health provides a state-wide interpreter service that can supply on-site, telephone and video remote interpreters in more than 130 languages, including Auslan.

Accredited/ recognised interpreters should be used. The specific health care events where interpreters should be engaged include key phases of care such as:

- admission/ intake
- interviews to establish clinical histories
- assessments, diagnosis and development of treatment plans
- discussions seeking consent for surgery, invasive procedures, investigation, treatment and research
- pre-operative and post-operative instructions
- informing people of results of investigations and procedures
- providing information about medications, and
- discharge procedures and referrals.

Slide 16 – Alternate interpreters

It is strongly recommended that you use a professional, accredited or recognised interpreter rather than family members or friends. However, in emergencies, it may be possible to enlist the help of a bilingual health professional. It is Queensland Health policy to never use children (under 18 years) to interpret under any circumstances.

Slide 17 – Consumers with a hearing impairment

In Australia, the deaf community mainly communicates using Auslan or Australian sign language, which has a unique grammar and precise hand shapes, facial expressions and body movements to convey information. Finger spelling is used where no sign exists, such as for names of places or people.

It is recommended that wherever possible you should use a qualified sign language interpreter to assist with communication. Auslan interpreters are booked through the [Queensland Health Interpreter Service](#).

Communication strategies can be used with consumers with a hearing impairment, for example

- Gain attention - Call the person by name and/or gently touch their arm or shoulder. Vibrations such as tapping on a table may be used to gain attention in a social context.
- Face each other - Hearing impaired and deaf people need to see your face clearly to gain help from facial expressions and to speech read. Maintain the same eye level e.g. sit if the person is sitting and keep eye contact. Avoid shadows on your face and habits such as pencil chewing and putting hands in front of the face.

- Avoid background noise - If possible withdraw to a quiet area or reduce noise. Televisions, radios and people talking in the background may interfere with the person's ability to understand.
- Reduce the distance - The level of voice decreases over distance. Standing within one (1) metre of the person is recommended.
- Optimise lighting - Good lighting can assist speech reading ability.
- Speak clearly - Speak at a normal or slightly slower pace and keep your volume up but natural. Do not shout or exaggerate words as speech and lip movements are distorted. Be aware that beards and moustaches may impede speech reading.
- State the subject - Let the person know the subject of the conversation and cue in to any change of topic.
- Check for understanding - Ask for feedback to check for understanding of what has been said. Use open-ended questions rather than yes or no questions. Remember that smiling and nodding does not confirm understanding.
- Repeat, rephrase or write down key messages to assist communication - Make use of diagrams and handouts.
- Use facial and body expression - It is okay to point. Do not use exaggerated mime.
- Check hearing aids are working - If you are based in a hospital and are unsure, contact audiology for assistance. If the person wears glasses, check they are worn to assist speech reading.

Aboriginal or Torres Strait Islander Deaf clients may require the use of an Indigenous Deaf Relay Interpreter (IDRI) in addition to an Auslan interpreter.

Slide 18 – Consumers with a vision impairment

- Identify yourself - don't assume the person will recognise you by your voice.
- Speak naturally and clearly - loss of eyesight does not necessarily mean a loss of hearing. If your client/ patient also has a hearing impairment, combine these communication strategies with the good communication strategies mentioned previously.
- Continue to use body language - this will affect the tone of your voice and give a lot of extra information to the person who is vision impaired.
- Use everyday language - don't avoid words like 'see' or 'look', or talking about everyday activities such as watching TV or videos.
- In a group situation - introduce the other people present.
- Name the person - when introducing yourself or when directing conversation to them in a group situation.
- Never channel conversation through a third person.
- Never leave a conversation with a person without saying so.
- Use accurate and specific language when giving directions - such as 'the door is on your left' rather than 'the door is over there'.
- Avoid situations where there is competing noise.
- Always ask first to check if help is needed.

- Avoid accidents by always replacing all of the person's belongings where they were left.
- And lastly, always ensure any paperwork is read to the person and they understand before they sign it.

Slide 19 – Quiz

Question 1:

Consumer engagement refers to the process of involving consumers, carers and the general community in the planning, delivery and evaluation of health services.

True or False

Slide 20 – Quiz

Question 2:

Consumer-centred care is:

- a) respectful of, and responsive to, the preferences, needs and values of patients and consumers
- b) a holistic approach which acknowledges that we are treating the whole person
- c) when allied health staff form a circle around a patient
- d) a) and b)

Slide 21 – Quiz

Question 3:

Behaviours which can help to bridge the cultural divide when communicating include:

- a) Self-reflection
- b) Cultural understanding
- c) Context
- d) Communication
- e) Collaboration
- f) All of the above

Slide 22 – Quiz

Question 4:

Communication strategies that may be useful when engaging with a person with a hearing impairment include:

- a) Shout loudly
- b) Gain Attention
- c) Check for understanding

d) Face Each Other

e) b), c) and d)

Slide 23 – Useful links

Slide 24 – Resources and tools