PFCC Interview Questions

| | 3 Exceptional | 2 Good | 1 Satisfactory | 0 Unsatisfactory |

PFCC Dimension 4: Demonstrates collaborative orientation to working with patients and families

Q4: How do you create a plan of care for your patient?

	3	2	1	0
a. Views patient as an essential partner in decision-making.	3	2	1	0
b. Reflects belief that patients and families are competent and capable of helping with their own care.	3	2	1	0
c. Knows and incorporates patient's goals.	3	2	1	0

PFCC Dimension 5: Ability to manage conflict

Q5: Tell us about a time when you had a conflict with a patient over their plan of care. How did you resolve the conflict?

	3	2	1	0
a. Asks about patient's point of view.	3	2	1	0
b. Respects patient's preferences.	3	2	1	0
c. Respectfully describes different points of view.	3	2	1	0
d. Recognizes the dynamics that factor into different perspectives.	3	2	1	0

PFCC Dimension 6: Recognition of and respect for differing value systems and the ability to build a professional relationship that transcends individual value systems

Q6: Tell us about a time you established a professional relationship with a patient whose value system was different from your own. How did you accomplish this?

	3	2	1	0
a. Nonjudgmental approach.	3	2	1	0
b. Recognizes that own values impact decision-making.	3	2	1	0
c. Respectfully describes different values and points of view.	3	2	1	0

PFCC Dimension 7: Communication skills demonstrated during interview

	3	2	1	0
Body Language: Conveys openness and nonjudgment; leans in to listen; eye contact present and appropriate throughout interview; facial expression neutral or warm; expressions match emotional context of what is being shared.	3	2	1	0
Verbal Language: Uses non-technical language and accessible vocabulary.	3	2	1	0

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Holistic Rubric for Patient and Family Centered Care

Scoring Scale: 3 2 1 0

3: Exceptional (Thoroughly present)

- Responses reflect a **strong belief** that patient and family needs and wishes must be **actively solicited and engaged**, and their **preferences must be the center of the care plan**.
- Care is viewed as a **collaboration** between patients, their families, and providers, and language shows this orientation, such that the spirit of the patient-provider relationship is "**us**" and "**we**" (vs. "**they.**") Furthermore, the care experience is **always viewed and described as *with* patients and families (vs. care provided "for" or "to").**
- Unwavering respect for patient and family strengths, cultural uniqueness, resources, and abilities pervades responses.
- This individual seems naturally empathetic and valuing of patient and family perspectives, and answers affirm a **strong commitment to furthering the practice of patient and family centered care.**

2: Good (Moderately present)

- Answer reflects the **belief** that patient and family needs and wishes matter in the care experience, and patient and family are **actively solicited and engaged when making care decisions**.
- This individual advocates that he or she views the patient-provider relationship as collaborative, and language **describing this relationship is consistently "with," and rarely "to" or "for" patients and families**.
- This individual seems naturally empathetic and valuing of patient and family perspectives, and response shows a **thoughtful awareness of, and a desire to practice, patient and family centered care.**

1: Satisfactory (Minimally present)

- Answer reflects the belief that patient and family needs and wishes matter in the care experience, and patients and families are asked their care preferences when making care decisions.
- Respondent has ideas for ways to work with patients and families, but does not view the provider-patient relationship as fundamentally collaborative. (Language reflects this belief; the care experience is sometimes described in terms of "with" and sometimes as "for" or "to" patients and families).
- However, the response showed respect and openness to the patient and family perspective and it seems that this individual would be a caring provider.

0: Unsatisfactory (Absent)

- Answer reflects the **belief that providers should make all of the care decisions**; patient and family needs and wishes are secondary to "professional" decisions.
- Language reflects this orientation, and the **patient-provider relationship is characterized by "I" and "they," or "to" and "for."**
- Patient and family centered care does not appear to be a value of this respondent.

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Tool G: University of Washington Medical Center's MD Coach Observation Points

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UWMC MD Coach Observation Points: July 2008

Case ID: M   F   Age   Admit Date

#	Item	Yes	No	NA
1	**ID Badges:** ID badges are worn above the waist & clearly visible to patients, staff, and visitors at all times	Yes	No	
2	**HIPAA Privacy Standards:** HIPAA patient privacy standards are adhered to at all times.	Yes	No	
3	**Patient & Family-Centered Care**	Yes	No	NA
	Members of the patient care team are introduced to the patient and family.			
	The roles & responsibilities of team members are explained to the patient & family.			
	The patient and family are offered a means to contact their patient care team.			
	The patient is asked who he/she wants included in discussions and decisions about the plan of care.			
	Diagnoses and care plan options are explained in terms that the patient and family can understand.			
	The patient and designated family are actively involved in deciding which care options to implement.			
	Team members demonstrate tact, diplomacy, & compassion; they treat patients & family respectfully			
	Team members protect the patient's modesty and dignity.			
	In collaboration with the patient and family, the team identifies and addresses the patient's psychosocial, cultural, religious and spiritual needs.			
4	**Appropriate Use of Interpreters**	Yes	No	NA
	Interpreters are used when communicating with patients whose primary language is not spoken English.			
5	**Hand Hygiene**	Yes	No	
	Before and after each contact with a patient or the patient's immediate environment, team members cleanse their hands for 15 seconds with an alcohol-based gel or wash their hands for 15 seconds with soap & water.			
6	**Infection Control Measures**	Yes	No	NA
	Team members consistently observe Standard precautions			
	Team members correctly implement transmission-based precautions: Contact Precautions, Special Contact Precautions, Droplet Precautions, Airborne Precautions.			
	Team members correctly put on, take off, and dispose of personal protective equipment (gowns, gloves, masks, eye shields, and respirators).			
	If team members handle personal electronic equipment (e.g., pagers, cell phones) or other potential formites, they perform hand hygiene before touching the patient or the patient's immediate environment.			
	Team members practice cough and sneeze etiquette.			
7	**Wound Care/Dressing Changes**	Yes	No	NA
	When performing wound care/dressing changes, team members maintain aseptic technique.			
	1 Explain procedure to the patient			
	2 Wash/gel hands before commencing wound care/dressing change			
	3 Don nonsterile gloves			
	4 Remove dressings and discard them appropriately			
	5 Remove glove; wash/gel hands			
	6 Don a second pair of nonsterile gloves			
	7 Complete wound care/dressing change			
	8 Remove gloves, discard them appropriately, wash/gel hands			