

Institution: University of Wolverhampton		
Unit of Assessment: 3 Allied Health, Dentistry, Nursing and Pharmacy		
Title of case study: Enhancing person-centred care through improving clinical communication		
Period when the underpinning research was undertaken: 2014 - 2020		
Details of staff conducting the underpinning research from the submitting unit:		
Name(s):	Role(s) (e.g. job title):	Period(s) employed by submitting HEI:
Professor Rebecca Jester Dr Mary Drozd Dr Darren Chadwick Professor Dariusz Galasinski	Professor in Nursing Senior Lecturer in Nursing Reader in Applied Psychology Professor of Discourse and Cultural Studies	2017 - Present 2004 - Present 2010 - Present 1992 - 2020
Period when the claimed impact occurred: 2014 - 2020		
Is this case study continued from a case study submitted in 2014? N		
1. Summary of the impact <p>Researchers at the University of Wolverhampton are committed to improving clinical communication, shared decision making (SDM), person-centred care (PCC), and the relationship between these. Key achievements include improving quality of life of people with learning disabilities, accomplished through substantial contributions to a Royal College of Nursing (RCN) competency framework for orthopaedic practitioners and to Public Health England guidance on effective oral care for people with learning disabilities. Our research has also been incorporated into NICE guidelines on SDM. In addition, the research has contributed to the creation of an innovative leg ulcer consultation template, which has formed an integral component of the Manchester University NHS Foundation Trust Leg Ulcer Pathway and has been included in recommendations from the Leg Club Foundation.</p>		
2. Underpinning research <p>For the past 6 years, a group of researchers at University of Wolverhampton has conducted impactful research, using innovative and inclusive investigative approaches aimed at improving PCC by facilitating communication and SDM between clinicians and patients. Our approach translates findings into practical tools to support clinicians to achieve effective communication and SDM with patients. We have aimed to include groups of people who are often disadvantaged in terms of articulating their needs and problems in health care, including those with learning disabilities. Four significant findings [F] have arisen from this research:</p> <p><u>F1. Orthopaedic and trauma hospital experiences of people with learning disabilities</u></p> <p>Adults with a learning disability sustain more injuries, falls and accidents than the general population. However, the experiences of people with learning disabilities in orthopaedic and trauma hospital settings have been historically under-researched. In-depth interviews using individually adapted approaches were conducted with patient participants and a carer, and these highlighted major issues and challenges that had not been recognised previously. Key findings from the study included a significant lack of essential, recommended PCC, and a lack of valid, adapted pain assessment and absence of adequate pain management. Furthermore, a lack of confidence in hospital care and distrust in the competence of hospital staff existed and participants experienced isolation and loneliness [R1, R2].</p>		

F2. Promoting oral healthcare in people with learning disabilities.

People with a learning disability often have inequitable access to, and experience of, health care services, including dental care. A survey of 372 adults with learning disabilities and their caregivers identified key issues associated with communication about maintaining adequate oral healthcare in this group. The study highlighted the complexity of providing daily care, the need to individualise support around oral healthcare, and the potential repercussions and consequences of failure to engage in oral healthcare in order to reduce social inequity and disadvantage [R3].

F3. Consulting with patients with chronic leg ulcers

Consultations between people with chronic leg ulcers and clinicians have largely focused on wound healing rather than adopting a holistic person-centred approach including addressing patients' concerns and symptoms. In collaboration with Keele University, a project was conducted with the aim of providing an easy-to-use holistic tool for achieving effective consultations with leg ulcer patients. The study elicited patients' experiences of living with chronic leg ulcers through individual in-depth interviews and observations of their leg ulcer consultations with District Nurses [R4]. These demonstrated that patients endure unmanaged symptoms such as pain, exudate and odour that negatively impacts on their quality of life, and clinicians often fail to address these concerns [R4]. To improve these consultations, an innovative Leg Ulcer Consultation Template (LUCT) was developed with input from the patient participants, highlighting key steps and questions which should be asked in a leg ulcer consultation [R5]. This template is the first clinically proven tool for such a purpose.

F4. Discourse analysis and the three-talk model

The benefits of SDM between patients and clinicians are well-documented. However, SDM necessitates shifts in the power and control of interactions between patients and clinicians. Making these shifts is challenging for both parties and this was the impetus for the multi-institution collaborative project to revise the innovative 'three-talk model' for learning how to achieve SDM [R6]. This model portrays the key steps of how best to engage patients in making decisions about their treatment. The revised model uses the core principles of SDM, and proposes easy to use conversational steps for clinicians to use with their patients. The contribution of Galasinski was to design the linguistic form of the model and the suggested questions for the clinicians to use when involved in SDM. This discourse analytic insight facilitated an evidence-based approach to clinical communication, both in SDM aids as well as clinician-patient consultations.

3. References to the research

All papers have gone through a stringent double-blind peer review process.

R1. Drozd, M., Chadwick, D. & Jester, R. (2020). A cross-case comparison of the trauma and orthopaedic hospital experiences of adults with intellectual disabilities using interpretive phenomenological analysis. *Nursing Open*. <https://doi.org/10.1002/nop2.693>. (REF 2 Output).

R2. Drozd, M., Chadwick, D. & Jester, R. (2020). The voices of people with an intellectual disability and a carer about orthopaedic and trauma hospital care in the UK: An Interpretative phenomenological study. *International Journal of Orthopaedic and Trauma Nursing*. <https://doi.org/10.1016/j.ijotn.2020.100831>.

R3. Chadwick D., Chapman M. & Davies G. (2018). Factors affecting access to daily oral and dental care among adults with intellectual disabilities. *Journal of Applied Research Intellectual Disabilities*, 31(3), 379-394. <https://doi.org/10.1111/jar.12415>.

R4. Green, J., Jester, R., McKinley, R., Pooler, A. (2018). Chronic Venous Leg Ulcers. Putting the Patient at the heart of leg ulcer care. Part 1: Exploring the consultation. *Community Wound Care*, 23(Sup3), S30-S38. <https://doi.org/10.12968/bjcn.2018.23.Sup3.S30>.

R5. Green, J., Jester, R., McKinley, R., Pooler, A. (2018). Chronic venous leg ulcer care. Putting the patient at the heart of leg ulcer care. Part 2: Development and evaluation of the consultation

template. *Community Wound Care*, 23(Sup6), S20-S30.
<https://doi.org/10.12968/bjcn.2018.23.Sup6.S20>. (REF 2 Output).

R6. Elwyn, G., Durand, M.A., Song, J., Aarts, J., Barr, P.J., Berger, Z., Cochran, N., Frosch, D., Galasinski, D., Gulbrandsen, P., Han, P.K.J., Harter, M., Kinnersley, P., Lloyd, A., Mishra, M., Perestelo-Perez, P., Scholl, I., Tomori, K., Trevena, L., Witterman, H.O. & Van der Weijden, T. (2017). A three-talk model for shared decision making: multistage consultation process. *BMJ*, 359:j4891. <https://doi.org/10.1136/bmj.j4891>. (REF 2 Output).

4. Details of the impact

Our research directly impacted on a range of policies and guidelines from major UK health organisations, and consequently influenced the practice of clinicians and other health professionals for the benefit of patients.

I1. Impacts on health organisation best practice in relation to benefiting people with learning difficulties

The research findings [F1] were used to underpin new competencies related to person-centred care and communication with people with learning disabilities in the revised 2019 National Competency Framework [C1]. The document, published by the RCN and distributed to their 45,000 members, influences the practice of orthopaedic and trauma practitioners working across the NHS and independent sectors. It is the first and only clinical competency document published to aid orthopaedic and trauma nurses' best practice when working with people with learning disabilities. In a letter sent in July 2020, the Chair of the RCN highlighted the framework as of "importance to practitioners and educators in guiding practice, lifelong learning and ultimately safe and effective patient care" and indicated that the framework was "user friendly, easy to follow and useful to improve practice" [C2].

As with the competency guidelines above, the 2019 Public Health Guidelines for achieving effective oral care with those with learning difficulties represent the only government endorsed clinical guidelines available to UK dentists on this subject [C3]. The findings from the survey study [F2] were used to improve the guidelines, particularly with regard to training staff in how to engage those with learning difficulties in more effective oral healthcare. These guidelines are used by dental practitioners across the country to improve their working practices.

I2. Creation of an innovative tool to benefit leg ulcer patients

The Leg Ulcer Consultation Template (LUCT) [F3] was developed from the research findings to improve consultations between leg ulcer patients and clinicians. The template aids clinicians to adopt holistic approaches to consultations and optimise SDM with patients [C4]. Endorsed by the RCN, the template was evaluated by district nurses who found it had good utility and promoted a patient focus to care [C4]. It has been implemented across 10 Community Trusts in the UK and used in thousands of patient consultations each year to support clinicians to holistically assess the impact of leg ulcers on their patients' quality of life. The National Institute for Health and Care Excellence (NICE) have recently recommended the template, within the Manchester Leg Ulcer Pathway, as good practice documentation [C5]. The Manchester University NHS Foundation Trust Leg Ulcer Pathway cites the research under Evidence Based Practice and includes the LUCT within the pathway [C5]. In 2019, The Leg Club Foundation, an international charity of social lower limb care clubs with over 14,000 members, distributed the LUCT to all 44 Leg Clubs in the UK [C6]. Feedback from the President of the Foundation indicated that the clinical teams and members found the template to be an "excellent option for improving the communication barriers that are often present in clinical consultations", with feedback from members including that the checklist was "straight-forward", "relevant", "informative" and a "wonderful idea" [C6].

I3. Improving shared decision making best practice for clinicians

The three-talk model [F4] has been used by NICE in its guidelines for SDM [C7]. It considered the updated version of the three-talk model as useful in providing a conceptual framework for SDM and helping develop clinicians' skills, and presented the model on a full page of the document

(Figure 1, Page 5) [C7]. The model is recommended by Scotland's Chief Medical Officer, in the 72-page report 'Practising Realistic Medicine (2018) [C8], highlighting the flexibility of the model for recognising "the different levels of participation and support that people may want to have in the decision making process" [C8]. Furthermore, it forms part of the foundation for SDM advice from the Agency for Clinical Innovation in Australia [C9].

The American Hospital Association (with nearly 5,000 hospitals, health care systems, networks, other providers of care and 43,000 members) implemented training of SDM based on the model [C10]. In the UK, the Centre for Pharmacy Postgraduate Education has already incorporated the model into its teaching [C11]. In addition, the model is recommended by the Centre for Perioperative Care, a multidisciplinary initiative led by the Royal College of Anaesthetists to facilitate cross-organisational working on perioperative care for patient benefit [C12]. It has also been adopted by the Josiah Macy Jr. Foundation, a US foundation dedicated to improving the education of health professionals [C13]. In all, the three-talk model is being used widely across the globe, indicating huge potential benefits for patients through enhanced participation in consultation and decision making regarding their treatments.

5. Sources to corroborate the impact

C1. RCN 'A Competence Framework for Orthopaedic and Trauma Practitioners' - <https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2019/may/007-036.pdf?la=en>

C2. Testimonial from the Chair of the Royal College of Nursing.

C3. Government guidance for the oral care of people with intellectual disabilities - <https://www.gov.uk/government/publications/oral-care-and-people-with-learning-disabilities/oral-care-and-people-with-learning-disabilities>

C4. Leg Ulcer Consultation Template - <https://www.england.nhs.uk/publication/chronic-venous-leg-ulcer-care-putting-the-patient-at-the-heart-of-leg-ulcer-care-part-2-development-and-evaluation-of-the-consultation-template/>

C5. Manchester University NHS Foundation Trust Leg Ulcer Pathway - <https://www.nice.org.uk/guidance/mtg42/resources/manchester-university-nhs-foundation-trust-leg-ulcer-care-pathway-pdf-6718514511>

C6. Testimonial from the Life President of The Leg Club Foundation.

C7. NICE Guidelines on Shared Decision Making - <https://www.nice.org.uk/advice/ktt23/resources/shared-decision-making-pdf-58758011521477>

C8. Scotland CMO report - <https://www.gov.scot/publications/practising-realistic-medicine/pages/4/>

C9. Australian Agency for Clinical Innovation advice - <https://aci.health.nsw.gov.au/resources/primary-health/consumer-enablement/guide/how-to-support-enablement/shared-decision-making>

C10. American Hospital Association webpage - <https://trustees.aha.org/performanceimprovement/articles/getting-strategic-about-shared-decision-making>

C11. Centre for Pharmacy Postgraduate Education webpage - <https://www.sps.nhs.uk/wp-content/uploads/2019/11/6-SDM-CPPE-L-Grimes.pdf>

C12. Centre for Perioperative Care webpage - <https://cpoc.org.uk/shared-decision-making>

C13. Josiah Macy Jr. Foundation webpage - <https://macyfoundation.org/stories/integrating-shared-decision-making-and-interprofessional-education>