

# Person-Centered Care (PCC) at Utah State University (USU) Student Learning Guide

## What is PCC?

“Person- and family-centered care is a collaborative approach to the planning, delivery, and evaluation of clinical services. It is grounded in the mutually beneficial partnership among individuals served, families, and providers. Each party is equally important in the relationship, and each party respects the knowledge, skills, and experiences that others have to share” (Baas, 2012; Institute for Patient- and Family-Centered Care).

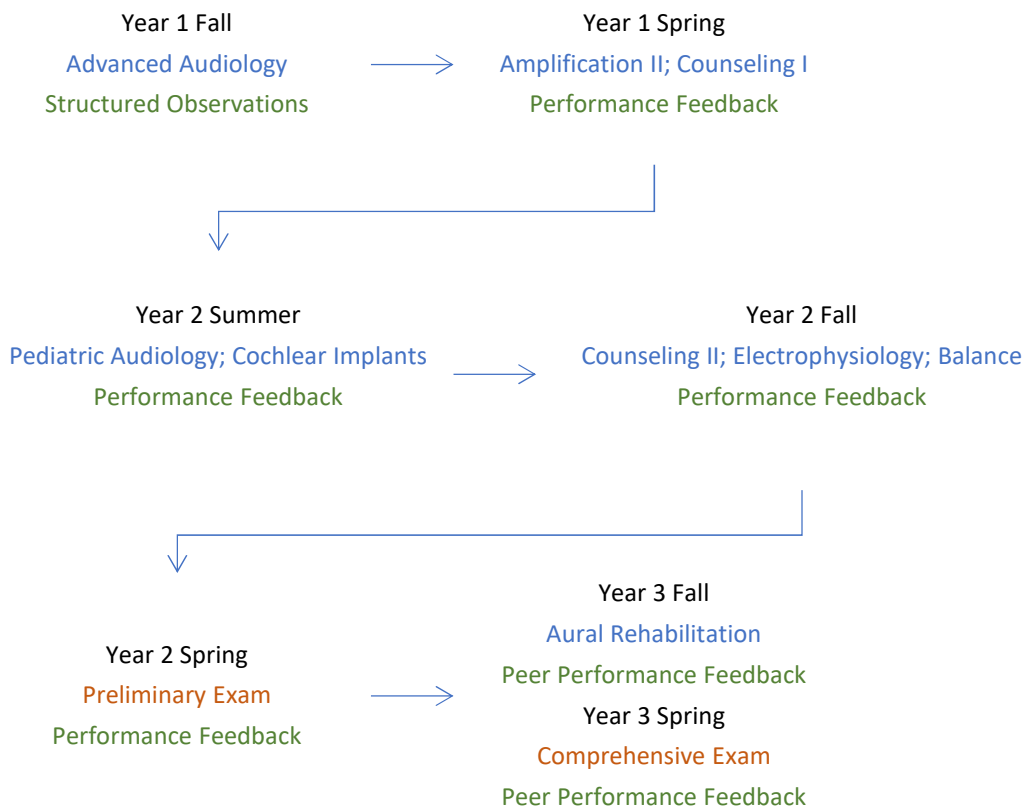
## Why is the USU audiology program committed to PCC?

When people have autonomy in their care through joint decision-making that respects their values and priorities, they have better outcomes. Individuals/families adhere better to healthcare recommendations, they are more satisfied with their healthcare, and they engage in more consistent effective self-management.

## How will students learn about PCC?

Students will learn about PCC starting in the first semester of their graduate program. In coursework, students will learn foundational information and practice PCC application using case-based examples. In clinical practicum students will complete structured observations, practice skills, and receive feedback about their performance so they can develop essential attitudes and skills needed to facilitate PCC.

## What is the PCC learning path?



## What will be taught?

<b>Attitudes</b>	<b>Class</b>	<b>Clinic</b>
Possess empathy towards patients/families	1;2;6	x
Respect different patient/family cultural perspectives and values	1;2;6	x
Value importance of patient/family engagement	1;2;6	x
Reject stereotypes/stigma toward patients/families	1;2;6	x
Possess genuine interest in and concern for patients/families	1;2;6	x
Desire to help patients/families overcome external/internal barriers they experience	1;2;6	x
Desire to focus on patient/family needs with no hidden agenda	1;2;6	x
Desire to see patient/family succeed in overcoming functional/social/emotional impacts	1;2;6	x
Be willing to admit uncertainty	1;2;6	x
Be willing to engage in self-evaluation	1;2;6	x
Value your role as counselor to assist patients/families in the intervention process	1;2;6	x
<b>Knowledge</b>		
PCC	1;2	
International Classification of Functioning, Disability and Health (ICF) Model	1;3;4;5;7;8;9	
Psycho-social impacts of auditory/vestibular disorders	2	
Therapeutic relationship development	2;6	
Influence of reaction to the plight of others (e.g., pity, sympathy, empathy, compassion)	2;6	
Evidence-based counseling techniques	6	
Functional impacts of auditory/vestibular disorders	3;4;5;7;8;9	
External/internal barriers patients/families can experience and impact on intervention	2;6	
Stereotypes/stigma surrounding auditory/vestibular disorders	3;4;5;7;8;9	
Sociocultural diversity, cultural sensitivity, and cross-cultural competence	1;2	
<b>Skills</b>		
Question asking	1;2;6	x
Listen deeply and actively while showing empathy/compassion	6	x
Identify coping strategies/strengths/emotions	6	x
Validate/reflect thoughts/feelings/experiences	1;6	x
Build cross-cultural competence	1	x
Collaborate with patient/family to establish a plan of shared priorities/activities	1;6	x
Ask permission before sharing information/offering advice	6	x
Assess understanding/summarize information into meaningful statements	1;6	x
Establish a therapeutic relationship		x
Manage challenging conversations/situations (e.g., sharing difficult news)	1;6	x
Identify external/internal barriers and problem solve with patient/family (i.e. body functions/structures, environmental factors, personal factors, and participation)	1;6	x
Guide (rather than direct) when problem-solving/ address anticipated problems	6	x
Individualize results/implications/recommendations	6	x
Use simple, explicit, and easy-to-understand language	2;6	x
Attend to non-verbal communication/vocal qualities, and those of patient/family	1;6	x
Discuss realistic expectations		x

Courses: 1=Advanced Audiology; 2=Counseling I; 3=Amplification II; 4=Pediatric Audiology; 5=Cochlear Implants; 6=Counseling II; 7=Electrophysiology; 8=Balance; 9=Aural Rehabilitation

## How is the teaching and learning process monitored?

Students will be evaluated in courses, in clinic, and in preliminary and comprehensive exams.

Faculty will receive feedback from students regarding support received for their learning process through course and clinic evaluations. Evaluations will take place mid- and end-of-semester years 1 through 3.

**What are the expectations for student and faculty engagement?**

Students are expected to raise their self-awareness about how they communicate, be open to feedback, and recognize they may feel vulnerable as they learn to adjust their communication approach. Learning how to provide PCC is a process that takes time, and gradual improvement is expected. Students skills will advance when they strive to learn about and apply skills on a consistent basis. Students should ask questions, review video tapes of clinic sessions, and request specific feedback for areas they find challenging.

Faculty are expected to explain PCC and provide case-based exercises in designated courses. Clinical faculty will demonstrate PCC when providing hearing healthcare to patients/families, provide guidance when debriefing with the students via structured observations during the first semester, and provide written performance feedback each semester to the students. Faculty will help students recognize their specific strengths and work on their developing skills sets.