

THE CARE APPROACH WORKSHEET

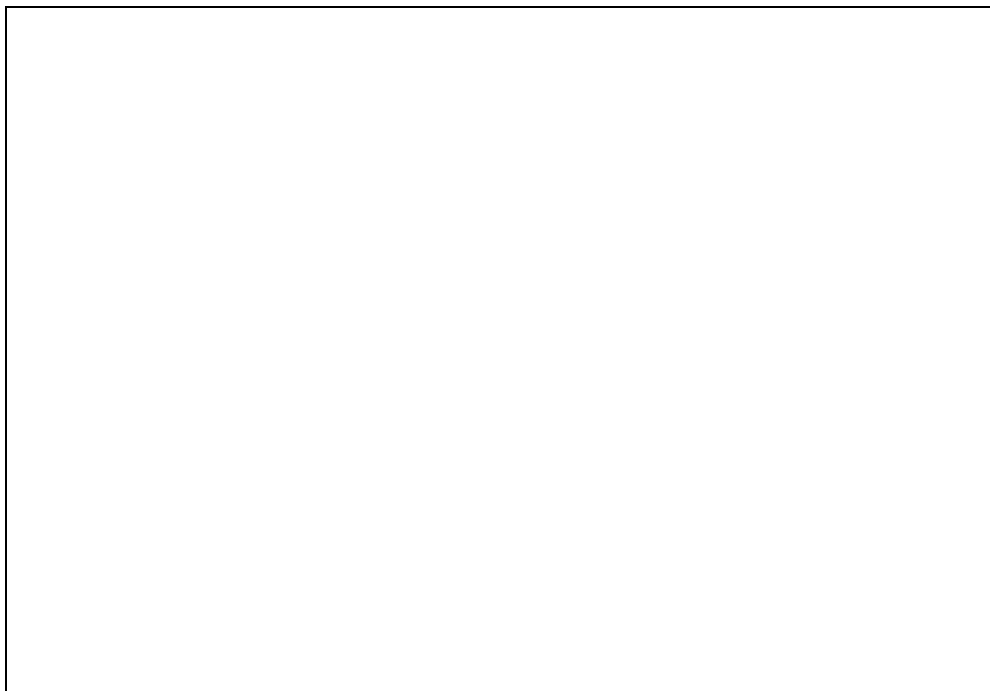
MODULE 1 What you bring to the encounter

Exercise 1.1

1. What is your response when you hear or read the word 'caring'? What thoughts come to mind? What feelings do you associate with the word?



2. What are the aspects of your job that make it possible for you to practice in ways that you consider to be caring?



Exercise 1.2

1. What features best characterise you when interacting with a patient e.g. tend to reassure, listen well, take control?

2. Consider the types of patient interactions you have. List situations when you are you most likely to be patient-orientated and when are you most likely to be task- or disease orientated?

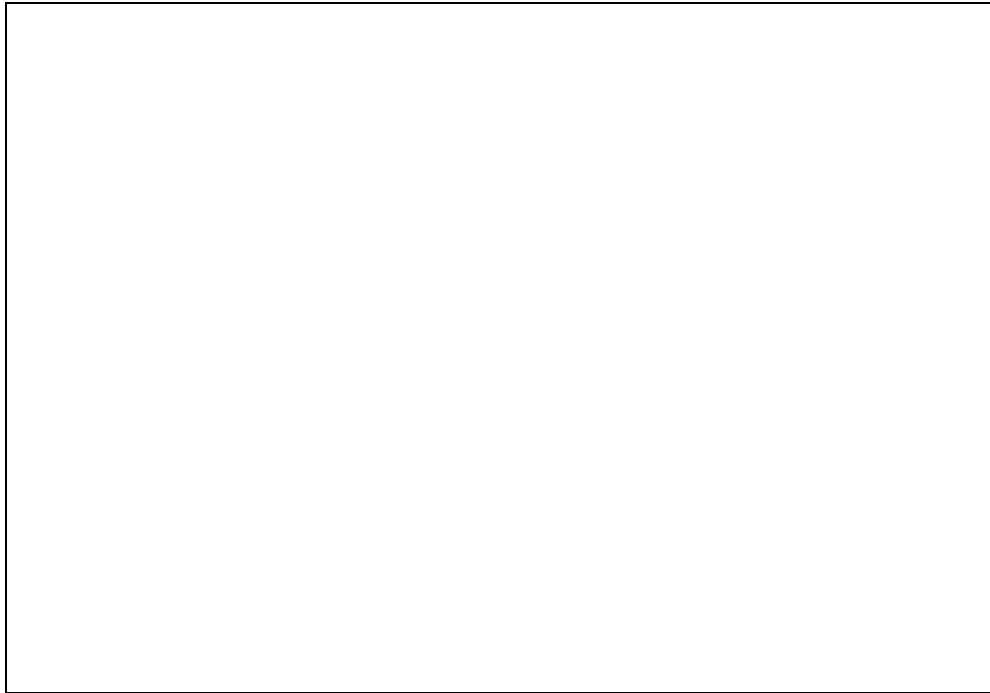
Patient-oriented

Task- or disease-oriented

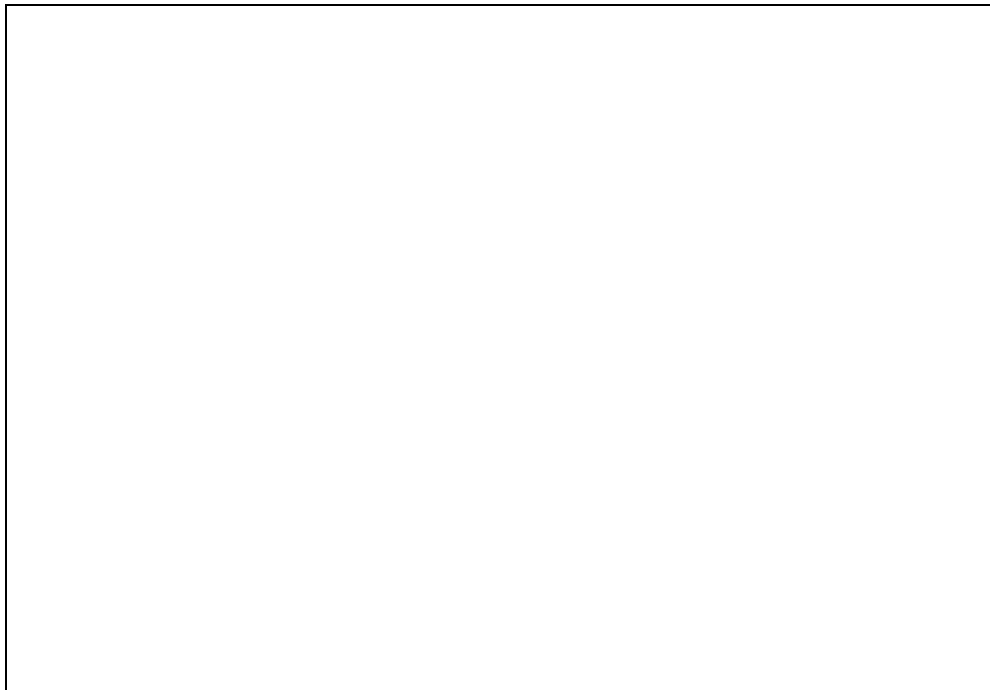
3. For each of the situations you list above, describe whether you are aiming to meet your own needs or the patient's needs:

Exercise 1.3

1. Think of yourself as a patient. What qualities would the ideal doctor or nurse have? Record these in the box below.



2. In what ways are these qualities important?



Exercise 1.4

This exercise is called the respected figures exercise. In the first column please write down at least two and up to five people who you deeply respect for the way they have led their lives. You do not have to respect everything about them, but in one or more significant ways you admire how they have lived. These people could be living or dead, famous or not famous, known to you personally or simply heard about. Then in the second column, write down the qualities they have or had that you respected. What was it about them that you admired? Then look for qualities or clusters of qualities that stand out. They may stand out simply because you know inside that this quality is of great importance to you, or the quality may stand out because it is repeated – possibly with slightly different descriptions – for a number of the people who you respect. Write down up to three such qualities in the third column. If you're not being overly idealistic, these qualities are likely to represent *Root* values which are crucially important for you to try to live by.

Who do you deeply respect for the way they have led their life?	What are the qualities this person has that you particularly respect?	What are the three key qualities this person has that you particularly respect?
1.		
2.		
3.		
4.		
5.		

(Dr Hawkins: <http://www.goodmedicine.org.uk/goodknowledge/wellbeing-time-management-self-determination>)

Exercise 1.5

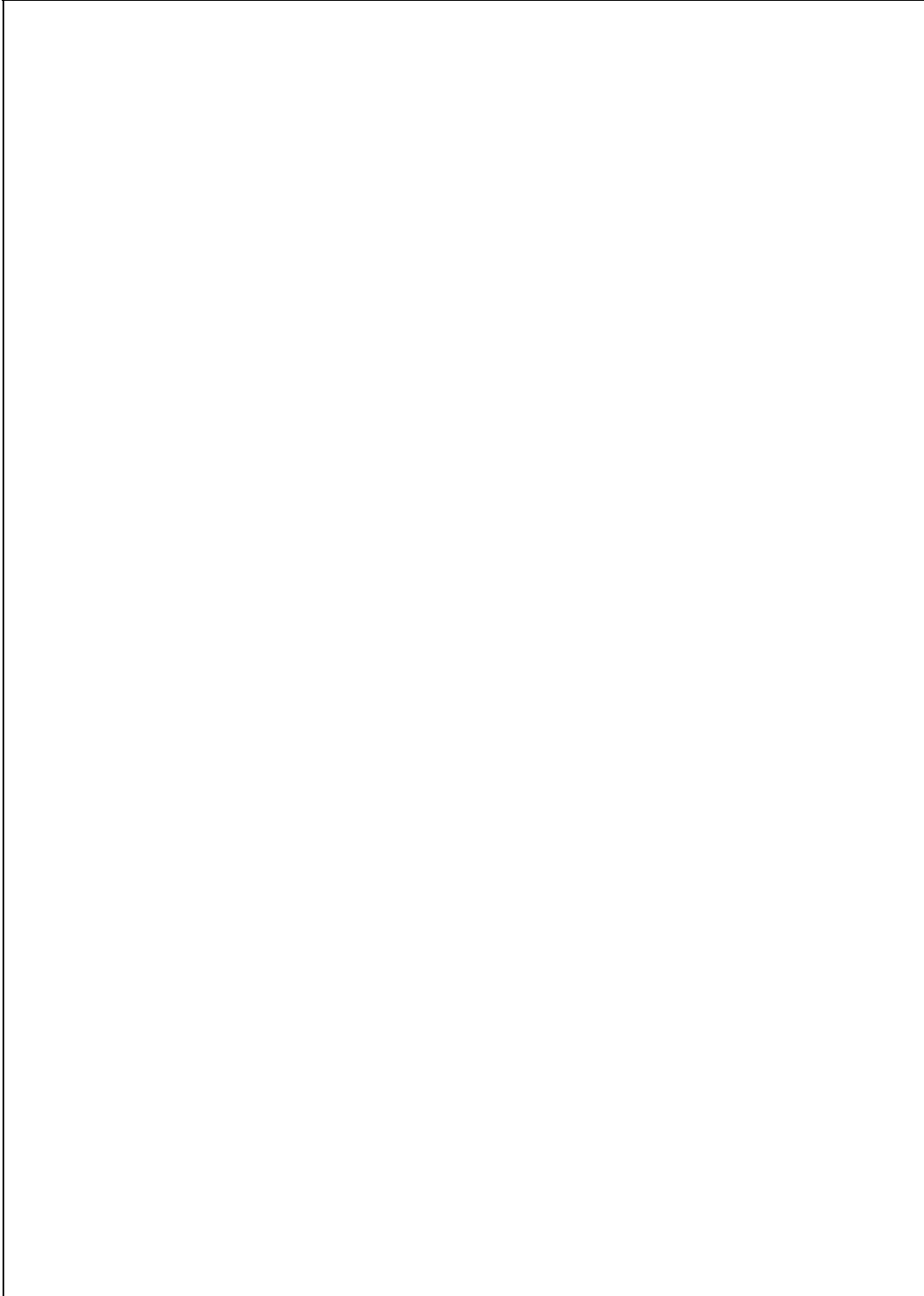
Consider the values you have identified in the respected figures exercise above. Do you live these values yourself? In what ways do you try to live these values in your personal and professional life? What are the things that help you bring these values into your everyday life? What are the things that prevent this from happening?

Make a list of your top 3 root values, and consider the above questions. Can you make any changes in your work or personal life that would allow you to live your values more fully?

MODULE 2 Connecting

Exercise 2.1

Watch the clips that show different approaches. In what ways do the healthcare practitioners create a good first impression with the patients?



Exercise 2.2

1. How easy or difficult would it be for you to be accepting and not judge the following people? Tick the box that most closely reflects your viewpoint.

	Very easy	Easy	Difficult	Very difficult	Impossible
1. A mother who does not control her disruptive child whose behaviour prevents you from understanding the mother's story.					
2. A man who does not follow your advice and complains about the same issues over and over again.					
3. A patient who blames you for her troubles.					
4. A woman who refuses to take any responsibility for her health and wants you to tell her exactly what to do.					
5. A patient who demands your help in an aggressive manner.					
6. A patient who talks and talks, but not about his health.					
7. A woman who keeps taking over the conversation and does not listen to you.					

2. Look at the ones you ticked as 'difficult', 'very difficult' or 'impossible'. What are some of the reasons for these answers?

3. In what healthcare situations have you had to set aside personal biases, values and judgements?

Exercise 2.3

Read the following remarks made by patients who took part in a study on quality in general practice consultations in Glasgow (Mercer et al., 2007). Reflect on what you think the patients reacted to.

- (A) *“Some of them make you feel inadequate, you know you’re getting old and you’re getting senile and you’re not able to take things in, I mean sometimes you feel that way, you feel as if och I’ll just lift my bag and jacket and go.”*

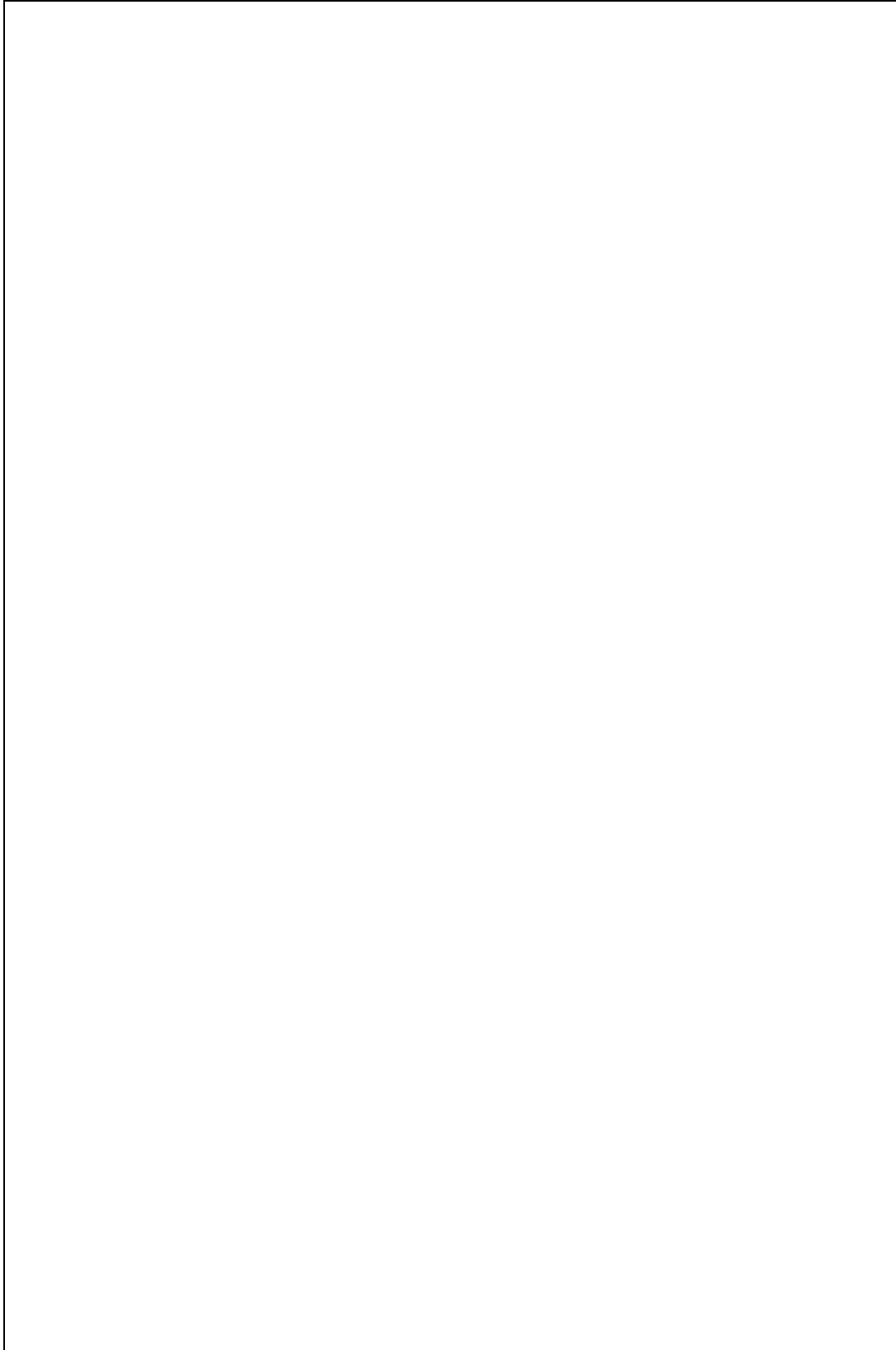
- (B) *“I’ve got Dr X and Dr Y and the two of them have got totally different attitudes when it comes to talking to you, Dr X will take the time and listen to you.”*

- (C) *“You feel as if you’re taking up his [the doctor’s] time...that makes you feel under pressure.”*

- (D) *“When I go to see my doctor, I want him to see me, the person, not a bottle of methadone, I’m not that, I’m a person that ‘s got needs and everything like every body else, because I’m on methadone, I just don’t get treated properly.”*

Exercise 2.4

Watch the clips. These versions of the clips have the sound removed. In what ways are the practitioners' non-verbal approaches to the patients different?



Exercise 2.5

In what ways are the different aspects of connecting demonstrated in the clip? The four aspects are: establishing rapport, accepting the patient as a person, effective non-verbal communication, allowing the patients to tell their 'story'.

MODULE 3 Assessing

Exercise 3.1

Watch the clips and answer the following question.

In what ways do the health care practitioners show that they are attending/
listening?

Exercise 3.2

Twelve common barriers to listening are outlined below (McKay, et al., 2009). In what ways and under what circumstances might these barriers interfere with your listening?

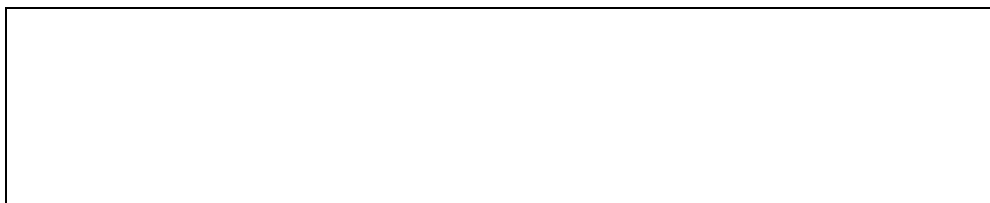
- *Comparing* – Comparing interferes with listening because you are constantly assessing which of you, for example, knows best. While a patient is talking, you are thinking “If you think that is hard, let me tell you how hard it actually can be.”

- *Mind-reading* – Mind-reading pushes you to look for hidden meanings rather than to listen to what is actually being said. You might not completely trust that the patient is being open or honest about what they really want, so you shift your focus to possible hidden meanings through changes in intonation or facial expressions.

- *Rehearsing* – Rehearsing means trying to look interested while you are planning and rehearsing your response.



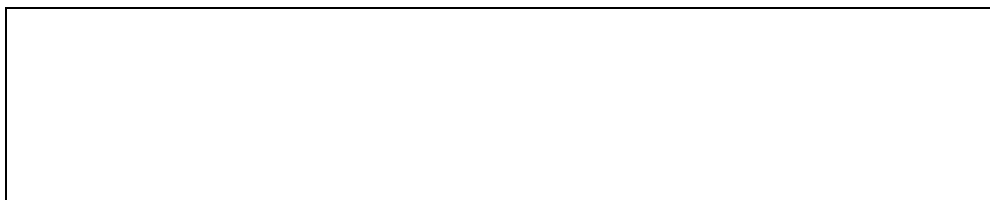
- *Filtering* – You listen to some things and not others often to avoid problems. For example, if you are afraid of confrontations then you will pay attention to what mood the patient is in. If you perceive no “angry” signs then you stop listening.



- *Judging* – Judging is often done so quickly that you often do not realise that you have done it. However, when you subconsciously label someone as being unintelligent or lazy, you tend to pay less attention to what they are saying.



- *Dreaming* – The patient’s words trigger your own associations and you go off in a day dream. When you continue to listen, the patient is talking about something else, leaving you with a gap in their story.



- *Identifying* - Whatever the other person says can trigger memories of similar experiences and before you know it, you have interrupted the other person's flow in order to tell your story or started to think about your own experiences. Meanwhile you stop paying attention to the other person’s story.

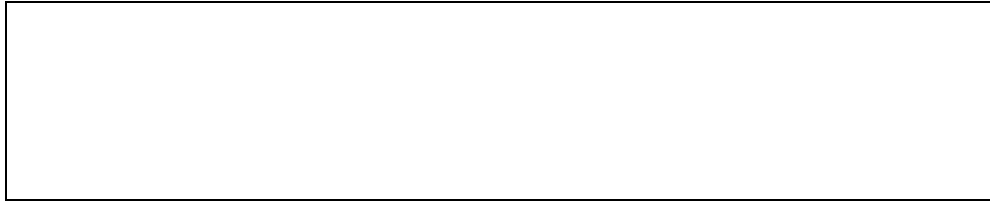
- *Advising* – You are keen to fix the patient’s problems and are ready with advice, reassurance and suggestions after only hearing a few sentences. You like to start your reply with “If I were you, I would...” However, whilst searching for advice you could be missing what the real problem is.

- *Sparring* – Regardless what the other person says you start to look for issues to disagree and argue about. A common example is to make sarcastic comments to dismiss the patient’s point of view (the so-called put-down).

- *Being right* – You will go to great lengths in order to try to prove that you are right, thereby using tactics such as making up excuses, talking over the other person in a loud voice or twisting the facts.

- *Derailing* - As soon as you feel out of your comfort zone or bored you change the topic of the conversation, make a joke or banter in order to prevent any further discomfort. Meanwhile you stopped paying attention to the other person’s story.

- *Placating* – You want to please and be nice regardless of the situation. You use words like, “of course you are”, “absolutely”, “really”, and find yourself unwittingly agreeing with everything they say.



Exercise 3.3

Watch the clips that show a mixture of verbal and non-verbal cues made by the patients and answer the following questions.

1. What verbal and non-verbal cues do the patients give? What are the feelings that are revealed in the patients' voices or expressions?

2. Which cues do the practitioners pick up and which ones do they miss?

3. In what ways would you have dealt with the cue differently?

Exercise 3.4

The following clips are examples of different styles used by the same practitioner to obtain understanding of the 'whole' person. Watch the clips and observe how the health care practitioners demonstrate a holistic approach. Underneath is space to record your observations if you wish to do so.


Exercise 3.5

In what ways are the different aspects of assessing demonstrated in the clip? The four aspects are: attending, sensitivity to patients' cues, understanding the 'whole person', and asking questions.

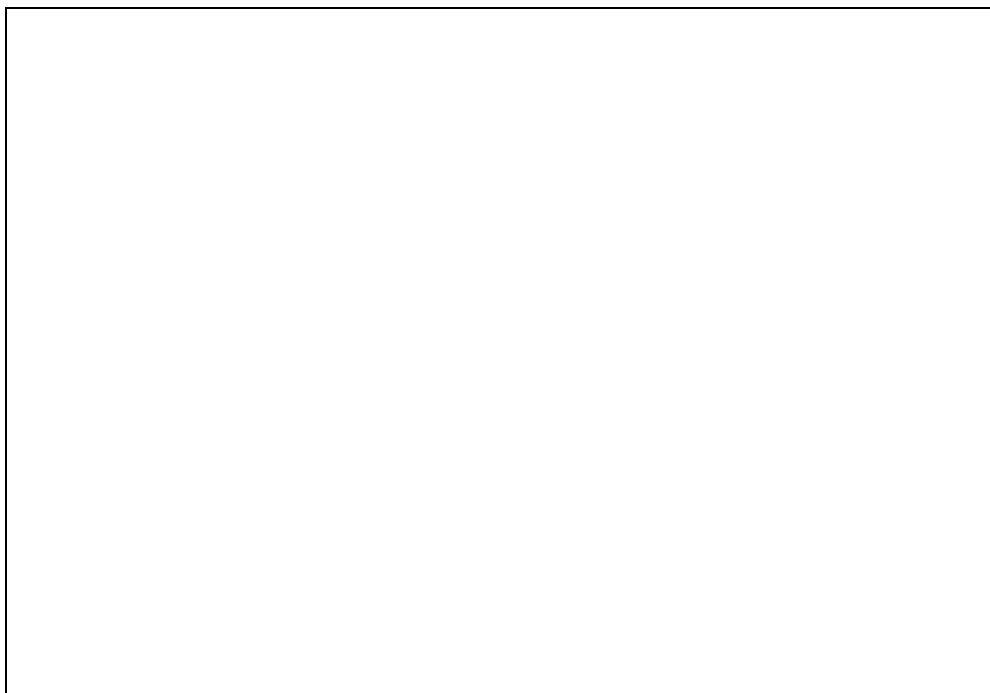
MODULE 4 Responding

Exercise 4.1

1. Think about how you would communicate that you care and compassionately relate to a patient.



2. Watch the following clips. In what ways do the practitioners show care and compassion?



Exercise 4.2

Watch the following clips.

In what ways do the practitioners communicate that they are being positive?

Exercise 4.3

The following clips are two examples of giving information to the patient. Watch the clips and answer the following questions for each one.

1. In what ways are the practitioners' approaches to giving information and explanations different?

2. In what ways do the patients react differently in response to the practitioners' explanations?

Exercise 4.4

Can you think of different reasons why you might use medical jargon?

Exercise 4.5

In what ways are the different aspects of responding demonstrated in the clip? The four aspects are: demonstrating understanding, showing care and compassion, being positive, and giving relevant information and clear explanations.

MODULE 5 Empowering

Exercise 5.1

3. What does empowerment mean to you?



4. In what ways can you empower patients?



Exercise 5.2

1. What does self-management mean to you?

2. Listen to the recording in which a healthcare professional talks about self-management. How do your answers relate to the practitioner's view? In [Appendix 4](#), you can read the transcript of the recording on self-management.

Exercise 5.3

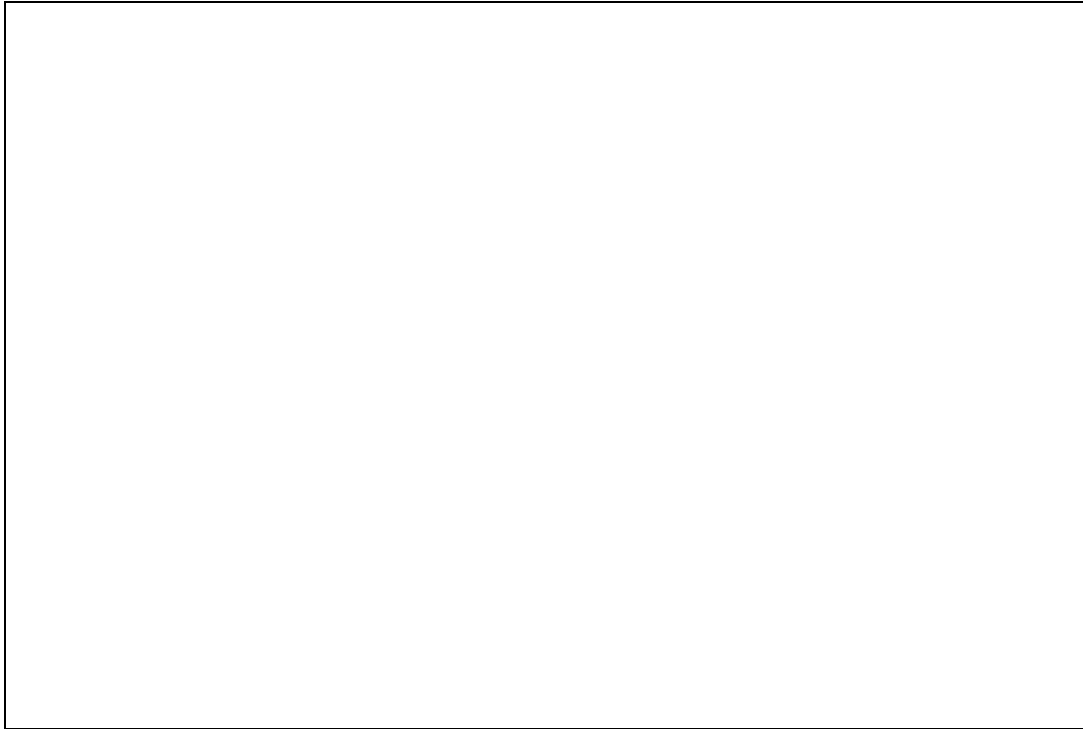
The clips show different styles regarding exploring with the patients what they can do to improve their situation, identifying choices that are realistic for the patients and actively seeking their preferences. In what ways do the practitioners differ in their approaches?

Exercise 5.4

In what ways do the healthcare practitioners foster the patients' beliefs in their own capabilities and competences?

Exercise 5.5

In what ways are the different aspects of empowering demonstrated in the clip? The four aspects are: appreciating the bigger picture, helping patients to gain control, action planning and confirming understanding, and confidence-building.

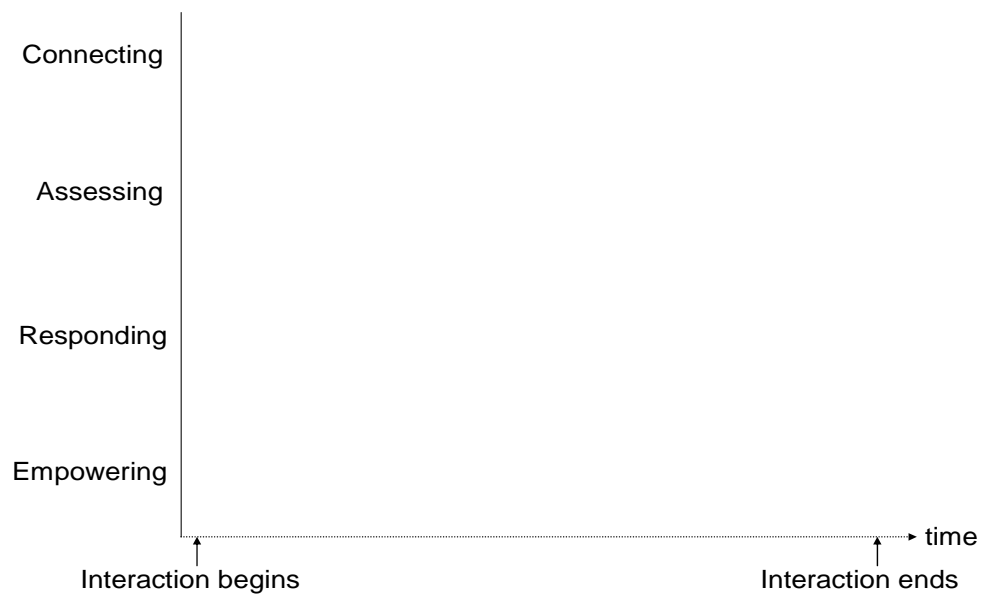
A large, empty rectangular box with a thin black border, intended for a student to write their response to the exercise question.

MODULE 6 Putting it all together

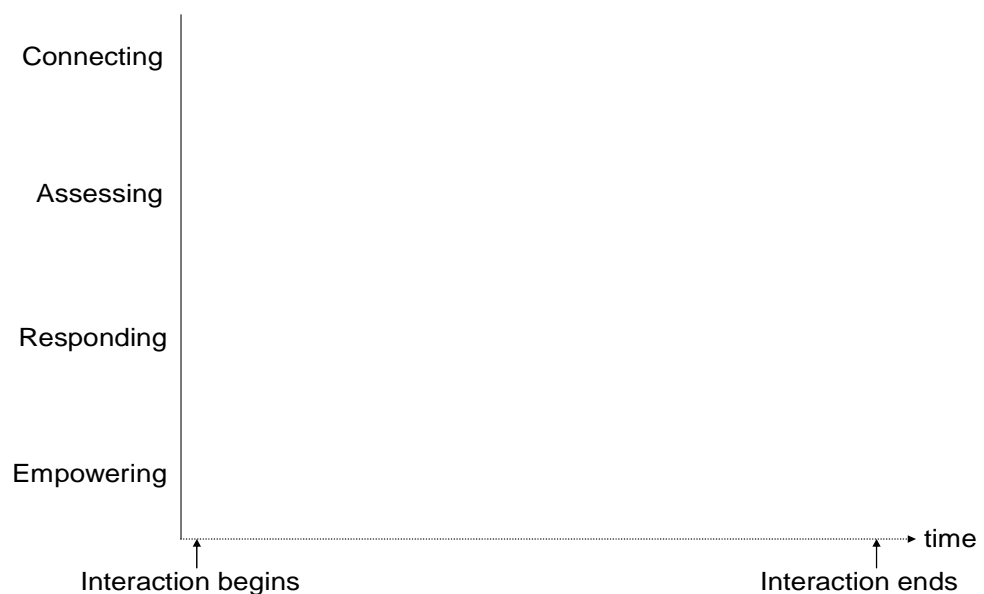
Exercise 6.1

1. Write down what components of the CARE Approach you think are happening when over the course of the encounter. You can use the blank graph below to 'map' this out by placing a cross against the component you think is going on as the interaction moves along the time scale.

Clip1



Clip 2



Clip 3



2. In what ways are the different components of the CARE Approach demonstrated in each clip?

Exercise 6.2

Watch the clips and answer the following question. In what ways can the CARE Approach be applied to the way the patient is interacting with the healthcare professionals?