Chapter 4  Introduction to measuring progress and evaluation: Web resources

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‘At a Glance’: Summary plan for personalised care

This is a resource that can be used by health-care teams to ensure they document people’s preferences about their care and therapies. This work is taken from East Sussex Healthcare NHS Trust.

The summary sheet is to help all team members get an immediate overview of the patient’s needs.

- Complete this summary of the patient’s needs following your initial nursing/midwifery or therapy assessment.
- Update it as the patient’s needs and care plan are changed.
- It may not need to be updated every shift/day.

Note: for people living with probable or a diagnosed dementia you may want to use the ‘This Is me’ summary alongside this sheet (http://alzheimers.org.uk/site/scripts/download_info.php?fileID=849).
<table>
<thead>
<tr>
<th>Date Time</th>
<th>Nursing Need (numbered 1, 2 etc. or named according to core nursing standards)</th>
<th>Patients Preferences with Care Plan</th>
<th>Signature/Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. Hygiene</td>
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<td></td>
<td>2. Nutrition &amp; Hydration</td>
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<td>3. Elimination</td>
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<td></td>
<td>4. Pain &amp; Discomfort</td>
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<td></td>
<td>5. Skin Integrity &amp; Tissue Viability</td>
<td></td>
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<tr>
<td></td>
<td>6. Mobility</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>7. Rest and Sleep</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Add in others as needed</td>
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<td></td>
</tr>
<tr>
<td>MCA/DoLS</td>
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</tbody>
</table>

Review date: ............... Review date: ............... Review date: ...............

Notes:
MCA = Mental Capacity Act
DoLS = Deprivation of Liberty Safeguards
<table>
<thead>
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<th>Date Time</th>
<th>Nursing Need (numbered 1, 2 etc. or named according to core nursing standards)</th>
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</tbody>
</table>

Review date: .............. Review date: .............. Review date: ..............
An example of a completed ‘At a glance’

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Hygiene: Mrs East says she can do everything for herself. Her daughter tells me she needs help with washing and dressing as she forgets to complete the task, offer Assistance with 1 person.</td>
</tr>
<tr>
<td>2</td>
<td>Nutrition § Hydration: will eat and drink but needs supervision. Sometimes will wrap food up and hide it away for later. Supervise at mealtimes. Always has a Horlicks at night time.</td>
</tr>
<tr>
<td>3</td>
<td>Elimination: Is continent but can have urinary incontinence if she can’t get to the toilet in time. MSU needed today.</td>
</tr>
<tr>
<td>4</td>
<td>Pain and Discomfort: No pain. Feels the cold and likes to have a blanket over her lower half when sitting. Daughter tells me she has a bad hip which gives her pain.</td>
</tr>
<tr>
<td>5</td>
<td>Skin Integrity § Tissue Viability: no special needs at this point. Possible old bruising on legs.</td>
</tr>
<tr>
<td>6</td>
<td>Mobility: uses a zimmer frame for walking. Likes to keep her blanket on it when she’s not using it.</td>
</tr>
<tr>
<td>7</td>
<td>Rest § Sleep: Likes to have naps. Said she often wakes in the night. Daughter tells me her mum is often up at night and this week has started calling her to find out where she is and what time it is.</td>
</tr>
<tr>
<td>8</td>
<td>Mrs East likes to be called vera. Doesn’t mind being here for a bit but wants to get home.</td>
</tr>
<tr>
<td>MCA</td>
<td>Vera appears to have some short-term memory impairment. Assess further using FACE tool once she’s orientated to the ward. Needs regular review please.</td>
</tr>
</tbody>
</table>
Developing a common vision about our roles

This tool can be used by any kind of group, for example a practice development coordinating group, a group of patients/residents, an evaluation group or mini-project group (see Chapter 6).

What am I here for? (What is my purpose within the group?)

What is expected of me? (e.g. What do other people expect me to do in this group?)

What should I offer? (i.e. What qualities and skills should I bring to this role?)

What do I want to learn from this group?

Adapted from Binnie & Titchen (1999)
Examples of session plans

These examples are from a practice development coordinating group, but the template (see Chapter 3) could be used for any kind of group session or meeting. We try not to call practice development sessions ‘meetings’!

Practice development coordinating group session

Plan

Date: 15 October 2013  Time: 14.00 hrs  Place: Day room
Facilitator: Tanya
Note-taker: Rachel (to record briefly decisions and actions)

<table>
<thead>
<tr>
<th>Activity or item</th>
<th>What is to be decided/agreed/actioned</th>
<th>Who to present item</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Apologies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Notes of previous meeting</td>
<td>Accuracy</td>
<td>Tanya</td>
</tr>
<tr>
<td>3. Reminder of ground rules/ways of working</td>
<td></td>
<td>Shelia</td>
</tr>
<tr>
<td>4. Sharing and celebrating our shared vision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Stakeholder communication plan</td>
<td>Based on report of how we are progressing, decide what to do next</td>
<td>Anne</td>
</tr>
<tr>
<td>6. Claims, concerns and issues</td>
<td>Agree who will organise the stakeholder sessions. (Agreed purpose of sessions is to gain stakeholders’ evaluations about where we are now in terms of person-centred care.) Discuss again how we include older persons with cognitive impairments</td>
<td>Jayne</td>
</tr>
<tr>
<td>7. Strengths, Weaknesses, Opportunities and Threats</td>
<td>Undertake SWOT analysis to identify the strengths in the setting or home that we can build on and the weaknesses we have to address. Decide who will facilitate further analyses at stakeholder sessions</td>
<td>David</td>
</tr>
<tr>
<td>8. Any other sharing</td>
<td></td>
<td>Tanya</td>
</tr>
<tr>
<td>9. Date of next session</td>
<td>Date, time and place to be agreed</td>
<td>Tanya</td>
</tr>
</tbody>
</table>

Note
You will also need a summary action list for each session.
# Practice development coordinating group session

## Plan

Date: 16 December 2013  
Time: 14.00 hrs  
Place: Day room  
Facilitator: Rachel  
Note-taker: David (to record briefly decisions and actions)

<table>
<thead>
<tr>
<th>Activity or item</th>
<th>What is to be decided/agreed/actioned</th>
<th>Who to present item</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Apologies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Notes of previous session &amp; activities or items arising from this record</td>
<td>Accuracy/report progress on actions decided at the session held on 15-Oct-13. Re-planning if necessary</td>
<td>Rachel</td>
</tr>
<tr>
<td>3. Reminder of ground rules/ways of working</td>
<td></td>
<td>Shelia</td>
</tr>
<tr>
<td>4. Evaluation questions</td>
<td>Examine the issues (questions) that are beginning to emerge in the stakeholder CCIs. Agree who will look at all the questions as the activity progresses across stakeholder groups and formulate evaluation questions for discussion in the January session</td>
<td>Anne</td>
</tr>
<tr>
<td>5. Involving stakeholders in gathering evidence</td>
<td>Agree who will prepare and display invitations/posters</td>
<td>David</td>
</tr>
<tr>
<td>6. Observations</td>
<td>Agree who will coordinate and draw up a plan for the observations of care and workplace</td>
<td>Tanya</td>
</tr>
<tr>
<td>7. Any other sharing</td>
<td></td>
<td>Rachel</td>
</tr>
<tr>
<td>8. Date of next session</td>
<td>Date, time and place to be agreed</td>
<td>Rachel</td>
</tr>
</tbody>
</table>
Reflection tools and examples

Reflection tool 1: Evaluating and learning from an experience at work
(developed from Goleman, 2004)

This tool can be used by all team members

Knowing oneself
What was my self awareness at the time?
How accurate do I now feel my self assessment was?
How confident do I feel about my assessment?

Managing own emotions
What emotions did I experience at the time?
In what ways did I communicate my emotions to others?
How trustworthy was my expression to others?
How appropriately did I share my emotions?
What emotions do I have now that are relevant to the situation?

Social awareness
In what ways did I communicate empathy for others or for me?
What professional and organisational factors was I aware of at the time and how did they influence me?

Relationship facilitation
How did I feel about the others involved in this situation?
In what ways did I demonstrate my awareness and coping of how others were feeling at the time?
What methods did I use to build connections with others?
How effectively did I collaborate with others?

Example
This is the first part of a reflection by Andy, an Occupational Therapist, working in an integrated health and social care team in the community. Andy has been working with a more experienced colleague and in the home of a man who is having ongoing rehabilitation following a severe stroke. The man is known to have had alcohol and substance dependency in the recent past. The reflection is about an encounter that goes badly wrong.

Knowing oneself
What was my self awareness at the time?
As the issue seemed to arise out of nowhere it took me by surprise. I was not prepared and really stood back and let my colleague deal with it. I had never encountered anything like this before. The client was verbally abusive and indirectly aggressive towards us. I was aware that I felt anxious and unsure at the time.

How accurate do I now feel my self assessment was?
I now see that it was not that accurate. I focused on the alcohol and drugs issue as the obvious cause for the way this man was behaving towards us. I think I let myself be influenced in this by what my colleague said to me. I can also see that the situation escalated and although the client was trying to tell us to ‘back off’ we didn’t listen to him at all.

How confident do I feel about my assessment?
I’m more confident in hindsight. I can see that he was extremely stressed when we arrived and that our approach to ‘jolly’ him along and encourage him to co-operate in therapy wasn’t appropriate at all. It’s made me think more deeply about what it must be like for a young guy to suddenly have a serious stroke and to realise he will never walk or work again. Our coming in to assess for further equipment and adaptations within his home must have hit him hard. I knew that his partner had moved out with their two children the week before but I didn’t really take the impact of this into account....
Andy continues his reflection and recognises that he did not focus on establishing any empathetic relationship with the client and he did not negotiate assessment with him or seek his consent. He talks about it not being the right time to do the task they had on their list. He also discusses how he will need to learn how to respond more therapeutically to clients who may be grieving and angry and that the emotional impact of the stroke is rarely discussed in the team's planning or evaluation. He is concerned that this client will now be labelled by the team as aggressive and intends talking to his team leader at his next supervision session.
Reflection tool 2: Evaluating and learning from an experience at work
(Rolfe et al., 2001)

This tool can be used by all team members

Rolfe et al. (2001) use the questions:

- What?
- So what?
- Now what?

What?: Description of the event, incident or question.
So what?: Construction of thoughts and feelings, judgements about the situation and the consequences. Identification of ideas or concepts or theories associated.
Now what?: Ways of improving the situation and identification of learning.

The little story in the example below shows how the questions can be used.

Example

This is a reflection by Sally who is a care worker in Riverside Care Home

What?
This morning, I noticed for the first time that I go through the same morning routine with each of the people I care for and I began to wonder whether I was being person-centred like they say in this resource. Doing some of the resource activities has made me think that residents are still persons and different things matter to them. I have always thought I was very caring, but today I was knocked over by the tasky way I work. What triggered it was Ada saying that she was very pleased to have been asked to contribute to the new vision for the care home and as it was about person-centred care, she wondered whether she could have her bath this evening rather than now as she liked to go to bed feeling fresh. It helps her to sleep, she said. I immediately thought that my colleague Penny would not be at all pleased this evening, so I insisted that Ada should have it now at the proper or usual time. As time was short, I didn’t take the conversation further.

So what?
And then at lunch time, a bell went off in my head! We’re doing all this talking about this person-centred care and that and I have always thought ‘Yes, I believe in that – I really do care about the residents.’ But when this bell went off, I thought but I have decided for Ada what the proper time for her bath is and when she asked for something different, my first thought was for my mates working in the home and not for Ada! I was shocked and horrified at myself. That’s what they must mean when they say in this resource that the values we say we have aren’t always matched by what we do. And for me, I realised that although I value putting residents first, my actions show I don’t always!

Now what?
I’ve just read about shared decision-making with residents and that’s what I want to do.
But do I have to learn how to do it?
Yes, I do, and I can learn by trying to do it and reflect on it – how it went, how well I did it or not and what the consequences were for Ada, the other residents, me and the staff.

Right, tomorrow, I want to show Ada that I have thought about what she said. So I will talk with her tomorrow about how together we can make this work for her. I will say that I will speak to Penny tomorrow afternoon. Or maybe I should bring this up at our team meeting tomorrow as this change in routine will affect more than just me and Penny. Yes, I will tell Ada in the morning that I will raise it in the staff meeting tomorrow. No, that’s me telling Ada again. I will ask Ada first what she thinks we should do to make it happen together, then I can offer to raise it. Yes.
And now for that lovely warm bath!
Reflection tool 3: Evaluating and learning from an experience at work
(adapted from Johns, 2000)

This tool can be used by all team members

Description
Write a description of the experience.
What are the key issues within this description that I need to pay attention to?

Reflection
What was I trying to achieve?
Why did I act as I did?
What are the consequences of my actions for:

• the person and their family?
• myself?
• people I work with?

How did I feel about this experience when it was happening?
How did the person feel about it?
How do I know how the person felt about it?

Influencing factors
What internal factors influenced my decision-making and actions?
What external factors influenced my decision-making and actions?
What sources of knowledge did or should have influenced my decision-making and actions?

Alternative strategies
Could I have dealt better with the situation?
What other choices did I have?
What would be the consequences of these other choices?

Learning
How can I make sense of this experience in light of past experience and future practice?
How do I NOW feel about this experience?
Have I taken effective action to support myself and others as a result of this experience?
How has this experience changed my way of knowing in practice?