### PFCC Interview Questions

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

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

<table>
<thead>
<tr>
<th></th>
<th>Exceptional</th>
<th>Good</th>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Views patient as an essential partner in decision-making.</td>
<td>3</td>
<td>2</td>
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<tr>
<td>b. Reflects belief that patients and families are competent and capable of helping with their own care.</td>
<td>3</td>
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<tr>
<td>c. Knows and incorporates patient’s goals.</td>
<td>3</td>
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**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?

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<tbody>
<tr>
<td>a. Asks about patient’s point of view.</td>
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<tr>
<td>b. Respects patient’s preferences.</td>
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<td>2</td>
<td>1</td>
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<tr>
<td>c. Respectfully describes different points of view.</td>
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<tr>
<td>d. Recognizes the dynamics that factor into different perspectives.</td>
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**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?

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<tr>
<td>a. Nonjudgmental approach.</td>
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<td>b. Recognizes that own values impact decision-making.</td>
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<td>2</td>
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<tr>
<td>c. Respectfully describes different values and points of view.</td>
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**PFCC Dimension 7:** Communication skills demonstrated during interview

- **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.

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- **Verbal Language:** Uses non-technical language and accessible vocabulary.

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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.
### Tool G: University of Washington Medical Center’s MD Coach Observation Points

**UWMC MD Coach Observation Points: July 2008**

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<th>Case ID:</th>
<th>M F Age Admit Date</th>
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### 1. ID Badges:
- ID badges are worn above the waist & clearly visible to patients, staff, and visitors at all times

### 2. HIPAA Privacy Standards:
- HIPAA patient privacy standards are adhered to at all times

### 3. Patient & Family-Centered Care
- 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
- Interpreters are used when communicating with patients whose primary language is not spoken English.

### 5. Hand Hygiene
- 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
- 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 fomites, 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
- 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.