



A CURRICULUM FOR PATIENT-FAMILY CENTERED CARE



Curriculum: A path for developing in a specific competency or skill.

Element	Objectives	Audience	Competencies Developed	Faculty
Hiring interviews*	Hire for attitude, values supporting MHS priorities, including PFCC	All MHS prospective employees	Peer interview teams develop skill in behavioral interviewing for PFCC	
New hire signs Standards of Performance*	Initial commitment to support MHS culture, goals, expectations	All MHS employees		Patient/Family Advisors collaborated on development of Standards
New Employee Orientation: System*	Describe the MHS culture and priorities	All MHS employees	New staff will have a basic awareness of MHS cultural imperatives, with PFCC as a fundamental organizational value	PFCC directors and Family Faculty
New Employee Orientation: Facility*	Describe the PFCC Core Concepts, Families As Allies, facility-based initiatives	All MHS employees at each facility	Able to define the PFCC model of healthcare delivery and relate to performance expectations on the job and PFCC priorities of the facility	PFCC directors and Family Faculty
General Awareness Training modules*	Describe the PFCC Core Concepts, Families As Allies, facility-based initiatives	All JDCH/MRH staff hired prior to 10/05	Able to define the PFCC model of healthcare delivery and relate to general performance expectations on the job	Patient/Family Advisors featured, facilitated by members of PFCC Steering Committees
New RN Orientation: System*	Relate PFCC to Nursing Theory and to behaviors expected	All MHS nurses	Able to relate PFCC to patient-centered, individualized care process	Video presentation of patients discussing experiences
PCA Orientation*	Relate PFCC expectations to behaviors on the job	MRH/JDCH new PCAs	Able to use key words and behaviors to provide patient- and family-centered care	Video presentation of patients discussing experiences
New Manager Orientation*	Introduce new managers to responsibilities as “custodians of culture”	All new management level staff	Able to relate PFCC performance expectations to HR accountabilities (coach/appraise/counsel)	Directors, PFCC

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Leadership Development Institute*	Develop consistent understanding & approach to organizational priorities, trends, issues; share best practice	All MHS department leaders & administrators, physician leaders	Able to provide consistent leadership, implement initiatives, focus staff on organizational priorities, including connections to PFCC	Patient/Family members are featured at each session; best practice presentations by leaders from across the system
Management Development Institute*	Develop consistent understanding & approach to organizational priorities, trends, issues; share best practice	Clinical Managers, department managers, front line supervisors	Able to provide consistent leadership, support implementation of initiatives, develop staff PFCC competency at the frontline	Patient/Family members are featured at each session; best practice presentations by leaders from across the system
Annual Review*	Review essential information required by regulatory agencies and organizational priorities	All MHS employees	Able to recognize core concepts accurately on test	Patient/Family Advisors contributed to PFCC segment
Introduction to PFCC (6.5 hrs)	Develop unit-based team and individual practice action plans for implementing PFCC	MHS staff, esp. clinical managers, clinicians, charge nurse	Able to assess needs, choose appropriate strategies for moving PFCC forward in specific unit/department settings	Directors of PFCC and panel of Family Faculty
Special Topics CE: PFCC Symposium	Continuing education in specific topics relating to PFCC, share best practice across the MHS.	MHS staff, physicians	Able to interpret and apply PFCC models in specific situations (e.g. HIPAA, Transitions, Safety, Working with Advisors, End of Life, Communication Skills)	Topic specialists, directors of PFCC, and patient/family members
Special Topics CE: Lunch & Learn Series	Reflective practice discussions in specific topics relating to PFCC;" hot topics" as identified by Patient/Family Advisors, staff needs assessments	JDCH/MRH staff, physicians	Able to identify issues and gaps in the delivery of patient/family -centered care and propose appropriate solutions	Topic specialists, directors of PFCC, and patient/family members

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Special Topics CE: New Initiatives, Quality Improvement	PFCC issues in developing a palliative care initiative; new Children’s hospital design; patient/family information and education; transitioning Sickle Cell & other special needs patients from pediatric to adult medicine; Patient Safety	Staff, physicians, teams and committees charged with specific projects; staff and physicians	Able to apply PFCC models to new initiatives; collaborate with Patient/Family advisors in planning and development activities	Topic specialists, directors of PFCC, and patient/family members
Nursing Leadership & Healthcare Management Certificate Programs	Prepare staff with potential to move into leadership positions; provide a thorough grounding in MHS leadership philosophy	Staff who apply and are accepted into the 9-month program	Leadership and management skills; able to articulate and role model PFCC behaviors	MHS Administrative and management staff
Unit–based Activities	Operationalize PFCC according to the needs of specific patient populations		Able to apply PFCC concepts, practices, and behaviors to unit-based situations and care delivery	Unit-based staff, frequently with patient/family input or MHS Advisors

ON THE DRAWING BOARD:

- **Monthly multidisciplinary conference**, sharing practices that address: How to make PFCC work in the “real world.”
- **Lunch & Learn Sessions: Remaking American Medicine** video series, parts 1-4
- **HIPAA & PFCC:** In depth CE session with case scenarios
- **Additions to the Toolkit: “PFCC At the Bedside”** - Q&A format, example chapters: Family Dynamics, Cultural Issues, Writing PFCC Policies, How To Do Bedside Report, HIPAA and PFCC, Families vs. Visitors, Guidelines for Visitors in a PFCC environment, How To Individualize Care while maintaining consistency of care.