

Paediatric CARE measure (PCM) - AHP Guidance

Background

The Paediatric CARE Measure (PCM) can be used to gain the views of children or parents attending AHP services. It is a patient-centred measure of relational empathy. It measures patients' experiences of the interpersonal aspects of clinical encounters. It is recommended that the PCM is used by all Paediatric Allied Health Professions as standard practice. This should be supported by AHP Child Health Leads and will inform the self-assessment component of recommendation 5.6 in the AHP National Delivery Plan and will be integral in the development of the AHP Children's Services Plan (Recommendation 4.1).

The following guidance is based on evidence from the PCM project which has shown that this is the most effective way of using the PCM successfully.

Select the correct measure

There are **3 versions of the PCM**. Each measure is clearly marked.

PCM 5Q

- for children aged 7-11
- for children with cognitive, language or literacy difficulties of any age

PCM 10Q

- for young people aged 12-18

PCM 10Q Parent

- for parents of young children aged 0-6
- for parents of children and young people who meet the exclusion criteria

Exclusion Criteria - The measure is not appropriate for children with profound impairment and those with a visual impairment which would prevent them from completing the forms.

Which type of appointment?

The PCM questions follow the process involved in an initial assessment or review appointment and therefore fit best with this type of appointment rather than any on-going treatment.

Using the tool

- Advise patients at the start of the appointment that they will be asked to complete the PCM
- Leave 5 minutes at the end for patients to fill in the measure before leaving
- Provide an area for patients to complete the measure, e.g. clinic waiting room
- The AHP should not be present while the measure is completed
- Do **not** give the measure away to complete at home, this results in very poor return rates
- Ensure everyone completing the measures have access to support if required. In particular children and young people completing the 5Q measure, and parents whose first language is not English. (Support could be from parents or support staff). Support should not be given by the AHP.
- Code the measures in some way so that members of the team can identify their own measures afterwards.
- Provide an area (drop box / basket / reception) where the completed measures can be left
- When attending a home visit, provide a SAE so that patients can complete the measure once the AHP has left and return it to a central point.

Analysing the results

Number of patients Based on evidence from a previous study using the standard CARE measure (Mercer, 2005) it is recommended that each AHP collects 50 completed measures from patients.

Interpreting the data Please refer to the Children and Young People's Service Managed Knowledge Network website (<http://www.knowledge.scot.nhs.uk/child-services/communities-of-practice/ahp-cyp-network/paediatric-care-measure.aspx>) for details on how to interpret the PCM data and information on how to deal with missing or 'not applicable' responses.

Using the results

Comparing to normative data It is expected that the PCM data will be added to the CARE measure website developed at the University of Stirling where data from AHPs working with adults has been entered and normative data is available. (<http://www.caremeasure.org/index.php>)

The CARE Approach This website developed at University of Glasgow is a free online learning tool which has six modules to work through with practical activities and written work. All activities are directly linked to improving a professional's relational empathy. It can be helpful for professionals at different stages of their career including trainees and can be used individually or as a team. (<http://www.gla.ac.uk/researchinstitutes/healthwellbeing/research/generalpractice/careapproach/>)

References

Place M, Murphy J, Reid J. *Paediatric CARE Measure (PCM): Phase 1 report*. Talking Mats Centre, Stirling, Scotland; 2012. Available from: <http://www.talkingmats.com/index.php/research-projects> [Accessed 11 Dec 2012].

Place M, Murphy J, Reid J. Examining the usability and acceptability of the Paediatric CARE Measure within AHP services. *Journal of the Association of Paediatric Chartered Physiotherapists* 2012; 3 (2).

Place M, Murphy J, Reid J. *Paediatric CARE Measure (PCM): Phase 2 report*. Talking Mats Centre, Stirling, Scotland; 2012. Available from: <http://www.talkingmats.com/index.php/research-projects> [Accessed 11 Dec 2012].

Mercer SW, McConnachie A, Maxwell M, Heaney D, Watt GCM. Relevance and practical use of the Consultation and Relational Empathy (CARE) Measure in general practice. *Family Practice* 2005; 22: pp. 328–334.

For a copy of the PCM project reports / publications or for more information about the PCM, please contact:

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