

Conclusion

Phase 2 of this project has resulted in three paediatric versions of the CARE measure which are appropriate for obtaining the views of children and their parents accessing paediatric services within the Allied Health Professions. It has found that the measure is feasible, reliable and valid across a range of AHPs and can be used to obtain the views of children and parents with a range of ages and abilities. It is an excellent way of gaining evidence as to how patients perceive the interpersonal aspects of the clinical encounter and how they rate an AHP's relational empathy.

References

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Further Information

The full phase 2 report, **Place M, Murphy J, Reid J. Paediatric CARE Measure (PCM): Phase 2 report. Talking Mats Centre, Stirling, Scotland; 2012** can be accessed from the Talking Mats website <http://www.talkingmats.com/index.php/research-projects> or from the Children and young people's service Managed Knowledge Network <http://www.knowledge.scot.nhs.uk/child-services/communities-of-practice/ahp-cyp-network/paediatric-care->

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About the project

The project was carried out over 13 months by Morag Place and Dr Joan Murphy from the Talking Mats Centre, Stirling, Jane Reid from NHS Scotland and Dr Stewart Mercer from the University of Glasgow. The project was carried out in two phases and this report gives details of phase 2.

Ninety three AHPs gave out the PCM. Three hundred and sixty nine completed Paediatric CARE Measures were collected from patients attending appointments with professionals from six different AHP professions (SLT, PT, OT, Orthoptics, Dietetics and Podiatry) across three healthboards in Scotland (Lothian, Forth Valley and Tayside).

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TalkingMats



Paediatric CARE Measure (PCM): Phase 2 summary report

December 2012

Obtaining feedback from patients on their experiences of healthcare services is not only of importance for professional and service development but is also a key legal and political priority. This practice is now imbedded into adult services but there is recognition that it is more challenging to obtain the views of children accessing healthcare services due to the lack of suitable tools to do so. Phase two of the PCM project aimed to evaluate the feasibility, reliability and validity of a measure to assess empathy and patient-centredness of AHP interventions within paediatric AHP services.

The research

By Morag Place and Dr Joan Murphy from the Talking Mats Centre, Stirling, Jane Reid from NHS Scotland and Dr Stewart Mercer from University of Glasgow.

Project funded by the Chief Health Professions Office, Scottish Government

Key Points

- It is important to obtain the views of children and young people on their experiences of healthcare services
- Adapting existing measures with visual cues and simplified language can make them more accessible
- 3 versions of the CARE Measure have been developed
 - 5Q for children aged 7-11 or those children with a cognitive or language difficulty
 - 10Q for young people 11-18
 - 10Q Parent for parents of children aged 0-6 or children and young people who met the exclusion criteria
- This project identified that all 3 versions were feasible, reliable and valid for children and their parents
- AHPs found the PCM easy to use and relevant to their work
- It is recommended that the PCM is used by all Paediatric Allied Health Professions as standard practice

Figure 1: example of a question from the 10Q measure



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Background

The Consultation and Relational Empathy (CARE) measure¹ was developed to gain the views of people consulting their GP and has since been adapted to create the Visual CARE Measure (for use by adults with communication support needs), and the Paediatric CARE Measure (for use by children, young people and parents accessing AHP services). The CARE measure is a consultation process measure that is based on a broad definition of empathy, in the context of a therapeutic relationship, within the clinical encounter¹. Empathy is the basis for all therapeutic relationships² and it is important that it can be measured as it has been revealed to have an influence on patient enablement³ and patient and professional satisfaction during the clinical consultation⁴⁻⁵. Patients' definitions of quality of care are influenced by how empathetic the professional is during the consultation⁶ and the relationship between patient and professional has been shown to be enhanced by empathy³.

The current project during phase 1⁷⁻⁸ wished to determine whether the Paediatric CARE Measure would be appropriate for use in paediatric AHP services. Following results of phase 1, although the PCM was felt to be appropriate, a number of adaptations were required which resulted in 3 versions of the PCM being assessed in phase 2. These were the:

- **5Q** for children aged 7-11 or those children with a cognitive or language difficulty
- **10Q** for young people 11-18
- **10Q Parent** for parents of children aged 0-6 or children and young people who met the exclusion criteria

It is vital that patients' views are heard and this includes the views of children and young people who may be more difficult to reach due to a lack of appropriate methods for feedback. It is important to have tools to gather feedback and this project sought to determine whether the PCM was a feasible, reliable and valid tool for gathering feedback from children, young people and their parents who access a range of AHP services.

Findings

The main finding from phase 2 was that each of the three measures were considered appropriate for the specified age limit and ability level they were designed for with only minor modifications required. This finding was based on a detailed assessment of the feasibility, reliability and validity of the three measures using quantitative and qualitative data from both patients and AHPs.

Feasibility: Children, young people and parent's views

"As my son has significant learning difficulties, pictures / faces / print together really help"

Ease of understanding and completion Ratings by children, young people and parents showed that the majority found the PCM easy to understand (98%) and easy to complete (98%).

Support The majority of children completing the 5Q measure (71%), required support to do so, whereas, the majority of young people completing the 10Q measure (68%) and parents completing the 10Q Parent measure (89%) could complete them without support.

Age Children and young people were more likely to require support to complete the 5Q or 10Q measure if they were at the younger end of the recommended age range for the measure (i.e. 7-8 for the 5Q measure and 11-12 for the 10Q measure).

Cognitive / language difficulties Children and young people were more likely to require support to complete the measure if they had some level of cognitive or language difficulty. The majority of children and young people (with cognitive or language difficulties) completing the 5Q (78%) and the 10Q (80%) could not complete the measure without support.

First Language For parents completing the 10Q Parent measure, there was an impact of first language, with parents whose first language was not English being more likely to require support to complete the measure. The majority of parents with English as their first language (92%) reported being able to complete the measure without support compared with 58% of parents whose first language was not English.

Feasibility: AHP views

AHPs gave valuable quantitative and qualitative feedback, via an online survey, on their experiences of using the measure.

The majority of AHPs rated the measure as easy to use (84%).

"Easy to use in clinic setting and easy to explain to clients" (SLT)

The main barrier to handing out the PCM was AHPs feeling they did not want to burden their clients by asking them to complete the measure.

"By the end of an assessment most parents just want to get away with restless small children" (SLT)

None of the children, young people or parents commented on this issue however and it was not reflected in the reported refusal rate with only 3/73 AHPs (4%) having patients who did not want to participate.

Many AHPs reported that both children and parents were very happy to give feedback and enjoyed expressing their views.

"Children appeared to be pleased that they were being given the opportunity to have their say" (OT)

"Parents appreciated the opportunity to feedback on their experience" (Physio)

Reliability

Statistical analysis (using Chronbach's alpha to measure the internal consistency) showed that all 3 versions of the PCM are reliable and removal of any of the individual questions on the measures weakened the internal reliability.

Validity: Children, young people and parent's views

The number of participants using the 'not applicable' response option was reasonably low (5Q – 3%, 10Q – 11%, 10Q Parent – 9%). The vast majority of participants responded with 'not applicable' once or twice with very few (5Q – 0%), 10Q – 2%, 10Q Parent <1%) using it three or four times. This suggests patients found the questions relevant to their consultation.

Validity: AHP's views

The majority of AHPs felt the PCM was relevant (95%) and useful (90%) for their profession and 96% said they would use the PCM in future.

"I liked the transparency of the measure and the chance to say to families that we do really care what they think of the service" (SLT)

"A measure of this type for this setting is long overdue" (Podiatrist)

"I think it made me reflect on my interactions with the parents and children. We need to do this anyway of course, but it brought it to the front of my mind as I was meeting people for the first time, and made me try to see the encounter from their point of view" (SLT)

Practical implications and policy relevance

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).

Using the PCM

All PCM resources can be downloaded free of charge. Copies of the three versions of the PCM (5Q, 10Q, 10Q Parent) and patient information sheets for each version can be downloaded from the following sources:

www.talkingmats.com

<http://www.knowledge.scot.nhs.uk/child-services/communities-of-practice/ahp-cyp-network/paediatric-care-measure.aspx>

AHP guidance for use of the PCM is also available to download from the above sites. It is based on evidence from the PCM project and illustrates the most effective way of using the PCM successfully as well as giving details of how to analyse the PCM data and information on learning opportunities related to the PCM.