This viewer’s guide accompanies the video Changing Minds: An Introduction to Person-Centered Care by the Scripps Gerontology Center at Miami University. This video is a resource for those wanting to learn more about this important development in long-term care or for those wishing to teach others about aspects of person-centered care (PCC). Time stamps found throughout this viewer’s guide (example: 0:20) provide a strategy for locating and/or using only selected portions of the video.

**Who is this video for?**

Our video is for a variety of audiences. Potential viewers include:

» Direct care workers in training
» All staff in organizations beginning to adopt person-centered practices
» New employees in person-centered organizations
» Families of consumers served by person-centered organizations
» Board members of person-centered organizations
» All staff in person-centered organizations needing a “refresher” on PCC philosophy and practice

**Why was this video made?**

Scripps Gerontology Center, an Ohio Center of Excellence, specializes in research about aging. In 2013, researchers from Scripps focused on direct care workers and best practices of High-Performing long-term care organizations in Ohio. (Common Sense for Caring Organizations: Results from a Study of High-Performing Home Care Agencies and Nursing Homes; Straker, J.K., Boehle, S. G., Nelson, I. M., and Fox, E. M.; January 2013; URI: http://sc.lib.miamioh.edu/xmlui/handle/2374.MIA/4953) An interesting finding emerged from this research: almost all of the High-Performing organizations, coincidentally or not, provided person-centered care.
Person-centered care seems to benefit care recipients, employees, and organizations overall.

One of the main markers of person-centered care is the knowledge and understanding a worker has for the elder in his or her care. In an industry that has often been focused upon quick and efficient completion of tasks, it may seem unusual for workers to take time for unrushed conversation with an elder. This time of focused conversation is actually an important foundation of person-centered care.

Especially for those who have spent time learning and working in the traditional model of care, person-centered care requires a “re-framing” or a different way of looking at situations. This video was made as a tool to better understand some basic ideas about person-centered care.

**A word about vocabulary**

You will notice that different speakers in this video use different vocabulary when talking about person-centered care. For example the person receiving care may be a resident, a consumer, or an elder. Others use different words to describe the primary or frontline worker who gives direct care. Some use the word aide, some say direct-care worker, and some say elder assistant or E.A. The variation in vocabulary often speaks to the different settings where long-term care is provided. Regardless of the varied vocabulary, the overall spirit of the conversation and message is consistent. In this viewer’s guide, we tend to use a variety of the terms we heard in our interviews.

**The structure of the video**

The video begins with a brief introduction of the Scripps Gerontology Center’s focus on research about aging (0:12). Following the introduction, the body of the video is divided into three segments: 1) What is Person-Centered Care? (0:46) 2) Why do Person-Centered Care? (4:32) And 3) Where do we begin Person-Centered Care? (9:46)

**What is PCC?**

» Person-centered philosophy (0:48)
» Giving meaning to tasks (1:42)
» Elder choice, putting elder back in charge of their life (2:22)
» Importance of relationships (2:51)
» Thickened liquids example (3:07)
» Making a real difference (4:02)

**Why do PCC?**
A basic valuing of life at all stages (4:38)
The role of the direct-care worker: meaningful work (4:50)
Purposeful work benefits all (5:28)
More complete understanding of whole person means better quality of care (6:20)
Family metaphor (6:54)
A valuable tool for “quality of life”—a somewhat elusive mandate (8:32)
Business-related benefits such as strong census/financials follow (8:37)
Linked to positive outcomes (9:00)

Where do we begin?

Take the time, make getting to know elder your first priority (9:51)
Common “problems” are person-centered care opportunities: the shower example (10:48)
Blending departments or cross-training (11:52)
Time of day example (12:33)
Don’t view as a program or more work, it’s a different way to work (13:18)
Listen carefully to the elder (13:57)
Empower and give voice to direct-care workers (14:39)
Approach elders in an individualized way (16:24)
Leaders/managers know (and show they know) both staff and elders (16:37)
Prioritize tasks based upon elders’ wishes (16:58)
Avoid sole focus on change to environment/amenities, instead change your mind (18:10)
At the end of the day, elders are here to live, so make it the best possible life (18:39)

How to Use This Video:
The video can be viewed in its entirety, or viewed in three separate segments to stimulate discussion and presentation of other materials and information. Groups or individuals can answer the questions posed below.

What is person-centered care?

What do you consider to be the essence of person centered care? Why?
What obstacles or constraints exist that make giving person-centered care difficult?
How would you recommend tackling those obstacles or constraints?
What choices have you made today that you would not have gotten to make in a traditional long-term care setting?

Why do PCC?
» What are the rewards of providing person-centered care for residents/consumers? For staff? For the entire organization?
» How does person-centered care impact the daily work of staff?
» How can leaders/managers provide person-centered care?

**Where do we begin PCC?**

» What has happened recently that is reflective of person-centered care? Are there ways to build upon this? What ideas do you have?
» What problems occur that might be handled differently if you became really creative in seeking a person-centered care solution?
» If you had to receive long-term care from your organization, what would be the most important aspects of the care you received? How do you think you would measure the quality of your life? Are there things you would like to see changed? How? Why?

“**You have to get people to understand that it's not about removing a nurse's station, that it's not simply about serving family style...it’s about changing your mind and realizing that everything you decide has to be in concert with what the elder wants.**”

–Sue McConn, VP of Skilled Nursing & Rehab Neighborhoods, Otterbein Senior Lifestyle Choices

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