

Summative Assessment

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## Table of Contents

1.	Introduction .....	3
1.1.	Brief Summary of Person’s Episode of Care .....	3
2.	Main Body of Assessment.....	4
2.1.	Describing the Six Components of Personalised Care Operating Model In accordance with the Episode of Care .....	4
2.2.	Evaluation of the Implication of Effective Communication and Interpersonal Skills by the Nurse within Episode of Care.....	6
2.3.	Explaining one Advantage and Barrier to Interpersonal Teamwork in Accordance with the Episode of Care .....	7
2.4.	Examining the Role of Social Prescribing In supporting the Person’s Health and Well-being along with their Families .....	8
3.	Conclusion.....	9
	References .....	11

# 1. Introduction

The episodes of care imply inpatient stays, outpatient visits, haemodialysis treatments, and acute care at home (AHP) visits which contribute to ensuring the wellbeing of patients. A referral including one with a re-referral or an admittance begins every episode of care, and a clearance finishes that. Further, when a patient receives encompassing nursing care from a nurse as a component of hospitalisation or residential home visit (Nursing Care), this is known as a nursing incident (Galarraga, & Pines, 2016). In line with that, Ojha et al. (2014), emulated that the patients tend to be willing to comply with the instructions of clinicians as a necessary element of their recoveries, which reflects that such patients had their perspectives on healthcare taken into account by medical professionals. However, doctors and nurses remained determined to treat their clients as patients in accordance with their specialised needs and conditions. Care that is personalised to the individual instead of the generic patients is at the core of the NHS England (2018) initiative known as personalised care (Wilson et al. 2020).

With regards to that, this respective essay delves into probing Alison's episode of care in accordance with the six components of the personalised care operating model in order to accentuate its adequate implications. In line with that, the significance of partnership pertaining to working between the patient and the nurse has been highlighted concerning needs of Alison. Further, the appropriate communication as well as interpersonal skills required by the nurse has been evaluated under the guidance of the NHS which is followed by the assessment of relative strength and barrier pertaining to interprofessional teamwork. Moreover, a brief description has been incorporated pertaining to the role of social prescribing in supporting the well-being and health of Alison along with her family as well as carers in order to illustrate the relative significance.

## 1.1. Brief Summary of Person's Episode of Care

The story of Alison reflected the severe incident of spiral injury in the year 2006 at the age of 21 years old, which led her to partner with a home care agency for assistance and care. Alison tend to be an extensively active person before the injury however the spinal injury led her to be tetraplegic with the requirement of complete 24-hour care after the discharge. This severity has resulted in dependence of Alison on the home care agency which remains jointly funded by the continuing health care (CHC) along with the regional authority. In line with that, Alison had changed 36 PAs till 2014 for acquiring effective care services and assistance as she found it challenging to leave the home or simply move off the bed securely. Alison's life post-

injury remains revolves around animals, with some of the animals at her home and several horses in an adjacent place. Concerning that, the care service sent Alison, PAs who had been allergic to or scared of animals or uphold the incapability relating to driving. This respective situation accentuates the lack of focus by the selected home care agency upon the preferences as well as the needs of Alison, which pertains to be detrimental to her recovery process. Alison had been reported to be unsure about the PAs the next day along with their duration to stay. She could not form commitments or promises owing to the uncertainty pertaining to the adequate level of support which highlights the lower control over her treatment process along with the planning. These respective situations led Alison to terminate the services of the care agency by approaching social care and continuing health Care (CHC). Moreover, the acquisition of a personal health budget has empowered Alison to acquire control of the regular assistance and the appointment of PAs which resulted in her personal as well as professional well-being owing to the increased level of control (NHS England, 2022).

## **2. Main Body of Assessment**

### **2.1. Describing the Six Components of Personalised Care Operating Model In accordance with the Episode of Care**

The study of Alderwick, & Dixon (2019), elucidated that the new long-term proposals to transform England's healthcare system have been introduced by the Department of Health and Social Care (DHSC). With the introduction of the NHS Long Term Plan in January 2019, the government completed its mission pertaining to the provision of an individualised healthcare system. In line with that, Hurst et al. (2019), iterated that the care decisions need to be undertaken by considering the requirements of individuals in order to fulfil their healthcare needs. The wellness of individuals, education, psychological health along with socioeconomic, racial, and cultural backgrounds are only some of the aspects of care that are taken into deliberation throughout the primary treatment when a person-centered approach is taken, which is regarded as the personalised care design.

According to the NHS long-term plan (2019), an episode of care consists of six major components, all of which are included in the individualised care operating model involving the personal health budgets, supported self-management, personalised care and support planning, patients' choices, social prescribing as well as the supported self-management. In line with that, shared decision-making is the fundamental principle of the individualised care operational paradigm. Plans including these can involve activities like dieting, quitting smoking, or finding

work as the patients come to hospitals and clinics for a wide range of reasons (Roberts et al. 2019). With regards to the case of Alison, the practitioner implies to be in a privileged position to advise her on important matters regarding treatment alternatives, concerns, and advantages. Due to their experience and expertise, medical professionals have priority access to the data previous history of Alison along with her requirements and medical needs. However, the integration of this component also requires that the healthcare professional especially nurses need to recognise and honour the autonomy of Alison along with her right to make decisions about her respective health care treatment.

Further, the patient choice represents a secondary element as this concept addresses the issue of accommodating a patient's stated preferences on medical care. A patient can demand a particular course of therapy on the basis of their personal values and preferences (England NHS, 2017). Regarding the contemplated case of Alison, this respective component tends to be crucial as it deems to uphold the nurses and practitioners obliged for undertaking their decisions pertaining to her treatment. The illustration of having the animals and horses around Alison along with the enhancement of the physical activities reflected the crucial reliance on her preferences as well as needs. Furthermore, the notion of assisted self-management is addressed in the personalised care operational model as this element provides help to the patient as they undergo treatment (Makela, 2019). When Alison had been regarded as ill and posing the need of 24 hours assistance she needed more than just the traditional treatment for her condition owing to the significance of assistance with self-management. The respective integration involves healthcare mentoring and self-management training for Alison along with peer support for fostering her response to the treatment.

In addition to that, social prescribing facilitates communication between professionals who can assist patients' self-discovery while they undergo treatment. These professionals link individuals in need of emotional assistance with appropriate community and government resources. Professionals in this field make certain that people form new organisations and work together with community members (Howarth, & Burns, 2019). In the case of Alison, she connected to a variety of regional support networks through the use of effective social prescribing which led her to eliminate the services home care agency by contacting the CHC and local authority. Moreover, individualised support and care planning is another part of the model and it aids the individual or their acquaintance in investigating options for health and wellbeing management (Cronin et al. 2021). The principle focuses on acknowledging each person's specific set of strengths as they pertain to their therapy. An individual history of Alison

and treatment choices have been taken into consideration as the procedure comprises combining all necessary aspects that tend to ensure her health and happiness. People are more likely to consent to the planned treatment process if they are included as participants and experts in that process.

Moreover, personal health budgets (PHBs) are an integral part of the individualised approach to healthcare as it focuses on the monetary expenditure essential to strengthen wellness and health (McShane, & Kirkham, 2020). PHB implies to be a tool for determining what is important for Alison and what she requires in accordance with her medical choices. In terms of the therapies, personal care, and equipment, PHB helped Alison in setting budget limits according to her needs and support plan owing to the requirement of selected medical treatment.

## 2.2. Evaluation of the Implication of Effective Communication and Interpersonal Skills by the Nurse within Episode of Care

It has been accentuated by Arnold, & Boggs (2019), that the ability to effectively communicate and interact with others is a crucial talent in the healthcare profession. It is important since having both tend to ensure a positive reputation amongst individual medical professionals and their patients whenever practised effectively. The ability of nurses to connect with patients and learn about their priorities amid treatments can help them provide better care. In line with that, the nurse can treat Alison with dignity and compassion, which is anticipated to encourage her to share their concerns and hopes. These social and conversational abilities will help the nurse to remain aware of the changing demands of Alison pertaining to the planning of treatment, which results in the development of feelings of appreciation and value. Therefore, it implies be less difficult for Alison to form a trusting relationship with the respective nurse.

The study of Wei et al. (2019), endorsed the notion that this strategy is important when dealing with patients posing complete reliance on the nurses and practitioners in terms of their daily activities. Younger and older patients are especially responsive and sensitive to the behaviours displayed by healthcare professionals. With regards to that, Alison in this case study could determine whether or not she was treated with dignity by the medical staff in the prior sessions owing to their restricted level of communication. It has been emulated by Adams et al. (2017), that a nurse can also utilise body gestures to encourage a patient to open up about how they are feeling. A nurse needs to be more inclined toward showing interest in their

patients by not being resentful and reaching out to consider their concerns. In order to instil trust in their patients, doctors should present themselves as confident and capable of handling any situation that can arise (Kaplonyi et al. 2017).

With regards to that, the integration of the positive body gestures could be identified by Alison in her initial interactions with the nurses, however, the nurses lacked the crucial abilities to have a formal conversation. As the patients tend to notice these characteristics and be more willing to communicate with these nurses about their concerns throughout treatment. The positive attitude of nurses is regarded to have a favourable effect on patients, who in return are more receptive to the care the practitioner offers. People are naturally drawn to those who exude positivity along with posing strong interpersonal and communication abilities (Wang et al. 2018). This respective strategy could be used by the nurse for encouraging Alison to discuss her respective care needs in accordance with the received services. In addition, the nurse of Alison can work on maintaining emotional stability so that she can articulate her fundamental requirements by addressing such eruptions that can prevent her from adequately communicating treatment-related issues or requirements is an integral part of dynamic control.

### 2.3. Explaining one Advantage and Barrier to Interpersonal Teamwork in Accordance with the Episode of Care

Ritter et al. (2018), have iterated that there are several advantages and disadvantages of working in an interprofessional team during a patient's episode of treatment. The primary benefit is improved access to high-quality medical treatment as interprofessional collaboration facilitates the integration of knowledge from a wide range of disciplines into healthcare delivery. To illustrate, the anaesthetic nurses, neurologists, and physicians are all required to work together in order to share insights prior to beginning a sensitive treatment involving surgery (Rydenfält et al. 2017). In order to help Alison, the team of the CHC, social care, practitioners involving the respective doctor and the nurses had discussed pertaining to the possible solutions predicated on their available knowledge for fostering the recovery rate. As Alison remains predicated on the personalisation of the efforts to her medical issue which results in the attainment of expected results. This respective notion has been supported by Welp et al. (2018), that the care of a patient necessitates the combined efforts of several specialists who communicate and collaborate during an episode of care.

Across the nation, medical facilities are known for providing substantial treatment and the case of Alison reveals these underlying reasons, which are reflected as the potential issues

with interdisciplinary teams. Uncertainty about who should be in charge is the biggest challenge for interdisciplinary teams due to the ambiguity. Further, the widespread collaboration throughout disciplines often alludes to competition for positions of authority as well as a desire to prove a person's competence to others (McLeod et al. 2021). The study of Arnold, & Boggs (2019), elucidated that each participant of every team tends to be trying to prove their team's dominance over the others, which results in conflicts. The presence of multiple leaders or the absence of a single leader both contribute to the confusion pertaining to the clarity of role as well as responsibilities.

In line with that, Breitbach et al. (2017), accentuated that most interdisciplinary teams lack the direction necessary to ensure that their specialists can work together effectively. Therefore, the nurses from the services home care agencies remained uncertain about their jobs and reflect the lack of coordination, which resulted in a higher turnover rate. Direction and conflict resolution are two areas in which leadership is regarded as crucial as the complexities in the leadership structure develops the possibility of political manipulation and narcissism among the members (Etherington et al. 2021). Owing to the disorganised nature of the group, dependable medical care for Alison was revealed to be difficult due to the inconsistent interprofessional team which affected her recovery process.

#### 2.4. Examining the Role of Social Prescribing In supporting the Person's Health and Well-being along with their Families

It has been elucidated by Tierney et al. (2020), that the major goal of this strategy is to reconnect patients with local resources and government programmes that can help them in times of medical emergency. As a result, this procedure is concerned with meeting the requirements of individuals while they are actively pursuing medical care. The goal of this integrated method is to help people connect with local organisations that can provide resources for living more sustainably. In line with that, Moffatt et al. (2017), emulated that a procedure is required to assist a patient in forming new associations that integrate effectively with all community stakeholders. When people receive care as part of these communities, their well-being improves. The health and happiness of the caretakers themselves, as well as their families, can benefit substantially from social prescribing. Given the importance of continuing the recovery process at home after a patient is released from the hospital, family as well as other caregivers play a crucial role.



With regards to that, the study by Drinkwater et al. (2019), iterated that these workers are exposed to high levels of stress on the job, rendering it difficult to draw definitive inferences about their psychological health. The patients they care for imply to be impacted by the absence of support which highlights the respective importance of social prescribing for motivating the patient and the respective family. However, social prescribing has been creating channels where nurses can obtain assistance while dealing with patients. This method successfully provides individual care to both patients and healthcare professionals. Consequently, the well-being of carers aids the recovery process of respective patients (Woodall et al. 2018). Concerning that, social prescribing implies to be crucial for Alison and her family due to the extensive illness and the reliance on the caregivers for daily activities along with mobility. The appropriate level of support to Alison, her family and the nurses is expected to increase their efficiency in terms of escalating the recovery process.

Moreover, Tierney et al. (2020), recapitulated that when social prescribing is working effectively, many different entities collaborate to provide high-quality results. Some instances of these involve hospitals, social assistance agencies, housing cooperatives, as well as non-profits dedicated to a social mission. In addition to that, self-referral is crucial to the notion of social prescribing in order to ensure the best possible outcomes for patients and nurses by collaborating with the supporting entities. With these interconnections in practice, effective social prescribing needs to be assured for Alison and his family in order to attain the benefit of receiving more services and support.

### **3. Conclusion**

This respective assessment has evaluated the case of Alison with regards to the episode of care after her accident in 2006 in order to assess the significance of the personalised care operating model along with the effective communication and interpersonal skills. In line with that, personal health budgets, supported self-management, personalised care and support planning, patients' choices, social prescribing as well as supported self-management is reflected to be crucial components of the personalised care operating model. Further, this assessment highlighted that the interprofessional team implies to be crucial as when doctors and nurses work together, patients remain assured that they will receive high-quality care owing to their expertise. As every person is expected to bring something special to the team, and if they all work together, they might be able to accomplish efficiency within their activities. Furthermore, the barrier to working within the interprofessional team involves the lack of

coordination due to role ambiguity and failure. Moreover, social prescribing has been revealed to be substantial in motivating the patients and their families in order to enhance their well-being in terms of fostering psychological wellbeing.

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