

Activities and Videos

Note: These activities may be used at the discretion of faculty along with the person-centered care slide deck.

Reflection 1:

Think of some examples at work where there were more than two people involved in decision making for clinical care:

- What are the challenges this creates for people when they have different expectations about a similar process?
- How did the patient's experience inform the dialogue?
- How did beliefs and values of yourself and/or the patient inform the PCDM process?

Reflection 2:

- How do you encourage autonomy and facilitate dialogue around responsibility for your healthcare?
- What are points of access to resources that you have, that others might not?
- Can you track the privileges that have affirmed and supported/diminished the quality of your healthcare?
- Are there parts of your self-identity that have informed the quality of care you have received?

Reflection 3:

- Have you observed a clinician include a third person in the clinical care partnership?
- What was particularly effective when the third person was present?
- What was unhelpful?
- How could you reconcile differences between a clinician and a third person, or enlist them in the partnership?

Reflection 4:

- What are some examples of priorities and concepts of risk and safety that might differ between clients/patients and providers?
- Have there been instances when your bias or opinion affected how you communicated risk?

Reflection 5:

- On a piece of paper or electronic notepad, make a list of 5 words that describe your first thoughts when you hear “home birth”.
- List and describe 2 differences between a planned home birth and an unplanned home birth. Base your comments on your own life experience and education, not from online resources.

Reflection 6:

- What are some examples of priorities and concepts of risk and safety with respect to birthplace that might differ between patients/clients and providers?

Reflection 7:

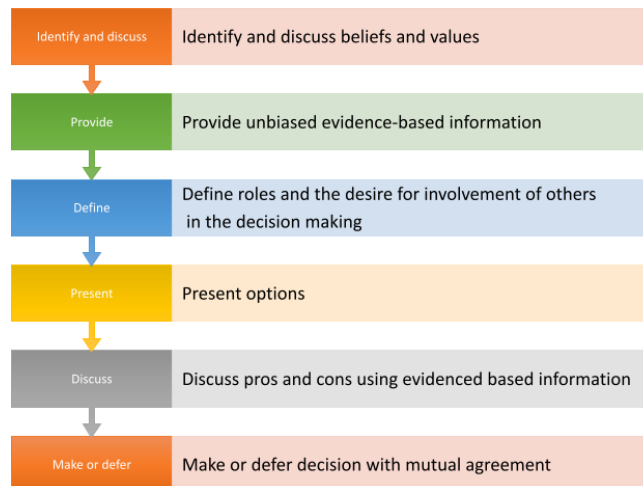
- What items (equipment, personnel, care processes, or resource utilization) might drive the differences in costs between settings?

Activity:

Watch this [short video](#) that models the use of many of the elements that support person-centered decision making. As you watch the video you will see prompts that identify the key elements. You may wish to stop and replay the labeled sections; this will allow you to learn from a best practice model, about each technique within a real conversation with parents.

NOTE: This video was designed and filmed in British Columbia, Canada. Some content related to delivery of care is specific to Canada, but the person-centered decision-making content is clearly applicable to a US audience.

Participants, please discuss ways that the midwife utilized these techniques in this interview.



Activity: Implicit Bias

There is an embedded [Link](#) behind Image for Project Implicit is a non-profit organization and international collaboration between researchers who are interested in implicit social cognition – thoughts and feelings outside of conscious awareness and control. The goal of the organization is to educate the public about hidden biases and to provide a “virtual laboratory” for collecting data on the Internet.

Project Implicit was founded in 1998 by three scientists – [Tony Greenwald](#) (University of Washington), [Mahzarin Banaji](#) (Harvard University), and [Brian Nosek](#) (University of Virginia). Project Implicit Mental Health launched in 2011, led by [Bethany Teachman](#) (University of Virginia) and [Matt Nock](#) (Harvard University).

Not linked to an Activity

Safety, Comfort and Prevention During Birth

<https://youtu.be/YbqNqPTZx5c> (not linked to an activity)