

# The use of the 'Tell-us card' communication tool to improve patient participation

## Basic Care Revisited

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# Background

- Communication is one of the fundamentals of care (Kitson et al. 2010) and can be defined as:  
  
*'a pattern of exchanging information and ideas with others that is sufficient for meeting one's needs and life's goals' (NANDA)*
- Patient participation  
  
*'..the patient has knowledge of, and when possible, control of, the disease and treatment, to enable the patient to experience trust during the hospital stay and at discharge' (Eldh et al. 2006)*

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# Background 2

- Jangland et al. (2012) investigated the use of the ‘Tell-us Cards’ as a communication tool for enhanced patient participation in basic care
  - Improved patient abilities to participate in decisions
  - Expected further improvement

***Berätta för oss!***



# Aim

- *Aim:* to investigate feasibility and effectiveness of ‘Tell-us Cards’ for patients participation in basic care in two different hospital settings.
- *Intervention:* ‘Tell-us Card’ communication tool

*Vertel het ons!*

**VerTelkaart** Radboudumc

*Vertel het ons!*

Wij willen u zoveel mogelijk betrekken bij uw zorg.  
Wat is belangrijk voor u vandaag of voor ontslag? Waar heeft u informatie nodig? Wat wilt u dat wij over u als persoon geregeld moeten worden? Wat kunt u zelf en waar heeft u hulp nodig? Wij nodigen u uit om uw vragen, wensen, zorgen en ideeën op deze kaart te noteren. De verpleegkundige die voor u zorgt zal dit met u bespreken.

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*Vertel het ons!* Datum: \_\_\_\_\_

Noteer hieronder wat belangrijk voor u is. De verpleegkundige die voor u zorgt zal dit met u bespreken.

Dit is belangrijk voor mij

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# Methods

- Randomised controlled study design – feasibility trial
- 4 wards in 2 hospitals
  - Radboudumc, Nijmegen
    - Neurosurgery
    - Head & Neck surgery ★
    - Cardiology
  - Jeroen Bosch Hospital, Den Bosch
    - Cardiology ★



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# Methods

- Intervention (Tell-us Card) versus usual care
  - Intervention mapping (Bartholomew et al. 2011)
- Questionnaires (t0-t1), including outcomes
  - Individualised Care Scale (Suhonen et al. 2005, 2010)
  - Quality from the patients perspective (Wilde Larsson et al., 2009)
- Experiences and content 'Tell-us Cards'



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# Individualised Care Scale (Suhonen et al. 2010)

- Two dimensions
  - Part A: Support of individuality
    - *Nurses have talked with me about the feelings I have had about my condition.*
  - Part B: Perceptions of individuality
    - *The feelings I have had about my condition have been taken into account in my care.*
- Three subscales
  - clinical situation, personal life situation and decisional control





# Patient characteristics

	Neuro - Surgery (c) <i>Radboud</i>	Head & Neck surgery (i) <i>Radboud</i>	Cardiology (c) <i>Radboud</i>	Cardiology (i) <i>Jeroen Bosch</i>
N	59	60	76	66
Gender * % Male	33	50	57	71
Age ** Mean (sd)	52 (14.1)	57 (16.6)	67 (12.2)	66 (10.1)
Education * % Low	21	25	38	32
LOS * Mean (sd)	4.5 (3.4)	6.5 (4.6)	9.0 (8.5)	8.3 (6.7)

\*chi square and \*\*t-test were used

## Individualised Care Scale (ICS) - Patient

	Neuro - Surgery (c) t0 - t1	Head & Neck Surgery (i) t0 - t1	Cardiology (c) t0 - t1	Cardiology (i) t0 - t1
n	35 - 24	37 - 23	37 - 39	35 - 31
ICS A	4.1 - 3.7	3.9 - 3.8	4.1 - 3.9	3.8 - 4.1
ICS B	4.3 - 4.0	4.1 - 4.0	4.3 - 4.1	3.9 - 4.4*
A1 Clin Sit	4.3 - 3.8*	4.1 - 4.0	4.3 - 4.3	4.0 - 4.1
A2 Pers Life	3.5 - 3.3	3.7 - 3.4	3.5 - 3.2	3.1 - 3.8*
A3 Dec Con	4.3 - 3.9	4.0 - 3.7	4.2 - 3.9	4.0 - 4.2
B1 Clin Sit	4.4 - 3.9	4.4 - 4.0	4.3 - 4.1	4.0 - 4.3
B2 Pers Life	3.9 - 3.6	3.7 - 3.5	3.9 - 4.0	3.3 - 4.1**
B3 Dec Con	4.4 - 4.4	4.3 - 4.4	4.6 - 4.4	4.3 - 4.7*

\*Significant difference of means T-test  $p < 0.05$ , \*\* $P < 0.01$

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# Content of 'Tell-us Cards'

- Content of cards - Patients from the Head Neck Surgery ward.

*'Calming myself down after looking at my wound and no pain during wound care'*

*'Patient is afraid to suffocate, wants to be sure that this isn't going to happen' – written by the nurse*

*'The kind attentive and considerate care from all people here. The nice quiet room. The beautiful view with a lot of green and trees. Thank you.'*

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# Content of 'Tell-us Cards' (2)

- Patients from the Cardiology ward;

*'That I am being taken seriously about my fear!'*

*'when my medication is changed, why is it changed and explanation where they are for. This is missing sometimes'*

*'That everyone knows about the treatment policy. That daughter will be informed well and called after (diagnostic) examination(s)'*

*'Good care. When you use the alarm there is always someone coming'*

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# Nurses experiences

- Nurses stated to have a positive attitude towards patient participation but were not positive about the use of the 'Tell-us Card' in daily practice

*'most of the patients said: I want to go home or they indicated that they did not have any remarks or that we were doing a good job'*

- Nurses furthermore indicated that they don't need a card to communicate and that they already discuss these issues with patients
- Nurses (one ward) were negative about the administrative work that came with the research part of the study (use of paper files)

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# Discussion

- Although nurses and patients were involved in tailoring the 'Tell-us Card' intervention to the local situation, feasibility in daily care remains unsure
- Patient participation during hospital admission is challenging for nurses and patients
- Findings are in line with recent literature (Tobiano et al. 2015)
  - willingness
  - nurse approach
  - unclear expectations and roles



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# Conclusion

- Patients write down relevant and important issues on the 'Tell-us Card', feasibility of the intervention in daily practice needs further investigation
- The intervention appears to be effective in enhancing patient participation, further analysis will give more insight in process and effectiveness
- Conducting a feasibility trial is an essential first step in investigating effectiveness (MRC-framework, Richards & Hallberg 2015)