

# From The Client's Perspective



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In previous *résumé* articles, we introduced the concept of client-centred services\* by focussing on interprofessional collaboration (IPC). The reflective questions and concepts introduced in this article are focused on clients and are intended to strengthen an RD's awareness of the skills and attitudes needed to enhance

client-centred services within changing dietetic practice environments.

## WHO ARE THE CLIENTS?

To strengthen our approach to client-centred services, we first need to consider who are our clients. Clients are members of the public who interact with RDs in population and public health nutrition; administration; community and home care nutrition; education and research; sales, marketing and retail; business and industry; clinical; media and other practice environments. There is no one type of client and no single way of treating everyone.

## ENHANCING CLIENT-CENTRED SERVICES

Client-centred services are linked to increased quality and safety, reduced costs, and an improved client experience.<sup>1</sup> While there are gray areas in the most comprehensive of definitions, client-centred service is seen as "an approach in which clients are viewed as whole persons."<sup>3</sup> As we shift towards a collaborative, client-centered approach, clients themselves are becoming more engaged and responsible for making informed decisions about their health.

Within this client-centred culture, there ought to be an emphasis on client-centred values in dietetic practice (see the blue box) and on providing mechanisms for continuous communication among health professionals. These are important for optimizing

\* Client-centred services are also referred to as patient and family-centred services.

## Client-Centred Values<sup>3, 5, 6</sup>

Client-centred services are linked to increased quality and safety, reduced costs, and an improved client experience.

### Universal Access, Human Dignity and Respect

Show respect for individuals, their autonomy and their rights regardless of race, religious beliefs, colour, gender, physical and/or mental disability, marital status, family status, economic status, education level, age, or sexual orientation.

### Clients Responsible For Their Own Decisions

Obtain informed consent prior to providing services and consider the best interests of clients by respecting their right to make their own decisions. See clients as leaders and experts of their own lives.

### Focus on Client Needs and Goals

Assume responsibility to facilitate client-centred learning and informed decision-making by focusing on client needs and goals. Make sure clients understand the options presented and that they feel free to take into account their own perspectives and values when making decisions.

### Continuity and Consistency of Services

Interprofessional teams are accountable for achieving outcomes for continuity and consistency of client-centred services. They share a team vision and have established roles and processes to ensure the continuity and consistency of services. Opportunities are created for learning together and to create and seek new knowledge within the team for the benefit of clients.

### Responsiveness and Timeliness

Assume responsibility and accountability in the provision of responsive and timely dietetic services. RDs need to be proactive in private practice or in their organizational processes to strengthen interprofessional collaboration for enhanced client-centred services.

participation in decision-making across professions and respecting the client's involvement. Client-centred services consider that "people vary in their capacity and inclination to engage in their own decision-making."<sup>4</sup> It is crucial that RDs strengthen their awareness of the skills (e.g., communication and assessment) needed to determine a client's capacity and willingness to participate in making informed decisions.

## ORGANIZATIONAL MOVE TOWARDS CLIENT-CENTRED SERVICES

Some organizations are voluntarily coming together to deliver more seamless client-centred services such as enhancing accessibility to services with reduced or no financial or geographic barriers; using appropriate technology and appropriately adapted to social, economic and cultural development;<sup>5</sup> encouraging client participation in planning and decision-making; emphasizing self-care, prevention and health promotion; enabling coordination and integration of services; and fostering interprofessional collaboration to promote health and public safety.<sup>2,7</sup> RDs are also encouraged to be proactive in fostering client-centred values in their organization.

## REFLECTING ON YOUR CLIENT-CENTRED PRACTICE

Whether connected to an organization or working in private practice, consciously adopting a client's perspective will help RDs ensure that their dietetic services fulfill the needs of clients in all practice environments. Here are some questions that will help you reflect on your day-to-day activities and the dietetic services you offer from a client-centred perspective:

- a. Am I respectful of the individual client's values, preferences and expressed needs?
- b. Am I involving the client in informed-decision making?
- c. Am I respecting the client's autonomy and providing dignity?
- d. Am I providing detailed information that the client understands?
- e. Am I planning and coordinating timely ongoing services?
- f. Am I coordinating dietetic services with relevant circle-of-care team members?
- g. Am I communicating and providing explicit information about the processes of services?
- h. Am I showing empathy and understanding for clients concerns and circumstances?

Client-centred practice "is not merely about delivering safe services where the client is located. It involves advocacy, empowerment, and respecting the client's autonomy, voice, self-determination and participation in decision-making."<sup>3</sup> The College of Dietitians of Ontario strongly supports the focus on client-centred practice for providing safe, high-quality dietetic services in all practice settings.

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- 4 **Silow-Carroll S, Alteras T, Stepnick L.** *Patient-centered care for underserved populations: definition and best practices*. Economic and Social Research Institute, January 2006. Prepared for the WK Kellogg Foundation. [http://www.esresearch.org/documents\\_06/Overview.pdf](http://www.esresearch.org/documents_06/Overview.pdf)
- 5 **(The) Joint Commission** (2008). *2008 National Patient Safety Goals Manual*. Chapter Chicago : The Joint Commission.
- 6 **Spragins W.A., Lorenzetti D.I.** *Public Expectation and Patient Experience of Integration of Health Care: A Literature Review*. Toronto: The Change Foundation, 2008. <http://www.changefoundation.ca/litreviews.html>
- 7 **Shaller, D.** *Patient-Centered Care: What Does It Take?* <http://www.pickerinstitute.org/documents/PI%20Shaller%20Final%20Report.pdf> Source: Pew Internet & American Life Project <http://www.pewinternet.org/reports/2009/8-The-Social-Life-of-Health-Information.aspx>
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- 11 **Lencioni, P.** (2005). *Overcoming the five dysfunctions of a team: A field guide for leaders, managers and facilitators*. San Francisco: Jossey-Bass.