

## SWOT ANALYSIS:

Problem: Patient centered care at my clinical setting (general outpatient psychiatry)

Strengths	Weaknesses
<ul style="list-style-type: none"><li>-The PMHNP is empathetic with patients, providing emotional and spiritual support. Patients are receptive to the 'MI' spirit and highly value the care of the PMHNP.</li><li>-PMHNPs are able to practice independently. There is effective communication among all team members and prescribers.</li><li>-Each team member is able to identify their role in the patient's treatment and safety plan.</li><li>-I have seen respect shown among team members, including the psychiatrist, PMHNP, case manager, therapist, nurse and secretary.</li><li>-From my perspective, the multidisciplinary teams function well together and collaborate with one another.</li><li>-Team members are accepting and open to one another regardless of ethnic or cultural background. There is diversity, which makes patients feel comfortable.</li><li>-Providers exhibit evidence-based practice relating to the DSM-5 and administration of psychotropics.</li><li>-Safety is a big part of patient-centered care and considered the most important factor in the treatment plan.</li><li>-All providers are aware and knowledgeable about patient safety. Risk factors and symptoms are identified and treated.</li></ul>	<ul style="list-style-type: none"><li>-Psychiatrists are more resistant and uncomfortable with change versus the PMHNP who goes with the flow of the 'MI' spirit.</li><li>-Weaknesses in scientific basis for practice are valued by the PMHNP whereas psychiatrists become more defensive.</li><li>-Seeking to understand patient values is less valued by psychiatrists compared with the PMHNP.</li><li>-Respect towards the centrality of the patient is lower with psychiatrists and higher with the nursing team, case managers, and therapists. It seems there is a misunderstanding of goals associated with patient centered care</li><li>-The use of research evidence and clinical expertise is high, but lower in identifying and incorporating patient/family values among psychiatrists.</li><li>-Relying solely on research is negatively affecting patient-centered care, leading to misdiagnosis and medication misuse.</li><li>-I have noticed there is not always standardized terminologies used among providers, which as a student was not helpful. This was dependent on the provider.</li><li>-There are potential financial requirements for training/education and funding is limited.</li></ul>

<p>Opportunities</p> <ul style="list-style-type: none"> <li>-The PHMNP is able to incorporate psychotherapy during patient visits, so there is hope for psychiatrists to do this as well with educational opportunities.</li> <li>-Utilizing change management would be beneficial for all providers who have difficulty adjusting to change.</li> <li>-A quality improvement project may include education on the importance and value of patient-centered care.</li> <li>-It is necessary to educate patients of their input into their own care.</li> <li>-Asserting leadership is essential to convey the importance and shape the dialogue regarding patient-centered care, which is best psychiatric practice.</li> <li>-Essential information is available to educate patients and families. In my opinion, information access is not being utilized enough.</li> <li>-Participatory research could elicit meaningful cultural insight into barriers of mental health utilization.</li> </ul>	<p>Threats</p> <ul style="list-style-type: none"> <li>- Minimal empathy is affecting patient attitudes toward provider, yet this does not seem to be a priority in face of meeting certain quality goals.</li> <li>-I anticipate difficulty with getting providers on board with change management, especially those who are older and have practiced for years primarily under the medical model.</li> <li>- Right now, patient-centered care is not valued as a whole. I believe the definition of patient-centered care is not being clearly identified.</li> <li>-Patient centered care may lower the rates of psychotropic polypharmacy, financially affecting business and pharmaceutical companies. Funding this GOP is reduced as it is.</li> <li>- Communication regarding polypharmacy is not evident and some patients appear over- medicated.</li> <li>-The attitude within the quality improvement meeting I attended was unappreciative and not valued as essential. No providers were in attendance.</li> <li>-Some providers document during the session with the patient. Sometimes it appears disrespectful and the patient disengages.</li> <li>-Some psychiatrists exhibit a need to be in control of the treatment plan. Their patience wears thin when a patient insists on having a voice through action or word whether it be positive or negative. This is common in patients with mood and personality challenges.</li> </ul>
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## References:

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