




Shadowing the patient experience

Guidelines for individuals completing patient shadowing

October 2012



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This guidance is to be used in conjunction with 'The Patient Shadowing Framework: Guidance for completing a patient-centred service review'



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What is Patient Shadowing?

Patient Shadowing is the structured process of following a patient through their visit to the health service and document the experience. The patient should always be at the centre of their care but they are often excluded from the care process, with the main focus being on their medical condition. The main objective is to be able to see the patient's experience of care from the perspective of the patient. By following the patient making observations, we are able to look at the entire experience through their eyes, opening up a world of considerations that we had not realised existed, such as the lack of information given to patients regarding their care or long waiting times around investigations.

Shadowing is an opportunity to empathise and connect with patients, families and other caregivers that can influence your skills and personal development as a professional within the health service. It is completely different from the history taking and examination which is traditionally expected of us as and therefore requires different individual qualities. Understanding these differences is essential for successful shadowing.

Shadowing is also an opportunity to experience all aspects of healthcare, to witness what is done well in order to provide positive feedback and make possible suggestions about improvement.

What is the purpose?

Shadowing allows us to map the patient's experience and identify exactly where they go and who they come into contact with at every point within their journey. It is an opportunity to view each point of contact and observe the quality of care received from the patient's point of view. Patient shadowing is used to identify exactly what happens during a patient's visit to a service and the quality of care perceived, in particular:

- measuring behaviours, eg number of visits and waiting times
- learn about people's movements through the service
- assess variability within the service
- helping you see things through the eyes of a patient

The identification of the existing patients' experience of a care and their behaviours through the care pathway allows to plan actions to improve the health service based on the service user perspective. A second Patient shadowing round will allow you to evaluate the impact made by the changes implemented to the service.

Benefits of shadowing

There are numerous benefits of shadowing, some of which are summarised below. You may find additional benefits once you begin the process.

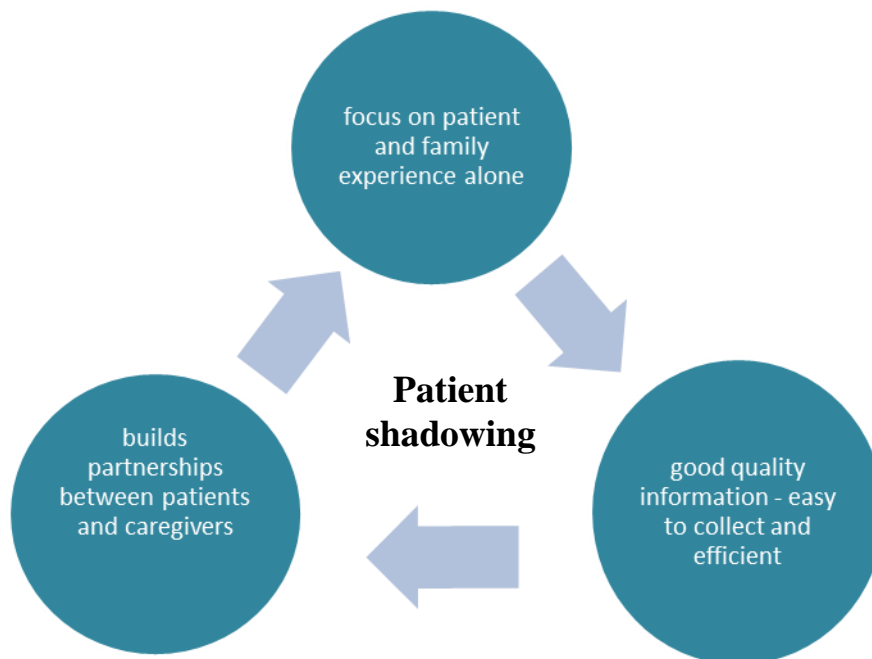


Figure 1. Adapted from Patient and Family Go Guide



Focus on patient and family experience alone

Shadowing allows us to experience the quality of each point of contact from the patient's point of view, rather than from the view of the caregivers. This can take place in any care setting and from any care giver; hospital or primary care centre, medical or nursing etc.

Good quality information – easy to collect and efficient

Through shadowing we are able to collect data in a relatively easy way which is efficient and cost effective but also provides us with a viewpoint not always considered when making improvements to the current state within a healthcare setting.

Shadowers can be students, volunteers or caregivers.

Builds partnerships between patients and caregivers

Patients appreciate being involved in their own care and therefore are motivated to participate knowing that they can influence care experiences now and in the future.

What to expect

As a professional (or trainee) often your time is spent taking histories or carrying out a specific task. Shadowing has an entirely different objective and understanding the principles of shadowing is key to it working well.

The majority of patients are enthusiastic about helping when they realise the purpose of the project is to improve the experiences of everyone in the long term.


Shadowing is not common practice at present and therefore patients find the concept of it somewhat unusual. A clear explanation of your aim will better prepare the patient for what to expect whilst you are shadowing them. Explain that your purpose is to stay and observe for a period of time, not to carry out a specific task and then leave.

Family members may be present throughout some or all of the care experience. This is an opportunity to learn from their perspective as well, taking into consideration their thoughts and feelings. Therefore do not let their presence be a barrier to shadowing, but instead value their contribution.

Things to consider before starting

Before you begin: obtain the patient's verbal consent. It is important that where possible you inform patients prior to any observation and explain that their comments on a particular experience might be fed back to the ward staff as part of the findings of your shadowing project. Reassure them that their details and personal information will not be disclosed and obtain their verbal or written informed consent. Patients may require some written information about the shadowing and time to consider whether they are willing to participate. Always let patients and family know that they do not have to participate.

Make sure you have permission to undertake the shadowing project from the appropriate staff member within a specific area and know who your Clinical Supervisor is. Know who will be receiving the results of the shadowing project from you.



Who will perform the shadowing: Using people who are not usually part of the specified care experience is important, as they may be more impartial and offer an unbiased opinion of an experience. These could be students, medical, nursing, managerial or other.

Location: It is important to explain your purpose to the clinical staff prior to and during shadowing. Various clinical settings may provide different obstacles for the observer, for example, a busy ward or outpatient department versus an isolation unit. Additionally, be aware of other patients around you as it may be appropriate to also give them an explanation of your purpose.

Make you and the patient comfortable: Make sure that the timing of any observations does not impact on mealtimes or visiting hours, unless you are particularly reviewing these periods. Ask the patient where they would like you to sit so you are not invading their space, but are still able to make observations and conversation. Let the patient know that you will be taking notes. Make sure you can see and record the time.

Initiating communication with the patient: In order to put the patient at ease, it may be advantageous to begin conversation with some general introductions and conversations unrelated to the hospital stay. Use simple and appropriate language when speaking to the patient to avoid confusion.

Specific information (may not be applicable to all): You might be looking to find out some specific information from patients relating to their care experience, for example, discharge process or elective surgery, with a few specific questions.

Supervision: It is important that there is a Clinical Supervisor, responsible for the project (this can be a nurse, doctor, manager etc.) who will support the shadower and act on the results. Having an opportunity to discuss any concerns with a supervisor is important, especially if you need to escalate a situation disclosed by a patient.

Qualities of a Shadower

The Shadower should be able to make the patient feel comfortable enough to discuss their feelings and opinions of their care experience, both good and bad. It is important to be able to interpret both verbal and non-verbal cues to avoid a detrimental experience for the patient. It is also important that the Shadower is able to communicate effectively with the caregivers within the clinical setting chosen. Remember the potential bias of the 'Hawthorne effect' on staff (according to which people work harder and perform better when they are participants in an experiment) and the impact any personal opinions might have on patient's views. This is observing not influencing.

Some of the qualities which are useful for shadowing include:

- Be a good observer and listener.
- Have a positive, open and supportive attitude.
- Approach shadowing with open eyes and no biases.
- Be empathetic, compassionate and trustworthy towards the patient, as well as able to engage with the caregivers.

- Possess good verbal and written communication skills, with attentiveness to detail be able to think critically.

The five steps of shadowing

These steps have been designed to facilitate the process of shadowing, to focus on an aim and collect relevant information for your project. The steps will help you plan your time and provide guidance for a successful shadowing experience.

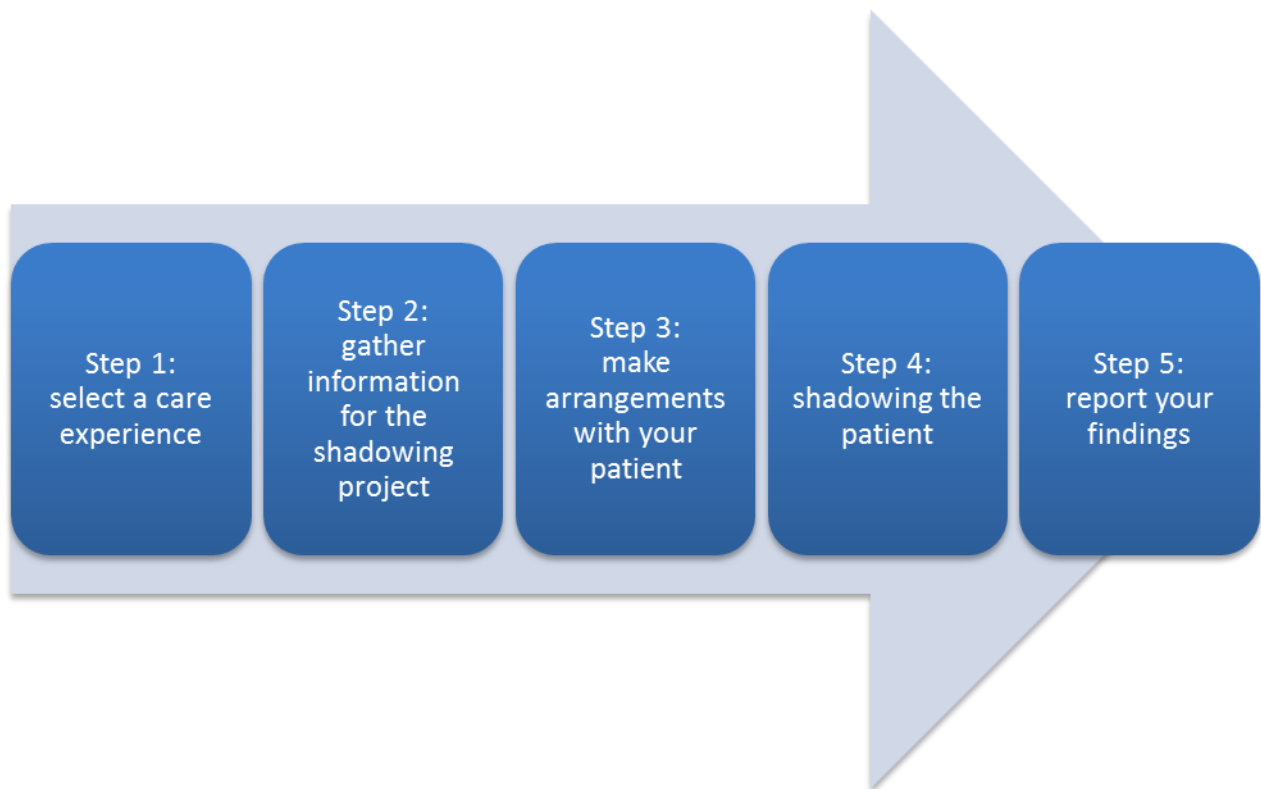


Figure 2. Adapted from Patient and Family Go Guide


STEP ONE: Select a care experience

The care experience will be selected by your Clinical Supervisor, Project Sponsor and the ward staff. It is important that you become familiar with the care process you will be observing and that you identify the start and the end points before you start the patient shadowing. A care experience can be broad, such as shadowing through an entire hospital stay, e.g. from admission by ambulance to the end of rehabilitation in the community, or narrow, such as a visit to primary care doctor, a clerk-in in hospital or hospital meal times. You can choose to split it into segments; this will help you to plan the project in an efficient manner. Make yourself aware of the ward/ area structure, staff and layout.

Things to consider: Start thinking now how you will report your findings. Remember that each care experience involves different types of data (e.g. waiting times; time per procedure; patients' quotes etc.). Use the examples available in the appendices 1, 2 & 3 to report your data.

STEP TWO: Gather information for the shadowing project

- What information will you record?

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- How will you record the information gathered? (see appendix)
 - Are there specific questions you want feedback on?

If the project is looking for information on a particular topic, asking some predefined questions to each patient may be appropriate. For example, a project around patient discharges:

Do you know your regular medication and what it is for?

Have you started any new medication since being admitted to hospital? If yes, do you know what it is for and how you should take it?

Do you know what to expect after discharge regarding your health care?

- How many patients are you going to shadow? There is not a set number of patients which should be shadowed, however, the more information gathered, the more accurate the information you receive is and therefore the more informative the end report will be.

If you find that you are not collecting enough information from a few different shadowing experiences, you may need to reassess your method as there may be a more productive way to carry out the shadowing process. For example you may want to add some questions to staff members or patients about the care experience. Always remember that your clinical Supervisor is there to support and guide you through the process.

STEP THREE: Make arrangements with your patients

Contact the sample of patients your Clinical Supervisor has previously selected. They can be inpatients or outpatients who attend the clinic for regular treatment. Speak to the patient and explain the purposes of the project, the majority of patients are enthusiastic about helping once they are told it will be used to help improve the delivery of care to everyone. Explain that your role will be to sit and observe, recording the points of contact with caregivers and the overall experience the patient has, not to seek out areas of bad practice (the template on page 18 can be used as a guide to help initiate the shadowing experience with your patient). Provide them with information about the shadowing and obtain their consent (see appendix 5 & 6).

Things to consider include:


- How you will deal with potentially awkward times such as initiating or ending conversations, as well as ensuring conversation remains adequately focussed.
- When would be an ideal time for patient shadowing to occur? Things to consider include: family visiting times, meal times, type of procedures involved (e.g. surgery times), or other specific considerations.
- Do you want to include family members in the project or not?

STEP FOUR: Shadowing the patients

Shadowing a patient involves recording each point of contact that the patient experiences as it happens, from the point of view of a patient or their family member. Before you start give the patient adequate time to consider participation and do not be offended or disheartened if they do not want to be involved

Things to consider include:

- Who is the caregiver and what the points of contact are
- How much time does the caregiver spend with the patient
- Where does the patient physically go throughout the care experience for example, to radiology department, to theatre or to a waiting area(not applicable to all)

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- What information is given to the patient and what questions or concerns does the patient raise with the caregiver
 - What are your observations about the point of contact, are there any aspects you think could be improved upon
 - What is your impression about the patient's experience, based on the patient's comments
 - Are any concerns raised which you feel should be acted upon as a shadower

In order to gain an accurate reflection of the care experience you are observing, it may be helpful to repeat the shadowing with other patients. This will allow you to determine whether what you witnessed was typical and ensures that you do not follow a process which is typically slower or faster on a particular day. This will make your data more reliable if you are hoping to offer an improvement.

STEP FIVE: Report the findings

Whilst shadowing, you will collect a lot of data about the care experience, including the patient's point of view, the points of contact and the quality of interactions the patient experiences. This information will all be helpful in writing up the final report.

Make sure you know who you are reporting your findings

There are various methods available to display the findings from shadowing, depending on the care experience you are researching, such as:

- Observational reports (you can choose to use the observational template to present your findings)
- Care experience flow maps
- Time studies

These provide a structured format to:

- Understand the patient's journey through the care experience from their point of view
- See from the patient's perspective where their care experience could be improved
- Evaluate and recommend areas for potential improvement.

Observational reports

A helpful way to record the information obtained is in an observational template (see appendix 1). The observational template records the chronological order of each point of contact and which caregiver was involved. It also provides a good way to record any thoughts, questions and concerns of the patient at point of contact. It is important that the shadower records as much detail from the patient as possible, including direct quotes to use in when reporting your findings as this is often a very powerful data

The goal of recording on such a template is to present everything the shadower observed during the care experience, including points of contact. The results from the template can be presented to suit the project, for example, typing observations into the template form or by producing an observational report.

Recording the duration of each touch point and the time between touch points gives an understanding into waiting times for patients and their families (e.g. in clinics or ward settings) and may influence shadower's recommendations for improvements.

The key areas to consider when writing your report are shown below in the diagram. The aim is to take the key information from your observations to present your findings in a comprehensive manner.

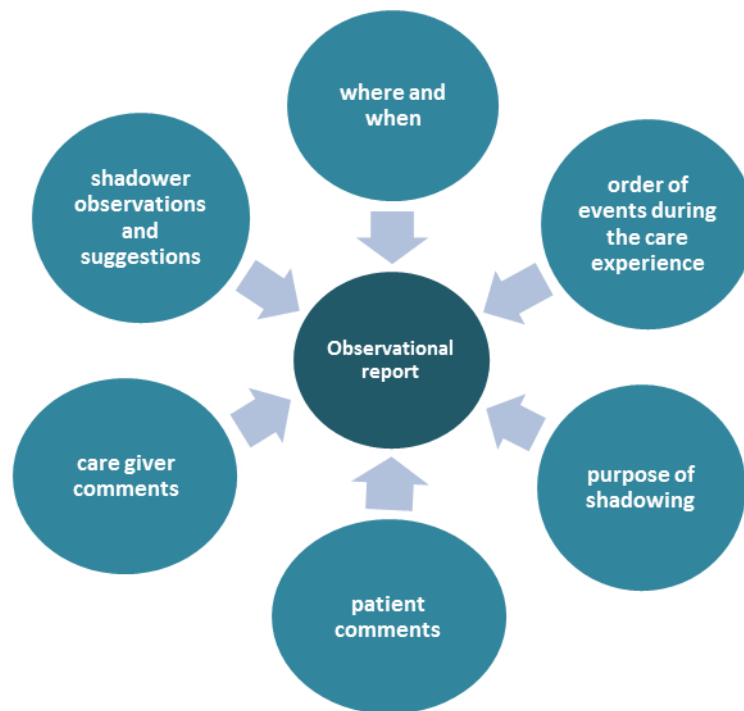


Figure 3. Adapted from Patient and Family Go Guide

The care experience flow map

Presenting the data in a flow map (see appendix 2) allows you to understand the individual steps during the care experience and to offer recommendations for improvement. It is a simple tool which may illustrate a number of issues, such as:

- Inefficient processes or bottlenecks
- Barriers to the best possible care experience
- Omissions in the care experience, whether related to clinical or physical environment.

The above diagram depicts to those concerned the care experience and touch points from the patient's perspective.

Time study

This tool allows you to objectively illustrate the amount of time at each point of contact and where improvement to flow and process may be recommended (see appendix 3).



Summary

It is an inexpensive and effective way of evaluating a system and can use members of the team, such as students, to perform the shadowing in any number of care experiences. Shadowing is a unique approach to exploring a care experience, allowing us to see things from the point of view of a patient and their family which is often overlooked when care is provided.

Shadowing patients may make us aware of areas within the healthcare system that require improvement which were not apparent without looking from a new perspective. There is no better way to ascertain the current state of the system continually than by seeing it from the receiver viewpoint. Reflecting on this with an ideal in mind will provide scope for potential improvement.

By spending time shadowing patients we can gain a deeper understanding into their thoughts and feelings, which can help us to better relate with them. In time this will influence our development as healthcare professionals, providing us with a greater sense of empathy towards those we treat. Having a greater insight to the care experience from the patient perspective and its impact on all aspects of their everyday lives will help to reinforce the importance of holistic treatment and patient centred care.

The experience of shadowing is not only an educational project with specific outcomes, but a time to engage with the patients in a different way with mutual benefit and gain.

Enjoy this experience and make the most of the opportunity.

“You never really understand a person until you consider things from his point of view...until you climb inside of his skin and walk around in it”

Atticus Finch, in Harper Lee’s ‘To Kill a Mocking Bird’



Glossary of terms

Care experience

This is the particular experience you will shadow. It could be medical, surgical, in the community, in hospital, out-of-hours facilities. Everyone and everything the patient and family encounter throughout the specified care experience should be recorded. There should be a defined start and end point. For example, the arrival at Emergency Department to when the patient is seen by a doctor or meal times on a ward.

Caregivers

Anyone who ‘touches’ the patient in some way throughout their care experience, both in a clinical and non-clinical role. The caregivers include doctors, nurses, pharmacists, students, social workers, clerical staff, domestic staff and others.

Current state

Term used to describe the care experience as it is presently. An understanding of the current state can drive the change required to achieve the ideal state of healthcare.

Shadower

This is the person responsible for shadowing the patients and families throughout their care experience and recording observations.

Point of contact

When a caregiver is involved in any aspect of the care experience, whether directly or indirectly



Appendixes

1. Observation template

Recorded in the order of the experience

Things to consider when shadowing:

- Time and duration for all events; who enters and leaves, what they do.
- Touch points, or anyone who comes in contact with the patient.
- Care experience pathway (where does the patient/family travel within the setting).
- First hand patient/family questions, comments, concerns, complaints.
- Your impressions and ideas as to what to improve in order to create the ideal experience.
- Staff interaction and their suggestions.

Patient number - Date - Ward/clinical area - Male/female

Time	Impression	Action/touch point
	(Add extra boxes as required)	

Specific questions related to the research project e.g. around discharge, elective surgery or GP waiting time. (If applicable)

Reflection of every shadowing experience should be included:

- shadower experience
- any patient comments or opinions about shadowing
- any awkward moments?
- what worked well?
- what worked less well?
- what would you improve?

2.Example observational report



Fig 8. Infiximab infusion flow map

Main themes arising during observation at infusion clinic
•Expectations about infusion
•Parking facilities
•Communication
•Booking system
•Other issues not related to care

Themes	Details	Quotes
The booking system	<ul style="list-style-type: none"> •Time in the department •Good understanding about infusion 	<p><i>"I know I'll have to be here for 2 to 6 hours"</i></p> <p><i>"I understand what the infliximab does, that's all explained well"</i></p>
Parking facilities	<ul style="list-style-type: none"> •Available parking very expensive 	<p><i>"the charges in the car park make it very difficult for me"</i></p>
Communication	<ul style="list-style-type: none"> •More communication about expected waiting times 	<p><i>"The team have been extremely friendly"</i></p> <p><i>"I wish IBD patients were together in one room (...) I'd feel less worried"</i></p> <p><i>" (...) at least I'd hoped someone would've told me that the wait will be a bit longer"</i></p>
Booking system	<ul style="list-style-type: none"> •Lack of flexibility in choosing the hospital for infusion •Waiting times between parts of infusion process e.g. cannulation, setting up and then starting infusion 	<p><i>"I do wish that I could have mine over in Cheltenham, but they give me no choice"</i></p> <p><i>"I think the earlier jobs could have been done slightly faster"</i></p>

<p>Other issues not related to care</p>	<ul style="list-style-type: none"> •Accessibility and proximity to the toilets •Placing patients together during infusion 	<p><i>"I always worry if my room will be next to the toilet"</i></p>
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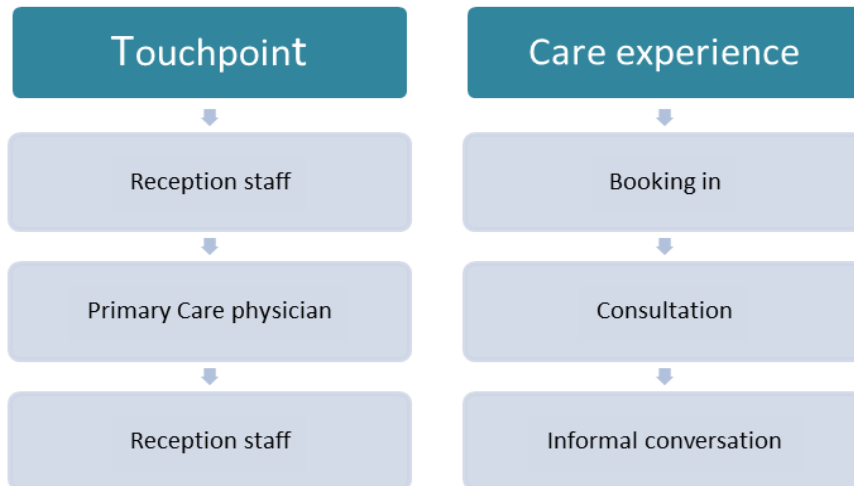
3.Example of care experience flow map

This tool can be used in many different settings and change the care experiences to suit the specifics of the project, with many or few touch points.

Example 1



Example 2



4. Time studies

Example 1

GP care experience (Date)			
Patient number	A	B	C
1	2	26	7
2	6	5	12
3	3	15	5
4	2	44	10
average	3.25	22.5	8.5

(All times are in minutes)

A= Time between arrival at Primary Care surgery and booking in

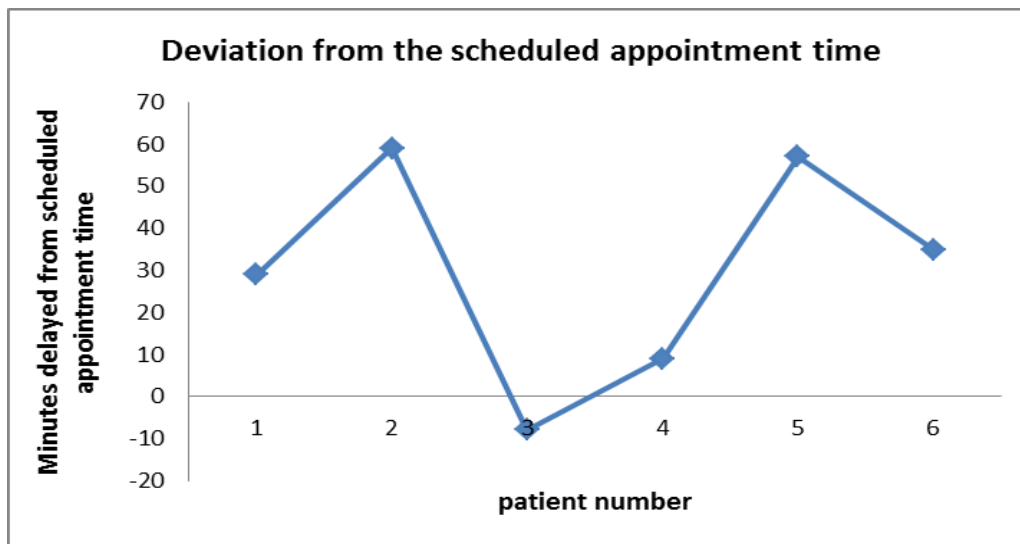
B= Time between booking in and appointment

C= Duration of appointment

Example 2

Comparison of the deviation away from scheduled appointment time for each patient attending an outpatient clinic

Deviation from scheduled outpatient appointments						
	Patients attending out patients					
	1	2	3	4	5	6
Time from scheduled to actual appointment time (mins)	29	59	-8	9	57	35





5. Guidelines to write a patient's information leaflet

To make text more inviting to read, use the following.

- Short sentences – in general no more than 15 to 20 words long.
- Lower-case letters, where possible, as they are easier to read
- Present and active tenses, where possible, for example, 'your appointment is on...'
- A question and answer format is helpful to divide up text.
- Bulleted or numbered points to divide up complicated information.
- Small blocks of text. Do not use long paragraphs - divide them up using headings and new paragraphs.
- White space makes the information easier to read.
- Large bold font emphasises text. Avoid UPPER CASE letters, italics and underlining as they make the text more difficult to read.
- A font size of no less than 12 point
- Diagrams and pictures are very effective and should be in line with our communication principles. Where appropriate, use them to illustrate the text.

6. Checklist for writing information on the leaflet

- What is the leaflet about and who is it for?
- What is patient shadowing?
- Why are you asking them to participate? Explain purpose and the benefits and alternatives.
- What preparation do they need or not need?
- What happens when they arrive at the hospital or the clinic, and who will they meet?
- Will they be asked to sign a consent form or is verbal consent needed?
- What does the shadowing involve? How long does it last?
- What happens after you completed the shadowing
- Who can they contact if they have any more questions?
- Tell people where they can find more information, for example, support groups and websites.

7.Example of patient Information leaflet

Information leaflet



Beth Harvey-Jones and Karolina Marzan



PATIENT SHADOWING: EXPERIENCING HEALTHCARE THROUGH THE PATIENTS EYES

Inflammatory Bowel Disease Quality Improvement Project (IBDQIP)

IBDQIP (www.ibdqip.co.uk) is a national project that helps teams to continuously improve the quality of care they provide. This is achieved by measuring their care against the 'Quality Care: service standards for the healthcare of people who have Inflammatory Bowel Disease' (www.ibdstandards.org.uk), a national commissioning standard for IBD services. Hospitals are encouraged to use their results from IBDQIP to identify areas that they can improve and to also methods of making change and learn from each other.

What is patient shadowing?

Patient shadowing is one way for hospitals to measure the way in which they deliver healthcare has an impact on the experience of their patients. The patient's view is vital for services to get ideas for improvement, such as looking at how care delivery works, how staff interact with patients, what is causing delays, length of times for different activities, the quality of information provided to patients etc.

If you are happy to take part you will be visited by two medical students from the University of Bristol, who will collect information by observing you in the hospital and will then feedback the observations to help improve specific areas of care.

Having a greater understanding of your view of the care you receive will allow us to deliver our care most appropriately, and create a better and more efficient environment. We need your views and opinions, we want to make your care experience the best it can be.

What does the observation process involve?


We would like to observe you for a few hours, to see what you experience in terms of communication from staff, how long you stay in one place, positive and negative experiences you may have throughout the process and importantly any comments or suggestions that you and your family may wish to share about the care that you received.

If you do not wish to take part in this process that is absolutely fine and we understand that you may find this difficult if you are feeling unwell. Please just let the medical student know that you do not want to participate and this will not impact on any of your care.

It is important to understand that we are only here to observe, we do not know the details of your medical history therefore we cannot discuss your care or share any information. We will be sharing the information you give to us with the staff providing your treatment.

Our main objective is to observe the patient's journey in different healthcare settings, focussing on four main areas of your care:

- your views of a ward round
- your views of an outpatients appointment
- your views of a ward admission/discharge



- your views of receiving an infusion in medical day care

The staff at this hospital will know that we want to meet with you and they are expecting us.

We will be documenting certain details during the shadowing, such as interactions with staff, times and any specific comments you might have. We may also have a few questions to ask you about your experience that will have been discussed with the team beforehand.

If you would like to look at the recorded observations or if you would like the medical student to leave at any point, such as during an examination, please just inform them.

How we will use the information from the patient shadowing observation

Once we have carried out the observations, they will be reviewed by us and the fed back to the team (within a month), along with some recommendations for how they may make any improvements.

For more information go to <http://www.ibdqip.co.uk/>

8. Example of patient consent letter

My name isand I am a student taking part in a project that looks at the way in which healthcare is currently provided, to see how we can improve the care experience of patients and their families. For this we need the participation of patients to enable us to see where we need to improve the care provided to them.

Would you be willing to allow me to observe you for an hour or so, to see what you experience in terms of interactions with staff, how long you stay in one location, positive or negative experiences you may have and any comments or suggestions you or your family wish to share about the care you have received?

I am only here to observe, I do not know about your medical history and therefore I am unable to share information or discuss your care. I will not observe any examinations you may have, only note the length of time they take.

While carrying out the observation of your care experience I may take note of your comments to gather additional information to support the findings of this shadowing project. Patients' quotes may be fed back to the ward staff as part of the presentation of the shadowing project results.

We will not disclose your details or any information that might relate to you, but if you wish us not to mention your comments just let us know.

From observing your care experience we will be able to gain a better understanding into how we can improve our care.

I hope that you are happy to participate in this project for healthcare improvement.

Many thanks,

