Patient Voice

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Background

• Francis report¹ into poor care at mid-Staffordshire NHS Foundation Trust between 2005 and 2009
  – “a lack of consideration for patients”
  – “no culture of listening to patients”
  – “failed to put patients at the centre of its work”

Can compassion be taught?

• Francis report suggests yes!
• People come in to the professions with “compassion and interpersonal skills”¹
• Pressures of working in a modern care environment can result in patients being seen as a “diseased object to be processed”¹ rather than a human being
• “vital to see a person as a person”¹ and that “needs to be reinforced all the time”

Aims

• To promote high quality patient-centred care
• To overcome the challenge of teaching junior doctors about patient experience within busy clinical areas such as the Acute Medical Unit
• To encourage reflective practice among junior doctors
Methods

• Foundation Year two (FY2) group (n=48) divided into groups of 5 or 6
• Each group given a date 2 weeks apart
• The groups each identified and approached a patient (or relative) who was willing to be involved in the programme
• Patient provided with some written information and invited to attend the teaching session for about half an hour
Methods – on the day

• FY2s arrange the room in a “horseshoe” and greet the patient (or relative)
• Patient talks about their experiences of hospital and FY2 year group given opportunity to ask questions
• After about 30 minutes, patient thanked and given a small gift
• Facilitated discussion about issues raised
• FY2s encouraged to reflect on the experience
Results

• Data from 3 sessions (8 planned)
• 93% of FY2s rated Patient Voice as “good” or “excellent”
• 100% of FY2s felt they gained knowledge that would help them care for their patients
Results

• 79% of FY2s would change their practice as a result of Patient Voice
• 93% of FY2s felt Patient Voice was relevant to their daily clinical practice
Encouraging reflective practice

• Reflection means letting future behaviour be guided by a systematic and critical analysis of past actions and their consequences i.e. learning from experience

• Trainees do not generally develop reflective learning habits spontaneously¹ and benefit from encouragement

Reflective practice – comments from FY2s

“good focus for reflection on practice”

“I’ll make sure I take the time to explain management to patients”

“will change how I initially approach patients”
Reflective practice – themes raised

- Noise levels on the ward at night
- Curtains not being sound-proof
- Doctors asking “any questions?”, then walking away from the bedside, before the patient has a chance to ask any questions
Results – feedback from patients

“I’m glad I can do something for the young doctors in return for the care I’ve had here”

“thank-you for asking me”

“nice to have my viewpoint heard”
Challenges and solutions

• Cynicism from some trainees initially
  – improved with time and FY2 supporters
• Patient selection
  – support from education fellow
• Choice of gift for patient
  – varies week to week
Conclusion

- Patient Voice goes some way in reinforcing compassion amongst healthcare professionals
- Minimal financial costs associated
- Time efficient and enjoyable
- Patient Voice is an effective way of encouraging reflective practice
- Programme could be reproduced in other hospitals and for other groups of doctors
- Potential to be made multidisciplinary
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Questions?

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