

Case study:

Using patient ‘walkabouts’ to improve shared decision making

Recognising that it is sometimes difficult for clinical teams to understand information requirements from the patients' perspective, the MAGIC Patient and Public Involvement (PPI) Panel proposed a series of 'walkabouts' around those clinical environments involved with the shared decision making initiative.

What happened?

A 'walkabout' observational exercise has been introduced into the outpatient clinics where MAGIC project is being underway. This is based upon a similar model, whereby members of the medical directors' team undertake 'leadership walkabouts' with executive and non-executive members of the Trust Board.

The hospital leadership walkabouts usually focus on quality and safety initiatives. The agreed format for the MAGIC PPI Panel walkabouts was that the relevant clinical and management team would be informed and encouraged to participate. The visit's focus was to assess the provision in these areas of information related to shared decision making and to make recommendations for improvement. The MAGIC representatives were members of the MAGIC PPI Panel and the Director of Quality and Effectiveness.

Key points from the walkabout were recorded onto a pro-forma (283Kb) doc-file.

What was the impact?

Three MAGIC PPI walkabouts have been undertaken in the Newcastle upon Tyne Hospitals Trust. One was to the breast clinic at the Royal Victoria Infirmary site, one to Womens' Services in Leazes Wing and the other to the urology clinic at the Freeman Hospital site.

Representatives from the clinical teams met with the PPI Panel members and 'walked' the patient pathway through the outpatient clinics, particularly regarding the patient's views and perspective of the information displayed in waiting areas and consulting rooms. PPI Panel members were able to identify opportunities for displaying information relating to shared decision making. The clinical staff

agreed with the suggestions and have committed to ensuring that the required actions are undertaken.

Several key issues emerged and here are the agreed points for action:

- Rearrange the furniture in one of the consulting rooms for the breast care clinic, so that the patient was facing the information leaflet display rack during discussions.
- Display the *Ask 3 questions* posters on the wall immediately behind the clinician in several consulting rooms.
- Pursue the use of the TV screens for MAGIC shared decision making awareness-raising material.
- Make MAGIC shared decision making patient information leaflets available in waiting areas.
- Display *Ask 3 questions* information in the general waiting areas.
- The clinical teams requested business card-size information for collection at reception desk.

What are the lessons?

- The exercise has helped clinical teams and PPI representatives to engage and learn from each other.
- We recommend this process to facilitate discussion within clinical teams, as part of understanding information needs from the patient's perspective.
- PPI panel members should undertake 'walkabouts' in all shared decision making clinical areas and with Directorate permission, in non-MAGIC clinical areas.
- We suggest that the PPI Panel members return to the outpatient clinics within a six month period to determine the success of their recommendations and consider what further actions may be necessary.