

Whose Leg Is It Anyway? A series of sketches by Operating Theatre

Background

Involving people in their care is a major trend in contemporary healthcare practice. One of the more challenging areas is how to involve patients and relatives in ensuring their own safety through raising concerns with, and asking questions of healthcare professionals in ways that might help prevent mistakes and reduce the possibility of harm.

Evidence suggests that people are willing and able to intervene in this way, and there is growing evidence that such approaches can improve patient safety. A number of initiatives that encourage patients to ask key questions of their doctors or nurses are already in use. 'ThinkSAFE', for example, is an initiative recently developed within the UK, and a wide variety of organisations, including the National Institute for Health and Care Excellence (NICE) (1), promote several initiatives to support 'shared decision-making'. However, there are many potential barriers, including healthcare professionals' unwillingness to engage with patients in such a way, and the suggestion that patients frequently adopt a passive role to protect their own safety, at least in part.

The sketches

The scenarios in this collection of sketches are based on issues raised in research carried out at Newcastle University's Institute of Health and Society which aimed to explore the potential consequences of such patient-led interventions (2). A sample of recently hospitalised patients and their relatives, and healthcare professionals (HCPs) involved in their care in two hospitals in NE England were interviewed. Although many potential positive consequences were identified by all respondents, concerns were also raised.

Patients and relatives worried that some actions, for example asking a healthcare professional whether they had washed their hands, could appear rude or disrespectful and upset staff, and might create an atmosphere of suspicion and mistrust. They feared that in some circumstances this could even lead to the care they receive being compromised.

Healthcare professionals expressed uncertainty about patients' motives and often felt that they were 'checking up' on the individual practitioner rather than simply gathering information, and that, in raising concerns, they were actually preparing to complain. They worried about demands on their time and an increased workload involved in responding to concerns, and, further, that this might cause staff to avoid contact with demanding and potentially 'troublesome' patients, and vice versa.

The authors concluded that '*A more collaborative approach that encourages patients and healthcare staff to work together is needed.*' We hope these sketches will be used in ways that contribute to developing such an approach.

Notes for using the clips

The clips could be used with a variety of participants, including lay people, practitioners and HCPs in training, and in a number of different ways. Their main use will be in reflecting on and discussing the attitudes and feelings invoked by the situations depicted in the sketches (albeit these are presented in an offbeat, humorous way). They could also be used in rehearsing skills (for example using role play) and extending knowledge (for example through promoting further study) in relevant areas, such as communication around patient involvement and shared decision-making, and patient safety.

Since watching the clips and discussing the issues raised may involve personal disclosure (indeed inviting personal stories is a powerful way of connecting with the underlying feelings and emotions) we would strongly recommend establishing some 'ground rules'. These might include: respect confidentiality (i.e. no disclosure outside the group); no interruptions; if criticising the actions of an individual, for example a health professional, don't name them; 'own' your statements and try not to generalise (i.e. '*I think...*' rather than '*People think...*'); avoid being judgemental. It is helpful to get the group to draw up their own ground rules as it is more likely members will adhere to them.

It is also important to emphasise that, although the sketches poke fun at the actions and behaviours of HCPs, albeit based on genuine patient experience, it is not intended they should be seen as critical (i.e. not 'nurse, receptionist or doctor bashing'). The great majority of staff work extremely hard to provide the best and safest care possible, often in very challenging circumstances. This should be acknowledged and celebrated whilst using the material to challenge attitudes and promote reflection.

The individual sketches

For each of the sketches a brief resume is provided (*in italics*), along with a series of bullet-pointed questions to promote discussion. Many of the issues and problems are common to more than one scenario, thus there is some overlap in the suggested questions. References are provided at the end of these notes.

Drains

A well-informed but concerned patient challenges his consultant over an aspect of his management. The consultant responds rather animatedly.

- Has anyone experienced a similar situation? How did it feel? How did they deal with it? What was the outcome?
- What stereotypes are depicted? Are they realistic?
- What are the barriers to patients questioning the actions and decisions of a HCP especially when they think they might be wrong or potentially harmful? How might the informed patient go about raising concerns? How might HCPs help?
- What might have been a more appropriate response by the doctor?

Patient Safety

Nurse Rached, searching the bag of the patient newly arrived on the ward like a border guard, tells him that she 'runs a very tight ship'. Furthermore, she informs him that she needs 'everyone settled in good time' and that he must not ask the doctor any questions.

- Going into hospital can not only be a worrying experience, but is often disempowering for patients. Has anyone had a similar experience? How did they feel and what did they do to cope?
- How might ward staff make the patient experience less stressful or demeaning, whilst maintaining some degree of control as well as ensuring a safe environment? What about patients with intellectual disability or cognitive impairment?
- How might patients be helped to raise concerns and ask questions?
- Are clinicians concerned about the potential motives of their patients? Why?

Enjoy the Ride

Dr Brusque comes to explain to the patient that they are to be discharged. The patient, somewhat incapacitated by medication, asks a couple of questions.....which receive cursory replies.....before Dr Brusque is off and away. The patient in the neighbouring bed advises him to 'Google it!'

- Has anyone experienced a similar situation? How did they feel and how did they respond?
- How might Dr Brusque have acted to be more helpful?

Keeping the Patient Informed

In explaining a scan result, the HCP uses a lot of bizarre jargon, rendering the explanation incomprehensible to the patient. She exhorts him not to worry, 'to go home, think about it, talk about it with family', and ends with the not-entirely-convincing 'reassurance' that there's 'every chance that you'll survive'.

- Has anyone experienced a similar situation? How did it feel? How they deal with it?
- How might HCPs share information of a technical nature, particularly when there are uncertainties and/or the prognosis is poor, or at least guarded? What about patients who have sensory impairment or intellectual disability?
- How much information is 'enough'?
- How can risks and benefits be clearly presented in ways that patients (and clinicians) can understand?

Whose Leg.....?

The surgeon comes to talk with the patient and his daughter about a forthcoming procedure, namely amputation. He mentions the wrong leg when discussing the operation, but despite the protestations of the daughter (to whom the embarrassed patient refers as 'a little bit of a worrier') the surgeon leaves none the wiser. The wrong leg will be amputated! The patient downplays the daughter's concern by observing that doctors don't like it when you point things out – you'll just get a reputation for being a troublemaker.

- Has anyone experienced a similar situation? How did it feel and what happened?
- How might patients, or their relatives or carers, raise concerns when they think the HCP is wrong, and particularly when harm might result?
- How might HCPs ensure that occurrences such as 'wrong site surgery' are avoided?

Doctor Knows Best

A concerned patient telephones the surgery to question a prescription which they think is wrong. Could the prescribing doctor have made a mistake? The response of the receptionist is not very helpful.

- Has anyone experienced a similar situation? How did it feel and how did they deal with it? What was the outcome?
- Is the stereotype of the unhelpful receptionist an accurate one? What would have made a difference in the way she dealt with the call?
- How can HCPs ensure patients have access to their advice, particularly to air concerns and challenge decisions?

Can't Be Too Careful

Mrs Gibson is a so-called 'frequent flyer' and by her own admission is very observant. She has noticed that one of the HCPs has not washed their hands.....

- What feelings might Mrs Gibson's attitudes and behaviour invoke in HCPs?
- Is there a place in the system for this sort of observation (i.e. by a third party) to be acknowledged and encouraged without compromising patients or threatening HCPs?

How to Complain

Two hapless patients sit and complain about anything and everything, eventually getting round to criticising the care they've received. Just then a HCP pops in to check that all's well and in particular to pick up on the patients' concerns. However, both declare heartily that there are no problems, and that everything is 'absolutely fine', indeed things are 'perfect, absolutely perfect'.

- Has anyone been in this situation? What was the outcome?
- Why might patients respond in this way?
- How might HCPs help patients and relatives raise concerns and give honest and constructive feedback about the care they've received?

Evaluation

There are many ways to evaluate a session, including: a 'round robin' at the end (e.g. what are you taking away from today's discussion?); asking participants to list, for example, 3 things they have learnt today or actions they intend to take, written on post-it labels and collected; a formal questionnaire at the end using rating scales (rate the session for interest, usefulness, etc, on a 1-5 scale) or free text (what did you take away/learn, what actions? etc) and inviting suggestions for improving the session – this could be paper-based, completed at the end of the session, or on-line using Survey Monkey or likewise.

References

- (1) **The NICE website on shared decision-making** <https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-guidelines/shared-decision-making> (accessed 28th October 2016)
- (2) **The research on which the sketches are based.** Hrisos S, Thomson R. Seeing it from both sides. Do approaches to involving patients in improving their safety risk damaging trust between patients and healthcare professionals? An interview study. PLOS One November 6, 2013 <http://dx.doi.org/10.1371/journal.pone.0080759> (accessed 28th October 16)



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