Patient Engagement Scenarios  Leaders Guide

Objective:  To get practice listening to a patient and learning from their experience
To learn a method for having this type of discussion
To learn how to use the feedback to make real changes

Setting the Stage (Key Points)

1. We are more comfortable speaking to patients about their condition than we are about their experience in our facility.
2. Communicating directly with a patient or family member about their experience is a skill that may need to be developed. It is much more than an apology
3. It also requires attention to our empathy so that we are open to really understanding things from their point of view.

Explaining the Roles

1. This is to simulate a patient/family advisory council meeting – you have a new member to the group and would like to learn about their experience.

2. We will conduct this exercise in three rounds.
   I. Listening to a Patient and speaking to them about their experience as you would today.
   II. Listening to a patient (different experience) and having a dialogue in a guided manner
   III. Working with your group, with a patient present, to plan a few next steps.

3 At your table you need to select one of four different roles:
   • One Facilitator who is charged to keep the exercise on track
   • One Patient/Family member reads the scenario aloud
   • 3 to 4 Group members who will have the discussion with the patient/family member
   • 3 to 4 Observers who will watch the interaction and provide feedback.

4 About the scenarios:
   Be of the mindset that this experience really happened at your hospital or clinic.
   You are part of a group charged with learning from patients and working to improve
   These scenarios are very common experiences of average patients - not big horrible stories.

Preparing the Tables

To start: The facilitator opens the envelope organizes the different roles, and provides the handouts

Everyone take a few minutes to read their handouts

Round 1: Hearing the patients story – facilitator read these instructions
   • Patient/Family reads the scenario aloud as if they were at a meeting.
• Group members – Talk with the patient about what happened and learn more about their perspective of what could be done differently.

• Facilitator – leads the group through the steps of the exercise
• Observers – jot down notes about the interaction
• Facilitator lead these discussion questions:
  □ Patient – “Did you feel like you were being ‘heard’?” and “Were you comfortable sharing your experience?”
  □ Facilitator – “Did you feel that what you learned in the discussion would help your hospital improve?”
  □ Observer – “Did you hear anything that could have been stated differently? Did the discussion help detect possible improvements?”

>>>We will reconvene the group after this step

1. Remember that apology has a role but there is much more to the interaction
2. Careful not to challenge what the patient experienced. No “You should have…”
3. Think “process improvement” as you hear the scenario

Round 2: Hearing another patient’s story – facilitator read these instructions

• Choose the other scenario - people may change roles if they like; other than the facilitator
• Handout the discussion guide to the team members
• Patient/Family reads the scenario aloud as if they were at a meeting
• Use the following discussion Guide this time
  □ Acknowledge the patient had an experience that could have been better in your own words
  □ Ask: “At what point did you start thinking “this could be going better for me”?  
  □ Ask: “What part of your experience bothered you the most?”
  □ Ask: “What were you expecting in that moment that didn’t happen for you?”
  □ Ask: “Do you have any ideas about what you needed most to have a better experience?”

• Facilitator lead these discussion questions:
  □ Patient – “Did you feel like you were being ‘heard’?” and “Were you comfortable sharing your experience?”
  □ Facilitator – “Did you feel that what you learned in the discussion would help your hospital improve?”
  □ Observer – “Did you hear anything that could have been stated differently or better? Did you believe the interaction was genuine?”

>>>We will reconvene the group after this step

1. General “report out” – How many of you felt this went better?
2. How many of you learned more this time with the guided discussion?
3. Ask for any open comments.
Round 3: Next Steps

Have a discussion among the group, including the patient/family member, about next steps you could take as if this was really in your organization

Facilitate the following questions:

☐ Among the group identify what changes could be made to improve the patient experience
☐ Is it policy, process, training, etc?
☐ Would you know how to proceed?

>>>We will reconvene the group after this step

What are some beliefs you must have in order to do this well?

(Such as: That patients are experts at their experience)
(That patients see things that we do not)

PFE Workshop Printing Instructions:

<table>
<thead>
<tr>
<th>Handout</th>
<th>Paper Color</th>
<th>Number Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scenarios (for Patient/Family)</td>
<td>Yellow</td>
<td>3 sets of the 10 pages – randomly put in pairs so there is one Patient and one Family for 12 sets</td>
</tr>
<tr>
<td>Facilitator Notes</td>
<td>Lt. Green</td>
<td>12 copies – 12 pages</td>
</tr>
<tr>
<td>Council Member Notes</td>
<td>Goldenrod</td>
<td>48 - Round 1 48 - Round 2</td>
</tr>
<tr>
<td>Observers Notes</td>
<td>Blue</td>
<td>48 – Round 1 48 - Round 2</td>
</tr>
<tr>
<td>Round 1 and Round 2 Packet Cover Page</td>
<td>White</td>
<td>12 copies – 2 page set; separate them</td>
</tr>
<tr>
<td>Role Cards for Display</td>
<td>Color indicated by role above</td>
<td>10 per table total - Make 12 sets of these 1 – Facilitator = 12 1 – Patient or Family = 12 4 – PFAC Council = 48 4 – Observers = 48</td>
</tr>
<tr>
<td>Round 3 Discussion Handout</td>
<td>White</td>
<td>10 per envelope 120 total</td>
</tr>
</tbody>
</table>

Double check the counts – Need 12 Envelopes

☐ Two different scenarios
☐ Round 1 & 2 Cover pages
☐ One Facilitator Notes page
☐ Two pages for Council Members – Round 1 and Round 2
Two pages for Observers – Round 1 and Round 2
Role Cards – 10 in each packet
Round 3 Discussion – 120 copies (10 for each envelope)

Assembly Instructions – in this order

- 10 Role cards – as listed above; loose
- Round 1 packet – paper clipped (should be 11 pages)
  1. Round 1 Cover Sheet
  2. Facilitators Notes
  3. Scenario
  4. Four – Round 1 Council Member pages
  5. Four – Observer Pages – Round 1
- Round 2 packet – paper clipped (should be 10 pages)
  1. Round 2 Cover sheet
  2. Scenario
  3. Four – Round 2 Council Member pages
  4. Four – Observer Pages - Round 2
- Round 3 Handout

Put Round 1 on top of Round 2; add the Role cards and Round 3 Handout and put in the envelope