Since 2012, North York General Hospital (NYGH) has embarked on a journey to grow and sustain a culture of Patient- and Family-Centred Care (PFCC) as a central aspect of its strategic plan. A key component for success has been the development and sustainability of ongoing education for staff, physicians, and volunteers in the principles and practices of PFCC.

In 2014, through completing an external search of PFCC education, NYGH discovered a lack of resources in this area within the province. This gap provided the opportunity to collaboratively partner with patients and families to design meaningful and impactful PFCC staff education. By engaging patients and families, this initiative has and continues to foster the patient-centered dimension of a quality health system.

### Background

Since 2012, North York General Hospital (NYGH) has embarked on a journey to grow and sustain a culture of Patient- and Family-Centred Care (PFCC) as a central aspect of its strategic plan. A key component for success has been the development and sustainability of ongoing education for staff, physicians, and volunteers in the principles and practices of PFCC.

In 2014, through completing an external search of PFCC education, NYGH discovered a lack of resources in this area within the province. This gap provided the opportunity to collaboratively partner with patients and families to design meaningful and impactful PFCC staff education. By engaging patients and families, this initiative has and continues to foster the patient-centered dimension of a quality health system.

### Aim

This education provides valuable tools and resources that build the capacity of health care providers to more effectively support and engage with patients, families, and caregivers (see Figure 1). Taken together, these aims build organizational capacity, foster a common PFCC language, and reinforce a mutually understood approach of PFCC across NYGH.

### Actions Taken

Beginning in 2014, NYGH’s Organizational Development team partnered with patients, families, and caregivers to create a PFCC education program for staff, physicians, and volunteers. Through a patient engagement process of in-person meetings, a four-hour session was created to pilot with the leadership team. Four key elements stood out that most effectively helped participants translate knowledge into practice: storytelling, understanding core principles, simulation exercises, and identifying one’s role in doing PFCC. To achieve greater sustainability of delivery and spread of the education program, these elements were condensed into a two-hour session that was integrated into New Employee Orientation and delivered as workshops for current staff.

### Staff Education Session Structure

**Storytelling**

Storytelling is a powerful way to engage an audience and help people understand the patient and family experience. To begin the education session, participants are asked to reflect upon an experience they or a family member has had within the health care system that left them with an indelible memory. Working in pairs, the impact of the experience is explored followed by common themes identified in the larger group.

**Learn Core Principles**

Next, participants complete a “jigsaw” learning activity where they are reorganized into four expert groups that reflect each core pillar of PFCC: Respect and Dignity, Information Sharing, Participation, and Collaboration (Uchimura & Abraham, 2012). Each expert group is given an informational handout and asked to develop real-life practice examples from their pillar. Then members return to their original groups to “teach-back” their learning. Lastly, participants are partnered to reflect on their original story and examine which principles were present or lacking in their experience.

**Simulation**

Participants role play in two simulations where they can ‘see through a different lens’ as a patient and family member. These simulations are facilitated by a multi-professional team. The first simulation is a waiting room experience where the focus is on building awareness of how applying or not applying the PFCC principle of information sharing and participation can greatly impact the patient experience. The second simulation is a patient and family discharge meeting that highlights the impact of nonverbal language during communication and interaction.

**Principles in Action**

Following, participants watch a video of staff, physicians, and volunteers sharing how, through their roles, they build a culture of PFCC at NYGH. In groups, participants are asked to discuss the same and a larger conversation follows which connects key lessons learned about PFCC knowledge and practice from the session.

### Summary of Results

Since 2014, over 1500 staff, physicians, and volunteers have completed the PFCC staff education session and it has been incorporated into the hospital’s mandatory new staff orientation (see Chart 1). PFCC staff education sessions are continually offered on a quarterly basis and ad-hoc for departments.

The success of NYGH’s innovative PFCC education is clearly demonstrated in employee and physician engagement survey results that reveal the increased capacity and ability of staff and physicians to deliver PFCC in the hospital (see Chart 2 and Chart 3).

### Lessons Learned

NYGH has learned that in order for PFCC to be effectively integrated into culture and practice, it begins with designing patient-centered education that builds the capacity and efficacy of current and future staff to deliver consistent PFCC across the organization. As reflective of our success, NYGH has consulted hospital staff across the nation on developing engaging and sustainable PFCC education, which has fostered the spread of innovation and knowledge on PFCC implementation and capacity-building in the Canadian health care system.