



Beth Israel Deaconess
Medical Center



Institute for Professionalism
& Ethical Practice

Cultivating Relational Competence in Healthcare



**UNIVERSITÄTS
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UND JUGENDMEDIZIN

Patient-focused clinical care

Patients and Families as Teachers in Patient Safety – A New Model in Collaborative Learning

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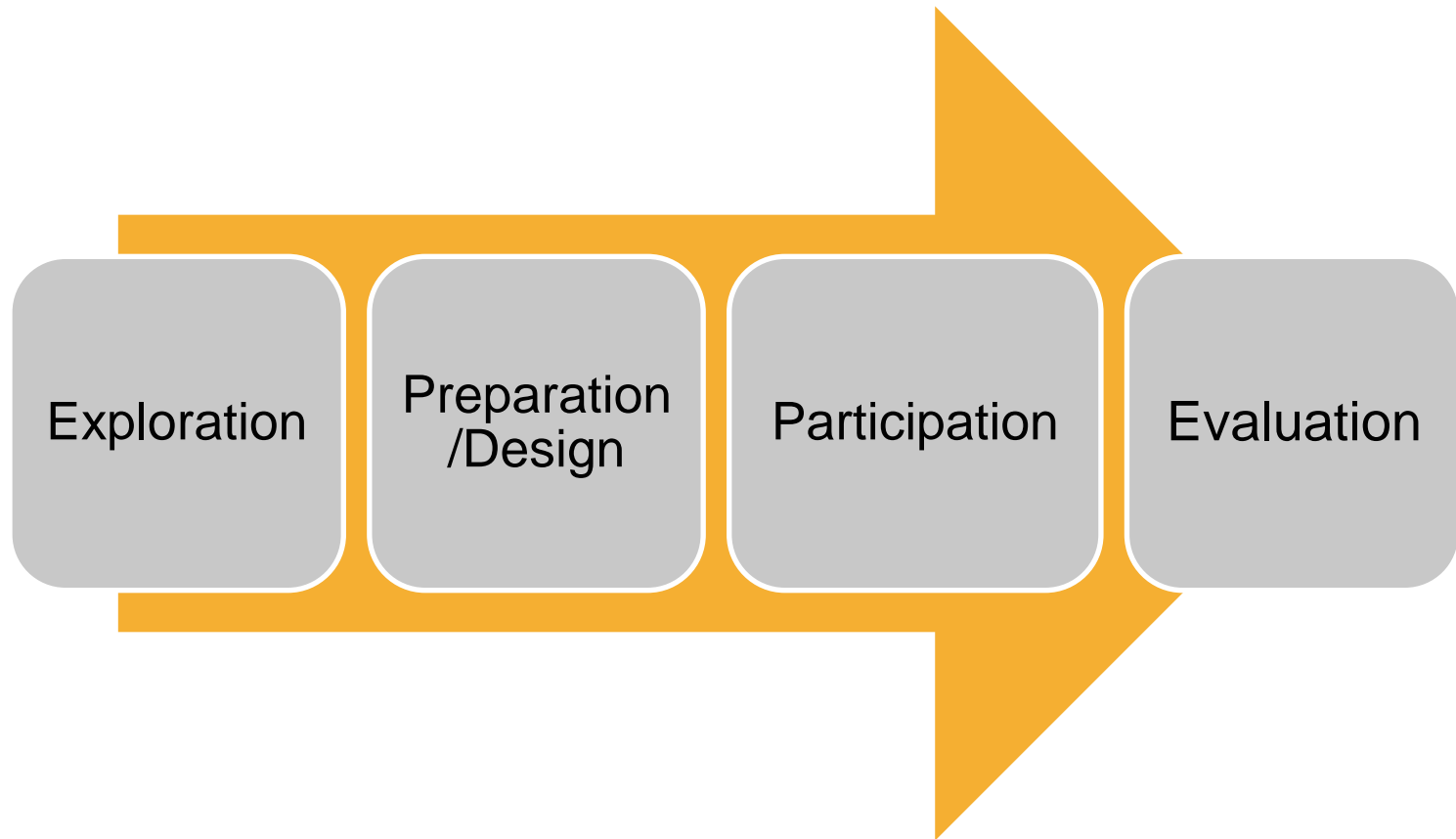
Patient Engagement in Patient Safety

- Despite growing interest, P/F engagement in patient safety is in early stages
- Great need to improve conversations around medical error disclosure
- Potential to empower patients to speak up about safety concerns

Patient Engagement in Patient Safety

- “Patient TIPS” program brings together P/F and interprofessional clinicians for P/F-centered medical error disclosure and prevention training.
- P/F as co-designers and teachers
- Study on feasibility and acceptability, risks and benefits

Phases of P/F Participation



Setting and Participants

- P/F were recruited from 2 hospital Patient Family Advisory Councils (PFAC) in Boston
- Physicians, nurses, social workers and medical interpreters from 2 academic hospitals were invited to participate in 3 workshops over 2012/2013

Educational Intervention

- 2 didactic frameworks
- 4 hr workshops
- In depth simulation
- Professional actors portraying P/F
- Clinicians engaging in their professional role
- Facilitated discussion and feedback



Didactic Frameworks

Relational Learning *Browning et al. 2007, Meyer et al 2011*

- Challenging conversations
- Interprofessional learning
- Realistic enactments w/ professional actors

Psychological Safety *Edmondson 2009, Nembard & Edmondson 2006*

- Team oriented
- Safety for interpersonal risk taking

Evaluation Methods

Pre/Post Surveys

- What are you hoping to learn from P/F or clinicians?
- What concerns do you have about learning with ...
- What, if anything, was valuable about learning with..
- What was the most difficult thing about learning with..

Analysis

- Descriptive statistics
- Qualitative content analysis

Results - Overall

Before workshops

96% clinicians and 81% P/F: *positive expectations*

After workshops

98% clinicians and 100% P/F: *collaborative learning was educationally valuable*

What participants hoped to learn

Clinicians	Patients/Families
<ul style="list-style-type: none">• Better understanding of patients' perspectives and patient feedback• Compassionate communication skills after harmful event• Patient empowerment strategies	<ul style="list-style-type: none">• How clinicians think about and deal with error• Communication skills for P/F to enhance safety• Willingness of clinicians to hear P/F input/how to engage clinicians

Hopes

“ [I hope clinicians] recognize the power of a partnership with patients. That they are willing to be seen as fallible human beings.” -A patient

What participants were concerned about

Clinicians	Patients/Families
<ul style="list-style-type: none">• No concerns• Negative impact of power dynamics• Recognition of physician fallibility	<ul style="list-style-type: none">• No concerns• Defensive posturing by clinicians impeding true insights• Negative impact of power dynamics or medical jargon

Concerns

“That P/F will lose confidence in [their] provider [or] other care givers.” -A clinician

What participants valued regarding collaborative learning

Clinicians	Patients/Families
<ul style="list-style-type: none">• Insight into patient perspective and feedback from patients• Specific communication strategies• “Real” learning experience	<ul style="list-style-type: none">• Realization of clinicians’ accountability• Insight into clinicians’ experience with error• Appreciation of clinicians’ honesty and reflection

Values

“ Family and patient feedback in a non-clinical safe situation provided great insights I don't normally have access to.”

-A clinician

“I had never heard medical people acknowledge feeling before...” -A patient

What participants found challenging

Clinicians	Patients/Families
<ul style="list-style-type: none">• No challenges• Emotions during workshop• Enormity of task – culture change	<ul style="list-style-type: none">• No challenges• Medical jargon• Desire for longer workshops

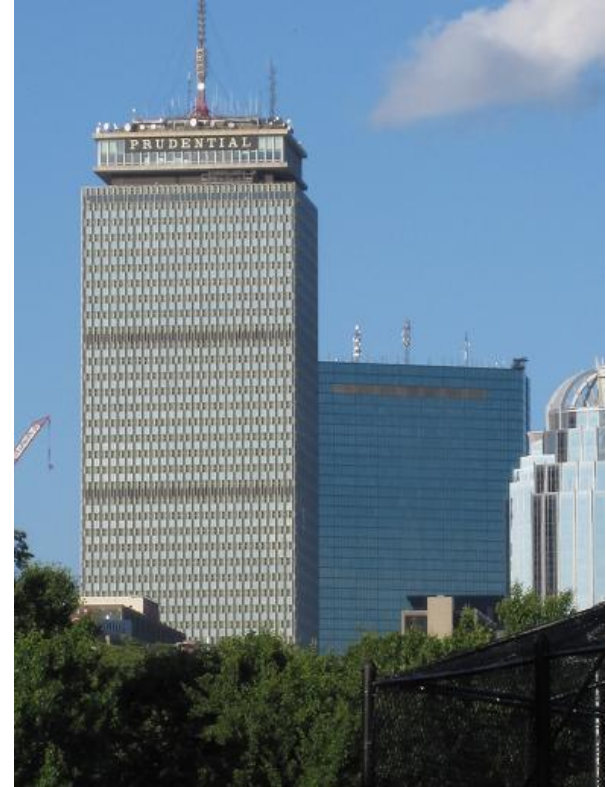
Challenges

*“No easy fixes and lots of
culture change required in
family-centered care”*
-A clinician

Conclusion

- Implementation of Patient TIPS is feasible and highly valued
- Sensitive facilitation is critical; participants may be hesitant to talk openly about errors and medical culture
- For P/F: Empower patients as safety advocates, and enhance collaboration between P/F and clinicians
- For clinicians: Rare feedback from P/F and deeper insights into P/F perspectives

Questions?



Langer T, et al. BMJ Qual Saf
2016;25:615–625.