

Whose Leg Is It Anyway? When engaging with a limb just doesn't get the right response ...

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Background

Involving people in their care is a major trend in contemporary healthcare practice. A number of initiatives that encourage patients to ask key questions of their doctors or nurses are already in use. For example in the UK, a wide variety of organisations, including the National Institute for Health and Care Excellence (NICE), promote several initiatives to support 'shared decision-making' [1], and an initiative recently developed within the UK, 'ThinkSAFE', prompts similar patient behaviours in relation to helping them to stay safe [2, 3]. Evidence suggests that people want to be involved in decision making about their care and that they are willing and able to intervene to prevent harm. There also is growing evidence that encouraging patient involvement can improve the quality and safety of healthcare. However, there are many potential barriers to patients asking healthcare professionals questions, including healthcare professionals' unwillingness to engage with patients in this way. Patients may worry about appearing rude or demanding so can often adopt a passive role rather than one of collaboration (2)

Learning Objectives

To understand the relational barriers and facilitators to effective patient/provider communication
To reflect on behaviours that promote or inhibit patient involvement in practice
To discuss and debate the role of humour and dramatization in enhancing understanding and influencing behaviour
To feed back on the sketches and supporting materials as an educational resource and an innovative means of enhancing research impact

Methods

In this workshop, participants will view a series of offbeat and humorous video sketches that are based on real issues raised in qualitative research carried out by the authors which aimed to explore the perceptions of patients and clinicians on promoting patient involvement (2). Video sketches were developed collaboratively with Operating Theatre, a UK-based film and drama company. Whilst the context of the underpinning research was improving patient safety, patients have reported similar perceptions or experience in relation to their attempts to engage in shared decision making with a care provider (4). The sketches have been designed to be deliberately surreal and thought provoking, and their purpose is to encourage reflection and discussion of the attitudes and feelings invoked by the situations depicted in the sketches. Small and large group work will engage participants in supported discussions that encourage exploration on the issues and problems in more depth.

References

1. NICE <https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-guidelines/shared-decision-making>
2. Hrisos S, Thomson R. (2013) 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 <http://dx.doi.org/10.1371/journal.pone.0080759>
3. Hrisos S, Thomson R. (2016) Chapter 9 Direct engagement: developing and piloting the ThinkSAFE intervention. <https://dx.doi.org/10.3310/pgfar04150>
4. Joseph-Williams, N, Elwyn, G, Edwards, A. (2014) Knowledge is not power for patients: a systematic review and thematic synthesis of patient-reported barriers and facilitators to shared decision making. PEC 94.3: 291-309. <http://www.sciencedirect.com/science/article/pii/S0738399113004722>

Audience – no pre-requisites. This workshop has broad relevance to both professional and lay delegates.

Maximum number of participants – Maximum 60 delegates in an area/space with cabaret style layout

Duration: 1.5 hours