

4^{Ps}

Development programmes for people in healthcare

What happened in the session?

compiled from 4Ps experience to date at different locations

Information sharing

Information and systems

- for truly informed consent
- to facilitate shared decision taking.

The session opened with an examination of the functions of information. These were written upon the screen so that the group could start looking at what constitutes good and useful information under the various headings – from practical instructions for finding the hospital or the practice, to telling patients about test results. By identifying why patients needed to be informed we could explore current practice, how best it could be built upon, and what new ideas could be adopted.

From a purely practical point of view, good information saves staff time answering questions and directing patients. *The group could rattle off the questions patients always ask – but what had they done about answering those questions before they were asked?* We looked at ways in which such simple things as signposting seem to work. The lower graded staff are often in the front line here, and their opinions are least often sought. We considered delays and referred back to the first session discussion on participants' own experiences of delayed flights, cancelled trains and the like. How might their perception have been changed by the quality, or lack of, information? They thought about ways of keeping patients informed about such things as likely waiting times, and why. They considered the possibilities of white boards, storyboards, posters and video screens.

4^{Ps}

Development programmes for people in healthcare

Participants looked at the ways in which they provide general information and the style in which it is written. Is it clear? Is it easy to follow? Is it attractive? And, if not, how could they improve it?

Had they thought about the difficulties blind or partially-sighted people might have in finding their way around? What about Braille, or spoken (either on disc or on computer) versions of leaflets, so that those who cannot see can retain their independence? Are signers and lip readers available to help communicate with the deaf? How do they cope with language barriers? What ideas can they come up with to encourage the open and free communication so essential to full patient participation?

Patient choice cannot exist unless patients are sufficiently well informed to exercise that choice – and yet patients can often find that clinical information is hard – and slow – to come by. We encouraged the group to put themselves in the position of patients. How do they feel when they have been x-rayed and have been told to wait a week for the results, when they know perfectly well that the radiographer already has that information? The group considered sensitive information, and how they dealt with it. What were their feelings about passing it on? Were they allowed to? Did their environment recognise this and provide appropriate space? This is very much a matter of staff, as well as patient, involvement and is therefore central to a change in attitude.

We considered the manner in which patients glean clinical information. It is likely to come from all sorts of places, including the Internet, and staff often feel threatened by patients who seem to be better informed than they are, or ask questions that they may not be able to answer.

4^{Ps}

Development programmes for people in healthcare

The group thought about ways of building up their confidence and being mutually supportive. No one can be expected to know all the answers, nor does it matter very much. What does matter is an open, honest approach, and the willingness to find out.

Between sessions participants were asked to consider the ways in which they gather information from patients and the use which is made of it.