Patient Opinion Event Stories – Education for All

# Dorothy – Introductions

Thank you for introductions and for Gina’s invitation to be here today. It is a great privilege to be involved with Patient Opinion and the ground breaking work they are involved with. I am **Dorothy Armstrong**, Visiting Fellow and Professional Adviser at the Scottish Public Services Ombudsman and **Fiona Tevendale** is a 2nd Year student in Nursing at the University of Edinburgh.

Stories have played a significant part in our learning and development throughout history – I remember fondly reading my children bed time stories and they often asked me ‘Mum – what is the moral of the story?’ Of course the meaning is unique to the individual – so the joy of telling the story was the reaction it got!

Stories promote deeper understanding, problem solving and can serve as models that close the gap between our experiences as human beings and the theories we use to explain them. Using stories in teaching is an empowering tool as stories are like reframing the experience – like putting on a different pair of glasses which allow us to shift our perspective - - to zoom in -- or take a distant view of their subject. Stories including those in Patient Opinion can challenge us and encourage new learning and discovery.

I was delighted to have the opportunity to use PO in the undergraduate nursing course at the University of Edinburgh and thanks to **Professor Pam Smith** there for making it possible. Rather than me tell you my story I thought it would be much more powerful and interesting for you to hear from one of our students what her experience has been like using PO as a learning resource at the University.

# Interview – Dorothy and Fiona

Dorothy *Hello Fiona - Can you start by telling us about using PO in your classes at Nursing Studies at the University of Edinburgh?*

# Fiona

• Our year was introduced to patient opinion through our courses Evidence and research (avenues of inquiry) and professionalism 1.

• We receive notifications about stories potentially relevant to these courses that we can read and reflect upon for theory and practice.

• In professionalism PO is a significant tool as we are introduced to the NMC code of conduct and explore what it means to be a professional nurse – some stories were striking and initially we were a bit stunned, about the negative stories especially.

• as we got more theory about communication, teamwork and leadership, we were able to pick up on areas that needed improvement and critically assess what was done well at the time and what was not. It began developing our reflective skills in terms of practice, at the time we were preparing for our first acute medical placement.

In Evidence and Research we looked at using patient opinion as an avenue of inquiry, we’re frequently told to be evidence-lead in practice and theory, and that the NHS will be service-user driven. PO helped us to appreciate what this meant in terms of person-centred care, that they’ll drive the research too, and we need to involve and empower everyone for evidence informed practice.

Dorothy *What are the feelings and thoughts when you read and reflect on the stories?*

# Fiona

* The positive stories evoked delight in our class, and reassurance, we feel that the positive aspects of care described by patients and their relatives restored the damage imposed on us as new students by negative mass media and gave us confidence.
* The positive aspects taught us what mattered to people and encouraged us that our career could be extremely rewarding provided listen to what service users. We are able to consider the key skills highlighted in positive stories and reflect on why they were beneficial for care. This encourages us to drive to learn and adopt the qualities to become the most caring and compassionate nurses we can be.
* The negative stories really did startle us, we found them moving, evoking frustration and anger, it was alarming that important things were missed big and small, impacting on the individual’s wellbeing. From the very start this encouraged us to reflect how situations could be improved, and what we can learn when things go wrong. We were upset by breakdowns of communication especially as it is such an essential skill that we are in the process of developing; it really reinforced impressed on us the importance of listening to everyone and being an effective advocate for your patient.

Dorothy *Do you have your own story to share with us?*

# Fiona

* My own Story: 2nd shift of my 1st acute medical placement.
* Elderly lady very poorly with communication difficulties and very limited mobility and oral thrush, on bed rest, refusing to eat and drink, and therefore dehydrated with low urine output. Daughters had made a complaint to the ward concerning nutrition and care the week before.
* I was asked to assist the lady with breakfast and she was refusing outright, but as staff were so concerned I took the time to talk to her, asked her about her life and family, and I asked her why she didn’t want to eat. She spoke very quietly which was hard to hear, but she told me her throat was extremely sore to swallow anything at all.
* I empathised with her, and thought what could I do to help?
* At lunch her tray had a bowl of soup and a pot of ice cream on it. I brought it over and we chatted, but she refused again. This time I persisted light-heartedly, and she smiled and said okay, I’ll try some. The soup didn’t go down well, the heat of it and lumpy bits were just too much for her sore throat, after a couple of spoons we left it, and we went for the ice cream, I said it would be nice for her sore throat. She had the whole tub.
* From then on it was the same; the smooth and cold things went down easier such as milk, ice cream and yoghurt. She was eating and drinking more, still not a lot but there was improvement. I became responsible for her fluid chart and food chart. This then lead to me meeting her family and discussing her improvements in appetite, and the improving urine output.
* It was so rewarding because she gave me huge smiles whenever I was around in the bay, and she gave me a lot of chat because she knew I would make the effort to listen and understand what she was saying. Her relatives said she had taken a shine to me and seemed happier because of the care she had been receiving on the ward and thanked us.
* I learned from this experience that giving time to listen and build rapport was essential for getting to know patients and understand their preferences, situation and life. By gaining trust I was able to build an effective relationship conducive to improving health and wellbeing.
* This patient really put her trust in me and shared with me how she was feeling, and even though she couldn’t communicate easily, she liked the social interaction when we chatted at mealtimes.
* I really looked forward to those times getting to know her, giving what we had been discussing in class, an important concept we were just starting to grasp, real holistic person centred care. I was so happy and proud that I had been involved in the team providing her care whilst in the ward.
* From this experience I took forward the skills I had learned and developed further over the summer, I was in the same ward again and met a host of patients with similar problems, and there was the added heat of July weather and I really made the effort to ensure everyone was hydrated and adequately nourished and learned more about nutritional assessment and documentation, because I was keen to be able to spot when patients were at risk of malnutrition.

Dorothy *Thanks for sharing your lovely story – It makes me feel very proud to be a nurse and to be involved in the education of our future nurses..Now Fiona - What has been your key learning using PO?*

# Fiona

* Good communication with the patient and the multi-disciplinary team is absolutely essential and can’t be overlooked, it is a fundamental of providing the best care possible, this was further reinforced by practice placement experiences I had.
* The patient stories evoke emotion and feeling considerably more than a set of statistics does, and as a first year last year this was eye-opening, because the frustration at poor care and the delight at excellent care before even stepping onto a ward was motivating, I was eager make the effort to adopt identified fundamental skills into the care I would give in practice placement
* Compassion and understanding are another crucial aspect, so vital to providing care that is person-centred, and asking what can I do to help you? And saying I’m here for you if you need me.
* The future of nursing relies on an evidence base from service users, and feedback is so useful in directing research and improving practice, to build an efficient service and create an environment where patients feel at ease and happy as they can be.

Dorothy *Finally Fiona - What has been the impact on hearing and reflecting on PO stories on your nursing practice?*

# Fiona

* I feel the impact of reflection on patient stories and my personal placement experiences has ultimately improved my practice. Reflection allows a real insight into the patient experience, and the views of service users are so valuable in improving health care service experiences. I felt that in class I was made aware of key issues that needed addressing in modern nursing before I even started placement, and this was so helpful because it provided insight to an area that we hadn’t a lot of experience in yet.
* My experiences and patient opinion stories have really highlighted to me the benefits of communication in particular, and I always make the effort to have a smile on my face when I’m with anyone, and most importantly I will try to listen, patients can say a lot even in the briefest exchange of words. They teach us what to look out for, they teach us how to deliver care that is person centred.
* Now that I’m in second year, I’m so glad to have had the opportunity to use patient opinion so far, and I hope to use it more in the future for learning; and improving and guiding my practice.

# Thank you – any questions?