Conducting Patient Interviews

At Dana-Farber Cancer Institute (DFCI), the patient safety interviews are conducted on the patient units, separate from the Patient Safety Rounds held with staff. The patient interviews are performed by specially trained volunteers known as Patient/Family Safety Liaisons (Liaisons). As noted earlier, the Liaisons are members of our Adult Patient and Family Advisory Council (APFAC) who expressed an interest in participating in the Patient Safety Rounds program and were chosen through a selection process. In the next few pages, we discuss factors to consider when designing the patient interview component of a Patient Safety Rounds program, describe how patient interviews are conducted at DFCI, and examine issues that can arise during the interview process.

Designing the Patient Interview Process – Factors to Consider

Some of the factors that should be considered when designing a patient interview process at your organization are highlighted below.

- *Scripting the interview* – We found it helpful to provide an interview “script” or tool for the Liaisons to use as a guide when interviewing patients. (A copy of the script is included in this section of the Toolkit.) The script helps standardize the interview process and improves the uniformity of data collection by making the interview questions consistent across Liaisons. The original script was created by DFCI’s Risk Manager, who leads Patient Safety Rounds with staff. Once the basic script was created, we asked for input from the Liaisons and incorporated many of their suggestions into the final product. Involving the Liaisons in the script’s development helped create a sense of ownership among the Liaisons and resulted in an improved data collection process. When interviewing patients, the Liaisons follow the scripted questions, building upon them as necessary to explore particular safety issues raised by patients.

- *Resources for Patient/Family Safety Liaisons* – Liaisons should always have immediate access to a staff person from the Patient Safety Rounds program who can answer questions about the interview process and address safety concerns and issues that are raised by patients require immediate attention. At DFCI, the Coordinator for the patient component of Patient Safety Rounds fills this role. The Coordinator is available to the Liaisons by phone and pager. We have found that having one person fill this role is ideal, since he or she quickly gets to know the Liaisons and develops an understanding of the issues the Liaisons confront.

  In addition to the Coordinator, the nurse manager or leader of the unit on which interviews are being conducted should also be available to help address issues that require an immediate response. At DFCI, issues regarding a patient, patient care, or patient safety are immediately brought to the attention of the manager on the unit (or to executive level management, if necessary). This ensures that decisions are made and information is shared in a timely and appropriate way.

- *Collecting and storing data collection tools* – Before the patient interviews begin, a system to collect and store completed data collection tools must be established. At DFCI, each Liaison de-briefs with the Coordinator following each interview session. They are sometimes joined by another representative from the Patient Safety Rounds program. During this session, the Coordinator collects the interview forms. Following the session, she enters the data into a secure database and stores the sheets in a secure and confidential location.

Training the Patient/Family Safety Liaisons

Before conducting patient interviews, the Liaisons should complete a training program in which they review the interview and data collection processes, examine problems that might arise during a patient interview, and role-play different interview scenarios.

The training program you design for your Liaisons will vary depending on their role and training needs. As mentioned earlier, the Liaisons at DFCI are also members of the Adult Patient and Family Advisory Council (APFAC). Before joining the APFAC, they attend a general volunteer training program that addresses topics and issues relevant to all volunteers, including DFCI's culture and values, HIPAA training, and patient confidentiality. During the general volunteer program, participants also sign the organization's confidentiality agreement, obtain a health clearance, and attend sessions on how to manage patient interactions in a confidential and respectful manner. The special training session for Patient/Family Safety Liaisons reinforces many of the concepts reviewed in the general volunteer training program and introduces material specific to the Patient Safety Rounds program.

Throughout the Patient Safety Rounds training program, the Liaisons are reminded that the primary goal of the patient interview is to collect information about patient safety. The Liaisons are cautioned that it is very easy to get off topic and that part of their job is to keep the interview on track. Techniques for keeping the interview focused are explored through role-playing sessions.

We have found that some new Liaisons find it helpful to conduct their first few interviews in pairs, with one Liaison acting as the interviewer, and the other as an observer. Pairing up allows the Liaisons to learn from one another as they gain familiarity with the questionnaire and the overall flow of the interview session. It can also help standardize the way individual Liaisons approach the interview process.

More information about the content of the training program conducted at DFCI and guidelines for the role-playing component are included in Section VI of this Toolkit.

Conducting an Interview

The process of conducting patient interviews will vary across organizations depending on the organization's patient population, organizational structure, and patient safety goals. The patient interview process used at DFCI is summarized below. This summary may be a useful resource as you design an interview process that works for your institution.

DFCI's Patient Interview Process:

- Before the patient interview process begins on a particular unit, a program description is distributed to all patients who are being treated on the unit and a copy is posted in an area visible to patients and families. (See *The Patient Safety Rounds Program – Information for Patients and Families* in this section of the Toolkit).

- The interviews are conducted for approximately two to four hours each week on varying days of the week.

- When the Liaison arrives on the unit, he or she checks in with the nurse manager to determine whether there are patients who should not be approached for an interview (e.g., some patients might be too sick that day). These patients are excluded from the pool of potential interviewees. The liaisons are then free to approach any of the other patients on the unit.

- The Liaison approaches a patient and asks if he or she is willing to participate in the interview process. If the patient agrees, the Liaison records on the interview form the patient's name and the name and relationship of family members or any other persons who are present.

- The interviews are conducted on the unit. The Liaison makes the setting as private as possible by pulling a curtain between the interview space and the rest of the patients on the unit. In addition to asking the patient if the setting is okay, the Liaison remains aware of patient privacy and confidentiality and does everything he/she can to keep all information and dialogue as private and confidential as possible.

- The Liaison conducts the interview, using the script as a guide (see *Patient/Family Safety Liaison Encounter Form* in this section of the Toolkit). As noted earlier, the Liaison may build on the standardized interview questions as necessary to explore a safety issue that is identified by the patient.

- At the end of the interview, the Liaison thanks the patient for participating.

- When the Liaison has finished interviewing for the day, he or she meets with the Coordinator to debrief. During the debriefing session, the Liaison and Coordinator discuss any concerns the Liaison might have related to the interview and review the data collection form for accuracy and clarity. The Liaison gives the completed data collection forms to the Coordinator during the debriefing session.

Special Considerations – Issues that May Arise During an Interview

A range of issues that require the intervention of a member of the organization's staff may arise during an interview. It is important that Liaisons not be expected to assume responsibility for handling these problems, since the Liaisons are not members of the staff and this is not a part of their role.

Some of the issues that can arise, and a description of how they are handled at DFCI, are listed below:

- *A problem arises that requires immediate attention:* A patient may develop a physical complaint or identify a patient safety issue that requires immediate attention. When this occurs, the Liaison immediately informs the nurse manager or unit leader who then takes care of the situation. The Liaison also discusses the issue with the Coordinator during the debriefing session.

- *A patient requests anonymity:* Occasionally, patients being interviewed request total anonymity or ask the Liaison not to share any of the information they provide. When this occurs, the Liaison responds, "Then I think it is better if we don't talk about this today." The Liaison then thanks the patient and family for their time and ends the interview. Liaisons are asked to handle the situation in this way since, if the patient shared something that was deemed critical to the safety or well being of patient care, it would have to be reported. Requesting total and complete anonymity at all costs places the Liaisons and DFCI in a challenging situation; therefore, Liaisons are asked not to conduct interviews under these terms.

- *The patient challenges the liaison with many questions:* Liaisons sometimes encounter patients who are challenging or who raise an excessive number of questions. When this occurs, the Liaison pages the Coordinator, who intervenes directly or offers advice on how to handle the situation.

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- *A patient wants information about a diagnosis or treatment:* Some patients may want general information about the diagnosis or treatment of cancer. Many of the Liaisons know of resources provided by the organization and direct patients to these. If the Liaison does not know where to direct the patient or the patient has questions about his or her own care and treatment, the Liaison directs the patient to the nurse manager or unit leader.

- *Patients ask the Patient/Family Safety Liaisons about their role or their experience with cancer:* Patients are sometimes very interested in learning more about the Liaison's experiences as a volunteer or as a cancer patient. We have determined that the Liaisons may choose to reveal they are members of the APFAC if they wish and can briefly discuss the council and its role. The Liaisons may also disclose their status as a patient at the organization if they would like to do so. In general, Liaisons are encouraged to use their discretion when deciding whether to share their own experiences. During the role-playing session, Liaisons are taught techniques to bring the focus of the interview back to the interviewee's own experiences.

These and other issues and suggestions for how to manage them are discussed in the document, "Conducting a Role Playing Session," that is included in Section VI of the Toolkit.

After the Interview

Our Patient Safety Rounds team and Liaisons met periodically as a group to discuss how the patient interviews are proceeding and to work through any changes that needed to be made. These meetings were scheduled by the Coordinator and are an effective way to check in with the Liaisons and to monitor and adjust the interview process.