

Patient/Family Safety Liaison Training – Conducting a Role-Playing Session

Rationale

Many of the volunteers who serve as Patient/Family Safety Liaisons (Liaisons) have little experience interviewing patients. A role-playing session, in which the Liaisons have an opportunity to participate in mock patient interviews, can be a valuable adjunct to a Liaison training program.

In this document, we describe the role-playing session conducted at Dana-Farber Cancer Institute (DFCI). The role-playing session was designed to achieve the following goals:

- Examine the patient interview process in detail, from the time the Liaison arrives in the clinic to the time he or she debriefs with a staff member after the interview
- Provide opportunities to practice interviewing techniques
- Obtain input from the Liaisons about the interview process and the data collection tool

Participants

The role-playing session was attended by all of the Liaisons, along with Patient Safety Rounds team members. The session was facilitated by a social worker who is not a member of the Patient Safety Rounds program staff.

The ideal facilitator has experience with role-playing and interviewing patients. The facilitator should also be able to recommend techniques for managing situations that might arise during the interview and techniques for keeping interviews focused on patient safety. At DFCI, we utilized a licensed social worker who was highly skilled in interviewing and role-playing and had extensive experience working with patients.

Content

Each step of the patient interview process was reviewed and discussed during the role-playing session. The discussion sessions were designed to clarify the role of the Liaison and to offer Liaisons an opportunity to examine issues that might arise during patient interviews. Role-playing was used to allow participants to practice how they might respond to and manage some of these issues.

The following topics were discussed in detail during the role-playing session:

- ***How to introduce yourself to the patient*** – How a Liaison introduces him- or herself is important, since the introduction establishes the tone for the rest of the interview. Through the introduction, the Liaison should try to demonstrate respect for the patient’s wishes and sensitivity to the patient’s situation. For example, the Liaison might say, “Hello, my name is John. We are currently working on this unit gathering some

information from patients about their perceptions of care, specifically about safety. Are you comfortable talking with me today about your experience here at [name of clinic]?”

Liaisons have asked whether they should disclose that they, too, are patients. Based on our discussions with the Liaison group, we have determined that Liaisons may communicate whatever they feel comfortable sharing with the patients, but should not let the interview drift into a discussion about their own experiences as a patient. The Liaisons have noted they are generally comfortable sharing this type of information with other patients and feel that it gives them credibility and fosters a sense of trust among those they interview. This decision may or may not be appropriate for your organization. As you consider how you would like Liaisons to handle similar questions, it is important that you consider what’s best for the organization, your volunteers, and your patients. Input from the Liaisons may be particularly useful in making this decision. Reviewing the information [vs. issue?] with the Liaisons on a quarterly basis is suggested.

- ***How to determine whether the patient is comfortable participating in the interview*** – Before a patient interview begins, the Liaison should try to assess whether the patient is comfortable participating in the interview process. Questions that can be used to evaluate a patient’s comfort level include, “Is this a good time to talk?” or “Is it okay if we talk for a little while now?” If the patient answers “No” for any reason, the Liaison must respect the patient’s decision. It is appropriate to ask the patient if he or she wants to resume the conversation later or just end it at that point.

In addition to assessing a patient’s comfort with the interview process, the liaison must understand and communicate the following information to every patient:

- Taking part in the interview is completely voluntary
 - The patient can stop the interview at any time
 - Answering the interview questions will have no direct impact on the patient’s treatment
 - The patient will experience no direct benefit for taking part in the interview since it is being conducted for data collection purposes only
 - The reason for the interview and for collecting the data is to improve patient safety
 - Data will be kept in a secure electronic and paper file
- ***Maintaining patient privacy and confidentiality*** – An important aspect of the Liaison role is assuring patient privacy and confidentiality during the interview process. The Liaisons at DFCI are acutely aware of privacy concerns since they faced these issues when they were patients. Although interviews cannot always be conducted in private rooms, Liaisons can promote privacy by pulling the privacy curtain around the chairs before an interview begins, and by being aware of the general surroundings, including possible intrusions, at all times.
 - ***Keeping the interview on track*** – During an interview, patients may not want to limit the discussion to patient safety, and may try to discuss other aspects of their care and

treatment, particularly if they know the person conducting the interview is also a patient. The patient safety interview is not an appropriate time for these discussions. Liaisons may need help learning how to shift the focus of the discussion back to patient safety. Some Liaisons find it particularly difficult to redirect the discussion since they are used to speaking with patients on a range of issues and are comfortable and often experienced in advocating for patients' needs.

Strategies for keeping the interview on track are discussed and practiced during the role-playing session. Some of the strategies include:

- If a patient tries to draw the Liaison into too many irrelevant areas, the Liaison can redirect the conversation back to the interview questions by asking, "Is it okay if we talk about *you* today?"
 - If a patient tries to direct the conversation toward a discussion about the Liaison's experience with cancer, the Liaison can say, "Yes, I did have that experience, but right now, I am interested in talking with you about your experience and your perception of patient safety. We could discuss that other information at a later time, if that is okay with you."
- ***Encouraging more detailed responses*** – Some patients may not be inclined to elaborate on their answers to questions about safety issues or may respond with general statements like, "Everything is fine here and I feel safe." In these situations Liaisons can use "probing questions" to help the patient think about patient safety in a more detailed way. If used correctly, probing or teaser questions can also elicit more meaningful responses without making the interview feel like an interrogation. Examples of such teaser questions include the following:
 - "Do you ever have questions about your care that are not answered?"
 - "Are you able to get appointments when you need them?"
 - "Is there anything about your care plan that you find inefficient?"
 - "Is there anything that should have been completed prior to your appointment/procedure/test/treatment that had not been done?"

More examples of teaser questions are available in the document, "Patient/Family Safety Liaison Encounter Form" that is included in Section V this toolkit.

Role-playing

Role-playing was used throughout the training session to help the Liaisons gain experience in the interview process and to let them explore how they should manage interviewing challenges. During the role-playing sessions, the Liaisons can either be active participants or observe team members as they role-play with the session facilitator. Scenarios that were explored through role-plays during DFCI's Patient Safety Education Day include:

- An "ideal" interview, or one in which the patient answers the interview questions directly and does not bring personal concerns or other issues into the interview
- An interview with an emotionally disturbed patient who wants the Liaison's advice
- An interview with a patient who is interested in the Liaison's own history with cancer

- An interview with an extremely angry patient who is upset because of their disease or a situation they have encountered

After each scenario, the group discussed how the problems presented by the mock interview were handled and brainstormed other strategies and approaches the interviewer could have used. The Liaisons discussed how they would handle the situation and why. With the Patient Safety Rounds team, they examined how an interviewer can remain compassionate yet still remain focused on gathering information about patient safety. The facilitator also shared information about techniques that are most effective.

Evaluating the training session

We recommend that the Liaisons evaluate the role-play session along with all other parts of the education program. It is our experience that the Liaisons offer excellent suggestions for improving the training sessions.

The afternoon training session for the Liaisons at DFCI was approximately two hours long. We chose this length because the volunteers serving as Liaisons were experienced in “rounding” with patients and were comfortable approaching patients on the units. It may be appropriate to have a more in-depth and longer training session if the Liaisons at your institution do not have this type of experience.