

# Go Shadow

View and Co-Design **Exceptional** Care Experiences

Your Guide to Patient and Family Shadowing  
With Patients, Families and Care Givers

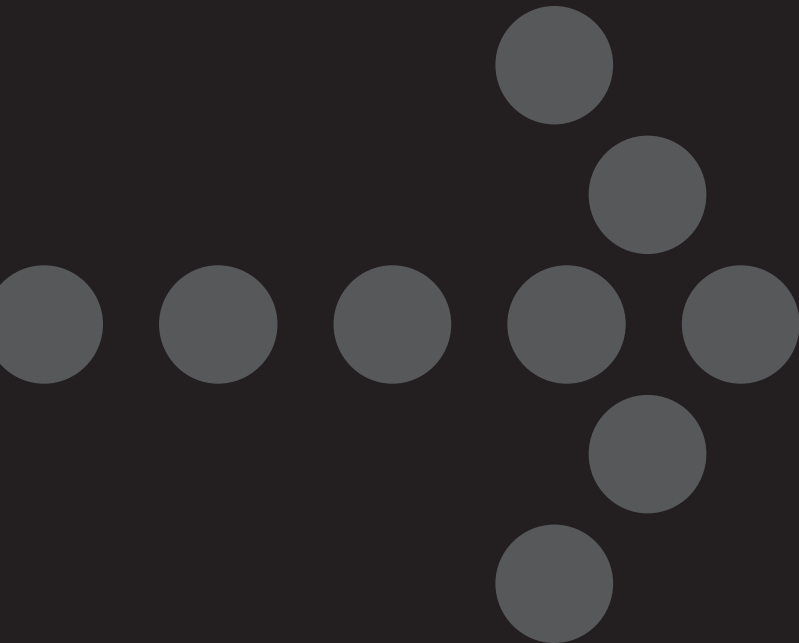


**The PFCC App for Health Care's  
New Operating System**

Anthony M. DiGioia III, M.D. • Eve Shapiro

You never really understand a person until you consider things from their point of view...until you climb inside of their skin and walk around in it.

--Atticus Finch, in Harper Lee's *To Kill a Mockingbird*



GO SHADOW

**THE TECHNIQUE FOR VIEWING AND CO-DESIGNING**

EXCEPTIONAL CARE EXPERIENCES WITH PATIENTS AND FAMILIES

## Although the names have been changed, this is a true story.

Jackie Greenfield walks into her father's hospital room in Naples, Florida. Once a robust, vital man, Jackie sees that her 82-year-old father, now looking shriveled and pale, is agitated and confused. He has a gash over his left eye, and his forehead is bruised and swollen. Jackie turns on her heels and rushes to the nurse's station.

"What on earth happened to my father?" Jackie practically shrieks at the nurse on duty. From her name tag, Jackie sees that the nurse's name is Donna. "He came in for a hip replacement, Donna! Why does he look like someone's beaten him up?"

"Please calm down and for goodness sake, lower your voice," whispers Donna. "Last night your father got up to go to the bathroom, fell, and hit his head on the corner of a chair. Don't worry, nothing is broken."

"Excuse me? You're telling me not to worry?" Jackie asks, incredulously. "Let me get this straight," she says. "My father had to go to the bathroom last night. Didn't he ring his call bell? And, if so, why didn't someone come to help him?"

"You can't imagine how busy we were last night," Donna says. "Yes, he rang his call bell. We tried our best to get to all our patients as soon as we could, but by the time someone finally got to him," says Donna, "he was on the floor."

I wonder how long he'd been lying there by the time someone came into the room, Jackie thinks. But what she says is, "If you don't have enough people on the night shift, I want to hire someone to sit with my father from 7:00 p.m. until 7:00 a.m., if that's what it takes to keep him safe."

"Well," Donna says, rolling her eyes, "if you want someone to sit with your father during the night that's something you'd need to arrange."

"Fine," Jackie says. "I will find someone to sit with my father overnight. Do you have a list of resources to help me find someone?" she asks.

Donna turns, walks out of the room, and comes back five minutes later. "Here you go," Donna says, as she hands Jackie the Yellow Pages.

## Put yourself in the shoes of each character for a moment. How do you imagine each of them felt that night?

**I**magine you are a nurse, like Donna. She was overworked and exhausted, having to meet continual patient demands and family complaints. What do they expect? There just aren't enough hours in the day, you may think. Or, We're doing the best we can. We are simply stretched too thin.

Imagine you are the family member of a patient, like Jackie. She was worried by the lack of attention to patient safety and outraged by Donna's uncaring attitude toward herself and her father. If this happened to me or someone in my family, you may think, I would write a letter of complaint. I would tell my family and all my friends and vow never to come to this hospital again!

Now imagine you are the patient, like Jackie's father. He felt frustrated, frightened, and dependent at the very time in his life when he was most vulnerable and needed to feel safe, cared for, and protected. *If I had been in a hospital and this happened to me, you may think, I would feel scared, helpless, and at the mercy of people who don't care about me. How could this happen in a hospital, of all places?*

It should be easy to put yourself in the shoes of each character in this story. Because the truth is, you are not only a **Care Giver** (that is, someone who touches the Care Experiences of patients and families in some way, whether directly or indirectly)—but you are also, at times, a patient. Or the family member of a patient. At one time or another you have been, or will be, not only someone like Donna, but someone like Jackie. And someone like Jackie's father. Think about how you would want to be treated.

Now what if, as Atticus Finch would advise, you were to routinely consider all patients' **Care Experiences** from the patient's and family's point of view? (We define a Care Experience as the patient's and family's journey through a specific cycle of care.) Although not all negative experiences may be quite as clear as the one we've just described, patients, families, and Care Givers do face less than ideal Care Experiences every day.



- Do you think learning how patients and families feel—and seeing what they experience while they are in your care, from their point of view rather than your own—might help you to understand what you could, and should, be doing differently, and better?
- Do you think seeing the Care Experience from the point of view of patients and families might remind you of the reasons you became a Care Giver ?
- Do you think the benefits of improving patient and family satisfaction (and, as a result, your own job satisfaction) are worth trying something new, something that is easy to do, won't take any more of your time, and won't cost you anything?

If you answered “yes” to any of these questions, Patient and Family Shadowing is *the* tool that will help you achieve these results. The rest of this *Shadowing Guide* will explain what Patient and Family Shadowing is, and what Patient and Family Shadowing involves.



## LET'S GET STARTED WITH THE BASICS

# What is Patient and Family Shadowing?

**P**atient and Family Shadowing is a tool in the six-step Patient and Family Centered Care Methodology and Practice (PFCC M/P) that can help all Care Givers to see any Care Experience from the patient's and family's point of view. Seeing it from patient's and family's points of view provides an emotional connection—an emotional connection with patients and families that rekindles and recharges our desire to make needed changes.

And as you will see as you read on, Patient and Family Shadowing is a team effort. You will never be in this alone. In Shadowing patients and families, you are part of a team of Care Givers dedicated to continuous improvement.

Patient and Family Shadowing is the direct, real-time observation of patients and families as they move through each step of a Care Experience, including a doctor's office, hospital, clinic, imaging center, long-term care facility, rehabilitation center, or any another health care setting. (A Care Experience can be as broad as a patient's and family's experience during an entire hospital stay; somewhat narrower, such as an office visit; or narrower still, such as the patient's and family's registration experience.)

But Patient and Family Shadowing is much more than the objective observation of the way patients and families move through and view their Care Experiences. Shadowing is a pathway to empathy, to true identification, and to authentic communication with patients and families. Shadowing reminds us that we are not only Care Givers, but we are also patients and family members; and that what patients and families feel and want is what we, too, have felt and wanted when we have been in their place.

***Patient and Family Shadowing is the direct, real-time observation of patients and families as they move through each step of a Care Experience in any health care setting***



# **PATIENT AND FAMILY SHADOWING:**

An Essential Tool in the Patient and Family Centered  
Care Methodology and Practice (PFCC M/P)



In health care, there are at least two elephants in the room that tend to keep us stuck and prevent us from making needed improvements—so we might as well name them. The first is the organization’s fear of change. The second is our feeling that, as individuals, we are powerless to make a difference in a system that is so solid and unwieldy.

No question about it, change can feel threatening. “After all,” you may ask, “we already practice patient and family centered care, don’t we?” (The answer, which may surprise you, is a resounding “No!”). And “If we’ve been telling patients and families all along that we practice patient and family centered care, what will they think when we tell them we’re now going to *start* practicing PFCC?”

Our fear of change prompts us to ask other questions, too, such as, what will happen if we change our processes? Give people responsibility they’ve never had before? Try something entirely new? *But these are the wrong questions.* Why not ask: What do we have to lose by following a demonstrated path to systematically improving the Care Experiences of patients and families, organization-wide? Why wouldn’t we want to try something new if it means improving patient satisfaction, patient and family loyalty, and our bottom lines? And why wouldn’t we want to involve everyone in the organization, including those involved in quality and safety, in implementing these changes?

To this end, we have developed a guide, or a roadmap, to help you adopt patient and family centered care systematically, organization-wide. **The six-step Patient and Family Centered Care Methodology and Practice (PFCC M/P)**, developed by Anthony M. DiGioia, M.D., in Pittsburgh, Pennsylvania, is an Experience-Based Design approach that provides such a roadmap. The PFCC M/P provides a step-by-step framework for improving patient safety, patient outcomes, and health care quality by seeing the Care Experience through the eyes of patients and families.

An essential step in the six-step PFCC M/P is to “evaluate the

current state” of any given Care Experience. Whether used on its own or as part of the full six-step improvement process, Patient and Family Shadowing, which includes the indispensable component of Care Experience Flow Mapping (explained in detail in Step 3, below), is a technique for evaluating the current state and developing a sense of urgency to drive change.

Shadowing will help you to see where improvements are needed from the patient’s and family’s point of view. This real-time feedback from patients and families— which is like having your own, real-time Patient and Family Advisory Council—shows you where to focus existing resources to transform any Care Experience from the current to the ideal state.

Shadowing provides you with immediate, real-time feedback from patients and families about every aspect of their Care Experience, enabling you to involve patients and families in co-designing the Care Experience. Co-designing the Care Experience with patients and families means that you involve patients and families as partners in, not simply recipients of, their care. Of course, as the saying goes, “It takes two to tango.” As a Care Giver you, too, are actively involved in Care Experience co-design. If you’ve ever thought, I have ideas for improvement but no one is listening, Shadowing will give you the opportunity, the forum, and the tools to share and implement your ideas.

Finally, remember that you are not in this alone. As you’ll see in Step 2, many people can Shadow patients and families through their Care Experiences. In addition, Shadowers can divide whole Care Experiences into smaller segments so the process of Shadowing can be managed easily. Patient and Family Shadowing should not be—and is not designed to be—a burden to already overworked Care Givers.

**For information about the complete six-step PFCC M/P, see *The Patient and Family Centered Care Methodology and Practice: The New Operating System for Health Care.* ([www.pfcc.org](http://www.pfcc.org))**

***A profoundly important result of Shadowing is the qualitative information Shadowing yields: “This is how it feels,” not just “This is how it looks” to patients and families.***



Yet, as the following statistics illustrate, empathy alone—while critical to improving the Care Experiences of patients and families—is not enough. In our experience:

- More than 90% of the Care Givers we have surveyed have been patients or the family members of patients within the last six months
- Of these, 99% have not had what they consider to be an ideal Care Experience
- 90% came away from their Care Experiences with ideas and suggestions that could have improved these experiences
- 99% did not act on their ideas or try to improve the Care Experience for the next patient or family member
- Of the few who did attempt to make changes, the vast majority were unsuccessful

**Patient and Family Shadowing** will allow you to see—usually for the first time—the patient’s and family’s actual journey through each step of any Care Experience *as if you were the patient and family member.*

- Through Shadowing, you will see where patients and families go, and for how long, during their Care Experience.
- Shadowing patients and families through their Care Experience will reveal inefficiencies that waste time--not only your time as a Care Giver, but the valuable time of patients and families.
- Shadowing will show you unnecessary redundancies that can be eliminated.

**Shadowing is not a “secret shopper” program.** The sole purpose of Shadowing is to help Care Givers see the Care Experience from the patient’s and family’s point of view. Shadowers are not outside observers who are “out to get” Care Givers. Rather, Shadowers become part of the patient and family unit, engaging patients and families as well as Care Givers in Care Experience co-design.

- Through Shadowing, you will see what Care Givers do and how patients and family members view these interactions. You will see, hear, and understand the patient’s and family’s frustrations, confusion, and anxiety—as well as the aspects of the Care Experience patients and families view as positive.
- As a result of Shadowing, you will feel a renewed sense of empathy for patients and their families. This empathy will lead you and your fellow Care Givers to feel a sense of urgency to make improvements in the Care Experience as quickly as possible.
- Shadowing will lead to the realization that data is essential but alone is insufficient to motivate change. A profoundly important result of Shadowing is the qualitative information Shadowing yields: “This is how it feels,” not just “This is how it looks” to patients and families.

*For more information please  
visit [PFCC.org/Go-Shadow](https://www.pfcc.org/Go-Shadow).*



# GO SHADOW

Patient and Family Shadowing involves six simple steps.

By following these steps, you will be on your way to viewing the Care Experience through the eyes of patients and families, and to working in partnership with patients, families, and fellow Care Givers to co-design and transform the current Care Experiences in your organization to the ideal, as patients and families define it:



**Step 1: DEFINE** the Care Experience to be Shadowed in conjunction with PFCC Working Group and Project Teams



**Step 2: SELECT** a Shadower



**Step 3: GATHER** Information about the Care Experience



**Step 4: CONNECT** and Coordinate with the Patient and Family



**Step 5: OBSERVE AND RECORD** the Care Experience as Viewed through the Eyes of Patients and Families



**Step 6: REPORT** Your Findings to the PFCC Working Group

# STEP 1:



## DEFINE THE CARE EXPERIENCE TO BE SHADOWED

The first step in Patient and Family Shadowing is to select a specific Care Experience for improvement, clearly defining where that experience begins and ends. This will establish parameters for Shadowing and help you focus your efforts.

For example, your Care Experience may be broad, such as an inpatient stay where the beginning of that experience is defined as, “a patient’s and family’s entrance into the hospital through the garage or ambulance bay” and the ending as, “the patient is discharged to home or to a skilled nursing center.” Or, your Care Experience may be narrow, such as a visit to an outpatient appointment where the beginning is defined as “walking into the doctor’s office” and the ending is defined as “leaving the office from the check-out desk.”

Whether your focus is broad or narrow, your essential first step—whether you work in an inpatient, outpatient, community-based, or other setting—is to clearly define where the Care Experience you will Shadow begins and ends.

Don’t bite off more than you can chew—there is no need to Shadow an entire Care Experience in one fell swoop. Feel free to break a Care Experience up into smaller segments to make the Shadowing process as manageable as possible. It might even be helpful to have more than one person at a time Shadow a Care Experience, including someone who is being trained to Shadow. See Step 3 and the Shadowing Field Journal for more information on Shadowing in segments.

It won’t take long for Shadowing to show you where changes in a Care Experience are needed from the patient’s and family’s point of view. You will be surprised at how quickly common themes or patterns will emerge as a result of Shadowing. For example, if a registration process is redundant—or if a particular point in the Care Experience seems to be a bottleneck—Shadowing patients and families a few times will show you.



## STEP 2:



### SELECT A SHADOWER

#### When you have decided which Care Experience to Shadow, the next step is to decide who should do the Shadowing.

The truth is, anyone can Shadow. Do you know someone who is a good listener? A keen observer? Empathic and open-minded? Someone who can be a “fly on the wall” while Shadowing patients and families? Although anyone with these qualities would make an ideal Shadower, a Shadower need not possess every one of these qualities. As the saying goes, “don’t let the perfect be the enemy of the good!”

#### To Shadow patients and families, consider choosing:

- Any Care Giver, including new hires and Care Givers on light duty
- Members of your Guiding Council and Working Group
- Care Givers from your Quality and Safety Departments
- Volunteers
- Patient advocates
- Summer interns
- Health professions students of any kind, including medical students, nursing students, students of pharmacy, public policy, health care administration, and so on

The more “uninformed” a Shadower is about the Care Experience being Shadowed (that is, the fewer preconceptions the Shadower has) the better. The fewer preconceptions a Shadower has about the Care Experience, the more objective the Shadower can be. Therefore, it is often preferable to choose a Care Giver who is unfamiliar with the particular Care Experience being Shadowed.

Ask Care Givers to Shadow segments of a Care Experience with which they are not involved, but which precede or follow the segments in which they work. This allows Care Givers to see the continuum of care from the patient’s and



**Consider enlisting the help of newly hired Care Givers as Shadowers. Not only will they see the Care Experience with fresh eyes, but Shadowing will teach them about the Care Experience itself...**



family's point of view, rather than focusing narrowly on the segment of care for which these Care Givers are usually responsible. If you've ever wondered where patients come from before they reach your segment of care, what happens there, and where they go when they leave, Shadowing the broader Care Experience will show you.

Consider enlisting the help of newly hired Care Givers as Shadowers. Not only will they see the Care Experience with fresh eyes, but Shadowing will teach them about the Care Experience itself—and the steps that precede and follow the particular Care Experience in which they work—in a short amount of time. Shadowing is also a great way for newly hired Care Givers to meet others in the organization (whom they may not otherwise meet) and to become part of a care team.

If your organization conducts Executive Rounding, organizational leaders may also make excellent Shadowers. Think creatively about candidates for Shadowing—the availability of resources can be tremendous and **virtually free**.

**Training Shadowers.** It takes only 30 minutes to teach someone to Shadow. Have a new Shadower follow an experienced Shadower through a patient's and family's Care Experience. For Shadowing, it's "Learn one, do one, teach one."

**For more information please visit [PFCC.org/Go-Shadow](https://www.pfcc.org/Go-Shadow).**



# STEP 3:

After you have defined your Care Experience (Step 1) and decided who will Shadow (Step 2), the next step is to prepare for Shadowing by answering the following questions:

- Which patients and families should we Shadow? (For example, should we choose new patients and families, returning patients and families, and/or patients and families who have transferred from other facilities?)
- Which days and times should we Shadow? (For example, should we base our decisions on patient volume, type of procedure, the number of Care Givers present on a given shift, or other considerations?) As you'll read in Step 5, conducting Shadowing on several different days and times will help to ensure that your Shadowing results are typical.
- How do you perceive the current flow of care? Map what you think is the current flow of the Care Experience before you start to Shadow. Then, **map the actual flow of care as revealed during Shadowing.** How do they compare?



## GATHER INFORMATION ABOUT THE CARE EXPERIENCE TO BE SHADOWED



### Care Experience Flow Mapping

The overarching goal--and a critical component of Patient and Family Shadowing--is to construct a Care Experience Flow Map. The Care Experience Flow Map that results from Shadowing allows you to establish the current state of any Care Experience and to set the stage for change. A Care Experience Flow Map displays the Touchpoints—that is, where patients and families go during their Care Experience, for how long, and the Care Givers with whom they come into contact. Care Experience Flow Mapping can be eye-opening, prompting all Care Givers, including those involved in quality, safety, and process improvement, to ask, “How can we improve not only this flow, but the full cycle of care for each Care Experience?”



Care Experience Flow Mapping also allows you to see the current state of any Care Experience from the patient's and family's point of view. **A Care Experience Flow Map is included in the "Tools and Templates" section of [www.pfcc.org/Go-Shadow](http://www.pfcc.org/Go-Shadow)**



- Is the Care Experience to be Shadowed narrow enough for you to complete the Shadowing in a single episode (such as an outpatient office visit), or is it so broad that you will need to Shadow the Care Experience in segments, on different days and times (such as an inpatient stay following surgery)? You may choose to Shadow segments of a Care Experience at different times to build a complete story.
- How and when will you notify your fellow Care Givers that you will be conducting Patient and Family Shadowing? Since Shadowing is not designed to be a "secret shopper" program, we encourage you to be open about your plans for Shadowing by making announcements at staff meetings, posting notices on bulletin boards, sending e-mails, or by other means.
- When is a good time to tour the area in advance of Shadowing? A quick tour of the location of the Care Experience to be Shadowed will help the Shadower know where to meet patients and families on the day of Shadowing.

***For more information on how to Shadow in segments, please visit [PFCC.org/Go-Shadow](http://PFCC.org/Go-Shadow).***



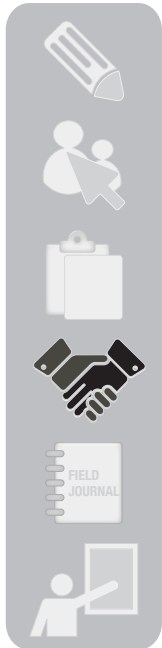
# STEP 4:



## CONNECT AND COORDINATE WITH THE PATIENT AND FAMILY

**Making arrangements with patients and family members in advance of Shadowing**—including where and what time to meet—will help to ensure the success of your efforts. When contacting the patient and family, explain that your role as a Shadower is to observe, record, and evaluate their Care Experiences so you can improve the delivery of care for all patients and families, now and in the future. In most cases, patients are willing to be Shadowed, especially when they are told their participation will help others.

Remember to give patients and family members your contact information when you call for permission to Shadow them through their Care Experience. This will allow them to get in touch with you if their plans change.



***PFCC.org/Go-Shadow** includes a sample dialogue for introducing the concept of Shadowing to a patient and family.*



# STEP 5:



## OBSERVE AND RECORD THE CARE EXPERIENCE AS VIEWED THROUGH THE EYES OF PATIENTS AND FAMILIES

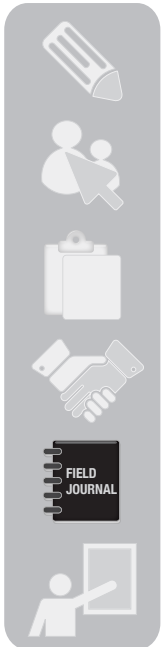
**When Shadowing patients and families, the Shadower should observe and carefully document everything and everyone**

with whom the patient and family come into contact, at every step in the care process, from beginning to end, whether that contact is direct or indirect. (For example, direct contact from the patient's and family's perspective might be the person who transports the patient for imaging tests; indirect contact might be the nurse who calls to arrange for the patient to be picked up.)

**Note the answers to the following questions as you Shadow patients and families:**

- What are the Touchpoints? Who are the Care Givers with whom patients and families come into contact? This information will help you to develop your Care Experience Flow Map. (As defined above, Touchpoints are the places where patients and families go during their Care Experience and the Care Givers they encounter at each step of the Care Experience).
- How long does each step along the care pathway take (for example, how long do patients and families spend in waiting areas, exam rooms, and so on)?
- What are the first-hand comments, questions, reactions, and concerns raised by the patient and family, and at which points in the care process?
- What are the comments and suggestions made by Care Givers at each Touchpoint?
- What are your own impressions, observations, and ideas for improvement based on the experiences and comments of the patient and family?

**Visit [PFCC.org/Go-Shadow](https://www.pfcc.org/go-shadow) for additional information and online resources when you're ready to Shadow.**





Although there is no rule specifying how many times patients and families should be Shadowed, we recommend that you Shadow the Care Experience at least twice, on different days and times. This will help to ensure that the results of your Shadowing are typical and will allow you to document differences across individual Care Experiences. For example, if you Shadow patients and families through an inpatient Care Experience, you may choose to Shadow the same segment of the Care Experience on weekday mornings, weekday evenings, and on weekends. Shadowing multiple times—on different days and times—will show you whether patients and families view their Care Experiences in the same way regardless of staffing levels, shift changes, patient volume, and so on.

It may be necessary to repeat your Shadowing of the whole or smaller segments of the Care Experience to ensure you have adequate information. The more information you gather and the more thorough your notes, the more accurate and informative your Shadowing Report, explained below, will be.

Nevertheless, it will take only a few sessions of Shadowing a particular Care Experience for themes or patterns from the perspective of patients and families to begin to emerge. Plus, Shadowers tend to learn quickly, minimizing the number of Shadowing teaching sessions needed.



**Shadowing should be done repeatedly over time.** For example, Shadow patients and families multiple times on a defined schedule, such as every three months. Shadowing is not a one-time event because the “current state” of any Care Experience is dynamic, not static. You will always be evaluating the “new” current state and making changes to establish the “new ideal” as patients and families define it. By Shadowing patients and families repeatedly over time, you are always seeing needed improvements in the ever-changing Care Experience through their eyes. Make these needed improvements your improvement projects. Continue to Shadow to see how patients and families respond. Think of Shadowing and the improvement projects that result as a never-ending cycle. This is what makes the PFCC M/P sustainable and brings renewed energy to improving Care Experiences over time.

# STEP 6:



## REPORT YOUR FINDINGS TO THE PFCC WORKING GROUP AND PROJECT TEAMS

### Remember our opening story of the interaction between Jackie and Donna?

Well, imagine that Donna's supervisor—let's call her Hope—had overheard their interaction and decided Donna needed help to see the Care Experience from Jackie's and her father's point of view. Hope would know she and her colleagues would have to work in partnership with patients and families to identify the changes needed to transform the current state to the ideal state as patients and families define it.

Now, let's imagine that Hope was part of a PFCC Working Group trying to find ways to improve the overnight Inpatient Care Experience for patients and families. Hope would have talked with members of her Inpatient Care Experience Working Group to request that someone conduct Patient and Family Shadowing on the overnight shift in different parts of the hospital, on weeknights and weekends, so they could see the current state of care from the patient's and family's point of view. Hope would know the most important tangible outcome of this Shadowing would be the Care Experience Flow Map.

The Care Experience Flow Map that would emerge from Shadowing, Hope would realize, would allow Working Group members to visualize what the overnight Inpatient Care Experience actually looks and feels like to patients and families. By following patients and families through their overnight Inpatient Care Experience, the resulting Care Experience Flow Map would show, for example:

- The time a patient first rang the call button
- The number of times he rang
- How difficult it was for him to do this
- What his mood was as he continued to ring, to no avail
- What his comments were about this experience
- How long it took for someone to come into the room
- Whether any family members or friends were visiting (and, if so, what they said about this experience)



***Aim for the hearts, not just the heads, of your audience. Help your fellow Care Givers to empathize first with the way the patient and family felt about their Care Experience as they went through it.***



- How many nurses were on duty
- How many patients were admitted

(Of course, if a Shadower had been present, the Shadower would have come to the patient's aid as soon as it became apparent that he needed help and that timely help from the nurses on duty was not forthcoming.)

The Shadower would present the Care Experience Flow Map, along with all notes, observations, and other information described below, to Hope and her Working Group colleagues in the form of a verbal and written report. The information the Shadower would present to the Working Group would serve as the basis for Project Teams' improvement projects for specific aspects of the overnight Inpatient Care Experience.

Like Hope's scenario, your Shadowing report, delivered verbally and in writing, should "put a face" on the patient, family, and Care Givers, while illustrating the entire Care Experience you Shadowed, step by step. Share your recorded observations of patients and families with Care Givers involved in that Care Experience. Your report should include a story of the patient's and family's Care Experience, told in the order in which they experienced it.

Aim for the hearts, not just the heads, of your audience. Help your fellow Care Givers to empathize first with the way the patient and family felt about their Care Experience as they went through it. Remember, data is essential but insufficient to motivate needed change. Emotions are powerful tools--use them to get and keep your audience's attention and to persuade them of the urgent need for change.

**Because the Health Insurance Portability and Accountability Act (HIPAA)** mandates that patient privacy be protected, remember to disguise the real identities of patients and families during Shadowing and in your Shadowing report.

To report your Shadowing findings, consider what will work best for your audience and schedule your presentation accordingly. This could be an in-

person meeting with a slide presentation, a virtual meeting with information available on a shared platform, or simply an oral report with a handwritten Care Experience Flow Map. At a minimum, the Shadowing report should:

- Define the Care Experience or portion of the Care Experience that was Shadowed (for example, the overnight Inpatient Care Experience)
- Express the comments and observations made by the patient, family members, and Shadower, and any other details, aiming for the heart (such as the conversation between Jackie and Donna in our opening story)
- Summarize the demographics of the Shadowing event (for example, the date[s] the Shadowing took place, the time of day, the number of patients and family members Shadowed, and so on)
- Include a Care Experience Flow Map highlighting the Touchpoints and Care Givers identified as a result of Shadowing
- Include narrative details, such as any recommendations made by the patient, family, or Shadower (for example, in our story, Donna should have had a list of resources handy to give patients or family member if they request additional help)

**The Shadowing Field Journal** provides tools to help you compile and present thorough, consistent, and actionable Shadowing reports, including:

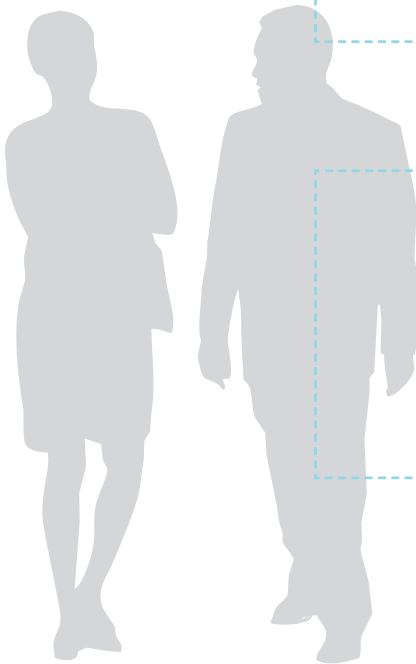
- [Shadowing guidelines to help you get started](#)
- [5 blank observation pages to help you capture all events, Touchpoints, and note Care Givers who shaped the patient's and family's Care Experience](#)
- [Care Experience Flow Map template](#)
- [Free and unlimited online Shadowing resources](#)

Review this Shadowing Go Guide and provide all Care Givers the accompanying Shadowing Field Journal to use when Shadowing. Additional documents are available at [www.pfcc.org/Go-Shadow/](http://www.pfcc.org/Go-Shadow/)



## Sharing Difficult Feedback

There will undoubtedly be occasions when a Shadower observes an occurrence that is less than ideal. He or she may be uncomfortable reporting this information for fear of getting a Care Giver into trouble or painting the Care Experience in a bad light. Keep in mind that in most cases, revealing this information is exactly what is going to help Care Givers improve the Care Experience for patients and families. Shadowing will be meaningful and helpful only if you do not sugar-coat your observations and reports. If you encounter a particularly egregious event during Shadowing, consider sharing it with the Care Experience Champion (as explained in the PFCC Go Guide v2.0, the Champion is a key member of the Guiding Council and Care Experience Working Group) before sharing it with members of the Working Group.



For more information about PFCC please visit  
[www.pfcc.org](http://www.pfcc.org)

## READY, SET, SHADOW!

**I**n the busyness of our professional lives, it can be easy to forget that we are not just Care Givers, but we are also, sometimes, patients ourselves. Or the family members of patients. Patient and Family Shadowing not only shows us, but reminds us, what it feels like to be vulnerable. If we are open to seeing, we will inevitably be open to doing whatever we can to improve the Care Experience for patients, for families, and, by extension, for ourselves. Shadowing and Care Experience Flow Mapping give us the tools to help us deliver the care we want to provide.

As we've stressed throughout this Shadowing Guide, Patient and Family Shadowing will help you to see the Care Experience from the patient's and family's point of view. This perspective, which is new to many of us, allows us to empathize with patients and families as they go through their Care Experience and drives our sense of urgency to propose, make, test, and spread needed changes. If you've had ideas for improvement in the past but thought no one was listening, Patient and Family Shadowing will give you the forum to explore and share those ideas. The results—the transformation of care, one Care Experience at a time—will simply amaze you.

GO SHADOW

## **ABOUT THE AUTHORS**

### **Anthony M. DiGioia, M.D.**

*Orthopaedic Surgeon, Renaissance Orthopaedics, PC*

*Medical Director, The Bone and Joint Center*

*at Magee-Womens Hospital of UPMC*

*and PFCC Partners @ The Innovation Center of UPMC ([www.pfcc.org](http://www.pfcc.org))*

*Founder, AMD3 Foundation ([www.amd3.org](http://www.amd3.org))*

### **Eve Shapiro**

*Principal*

*Eve Shapiro Medical Writing, Inc.*

*Bethesda, Maryland*

*[www.shapiromedicalwriting.com](http://www.shapiromedicalwriting.com)*

[www.pfcc.org](http://www.pfcc.org)



Copyright © 2012.

Anthony DiGioia III, MD, AMD3 Consulting, Inc. and The PFCC Partners @ the Innovation Center of UPMC

All rights reserved.