

Using video for engaging professionals in reflexive practice improvement



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BACKGROUND

Improving handovers is a key factor for improving patient safety. Several protocols and checklists have been developed to structure handovers. However, it is widely acknowledged that the use of these checklists rapidly decreases after implementation. "Generic" protocols can not capture the diversity and complexity of different settings in health care. Therefore, medical professionals should be enabled to improve their own everyday practice. HELICS (Handover-Enabling Learning in Communication for Safety) is a video based method that has been developed by the Centre for Health Communication, University of Technology, Sydney. This video reflexive method has demonstrated to engage clinicians in problem-solving their work.

AIM

The aim of this project is to develop a video reflexive method for improving handovers from the operating room (OR) to the recovery and intensive care unit (ICU) in 2 academic hospitals, 3 teaching hospitals and 1 community hospital.



VIDEO REFLEXIVE METHOD

5 Steps of the Video Reflexive Method

Step 1. Informing management and medical frontline

The expectations of the medical frontline and the researchers have to be in line. Management and medical frontline must to support the method. An inventory is being made of the concerns and wishes concerning handovers.

Step 2. Videotaping and "one on one" feedback sessions

All events that are being related to the process of handovers are videotaped in a period of 2-3 weeks. Selected parts of the videos are shown to the professionals concerned on the same day. The researchers get input from the professionals on relevant, changeable topics for improvement. Medical frontline gets involved and the discussions about improvements start.

Step 3. Selecting and editing video fragments

Based on the input of the professionals and the researchers own expertise, the researchers make compilations of video clips that capture the discussion themes. Especially the good examples are selected.

Step 4. Multidisciplinary feedback session

During a multidisciplinary feedback session the compilations are shown and the medical professionals discuss as a team their concerns and wishes. The meeting concludes with an agreement on a new improved handover and the starting date.

Step 5. Implementation of new handover

The medical professionals are responsible for implementing the new improved handovers. The researchers are available for advice. The new improved handovers are videotaped again after a couple of months. They are evaluated and adapted if needed.



LESSONS LEARNED

Essential pre-conditions of the video reflexive method are:

- Confidentiality and a focus on group learning, not on individual mistakes
- The team has the possibility to participate multidisciplinary
- Feedback should be based on observations and not on judgements
- Professionals have to provide input on the items that need to be improved

Experiences:

- Using video is enjoyable; it generates a lot of energy to achieve improvements, professionals become involved and enthusiastic to change daily practice
- The multidisciplinary sessions are significant for professionals; it is often the first opportunity to reflect with colleagues on everyday practice
- Video reflection creates multiple learning opportunities
- Focus is easily lost; there are always many topics to improve
- Handling videos generates technical fuss; large files, secure storage

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