



## HOW TO CONDUCT A “WALK-ABOUT” IN PRIMARY CARE FROM THE PATIENT AND FAMILY PERSPECTIVE

One way to begin working with patients and families in planning for improvement is to explore your primary care setting through the eyes of patients and their families. A “walk-about” is an activity that can be used to obtain patient and family perspectives. If you have patients and families who are advisors within your program, ask them to participate in the activity. If you don’t currently have any patient or families identified as advisors, invite several patients and families who receive care in your facility. Typically it requires two or three invitations to secure the participation of one patient or family member. It is helpful to have two or three patient and family perspectives for this “walk-about”. Select patients and families who are willing to share their opinions. Refer to the resource titled *Advancing the Practice of Patient- and Family-Centered Care in Primary Care and Other Ambulatory Settings — How to Get Started, Part V: Selecting, Preparing and Supporting Patient and Family Advisors in Primary Care and Other Ambulatory Settings* for detailed recruitment guidance.

### Instructions for Day of “Walk-About”

Select a time when a broad representation of your staff, including patients and families, can tour the facility together. This activity can be completed one two-hour or, ideally, in two different one-hour meetings. Before you start, share with your group the objectives of the site “walk-about” – to capture the observations, flow and interactions of a typical clinical care encounter. If he or she feels comfortable doing so, a patient/family advisor could lead this tour. The tour should begin at the first point of entry into the facility (e.g., the parking lot), and continue through all of the activities of a typical care visit, including a simulated visit and exam. Consider all the experiences of the visit, not just the time a patient spends with a care provider in the exam room. You want to specifically explore how the following elements promote preventive care, healthy behaviors, self-management of chronic conditions, and encourage patients and families to be active members of the health care team:

- How patients and families are prepared for their clinic visit.
- How patients and families are greeted.
- The visual appearance, the processes of care, and exchange of information in the administrative areas (check-in, etc).
- The visual appearance, the processes of care, and exchange of information during a visit and exam.
- Patient forms and educational materials (or anything else they may receive or need to fill out as part of a visit).
- Characteristics of the physical environment (signage, artwork, color, lighting, visible equipment and arrangement of furnishings).
- Public materials (e.g., displays, signage, posters, magazines, announcements).

The team should collect “evidence.” To help you with this task you will want to gather

- Clip board and paper for each note taker(s);
- Large manila envelope to hold all of the patient forms, education materials given to the patient during the simulation;
- If possible, a digital camera or video camera.

Assign one or more of the team to document the “walk-about” through:

- Digital photos or video - that ideally is used by the patient/family member
- Notes from observation of simulated check-in processes, patient visit and exam.
- Patient forms and educational materials.
- Specific quotes or messages on posters, signage or other announcement.

### Tips for Photos/Videotaping

- Make sure that the photographer (patient, family member, or staff) is specific in the capturing the detail of the particular element of the environment/interaction in the photos or video. What is their perspective?
- At least one person should be assigned to take notes during the tour to capture these thoughts. While this exercise is designed mainly for staff to see the care experience through the eyes of patients and families, all team members should be given the opportunity to identify elements and processes that are important to their work with patients and their families. These may be elements or processes that physicians and staff perceive as helping or hindering their ability to encourage patients and families as active partners in care and decision-making.

The “walk-about” can be beneficial for patient and family members to start building their interest and confidence level for serving as an advisor. It builds their understanding of staff and physician perspectives, care processes, and the environment of care. It allows them to begin to get a broader view of the positive elements of the system of care as well as areas for improvement.

### Instructions for Summarizing Findings From Day of “Walk-About”

Set aside a meeting time when all members who participated in the “walk-about” can attend, to discuss what the team discovered. Bring all the “evidence” to the meeting: notes, photos taken, forms/materials collected, and discuss what you have learned about the experience of care through the eyes of patients and families.

Discuss selected photographs and tools, using a root-cause model questioning and discussion – examples:

What do you *see* here?

What is really *happening* here?

How does this relate to our clinic’s experience of care?

*Why* does this concern, situation, practice exist?

How can we use this information, new understanding, to *reinforce* current best practices or guide what can we can do to *improve* our practice?

We encourage you to use tool titled, *Wearing New Glasses*, to record the findings of your “walk-about” during this meeting time and plan for change. Record all ideas and suggestions.