

# **Patient and Family Shadowing:** *The Technique for Viewing and Co-Designing Exceptional Care Experiences with Patients and Families*

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

—Atticus Finch, in Harper Lee’s *To Kill a Mockingbird*

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## **Shadowing Spotlight: A Patient and Family Story**

Imagine this....

You are a nurse in an internal medicine practice in a large medical clinic. The clinic also houses laboratory, radiology, cardiology, orthopaedics, and other services. Like many of your colleagues, you have assumed patients and families are happy with their care. But instead of assuming, you want to find out how patients and families *really* feel. *What does our care look and feel like from the patient’s and family’s point of view? What do they think we are doing well? What do they want us to do differently, and better? And, pivotally, you ask yourself, how can we find out?*

You raise your questions at your practice’s weekly staff meeting. In response, Dr. Gold, one of the practice’s physicians, says she has read about a tool called Patient and Family Shadowing in the *PFCC Go Guide 2.0: Transform Care in Six Steps —The Patient and Family Centered Care Methodology and Practice* ([www.pfcc.org](http://www.pfcc.org)).

“As the *Go Guide* points out,” Dr. Gold says, “we *think* we know where patients and families go during their Care Experience (a Care Experience is defined as the patient’s and family’s journey through a specific episode of care), and what they experience as they move through each step. But do we *really* know where they go and everything they experience?” she asks.

“Without closely observing every step in their Care Experience, watching patients and families as they interact with Care Givers, carefully listening to what they have to say, and mapping the flow of care,” Dr. Gold continues, “it is impossible to be sure how patients and families really view their care. Patient and Family Shadowing will reveal both objectively, through Care Experience Flow Mapping, and subjectively, through their comments and questions, how patients and families actually view their care. Patient and Family Shadowing will show us the current state of care from the patient’s and family’s point of view, rather than from our own.”

“Why don’t we begin by Shadowing one patient and family through a routine outpatient visit—perhaps someone coming in for an annual check-up. We can define our Care Experience as beginning when the patient arrives at the clinic and ending when they check out at the desk. We’ll call it the *“doctor’s appointment Care Experience,”* Dr. Gold suggests. “As the *Go Guide 2.0* explains,” she continues, “we’ll have to get the permission of patients and families to Shadow them. We’ll also have to choose someone to conduct the Shadowing. Dr. Gold smiles, looks at you, and says, “Peggy, you’re a good listener, and a kind, empathic Care Giver with whom patients and families seem comfortable. And you’ve already expressed interest in finding out how our patients and families feel about their care. How would you like to be our Shadower? What do you all think?” Dr. Gold asks.



**TIP**

**Shadowing allows you to create a Care Experience Flow Map<sup>1</sup>, a “map” of a patient’s and family’s journey through any Care Experience.**

With your colleagues in agreement, you prepare to Shadow a patient and family member through their doctor’s appointment Care Experience. You begin by telephoning a new patient who has an appointment for a physical at 9:15 a.m. the following week:

“Hi, Mrs. Thomas,” you begin, “My name is Peggy. I’m a nurse in Dr. Gold’s office. We would like to see how we can improve the Care Experiences of patients and families now and in the future, which is the reason for my call. Would it be alright with you if I

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<sup>1</sup> More information on Care Flow Mapping is available in the *PFCC Go Guide 2.0: Transform Care--The Patient and Family Centered Care Methodology and Practice* ([www.pfcc.org](http://www.pfcc.org)).

followed you and your family member during your doctor appointment next Tuesday? My goal is to see this experience from *your* point of view. I will just be there to observe what you experience while you're with us. This will help us to see what we're doing right, and what we need to improve, from *your* point of view. I would like to go into the exam room with you to make my Shadowing observations as complete as possible, but that's entirely up to you. I can always meet you in the hallway after your exam if you prefer. You don't have to let me know now. Why don't you see how you feel when the time comes?"

"Alright," Mrs. Thomas replies, "that would be fine."

"Thank you, Mrs. Thomas. In that case, I'll meet you at the front door of the clinic at 9:10 next Tuesday morning. I look forward to seeing you then," you say.

On the day of Mrs. Thomas' appointment, you are waiting at the front door of the clinic when Mrs. Thomas and her son, Jack, arrive.

"I never thought we'd make it in time," Mrs. Thomas says breathlessly. "We couldn't find the right parking garage," Mrs. Thomas explains. "We left home in what seemed like plenty of time. But the man who scheduled my appointment didn't tell me how hard it would be to find the right parking garage, or exactly where I had to go," she says. "We tried two different garages before we found the right one. Going to the doctor is stressful enough," Mrs. Thomas adds, "without having to worry about parking or finding your way."

"I'm glad you told me how stressful the parking situation was for you and Jack," you reply. "That is exactly the sort of feedback I'd like from you today. I want to know everything you think is good, and everything you think is not so good, about your Care Experience. I will be a 'fly on the wall,' taking notes as you go from one place to another. And I will stay with you until you're done."

In your notebook, called the Shadowing Field Journal (a copy of this Journal accompanies this *Shadowing Go Guide*); you write down everything that happens on Mrs. Thomas' and Jack's journey through their doctor appointment Care Experience.



**This icon representing the Shadowing Field Journal appears throughout this Shadowing Go Guide to direct you to helpful tools, templates, resources and examples.**

For example, in your Shadowing Field Journal you record:

- The comments and observations expressed by Mrs. Thomas and Jack during the course of the entire Care Experience
- The Touchpoints Mrs. Thomas and Jack encounter (the word “Touchpoints” refers to the places patients and families go during the care process, for how long)
- The Care Givers with whom Mrs. Thomas and Jack come into contact; the interactions with each Care Giver from the time of their arrival until they leave the clinic; and what takes place during each interaction. (A Care Giver is anyone who “touches” the patient’s and family’s Care Experience in some way, including doctors, nurses, aides, technicians, dieticians, secretaries, appointment schedulers, parking attendants, housekeepers, and others)
- The time at which interactions and processes begin and end

In just a short amount of time— and in addition to Mrs. Thomas’ comment about their difficulty finding the right parking garage— you capture the following details in your Shadowing Field Journal:

- Mrs. Thomas arrives on time for her 9:15 appointment
- At 10:00, patient is still in reception area. Patient asks the receptionist when she will be seen
- Patient says she is hungry and hasn’t eaten since 8:00 last night
- Patient has been waiting for 45 minutes at this point
- Receptionist is apologetic and friendly, and offers patient the option of rescheduling
- Patient decides to wait it out and read one of the many magazines in the reception area
- Many ‘would-be’ available seats in the reception area are taken up by coats of patients and families

- At 10:15, patient and I go into the exam room
- At 10:30, patient says she is hungry because she has had to fast for appointment
- At 10:40, the doctor walks into the exam room (one hour and 25 minutes after the appointment was scheduled)
- The physical exam is over at 11:00
- Doctor tells patient to get blood drawn at the lab 'around the corner'
- Patient checks out at the reception desk

In the past, you would have considered this the end of the patient's doctor appointment Care Experience. But now that you are Shadowing the entire Care Experience from beginning to end, you realize Mrs. Thomas' and Jack's Care Experience is not yet over.

You continue to make notes on what happens next:

Mrs. Thomas and Jack find Dr. Gold's directions, "around the corner," vague and confusing. "Around which corner?" Jack asks. "There are so many hallways and corners that I don't know where we're supposed to go," he says in frustration. "A room number would have been nice" he adds.

"And there are no signs that I can see," says Mrs. Thomas.

Just as you are about to tell them where to go, a young man in scrubs approaches them and, seeing their confusion, says, "Excuse me, you look lost. What can I help you find?"



## TIP

**If, like Peggy, you see that a patient or family member needs help of any kind during the course of your Shadowing, do not hesitate to assist that patient or family member. Patient safety should be your first priority. Be sure to note the circumstances that prompted you to step in so they can be improved upon in the future.**

“Thank you for asking,” says Mrs. Thomas appreciatively, “we’re looking for the lab. Can you tell us where to find it?”

“Sure,” the young man grins. “Go straight down this hallway, make a left at the first corner you come to, and you’ll see signs for the lab on your right—it’s about halfway down that hallway. Room number 212.”

“Thank you. What a relief!” Mrs. Thomas says.

“What a nice, helpful, friendly young man,” Mrs. Thomas tells you and Jack.

“Friendliness makes all the difference,” she says.

When they walk into the lab, Mrs. Thomas checks in with the receptionist. *Luckily, she didn’t have to wait this time, you think as you continue to take notes.*

After giving the blood sample, Mrs. Thomas returns to the reception desk to check out. *Now, you note, the time is 11:30 a.m. Mrs. Thomas and her son have been here for more than two hours.*

You ride down in the elevator with Mrs. Thomas and Jack. “I’m starved,” Mrs. Thomas says on the way down. “I never thought a simple physical exam would take this long. I really hope I don’t have to come back for awhile,” she adds.

*Was Mrs. Thomas’ and Jack’s Care Experience typical or unusual? You wonder after saying goodbye to Mrs. Thomas and Jack in front of the clinic. Could their long wait have been avoided? You ask yourself. And what about their confusion over the parking? We know where we’re going because we work here, you realize, so we just assume everyone else knows where they’re going, too. This is obviously not the case. Then there was the difficulty finding the lab, you recall. Mrs. Thomas’ and Jack’s experience makes me realize our signs need to be clearer and larger. That young man who told them where to find the lab was certainly friendly and helpful. What a big difference an offer of assistance and a smile can make, you think.*

*Shadowing Mrs. Thomas and Jack today has made me see the doctor's appointment Care Experience in a whole new light, you realize. If you would have asked me to map the flow of the doctor's appointment Care Experience yesterday, from my own point of view, it would have looked like this:*

Doctor's office suite → reception desk → exam room → reception desk → office exit

*Before today I never considered where patients and families go before they reach me, where they go after they leave, or how they feel. Now, after having Shadowed Mrs. Thomas and Jack and seeing the Care Experience through their eyes, I see there can be more Care Givers and Touchpoints involved in this journey than I ever realized. Today, I would map the flow of their doctor's appointment Care Experience this way:*

Parking garage → doctor's office suite → reception desk → exam room → reception desk → hallway → lab → reception desk → parking pay window → parking garage

*Looking at the "big picture," you admit, the doctor's appointment Care Experience is a lot more complicated than I imagined. I can't wait to share what I've learned about Mrs. Thomas' and Jack's care journey with my colleagues. Now I'm more determined than ever to see how we can work with patients, families, and Care Givers to transform the current Care Experience into one that is ideal for patients and families.*

You call Mrs. Thomas the next day. "Thank you for allowing me to Shadow your Care Experience," you tell her. "Without having had the chance to see the Care Experience through your and Jack's eyes," you say, "we wouldn't have known about the problems you had with parking. Or about your long wait. Or how hard it was to find the lab. We also wouldn't have known about the things we are doing right that are important to you - like having the receptionist give you a choice about whether to stay or make another appointment, or how important it is to have friendly people who are willing to help."

“You are truly giving us the opportunity to find solutions to parts of the Care Experience you consider less than ideal - and to highlight those you would like us to continue. We call this co-designing the Care Experience with patients and families,” you say. “I hope we can count on you to continue to give us feedback on how to improve the doctor’s appointment Care Experience for other patients and families in the future,” you add.

“Of course! It feels good to know someone is listening and someone cares,” Mrs. Thomas replies. “Maybe you can arrange to Shadow me during my next visit. It feels good to be able to make a difference and to help other patients and families. I’d like to know what solutions you come up with. Off the top of my head, a valet parking service— or even bigger signs in front of each garage— would make parking a lot easier,” Mrs. Thomas suggests.

“Thanks again, Mrs. Thomas. I will call you when we have some improvement projects underway. I want to keep you informed about our progress and to get your feedback on the changes we are making as a result of your comments and suggestions. And if you have any other recommendations as you think back on what you and Jack experienced yesterday, I hope you’ll call to let me know.”

And so ends our patient and family story...for now.

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## Shadowing as Part of the Patient and Family Centered Care Methodology and Practice (PFCC M/P)

If you are involved in health care quality, safety, and process improvement efforts, you have probably heard of patient and family centered care. Yet, until now, there has been no guide or roadmap for organizations wanting to adopt patient and family centered care systematically, organization—wide. The six-step PFCC Methodology and Practice (PFCC M/P) developed by Anthony M. DiGioia, III, M.D., in Pittsburgh, PA, 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 the patient and family. The PFCC M/P puts patients and families at the forefront and at the center of care. Adopting the PFCC M/P will allow you and your colleagues— by forming a Guiding Council, Working Groups, and Project Teams<sup>2</sup>— to improve the Care Experience for patients and families and to sustain and spread the ideal Care Experience throughout the entire organization and beyond.

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 is one of the techniques for evaluating the current state and developing a sense of urgency to drive change. Shadowing provides you with immediate, real-time feedback from patients and families about every aspect of their Care Experience, helping you to see where improvements are needed from their point of view. This real-time feedback from patients and families—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. And this is what co-design is all about.

For information about the complete six-step PFCC M/P, see the *PFCC Go Guide 2.0: Transform Care — The Patient and Family Centered Care Methodology and Practice* ([www.pfcc.org](http://www.pfcc.org)).

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<sup>2</sup> Information about forming and sustaining a Guiding Council, Working Groups, and Project Teams is available in the *PFCC Go Guide 2.0: Transform Care--The Patient and Family Centered Care Methodology and Practice* ([www.pfcc.org](http://www.pfcc.org)).

Seeing Mrs. Thomas' doctor appointment Care Experience from your point of view as a Care Giver in any health care setting—that is, whether you are a doctor, nurse, nurse's aide, physician's assistant, technician, dietician, receptionist, appointment scheduler, parking attendant, housekeeper, CEO, medical record clerk, financial representative, or someone who orders supplies (in other words, as anyone who "touches" the Care Experience of the patient and family in some way)— you may find nothing unusual in this scenario. *After all, you may think, this visit was pretty typical. Delays and inconvenience are a fact of life. Nothing bad happened, did it?* Mrs. Thomas would have walked out of your office and you may not have given her experience a second thought.

But we are not only Care Givers. We are also, from time to time, patients—or the family members of patients. Put yourself in Mrs. Thomas' or Jack's shoes. Think about the last time *you* were waiting for an appointment in a doctor's office. How long did you have to wait, and how did the doctors, nurses, and other Care Givers react to *your* questions? How did you feel about their reactions at the time? Would you describe your own experience as a patient as ideal, or somewhat less than ideal? And if your experience was less than ideal, what made it so? What would you have wanted your Care Givers to do differently to improve your Care Experience?

If you had actually Shadowed Mrs. Thomas and Jack through their doctor's appointment Care Experience as Peggy did, you would have seen the experience through their eyes. But you would also have thought about the times *you* have been a patient or the family member of a patient, feeling anxiety at not being able to find the right parking garage; annoyance at having been kept waiting for so long; or frustration at not being able to find a lab that was "right around the corner." You would also have recalled your appreciation for a receptionist who may have offered an alternative to waiting, or for a friendly Care Giver who gave you directions when you felt lost.

*If I were the patient, Peggy thought, I might prefer to get my lab work done before, rather than after, seeing the doctor. That way, the doctor would be able to explain the blood test results to me during my appointment and I would be able to ask questions. On the other hand, having my blood drawn might mean I'd have to come to the clinic a day or more before my doctor appointment, since test results are not usually available immediately. Would I be willing to make two trips to the clinic? I'll have to ask Mrs. Thomas what she thinks about that, Peggy told herself. Now I understand more clearly than ever, Peggy realized, that this is what co-designing the Care Experience with patients and families means. Whatever Mrs. Thomas' preference for the timing of lab*

*work may be, Peggy acknowledged, she has helped me to see that clear directions and improved signage to the lab are pressing needs that we can address right now.*

Seeing the Care Experience through the eyes of patients and families, and recalling your *own* Care Experiences as a patient or family member, can propel you, like Peggy, to feel a sense of urgency to find the source of problems in any Care Experience and to make needed changes to prevent them in the future. This is the essence of Patient and Family Shadowing.

How to conduct, report, and use the results of Shadowing to improve the Care Experiences of patients and families are explained in this Shadowing Go Guide.

## Patient and Family Shadowing

Patient and Family Shadowing is *the* tool that helps you to see any Care Experience from the patient's and family's point of view, guiding you in transforming the current state into the ideal state of care as patients and families define it (As noted in our opening story, we define a Care Experience as the patient's and family's journey through a specific episode of care, and Shadowing as where we begin to co-design the Care Experience with the active involvement of patients and families).

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, including a doctor's office, hospital, clinic, imaging center, long-term care facility, rehabilitation center, and others. 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.

**Care Experience Flow Mapping** is one significant result of Patient and Family Shadowing. A Care Experience Flow Map displays the **Touchpoints**—that is, where patients and families go during the care process, for how long, and the Care Givers with whom they come into contact. Care Experience Flow Mapping allows you to establish the current state of any Care Experience. Care Experience Flow Mapping can be eye-opening, causing you to ask, “How can we improve not only this flow, but every step of the Care Experience?”



## TIP

Care Experience Flow Mapping allows you to establish the current state of any Care Experience.

Patient and Family Shadowing allows 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 or family member*. Through Shadowing, you will see where patients and families go, and for how long, during their Care Experience. You will see unnecessary redundancies that can be eliminated. You will see patients and families interact with Care Givers, see what Care Givers do, and note 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.

In our spotlighted patient and family story, Shadowing allowed Peggy to record every step in Mrs. Thomas’ day of appointment Care Experience and to accomplish several goals at the same time:

1. To complete Care Experience Flow Mapping (that is, to note each Touchpoint in the Care Experience, including the Care Givers with whom Mrs. Thomas and Jack came into contact)
2. To construct a time study (that is, to note when each Touchpoint in the Care Experience occurred and how long it took Mrs. Thomas and Jack to travel from one point to the next)
3. To record Mrs. Thomas’ and Jack’s feelings and observations about the Care Experience at each Touchpoint through their eyes, as it unfolded
4. To note the actions and reactions of Care Givers throughout the entire Care Experience
5. To record Peggy’s reactions to everything she observed
6. To co-design the Care Experience by asking Mrs. Thomas and Jack to share their feelings and observations now and in the future



## TIP

**The overarching goal of Patient and Family Shadowing is to construct a Care Experience Flow Map.** The Care Experience Flow Map allows you to see the current state of any Care Experience from the patient's and family's point of view.

In his book, *Change by Design*, Tim Brown highlights a concept that applies to Patient and Family Shadowing:

### Observations → Empathy → Insights

According to Brown, “The mission of design thinking is to translate observations into insights and insights into products and services that will improve lives.”

The PFCC M/P and Shadowing take Tim Brown's concept one step further. The methodology allows us to move from insight to action. Sharing our Shadowing findings with the PFCC M/P Working Group and Project Teams is the foundation for Care Experience co-design. We are free to make and test changes that are needed from the point of view of patients and families, and to implement those that work organization—wide.

Shadowing Patients and Families engages patients, families, and Care Givers in co-designing the Care Experience—not only for themselves, but for others, now and in the future. Think of Shadowing as a real-time Patient and Family Advisory Council—patients and families are giving you feedback as they experience their care. The feedback you receive from patients and families will help you to see what should and can be improved at every step of their Care Experience.

The Care Experience Flow Map highlights the Touchpoints and Care Givers patients and families encounter along the way. Together, Shadowing and Care Experience Flow Mapping allow Care Givers to gain a deep understanding of the Care Experience from the patient's and family's point of view.



**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.

Are you ready to get started?

## Six Steps to Patient and Family Shadowing

By following these six simple steps, you will be on your way to viewing the Care Experience through the eyes of patients and families, and to working with patients, families, and fellow Care Givers to co-design and transform the Care Experience in your organization:

**Step 1:** Define the Care Experience to be Shadowed

**Step 2:** Select a Shadower

**Step 3:** Gather Information about the Care Experience to be Shadowed

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

**Step 5:** Shadow: Observe, Record, and Evaluate the Care Experience as Viewed through the Eyes of Patients and Families

**Step 6:** Report Your Findings to the PFCC Working Group and Project Teams

Each of these steps is explained below.



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

## 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 via the hospital garage or ambulance bay” and the *ending* is defined 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 is to clearly define where the Care Experience you will Shadow begins and ends.

When deciding which Care Experience to Shadow, begin by choosing one that patients and families regard as significant, such as the hospital inpatient Care Experience, Radiology, or Trauma Care. Or, like Peggy in our opening story, you may decide to Shadow the doctor’s office visit, since this Care Experience is so common to patients and families.

## 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 person you choose should be able to gather information while accompanying the patient and family through their visit, in essence becoming part of the patient and family unit temporarily. Ideally, the Shadower should be:

- Open—minded
- Empathetic
- A good listener
- A keen observer

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. 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 in a short amount of time. Have members of your Guiding Council and

Working Group<sup>3</sup> Shadow patients and families, as well as students in the health professions, including medical students, nursing students, and students of pharmacy, public policy, health care administration, and so on.



**Think creatively about where to find Shadowers.** Volunteers, summer interns, and Care Givers who may be on light duty would make good Shadowers if they meet the criteria listed above. If your organization conducts C-Suite Executive Rounding, organizational leaders may make excellent Shadowers. Think creatively about candidates for Shadowing—the availability of resources can be tremendous and virtually free!



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

### Step 3: Gather Information about the Care Experience to Be Shadowed

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?) Remember, conducting Shadowing on several different days and times will help to ensure that your Shadowing results are typical.

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<sup>3</sup> The Guiding Council is a small group of Care Givers who form the core of the PFCC Methodology and Practice Working Groups. Definitions and descriptions of the Guiding Council and Working Groups are available in the *PFCC Go Guide 2.0: Transform Care-The Patient and Family Centered Care Methodology and Practice* ([www.pfcc.org](http://www.pfcc.org)).

- How do you perceive the flow of care as it is now? Map what you consider to be 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?
- 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. (For more information on how to Shadow in segments, consult the Field Journal that accompanies this Shadowing Go Guide.)
- 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.



**The Shadowing Preparation Checklist, included in the Shadowing Field Journal, will help prepare you for Patient and Family Shadowing.**



**Frequently Asked Questions that will help you to answer the questions listed above can be found in the Shadowing Field Journal that accompanies this Shadowing Go Guide.**

#### **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 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.



**The Shadowing Field Journal includes a sample dialogue for introducing the concept of Shadowing to a patient and family.**



**TIP**

**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.

#### **Step 5: Shadow: Observe, Record, and Evaluate 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 are Shadowing patients and families:

- What are the Touchpoints? Who are the Care Givers with whom patients and families come into contact? This information will become your Care Experience Flow Map. (As defined earlier in this Shadowing Go Guide, Touchpoints are the places where patients and families go during the Care Experience and the Care Givers they encounter at each Touchpoint).

- 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, 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?



**See the page titled, “What Should You Observe” in the Shadowing Field Journal for a reminder of these objectives when you are 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 in Step 6, below, will be.



**TIP**

**Shadowing should be done repeatedly; Shadowing is not a one-time event.** By Shadowing patients and families repeatedly, you are always seeing needed improvements in the 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.

## Step 6: Report your Findings to the PFCC Working Group and Project Teams

The purpose of reporting your Shadowing findings is to:

- Show your colleagues the current state of the Care Experience from the patient's and family's point of view as it unfolded, illustrated through Care Experience Flow Mapping
- Engender a sense of urgency to drive change
- Help Care Givers focus on needed improvements from the perspective of patients and families
- Help Care Givers to prioritize needed changes
- Co-design the ideal Care Experience with PFCC Working Groups and Project Teams, thereby passing on the sense of urgency to drive change throughout the organization. (See the *PFCC Go Guide 2.0: Transform Care — The Patient and Family Centered Care Methodology and Practice*, for an explanation of Working Groups and their functioning ([www.pfcc.org](http://www.pfcc.org)).

Your report, delivered verbally and in writing, should “put a face” on the patient, family, and Care Givers, while painting a detailed picture of the entire Care Experience you Shadowed.

Share the recorded observations of patients and families with Care Givers involved in the Care Experience that was Shadowed. The Shadowing report should include a narrative story of the patient's and family's Care Experience.



**TIP**

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 and after Shadowing.

To report your Shadowing findings, consider what will work best for your audience and schedule 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, Peggy’s Shadowing Report would explain that the Care Experience she Shadowed was the Doctor’s Appointment Care Experience)
- Summarize the demographics of the Shadowing event (for example, date(s) that Shadowing took place, time of day, number of patients Shadowed, etc.)
- Include a Care Experience Flow Map highlighting the Touchpoints and Care Givers identified as a result of Shadowing (this could be as simple as the bulleted list Peggy constructed after Shadowing Mrs. Thomas and Jack [see Example A, below], or for a more detailed graphic representation, see some examples in the Shadowing Field Journal.)

**Example A: “The Doctor’s Office Care Experience”  
Care Experience Flow Map**

**Touchpoints:**

- Parking Lot
- Doctor’s Suite Entrance
- Reception Desk
- Waiting Room
- Exam Room
- Hallway
- Lab
- Pay Station

**Care Givers:**

- Garage Attendant
- Front Desk Receptionist
- Medical Assistant
- Physician Assistant and Physician
- Volunteer
- Lab Technician
- Cashier



The Care Experience Flow Map included in the “tools and templates” section of the Shadowing Field Journal is a graphic representation of the flow chart presented above.

- Provide details, including comments and observations made by the patient, family member, and Shadower (for instance, Peggy’s Shadowing Report would include Mrs. Thomas’ comments about how long her wait was, how kind the receptionist was, and how friendly the young man was who gave them directions to the lab)
- Note any recommendations made by the patient, family, or Shadower (for example, Peggy’s report would include Mrs. Thomas’ suggestion for valet parking or improved signs in front of the parking garages and the need for coat hooks in the reception area)



**The Shadowing Field Journal provides tools to help you compile and present thorough, consistent, and actionable Shadowing reports.** The Field Journal includes samples of an Observation Report to detail your findings, a Summary Shadowing Report for presentation purposes, and a Time Study.

### **Ask the Expert: 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 2.0*, the Champion is a key member of the Guiding Council and Care Experience Working Group) before sharing it with members of the Working Group. More information about Champions is available in the *PFCC Go Guide 2.0: Transform Care— The Patient and Family Centered Care Methodology and Practice* ([www.pfcc.org](http://www.pfcc.org)).

## Conclusion

Patient and Family Shadowing is a critical tool for engaging patients and families in co-designing the ideal Care Experience. Shadowing will help you to:

- View all care through the eyes of patients and families
- Create a sense of urgency to drive change
- Continually focus on changes needed from the point of view of patients, family members, and Care Givers, allowing you to co-design Care Experience transformation

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.

After Shadowing Mrs. Thomas and Jack in our opening story, Peggy reported her observations to her fellow Care Givers. "I'd forgotten what being a patient can feel like. Being a patient— or the family member of a patient— can make you feel invisible. And powerless. Patient and Family Shadowing changes all that. Through Patient and Family Shadowing, the observations and reactions of patients and families to their Care Experiences are of paramount importance— and they know it! Seeing the Care Experience through their eyes will help us to transform their Care Experience. How empowering that is for patients, for families, and for us!"

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