



## **BETTER TOGETHER** **Strategies for Educating Staff**

Changing policies and practices related to family presence and participation will have a significant, immediate, day-to-day impact on clinicians and other staff. It is not uncommon for some staff to welcome the changes and others to be reluctant to see them implemented. In most instances, effective communication and appropriate education and support can make the difference between acceptance and rejection. Hospitals and units which have successfully implemented new policies and practices have all undertaken formal educational activities for staff and have involved staff “champions” in those activities.

Therefore, planning for education and resources to support staff during changes to new policies should begin along with work on drafting new policies. Patients, families, and other care partners as well as providers should have significant representation in this planning effort.

### **Issues to Consider**

Those who are planning educational programs will benefit from a review of the literature to understand the history of restrictive visiting practices and how units around the country are now moving to practices that welcome families as partners in care. In planning training and support activities, it is also helpful to understand some of the concerns that have been expressed by clinicians and staff, including:

- Confidentiality and privacy, especially related to HIPAA and other privacy laws
- Infection control
- Patient safety
- Security
- Assumptions about the needs of patients and families
- Impact on staff roles, jobs, and time

While these concerns have been widely held in clinical settings in the past, literature addressing these perceived “barriers” to family presence suggests that they are not substantiated. Highlights of the literature can be used to assure staff and administrative leaders that these factors need not stand in the way of changing “visiting” policies and practices. (See **Understanding the Historical Context**



document and Bibliography/Resource list included in the Toolkit.)

Not all of the above concerns will be relevant to every unit or hospital. Knowledge of the specific needs and concerns of the staff, as well as the perceptions of the patients and families served by the hospital, is critical to a successful education and support program. Much of the information that was gathered during the process of developing new policies will be valuable in designing appropriate support and resources for staff.

### **Specific Educational Activities**

Various strategies may be helpful as staff prepare for and adjust to new policies or guidelines regarding family presence and participation.

#### **1. Pre-service/In-service Training**

Providing in-service education about family presence and participation for those who are already on staff and including these topics in pre-service training is essential. Both in-service and pre-service training should include an overview about patient- and family-centered care and about the role of family members and other care partners in care and decision-making. Training can contrast the “myths” from the “realities” about family presence and participation and share experiences of hospitals that have changed their policies. (See sample PowerPoint slides included in the Toolkit.) Curriculum content for in-service programs can be matched to the identified needs of the staff (i.e., what issues cause the greatest concern, challenge, or resistance to change?). Educational programs should also incorporate patient, family, and professional stories, case studies, and role plays focused on interacting with patients, families, and other care partners. While training sessions often need to be held within the institution, holding a retreat off-site provides the opportunity for more reflective, in-depth work.

##### **■ Patient and Family Stories/Panels**

A very powerful impetus for change is hearing real stories from patients, families, and other care partners who can describe best how visiting policies affect their lives. Their stories can illustrate policies and practices that worked well or those that had negative effects. While staff can learn from hearing about negative experiences if they are presented in a constructive fashion, panels need to have balance. Positive experiences, such as the effects of



meaningful partnerships between staff and families, care giving activities in which families successfully participated, and benefits of family presence and participation to patients' recovery and transition to home help broaden the perspective of staff who may not see either the long-lasting benefits for patients and families or what is possible within the walls of their hospital. There is a benefit to having panels represent patients and families who were treated in a particular unit or institution, but if this is not possible, the Toolkit includes video clips, highlighting both a patient and a family member talking about family presence and participation.

■ **Personal and Professional Stories**

Nearly everyone has had personal experience with visiting a loved one in the hospital. Staff can be supportive and empathize with families if they tap into these experiences. A worthwhile exercise for staff is sharing these stories and engaging in a facilitated discussion. Staff can be asked to reflect on the following questions: Have they ever had limits imposed on their presence at the bedside of a child, a spouse, a parent, a close friend? Have they ever been offered a chance to participate in the care of a loved one to the extent they felt comfortable and capable? How did these events affect them and their loved one? It is a powerful learning tool to relate a personal story to gain perspective on the feelings families have such as disempowerment, fear, anger, empowerment, or gratitude.

■ **Case Studies**

Case studies can be used to present actual or hypothetical situations staff members might have experienced or may encounter when families are present and participating in care. Case studies can be presented in writing, or orally, followed by an opportunity to discuss various issues that they raise. Experienced staff members and families can offer perspectives that may benefit the development of less experienced staff members.

■ **Role Plays**

Role playing is particularly helpful for less experienced staff who may feel anxious communicating with families, performing procedures in front of families, or may not have experience partnering in care with families. Families or professionals can pose scenarios in a training format, and trainees can experiment with ways to respond to the posed situations. In this way, challenges can be worked out in a "safe" space with room for trial and error, away from an actual clinical encounter. Ideas for scenarios can include



examples requiring negotiation and conflict resolution. Exploring and practicing language to use in situations that are particularly challenging for staff can be helpful. Role-playing could also focus on the **Guide for Staff and Guide for Families** in the Toolkit.

## 2. Journal Clubs

Since the topic of visiting and family participation appears frequently in the literature, a journal club is one effective way to help staff to explore the issues and to learn about other hospitals that have changed their visiting policies. Interested individuals can meet regularly to discuss selected readings or set up a virtual journal club. The Bibliography/Resource list provides articles and other materials to get started.

## 3. Staff Bulletin Boards/Displays

Most hospital units have non-patient care areas where information can be posted for staff. These displays can be used to announce relevant, upcoming educational opportunities and to present (1) summaries of staff, patient, and family evaluations related to visiting policies and practices, (2) abstracts of current literature about family presence and participation, and (3) data about any hospital improvement projects focused on changing visiting policy. Pertinent stories contributed by patient and family advisors can also be posted.

## 4. Continuing Education

Continuing education opportunities can be used to facilitate a change in staff perceptions and practice related to family presence and participation in care. A hospital or unit changing visiting policies can offer continuing education tailored to their specific priorities and needs.

Continuing education can also be obtained outside of the institution. For example, the Institute for Patient- and Family-Centered Care presents intensive training seminars and webinars that are designed to promote patient- and family-centered practice. They offer practical strategies and resources for participants to take back and immediately use to begin to change their individual practice as well as the policies and programs within their institutions. For more information, see [www.ipfcc.org](http://www.ipfcc.org).





Additionally, other conferences for health care professionals are now offering sessions or strands that focus on patients and families and may specifically address topics relating to visiting and family participation in care. Professional associations may also offer opportunities for distance learning. For instance, the American Association of Critical-Care Nurses publishes a series of protocols that include several relating to visiting and family participation (see Bibliography/Resource list in the Toolkit).

Participating in training offered through other organizations or institutions also offers health care providers the opportunity to meet with staff from other institutions and share ideas. When faced with a challenging task such as changing visiting policies, networking with others who may be facing similar challenges can be extremely valuable.

**Adapted from:** Ahmann, E., Abraham, M.R., & Johnson, B.H. (2003). *Changing the concept of families as visitors: Supporting family presence and participation*. Bethesda, MD: Institute for Family-Centered Care.

