**Shadowing Guide**

**What is Shadowing?**

* An observation technique with a third person recording what happens during a patient’s pathway
* Shadowing involves witnessing everything the patient experiences, observing and recording each step of the process, and then seeking feedback from the patient at each point
* Opportunity to see care experience through patient’s eyes
* Raises staff awareness of the patient experience, including what is working well and areas for improvement
* Anyone can be a ‘shadower’ i.e. can be clinical or non-clinical as long as they have the right qualities required for a shadower.
* Shadowing is not a secret shopper exercise. Shadowing is designed to allow staff to see the patient’s journey through the eyes of the patient and or their family/ carer

**How do you shadow?**

Following each of the steps below and use the guides for further guidance.

**Who can be a Shadower?**

Anyone can shadow, however it is useful to use people who are unfamiliar with the care experience they will be observing. By being unfamiliar with the area being shadowed means the shadower has fewer preconceptions and are therefore more objective).The following would be suitable shadowers (this list is not exhaustive)

* Staff from other departments or wards (clinical and non-clinical)
* Senior organisation leaders
* Students (e.g. nursing/ medical/ work experience etc)
* Volunteers (please contact Voluntary Services if you are considering this option)

An ideal shadower would possess any of the following qualities:

* Be a good listener
* Be a keen observer
* Empathetic
* Open minded and non-judgemental
* Able to be a ‘fly on the wall’

**How do you learn how to shadow?**

By contacting an experienced Shadower (please see Experienced Shadowers list) who will talk through with you how to shadow. When you have done one then you can teach another person.

**How many people should shadow each patient?**

In most case one shadower to each patient is recommended, however, there are times when this ratio may change. For example if you are planning to shadow a patient through surgery then you may wish to have more than one shadower so that one person can shadow the patient and the other the spouse/ relatives/ carer.

**How many patients should be shadowed to collect enough data?**

There is no set number of patients; however, it is recommended that each part of a pathway should be shadowed on different days and at different times of the day to ensure the results are typical. It is recommended that a minimum of 7 patients are shadowed. By shadowing on multiple occasions will allow you to identify themes regardless of staffing levels, patient volume, shift changes, winter pressures etc.

**What if I need to shadow a part of the pathway that could take hours or days?**

It is best to look at this element of the pathway and then break it down. For example, for elective surgical patients you may shadow the patient when they arrive at the Surgical Admission Suite until they are taken to Theatre. You may then shadow the patient for an hour in the morning when on the ward, then another hour in the afternoon, and hour in the evening. You may also wish to shadow a patient’s discharge or meal time. Eventually you will capture the majority of the patient’s journey and will be able to identify the touchpoints, who the patients come in to contact with, any difficulties or examples of good practice.

**Should patients be shadowed through a clinical process?**

This is dependent on the objective of the shadowing. It is entirely up to the patient whether you shadow them or not.

* You should explain to the patient that shadowing during a procedure/ examination would be extremely helpful but only if they are completely comfortable.
* You should also reiterate that you will not be noting anything about their health and all information heard is treated confidentially.
* Remind the patient that any notes made during the course of shadowing are anonymous.
* It is also important to explain to the patient that if they are uncomfortable at any time then they can ask you to leave and you will do so immediately.

**How should suitable patients be identified?**

When you have determined the part of the pathway you wish to observe and have agreed any inclusion/ exclusion criteria that may be applied to patients e.g. include patients where this is their first appointment following GP referral and/or exclude patients under the age of 16.

Contact the lead for the area that you are planning to conduct the shadowing and ask them to identify the names and contact telephone numbers of patients that meet the applied criteria.

Please consider data protection and information governance standards at this point. You will need to seek Caldicott Guardian approval in order to use the patients contact information in this way. Further information can be found on the Trust Intranet under Information Governance.

**What should I tell the patient and family in the initial conversation?**

Please use the example script to help with this.

**What is the patient or family/ carer refuse to be shadowed?**

This can happen. If you experience this then that is fine, thank the patient for their time and move to the next suitable patient.

**Do staff change their behaviour when they know there is a patient being shadowed?**

Yes, this is possible. However, although behaviour may change the processes cannot be altered or manipulated very easily. Experience shows that although behaviour may alter initially, any change is not sustained.

The following should be done prior to shadowing a patient:

* Ensure staff understand the purpose of the shadowing. Why are you doing it?
* Remind staff that this is not a ‘secret shopper’ exercise
* Shadowers are only mapping the flow of care, note patients/family/carers comments, observe reactions during the process.

**Is it acceptable for shadowers to intervene during a patient’s experience?**

As a shadower you should:

* Answer any questions the patient may have
* Provide directions if they are lost
* If safety is compromised then you should alert a member of staff within the area the shadowing is taking place
* Record where an intervention from you has taken place and any possible solutions to the problem.

**Follow up**

It is important to call the patient or family/carer a couple of days after you have shadowed them to thank them for allowing you to shadow them and to ask whether there is anything else they would like to say about their experience.

**Available Tools**

There are several tools which will, hopefully, help you to carry out your sjhadowing project more easily. These are listed below:

**A - Shadowing Preparation Checklist –** This will help you to ensure that yopu have considered the most important elements prior to shadowing.

**B – Care Experience Flow Map –** This gives you information on how you should complete your flow map with two examples for you to use if you wish.

**C – Request to Shadow Sample Script –** This provides you with a guide of how your conversation with the patient you wish to shadow could go.

**D – GHT Shadowing Field Journal Template –** A template for you to use when shadowing. It allows you to note down your observations, timings and any other information you wish to.

**E – Individual Observational Report Template –** This is a template you can use to record each shadowing experience. This is an electronic copy of your observations.

**F – Overall Shadowing Report Template –** This is the template available to use when reporting all of your findings. This will allow you to summarise the overall observations made.

**G – Experienced Shadowers –** A list of experienced shadowers that can help advise you further on how to shadow.

Adapted from: DiGioia III, A.M (2013) *Go Shadow* Patient and Family Centered Care Innovation Center of UPMC