**Supplementary**

**Appendix - I**

**PATIENT INFORMED CONSENT FORM**

ttp://www.buckshealthcare.nhs.uk/2010-layout/teal-buckinghamshire-hospitals-logo.gif

**Informed Consent Form for Patients**

This informed consent form is for patients at Stoke Mandeville Hospital who we are invited to participate in the following research: A systems analysis of ward rounds in Plastic Surgery. The consent form is based on a template obtained from the World Health Organisation Research Ethics Review Committee.

**Principle Investigator: Dr. Riaz Agha**

**Name of Organization: Stoke Mandeville Hospital**

**Name of Project: A systems analysis of ward rounds in Plastic Surgery**

**This Informed Consent Form has two parts:**

• Information Sheet (to share information about the study with you)

• Certificate of Consent (for signatures if you choose to participate)

**You will be given a copy of the full Informed Consent Form**

**Part I: Information Sheet**

**Introduction**

I am Riaz Agha, working for Stoke Mandeville Hospital. I am doing research on the ward round in Plastic Surgery and your experiences of it. I am going to give you information and invite you to be part of this research. You do not have to decide today whether or not you will participate in the research. I can assure you the research will not influence your care in the hospital or thereafter.

Before you decide, you can talk to anyone you feel comfortable with about the research. This consent form may contain words that you do not understand. Please ask me to stop as we go through the information and I will take time to explain. If you have questions later, you can ask them of me.

**Purpose of the research**

The ward round is a key point of interaction between patients and healthcare staff. I wish to better understand your experiences of the ward round and your reflections and perspectives on how they could be improved.

**Type of Research Intervention**

This research will involve your participation in a short interview with the primary investigator.

**Participant Selection**

You are being invited to take part in this research because you are a current inpatient on the ward.

**Voluntary Participation**

Your participation in this research is entirely voluntary. It is your choice whether to participate or not. If you choose not to participate all the services you receive at this Centre will continue and nothing will change. You may change your mind later and stop participating even if you agreed earlier. I will not ask you to share personal beliefs, practices or stories and you do not have to share any knowledge that you are not comfortable sharing. The entire discussion will be recorded on paper and/or audio-recorded, but no-one will be identified by name on the recording. You have the opportunity to opt-out of audio recording.

**Duration**

Each interview will last for up to 20 minutes.

**Risks**

You do not have to answer any question or take part in interview if you feel the questions are too personal or if talking about them makes you uncomfortable.

**Benefits**

There will be no direct benefit to you, but your participation is likely to help us find out more about the ward round, your experiences of it and how it could be improved from your perspective.

**Reimbursements**

You will not be provided any incentive to take part in the research.

**Confidentiality**

The information that we collect from this research project will be kept private. Any information about you will have a reference number on it instead of your name or any identifiable information (such as date of birth or address). Only the researcher will know your name. It will not be shared with or given to anyone. We also ask that you don’t identify a healthcare professional by name in the interview.

**Recording the interview**

The interview will be recorded in two ways:

1. written transcript or notes of your answers
2. audio recording of the results

You can opt for the interview not to be audio recorded if you so wish.

**Sharing the Results**

Information from this project including your testimony will be presented to academics at universities and other institutions, doctors, nurses, other healthcare staff, managers and others with an interest in the issues discussed through the circulation of the research report, presentation at conferences and through publication in learned journals and other relevant media.

**Right to Refuse or Withdraw**

You may stop participating in the interview at any time that you wish without your care being affected. I will give you an opportunity at the end of the interview to modify or remove portions of the content if you feel it necessary.

**Who to Contact**

You can ask me any more questions about any part of the research study, if you wish to. Please contact me via the ward or via switchboard on bleep 903.

**Part II: Certificate of Consent**

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study

**Do you agree to your interview being audio recorded? YES / NO**

**Print Name of Participant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Day/month/year

**Statement by the researcher/person taking consent**

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands the information in part I of this form.

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this ICF has/will been provided to the participant.

**Print Name of Researcher** **taking the consent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Researcher taking the consent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Day/month/year

**Appendix - II**

**AUDIO RECORD TRANSCRIPTS - PATIENTS**

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| **PATIENT A** | |
| DATE | 15/11/2012 |
| PATIENT’S CONSENT | Achieved |
| GENDER | Female |
| AGE | 41 |
| SETTING | Natural setting (hospital, ward side room) |
| DURATION OF STAY IN THE HOSPITAL | 8 days |
| TYPE OF INTERVIEW | Semi-structured |
| MODE OF INTERVIEW | Face to face |
| LENGTH OF INTERVIEW | 2 minutes and 13 seconds |
| INTERVIEWER | Riaz Agha |
| MODE OF RECORDING | Audio tape |
| INTERVIEW TRANSCRIBED BY | Riaz Agha |

|  |  |  |  |
| --- | --- | --- | --- |
| So what are your thoughts and feelings about the ward round that we do in the mornings? | | | |
| It’s okay, I just feel sometimes it’s a bit too fast and a bit intimidating and there’s too many people there. But then I tend to ask my nurse, what’s going on once you lot have all left. | | | |
| How could we really improve it then? | | | |
| I know students have to be there because they do have to learn. But just spending an extra five minutes with the patient to make sure that the patient is aware of exactly what is going on and it’s not just the flying five minute, two minute in and out. | | | |
| Do you think that you can’t get all the information that you need? | | | |
| No, and I don’t think we are spoken to relevantly in that amount of time. So like if we have questions, I don’t feel, I don’t feel comfortable being able to ask in front of everybody what I want to know because I feel stupid. | | | |
| How long do you think we actually spend with you? | | | |
| About two, three minutes. | | | |
| Two, three minutes okay and what other sort of barriers to the actual communication taking place? It’s too many people you’ve suggested? | | | |
| Yeah. | | | |
| It’s intimidating? | | | |
| Yeah. | | | |
| Is there anything else? | | | |
| I don’t know, it’s just like when everybody is on top of you, looking at you and wanting to see what’s going on its like. | | | |
| Is it better if they were to pull up a chair for instance and sit down so that they get onto your same level, eye level as you? | | | |
| Yes, definitely because you’re all towering over us. | | | |
| Yea exactly because we are all, we look 10 feet tall. | | | |
| Yes. | | | |
| Okay | | | |
| And just more intimate ward round would be good. | | | |
| And are you clear when we leave about what’s taken place, what the plan is? | | | |
| No, not at all half the time. | | | |
| Really, can you explain that a bit more? | | | |
| When things are being said that we need to do this, this and this we don’t always understand what you mean because it’s all technical and I have noticed that the consultant would talk to the other members of the staff rather than the patient of we’re being spoken over. So then I wait until a nurse comes in and then ask the nurse what’s going on. | | | |
| Okay, thank you very much for your time. | | | |
| It’s okay. | | | |
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| **PATIENT B** | |
| DATE | 16/11/2012 |
| PATIENT’S CONSENT | Achieved |
| GENDER | Female |
| AGE | 50 |
| SETTING | Natural setting (hospital ward bay) |
| DURATION OF STAY IN THE HOSPITAL | 4 days |
| TYPE OF INTERVIEW | Semi-structured |
| MODE OF INTERVIEW | Face to face |
| LENGTH OF INTERVIEW | 4 minutes and 23 seconds |
| INTERVIEWER | Riaz Agha |
| MODE OF RECORDING | Audio tape |
| INTERVIEW TRANSCRIBED BY | Riaz Agha |

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| 1. Thank you very much for going to take part in this work |
| You’re welcome. |
| 1. Can I just ask you to start of with what are your thoughts and feelings about the ward round in the mornings? |
| Okay, the advantages or the plus sides its every morning you see somebody and its first thing in the morning so you’re not actually left sitting there waiting all morning not knowing, wondering when they’re going to come and then that means then that you’ve got a plan of action for that day. It could change, as I found out but at least you’ve got some idea. I think the confusion then comes, if the big round comes and then you get, I had a stray registrar come and tell me something different and I actually did question who he was in relation to the ward round. But he was very good at explaining who he was so I then believed what he said would happen because he was Mr Budny’s registrar. |
| 1. Okay and what are your thoughts about the communication during the ward round itself? |
| They are good. I think it seems fine actually, I have only been dealing with registrars really. I have really not had much to do with anyone lower. But they seem to, yea they to tell the nursing staff what’s going on, it seems to… aahh no see it didn’t happen yesterday, communication did break down [Interviewer - *What happened*?] Because I was supposed to have been nil by mouth from midnight for theatre again today and somehow the communication got misinterpreted and it was give her a light breakfast. So when the anesthetist came this morning to do his bit, I had to admit I had eaten because that’s what I was told to do and he wasn’t very happy. |
| 1. How did that make you feel? |
| Cross because I could have been to theatre this morning. |
| 1. So you didn’t go? |
| I didn’t go, no I had to wait until afternoon. So registrar wasn’t very happy this morning but of course the charge nurse then said what actually this is what we’ve got and I felt sorry for him then. |
| 1. And how do you think we can improve what happens in the ward round, the communication, how things are explained? |
| I think this morning’s problem was due to the fact that the theatre list had been printed out late. So I think the doctors should have said to the nurses, starve her from midnight because the list hasn’t been printed and we don’t know where she is on the list. |
| 1. Okay, anything else you want to say, any other thoughts you want to express about the ward round on how we could improve it going forward? |
| Better introduction as to who they are perhaps and may be actually the errm, I was thinking it’s quite nice if the junior doctor then comes back and double checks with the patient. |
| 1. Double checks your understanding? |
| Yea, or even if they double check your understanding when you leave just to make sure that you actually have got it all. But I don’t think they are horrific. I think they are quite good. This is the first time I have ever been to hospital and seen doctors every morning it takes my knowledge of being a nurse as well. If you know what I mean. |
| 1. Okay and you have been to a hospital multiple times before. But have you ever been asked about your experiences of the care process? |
| No, never. |
| 1. Never? |
| No. |
| 1. You have never been asked about your views? |
| No never been asked before about my views. |
| 1. This is the first time? |
| First time ever I have ever been asked about my views on a ward round of how it functions and if I was happy with service. |
| 1. Do you think this is a useful thing to do? |
| Yes I think it is. Yea it is a useful thing to do. However, the patient has to be articulate enough to compare any previous experiences to what they have in this time may be. |
| 1. Okay, I want to thank you for your time and really appreciate your input thank you very much. |
| Okay, thank you. |

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| **PATIENT C** | |
| DATE | 17/11/2012 |
| PATIENT’S CONSENT | Achieved |
| GENDER | Female |
| AGE | 41 |
| SETTING | Natural setting (hospital ward bay) |
| DURATION OF STAY IN THE HOSPITAL | 3 days |
| TYPE OF INTERVIEW | Semi-structured |
| MODE OF INTERVIEW | Face to face |
| LENGTH OF INTERVIEW | 5 minutes and 28 seconds |
| INTERVIEWER | Riaz Agha |
| MODE OF RECORDING | Audio tape |
| INTERVIEW TRANSCRIBED BY | Riaz Agha |

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| 1. So thank you very much for your time in helping us with this work. Can you please let me know your thoughts and feelings about the ward round in the morning please? |
| It is very daunting, I mean you’ve got lots of different doctors at the end of your bed obviously when you are not feeling well anyway. But it’s very confusing when you don’t know what team that they’re working for. Years ago it used to be just your consultant and their team that was at the end of the bed. Now everybody’s plastics teams standing at the end of the bed with me and that is really quite daunting because you don’t remember everyone of who they are so you get a bit confused who, who is taking your care on. |
| 1. So it’s not clearer to who is in charge and who is running the show to so to speak? |
| Yea, you know you’re under your own consultant but there is too many faces to know who is then in your consultant’s team that’s looking after you when your consultant is not here. |
| 1. Okay and what do you think about the communication during that ward round process? |
| It goes above you head sometimes, obviously you get talked across. For myself personally, my support comes from the nursing staff. |
| 1. So they are the people that really what provide the communication or what do the nursing staff do that you find so beneficial? |
| I can ask them if I am not clear on something they’ll explain it in layman’s terms of what’s going on for me. |
| 1. So you get less jargon from them and is it you get more time as well? |
| Yea, yea they are a good port of call for myself. I have been in this hospital for so many years, I know how well that they care for me or so. |
| 1. How does it make you feel when the doctors do use technical terms or things that as you say goes above your head? |
| It confuses you more. For my own care I worry that they don’t understand about my condition and I am worried that they have the power to make the decisions. |
| 1. So it actually frightens you that they have the power to make decisions about your care without perhaps fully understanding what is it that they are doing? |
| Yea. |
| 1. Okay and how do you think we could improve this? |
| I think smaller groups at the end of the bed and just that little extra bit of time that can be stood around your bed and go over things a little bit more clearer. Otherwise you sit here all day and you just wait for your consultant to come round and you don’t often see your consultant as much as you would have years ago now. |
| 1. Okay so you want more sort of clearer leadership and just so I can sort of understand clearly you want a bit more time spent explaining things? |
| Yea. |
| 1. And you want less jargon? |
| Yea. |
| 1. Less people perhaps on the ward round? |
| Yea. |
| 1. And you want it more of a, sort of equal sharing of information? |
| Yea, more personal one to one kind of making it clearer of what’s happening with your care. |
| 1. Now you have been, as you say in and out of hospital many times. Has anyone ever asked you about your thoughts and feelings about the ward round? |
| No, never. I mean, I have been in hospital for 41 years now of my life. Its my second home. I will always be in and out. |
| 1. 41 years and no one has asked you about your, about how you feel the ward round goes? |
| No, I am just a person in the bed everything gets broken across my head. |
| 1. So you must have seen hundreds of ward rounds? |
| Yea, yea I have. |
| 1. And have they got better, have they got worse, has anything changed? |
| I think they have got worse and you get less time now with your consultant at the end of your bed. You really do. |
| 1. And do you think it’s worthwhile us asking you about how the ward round goes in these aspects of your care and trying to sort of look at how we could improve, ask your prospective as you said 41 years and no one has asked. Do you think that’s worthwhile us doing this? |
| Yea, I do. I really do think that it helps you know not just for me as long term care patients but for people that just come in for routine operations or something like that because it must be so daunting or emergencies of what’s going on. |
| 1. Overall though are you happy with your stay, the recent stays you have had or do you really want things to change? |
| No, I am happy with my care, more than happy with my nursing care because they are my second family. Just get very confused when there is a turnover of doctors every few months. When you are a long term patient you haven’t got that one person apart from your consultant. That can be a bit worrying sometimes because you’ll get new doctors that would come in that get a little bit carried away and think that they know your care and sometimes they don’t so. |
| 1. Okay well thank you very much for your time. I really appreciate your time. |
| Thank you.  [Additional comments written down at the end of the interview]  Bedside manner is so important! I prefer a doctor sitting at the same eye level.  I was upset at seeing a group of doctors laughing and joking in the corridor, they were very cocky and loud. Doctors should respect the nurses more as they spend more time with us. |

**Appendix - III**

**AUDIO RECORD AND WRITTEN TRANSCRIPTS – STAFF**

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| **STAFF A NURSE BAND - 6** | |
| DATE | 16/11/2012 |
| CONSENT | Achieved |
| GENDER | Male |
| AGE | 45 |
| SETTING | Natural setting (Hospital ward desk) |
| DURATION OF STAY IN THE HOSPITAL | 16 years service |
| TYPE OF INTERVIEW | Semi-structured |
| MODE OF INTERVIEW | Face to face |
| LENGTH OF INTERVIEW | 4 minutes approx. |
| INTERVIEWER | Riaz Agha |
| MODE OF RECORDING | Written |
| INTERVIEW TRANSCRIBED BY | Riaz Agha |

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| 1. What are your thoughts and feelings about the ward round? |
| Too many people on it. There should just be: one Registrar, one SHO (preferably the on-call one), house officer, physio/OT. Should not split up this can lead to chaos. A Consultant should be on the ward round when there is bed pressure as otherwise there is a four hour gap waiting for a Consultant who may or may not be in the hospital.  Not necessary for every dressing to go down all the time for each Registrar who comes along. There should be one Registrar doing the ward round for the week so they know the patients, know the plan, etc. Only three nurses to do a split plastic surgery ward round as well as gynaecology and general surgery is impossible. |

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| **STAFF B NURSE BAND - 5** | |
| DATE | 16/11/2012 |
| CONSENT | Achieved |
| GENDER | Female |
| AGE | 50 |
| SETTING | Natural setting (Hospital empty side room) |
| DURATION OF STAY IN THE HOSPITAL | 25 years of service |
| TYPE OF INTERVIEW | Semi-structured |
| MODE OF INTERVIEW | Face to face |
| LENGTH OF INTERVIEW | 4 minutes and 42 seconds |
| INTERVIEWER | Riaz Agha |
| MODE OF RECORDING | Audio tape |
| INTERVIEW TRANSCRIBED BY | Riaz Agha |

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| 1. Okay so can you tell me what your thoughts and feelings are about the ward round please? |
| I found that some patients actually find it overwhelming because all the doctors are stood around looking at them especially ladies breast surgery and it’s quite a personal thing to them to then have sort of eight or nine doctors all looking at them. They don’t like it. Also I find that sometimes two doctors will go off to that patient then two would go there and then as the nurse in charge you’re then trying to find where these three different break off doctors are all trying to say at the same time. So it can be a little interesting trying to catch up with all the information from the end of the round. I think it’s nice that the patients know that they are coming at a set time of the day especially the ones that know they are going home. They like the fact that the doctors come so early so that they can get their TTOs or physios or what have you and get home. But as I say having so many of them all at once can be a little overwhelming. |
| 1. Okay and do you think there is anything that could be done about, do you think there is any concerns about the communication during the ward round? Do you think that could be improved? Do you have any problems with that? |
| I mean the day shifts I have done in the last few years have been at the weekends so obviously you’ve got only two or three doctors so the communication is a lot better because there are fewer people and as the nurse in charge you are more likely to hear everyone and at weekends I find that they will answer your questions, you’re approachable which is helpful and they will explain things to patients if they don’t understand it. |
| 1. So you think that weekends works better than the weekdays in terms of the ward round? |
| Obviously I haven’t done weekdays for a few years now. So it may have changed but the last time I did a ward round during the week, sometimes patient felt they didn’t know what was going on. |
| 1. You think they weren’t clear about their plan? |
| Hmm (yes). |
| 1. And what did they do as a result of that? |
| They will say to us, they are not sure what is going on and we will either ask the nurse in charge or look in the notes or ask the doctors. |
| 1. And how can we improve this do you think? |
| I think you can try different things but at the end of the day it’s not going to be an ideal solution because there is always going to be one patient who is not happy. But always be aware that a lot of the patients won’t ask on a big round, won’t ask the questions they actually want to ask because they are frightened when there is so many people there. |
| 1. Do you think we should reduce the number of people on the ward round as a start or is that too difficult to do? |
| It might be difficult to do during the week because obviously everyone needs to know about all the patients and the easiest way is for everyone to go round on mass. I mean obviously at the weekend you’ve only got a set number of doctors so they will have to know about everyone. The only other alternative is each consultant going round separately and that in itself if they all turn up at the same time would be a nightmare to try and send a nurse. So it, the big round is actually, it works because you then aren’t doing too many ward rounds as I say I can’t see an actual ideal. |
| 1. Okay and you have been working here for a number of years. Has anyone asked you about your views on the ward round before? |
| No. |
| 1. Has anyone asked you about these kinds of issues of communication or whether we can do things differently to improve the service for patients ever before? |
| No, I mean as nurses we have sort of said it in you know, in hand over or the ward round was quite tricky today but no doctor has ever asked our opinion on how we felt of the ward round. |
| 1. Really and you have been a nurse for? |
| All together 25 years. |
| 1. Okay, thank you very much for your time. |
| You’re very welcome. |
| 1. Thank you. |
| You’re very welcome. |

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| --- | --- |
| **STAFF C - HOUSE OFFICER** | |
| DATE | 17 November 2012 |
| CONSENT | Achieved |
| GENDER | Female |
| AGE | 23 |
| SETTING | Natural setting (Hospital ward desk) |
| DURATION OF STAY IN THE HOSPITAL | House officer since August 2012 |
| TYPE OF INTERVIEW | Semi-structured |
| MODE OF INTERVIEW | Face to face |
| LENGTH OF INTERVIEW | 3 minutes approx. |
| INTERVIEWER | Riaz Agha |
| MODE OF RECORDING | Written |
| INTERVIEW TRANSCRIBED BY | Riaz Agha |

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| 1. What are your thoughts and feelings about the ward round? |
| Not enough computers. Can’t update the list. Ward is too small and you can’t fit the trolley and doctors into a bay. Patients are close together, no privacy. Amount of direction you get depends on the Registrar. You have to call the Registrar back to get discharge details like antibiotics and follow-up. One registrar in particular tells patients their fingers will fall off. This never goes down well and he upsets a lot of patients. |
| 1. Could communication be improved? |
| Patients feel overwhelmed sometime as there are too many doctors on the ward round. Patients sometimes call me back to re-explain things. |
| 1. Do they have a clear plan about what’s going on? |
| Generally, yes they do. |
| 1. Other improvements? |
| I have to write in too many notes, the SHO sometimes does nothing in terms of writing in notes and can be less helpful than they should (a minority of the time). Sometimes patients and starved repeatedly by the nurses when they are not going for an operation. |