

MiP Patient Voice Poem

As health professionals, we are, for the most part, sincere,
and generally we think it's a great idea
to engage with the patients' experience;
so we can see our service from their perspective,
rather than from the luxury of our professional distance.

It so happens that our health service is structured in such a way
that the more qualified you are,
the less time you spend talking to patients,
So the listening is usually done on our behalf
by student nurses, health care support workers,
and a variety of volunteers;
and that saves us having to face our fears
that maybe our service might not be what we think it is,
or that we'll be overwhelmed by patients' needs;
that they'll tell us all the problems they expect us to sort out,
and then there's an avalanche that you can't do much about.

In short,
The very thought
of seeing our service through our patients' eyes is terrifying,
like having a mirror above your bed.
For years you've had a vision in your head
of how you probably look: and it's not perfect but it's okay.
Then one day,
you wake up to the horrific starkness of your own reflection,
and you're overwhelmed with all the things you can't fix,
because what you thought was an okay body
is more like a hairy blancmange with limbs and lumpy bits.

But actually it's empowering:
when you do pluck up the courage and grasp the clinical nettle,
and shadow several patients in varying types of fettle,
or quietly do structured observations of care,
you find yourself re-energising,
because you'll immediately see how you can make things better,
which can in itself be inspiring.

Most of us don't know how to set up improvement goals for our own service,
or how to collect data, or measure out tests of change.
We need a plan to teach these basic methods
to front line staff in all the clinical areas,
so improvement can grow from the bottom up
without being suffocated a climate of blame.

In an atmosphere of trust,
the senior management turnaround
starts to slow down.
People can get their feet under the table.
Then teams have time to get acquainted,
which in turn makes them more able
to ask the kind of questions that challenge what we do,
and look closely at our priorities.
All the recent reports
have emphasised the importance of listening to people's stories
and collecting anecdotal evidence,
but we're still cynical as to its importance.
and when one of us becomes a patient,
it's all about the individual experience.

Giving patients a voice means presenting the full range of options
and then allowing them to choose.
It means involving friends and family,
and being sensitive to the non-medical issues.

It means making patients aware of their rights
and the responsibility they have towards themselves,
because we're not just treating a set of symptoms.
We're treating a person with a sense of self.

And if we promote self-management and education initiatives,
while improving access to all the information out there,
and provide smooth transition across all service boundaries,
then people can be in control of their own plan of care.

And if we're to design our services with the patients at the centre
and involve them with all aspects of policy,
we all need to be collaborative,
dignified and supportive,
not just with those who use our service, but also with each other,
but don't put mirrors on your bedroom ceiling.
It's a really bad idea.