

Interprofessional simulation to improve patient participation in transitional care

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Background: Educating and training healthcare professionals is known to improve the quality of transitional care for older adults. Arranging interprofessional meetings for healthcare professionals might be useful to improve patient participation skills in transitional care.

Aim: To describe the learning activities used in The Meeting Point programme, focusing on patient participation in transitional care, and assess whether they increase healthcare professionals' awareness of and competencies relating to patient participation in the transitional care of older patients.

Design: Data were collected as part of an educational intervention programme, The Meeting Point, including three seminars on 'Patient participation in the transitional care of older patients' and four follow-up meetings. Participants were nurses, care assistants, doctors, physiotherapists, patient coordinators and administrative personnel from hospital, nursing homes and home-based care services.

Method: The Meeting Point was organised around four pillars: introduction, teaching session, group work

activity and plenary discussion. Qualitative data included log reports, summaries of meetings, notes from group work activities, and reports from participants and from follow-up meetings.

Results: Feedback from participants shows that they were satisfied with meeting healthcare professionals from other units of care. A film scenario was perceived relevant for group work activity and useful in focusing participants' attention to patient participation. Follow-up meetings show that some nursing home wards, the emergency department and one medical ward at the hospital continued with ongoing work to improve quality of care. Efforts included implementation of an observational waiting room with comfortable chairs, planning for discharge in hospital admission, a daily patient flow registration system and motivational interviewing during admission to nursing home.

Conclusions: The description of the learning activities used at The Meeting Point seminars shows that they were useful to increase awareness of and competencies on patient participation in transitional care.

Keywords: patient participation, transitional care, older patients, qualitative improvement measure.

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Introduction

The education and training of healthcare professionals is recognised as one way to improve the quality of transitional care given to older patients (1, 2). Older patients are often transferred between different locations (e.g. from hospital to a nursing home) or between different levels of care within the same location (e.g. from an emergency department [ED] to a hospital ward) (2, 3). Transitional care can

be understood as a set of actions designed to ensure the coordination and continuity of health care as patients transfer between locations (4). In this study, transitional care refers to transition from home with home care services or from nursing homes in the municipality to a hospital and vice versa.

Healthcare quality involves the following dimensions: safety, effectiveness, patient centredness, timeliness, efficiency and equitability (5). Patient-centred care encourages patient participation in healthcare decisions (6). According to Cahill (7), patient participation involves a power transfer from health professionals to the patient, the sharing of information between healthcare professionals and patients and patient involvement in decision-making about treatment and care (6). Patient participation is regulated in the

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Norwegian Patient Rights Act (8). The patient has a right to be informed and to participate in the decision-making about his or her treatment and care. Several studies report that healthcare professionals do not always acknowledge patients' preferences for involvement in treatment and care and that patients want to be involved in treatment and decisions (2, 9–12). A lack of information to the patient and next of kin is a main barrier to patient participation during transitions. Dyrstad et al. (3) reported several studies where older patients received little information and were not involved in decisions about hospital discharge and the level of care after hospitalisation. Research on improvements in healthcare quality emphasises the education and training of healthcare professionals to provide patient-centred care (13) and ensure shared decision-making in clinical encounters (2, 14). Training programmes for healthcare professionals that focus on the patient's perspective are suggested to improve the quality and safety of transitional care (3). Meetings between healthcare professionals from different units and levels of care can develop professionals' competencies about patient participation in transitional care, and improve their understanding of involved personnel's work situation and the quality of transitional care (2, 15, 16). Competencies include specific behaviours and skills as well as both attitudinal and cultural disposition (17).

The World Health Organization (18) developed a framework focusing on interprofessional education and collaborative work practices focusing on team members' understanding of their own role, responsibility and expertise in the team; communication within the team; relationship with the patient and recognising the patient's needs; and critical reflection of one's own clinical work. To achieve a healthcare team that is competent and possesses necessary behaviours, attitudes and skills, simulation training and learning are considered useful approaches (15, 19–21). Simulation can be defined as 'activities that mimic the reality of a clinical environment and are designed to demonstrate procedures, decision-making and critical thinking through techniques such as role playing and the use of devices such as interactive videos or

mannequins' (p. 97) (22). Simulation in the training of healthcare professionals can be used to engage clinicians from different organisational cultures in interprofessional collaboration (p. 27) (23). Jeffries (23) identified five characteristics to successful simulation: clear objectives, fidelity, problem-solving, participant support and reflective thinking (debriefing). From a sociocultural perspective, knowledge and learning is constructed via participants interacting in social practices in, for example, a team-oriented simulation (21, 24). Dieckmann (25) created a simulation model including a facilitator, theory input, a clinical scenario, simulation-based training and debrief. Simulation training has been used in different clinical areas and nursing education (15, 21) and has been reported to be a useful way to learn, acquire new skills and behaviours and suggest improvements in own units.

In this study, we report the results from The Meeting Point, a cross-level educational programme to improve the quality and safety of transitional care (26).

Aims

This study has two key aims: (i) to describe the details of the learning activities used at The Meeting Point, focusing on the patient's perspective and participation in transitional care, and (ii) to assess whether the learning activities were useful to increase healthcare professionals' awareness of and competencies about the patient's perspective and participation in the transitional care.

Methods

Study design and setting

We used a qualitative research design (27). Interprofessional meetings were held with healthcare professionals (nurses, nursing assistants, physicians, physiotherapists, administrative personnel) from the emergency department (ED), medical wards and an administration unit at hospital, and from nursing homes, home-based services and patient coordinating units in the municipality (Table 1).

Table 1 Summary of participants at The Meeting Point

<i>Healthcare services</i>	<i>Participants from healthcare units</i>	<i>Nurses</i>	<i>Nursing assistants</i>	<i>Physio-therapists</i>	<i>Physicians</i>	<i>Leaders</i>	<i>Adm. personnel</i>
Hospital	One Adm. unit						2
	One Emergency Department (ED)	9				2	3
	Two Medical wards	16			2	1	
	Summary hospital (35)	25			2	3	5
Municipality	Two patient coordinating units						16
	Four nursing homes	16	2	1	3	4	
	Four home-based services	7				1	
	Summary municipality (50)	23	2	1	3	5	16
In total	85 participants	48	2	1	5	8	21

The Meeting Point consisted of an educational part and a discussion platform (26). Three half-day seminar meetings were arranged over a 1-month period (November 2013), focusing on 'Patient participation in the transitional care of older patients'. Four follow-up meetings were conducted addressing the implementation of the measures suggested at The Meeting Point. The study was performed in one Norwegian Regional Health Authority. The meetings were conducted at a simulation centre.

Recruitment and participants

A formal invitation to participate in the study was made to the leaders of hospital wards and in the municipality. The invitation contained information about The Meeting Point, including location, thematic focus, group work activity and information about lunch on arrival. This was followed by information meetings in each ward held by the research team. It was important to ensure leader support and willingness from the staff to participate in the study (26). The hospital wards and departments in the municipality were selected based on their similarities regarding the number of patient beds, duties and their involvement in the transitional care of older patients and aimed to include the whole healthcare team involved in transitional care (26). Participant information is presented in Table 1.

Organising The Meeting Point

Before each Meeting Point seminar, the research team divided participants into five groups, which varied in size from five to eight members and were mixed across professional groups from the region's hospital, nursing homes and home care services. The seminars started with lunch, to best fit in the daily medical and caring activities at the hospital and in the municipality. Meeting for lunch was also an opportunity for participants to get to know each other in an informal setting, before the structured programme of the seminar (26).

The learning activities at The Meeting Point are presented as a simulation model (25, 28) in Table 2.

Seminar introduction and theory input – a teaching session

While participants were sitting in their groups, the research team welcomed the participants and introduced the seminar theme and objectives (26). A 1-hour teaching session held by a research team member was conducted with the theme 'Patient perspectives in transitional care'. The session presented an overview of relevant research, health-political documents (29) (the Coordination Reform), and the legal requirements of healthcare professionals to involve patients and users of healthcare services in their own treatment and care (8, 9, 26).

Scenario briefing and simulation scenario – film

A film called *The patient's perspective in transitional care* was used as a simulation scenario. It focused on the hospital admission and discharge of an older patient. The film manuscript was based on anonymised field note data from observations of an older patient in transitional care (9, 26). The field note data enabled the research team to develop a film scenario presenting realistic patient situations and work practices in transitional care. The film was recorded in the simulation laboratory at the university using a professional cinematographer who also prepared the layout. Before showing the film, a member of the research team gave a brief outline of the film, its purpose and setting.

A brief outline of film. An older man lies in his bed after arriving at the ED, with pre-existing epilepsy and diabetes. He seems to be in pain. In the triage area, nobody talks to him, but soon his daughter arrives and sits at his bedside. He asks for his medication and she looks in her purse to find it. After 2.5 hours he is transferred to a treatment room in the ED. A nurse takes care of him, taking vital signs and informing him about the planned examination and tests, after which an intern comes into the room. At discharge, the patient is lying in his bed when a doctor comes in on her rounds. The doctor stands by the end of the bed, informing the patient that other patients need his place and that he is going to have a short stay at a nursing home from today. The nurse states that he has to leave very soon, before lunch. No next of kin is present at discharge.

Debriefing – group work

Group work activities were a central part of The Meeting Point. The film was followed by a debrief and group work activity where the seminar participants answered five questions (presented in Table 2). A facilitator from the research team guided each work group through the questions.

Seminar ending – plenary discussion

A plenary discussion followed the group work activities and a short coffee break. The discussion was planned to last for 45 minute and was led by members of the research team. The aim was to generate a discussion, identify different perspectives and reach some agreement regarding measures to implement in the wards (26). One member from each group then presented the work group's suggestions for improvement measures. All participants were encouraged to take the key measures back to their own ward and take further action.

Table 2 Simulating patient participation at The Meeting point (Dieckmann, 2009) and conducting follow-up meetings

November 2013, <i>The Meeting Point, three meetings</i>		March - August 2014, <i>four follow-up meetings (two meetings hospital, two meetings nursing homes)</i>	
		Summary <i>The Meeting Point discussion</i>	
<i>Seminar introduction</i>	<i>Theory input</i>	<i>Simulation scenario – film</i>	<i>Seminar ending</i>
15 minute Information thematic area: The patient perspective Obectives: • Increased knowledge, competence, patient participation • Identify measures	45 minute Teaching session: “The patient perspective in transitional care”	10 minute Showing the film: <i>The patient perspective in transitional care</i> Manuscript based on anonymized field notes from observations (Dyrstad et al. 2014)	1 hour Questions: 1 Have your ward initiated or participated in measures related to quality and safety in transitional care (admission to or discharge from the ward)? In case which? 2 Have any of the measures identified at the Meeting Point been initiated at the ward? 3 Can the research group assist with implementing measures to improve transitional care? 4 Has any changes occurred at the ward after participation at The Meeting Point?
	5 minute Introduction of the film: Setting: Hospital admission (triage and treatment areas) and discharge (medical ward) of an older patient Objectives: • To illustrate the patient perspective during the hospital admission and discharge of older patients • To stimulate individual reflection on current transitional care practices • To engage participants in group discussions about current practices, existing challenges, and the identification of improvement measures	1 hour 5 groups (6–7 participants per group). Guided group discussion regarding film scenario Questions: 1 How were the patient’s care needs taken care of in the film during hospital admission and discharge? 2 What could be done to involve the patient in a larger degree during admission and discharge? 3 How are patients’ needs and preferences attended to in your unit? 4 Note the three most important measures that can be implemented at your ward to support the patient’s perspective in the transitional care of older patients between hospital and municipality 5 Agree on three measures and present these in the plenary session	45 minute Plenary discussion and summary by facilitator: Identify measures for implementation in the wards

Follow-up meetings

The researchers conducted follow-up meetings with participants from the nursing homes and hospital wards some months after The Meeting Point (26). The aim was to identify drivers and barriers to implementing measures to improve the quality of transitional care. The follow-up meetings started with a summary of The Meeting Point seminar, the plenary discussion and the written feedback from participants. Four key questions, presented in Table 2, were used to assess whether and how improvement measures had been implemented in the wards (26).

Data material

The data gathered at The Meeting Point and used in this study were written feedback from participants on the key components of the cross-level educational programme, minutes from the plenary sessions, the log reports of group work facilitators and study participants' written notes from the group work activities. The follow-up meetings were tape-recorded and transcribed to electronic text format by a research assistant in the research group.

Ethical considerations

Approval for the study was obtained from the Western Norway Regional Ethics Committee for Medical Research (REC, no. 2011/1978). To ensure the appropriate use of data and confidentiality, all data related to the meetings; the seminars and the film were anonymised, as well as statements from participants during the meetings. Data were stored on a protected server only accessed by selected members of the research team.

Data analysis

Data were analysed using thematic analysis, which is a method for identifying, analysing and reporting patterns (themes) in qualitative data (30, 31). The method is descriptive, as the data has been organised to show patterns in the semantic content. In this study, a modified version of Braun and Clarke's (31) thematic analysis model was used. The written data material collected at The Meeting Point and from the follow-up meetings were transcribed into electronic text format and were read by both authors several times. The first author made codes by marking important features in the text transcripts and sorting data relevant to each code. The authors met to discuss the codes and identified themes. We used a semantic approach as we identified themes that were explicit or recognised the surface meanings of the data. Thus, we did not look for anything beyond what participants expressed, as shown in Table 3 (31).

Results

The analysis identified four themes: *Lack of information during hospital admission and discharge in the film scenario*; *Lack of care from healthcare professionals in the film scenario*; *Information dissemination to/from the patient and next of kin is vital*; and *Let the patient decide*. The themes covered the aims of the study, which were to describe and assess whether the learning activities at The Meeting Point were useful in increasing healthcare professionals' awareness of and competencies related to the patient's perspective in transitional care.

Lack of information during hospital admission and discharge in the film scenario

A film scenario was used to create a learning activity and introduction to the group work. The film emotionally affected several participants. Log reports show that participants commented on the lack of information provided to the patient and his daughter, both in the triage area of the ED and later in the ward during discharge. During the admission process, the participants were surprised that no information was given to the patient regarding the long waiting time before being examined by the physician. They reported good information and a high care level in the treatment area of the ED. During discharge, participants commented how the doctor stood at the end of the bed while informing the older patient about the decision to transfer him to a short stay in nursing home, that very day. One participant stated: 'The film was very realistic. As a ward leader from a short stay ward, I was shocked by the comment 'you have to go before lunch'. Participants commented that decisions about hospital discharge were made before the doctor's rounds and that the doctor and nurse simply informed the patient about the decision afterwards. A participant (a nurse) said that time pressures were no excuse for not informing the patient. Another participant commented, 'If the patient and next of kin are well informed, they can handle many challenges'.

Lack of care from healthcare professionals in the film scenario

The participants identified several deficits and lack of care during the hospital admission and discharge depicted in the film. They were particularly concerned about the lack of care and clinicians not attending to the patient's preferences, care and medical needs. In the ED, the older patient was only taken care of by his daughter who was sitting at his bedside. The patient had epilepsy and diabetes but was not given any food or medication. The participants were surprised that the daughter had to take care of the medication. They also remarked in the

Table 3 Extracts from thematic analysis (Braun and Clarke, 2006) with themes identified at The Meeting Point

<i>Generating initial codes by marking interesting features, collating data relevant to each code</i>	<i>Searching for potential themes</i>	<i>Reviewing themes, in relation to the coded extracts (1), the entire data set (2)</i>	<i>Defining and naming themes, clear definitions and names for each theme</i>
The film – Information admission There was insufficient information in the triage concerning the reason for the long waiting time. The film – Information discharge There was no information to next of kin in discharge about what a nursing home is, what it costs and if it was possible to go home The film – care The patient is in lack of care, he got pain, is hungry and thirsty The patient was not asked, he was overruled The patient perspective at the participants' own wards Information about medication and expected tests is given, we accept a refuse to examination, but state the reason for why the test is needed (med. ward). Unfortunately there is not much time to give information to older patients (med. ward) Everything has to do with talking together (nursing home) We have no routines for involving patients, but we do talk with them about their home situation (med. ward) We have started using a dialogue technique; 'motivational interviewing', which means that the patient manage the conversation (med. ward) If readmission is necessary, it is conducted in cooperation with the patient, which is important (home care services)	Minimal information to patient on waiting time, admission No information next of kin, discharge No care, food, drink, medication Not asked, he was overruled Information on tests and medication, with argues Not time to inform older patient Everything is about talking together No routines on patient involvement, but home situation is explored Started using a dialogue technique, to involve the patient Cooperation with the patient if readmission necessary	Lack of information in admission Lack of information next of kin in discharge Lack of care Overruled Argues for tests and treatment Shortage of time for information Talking together is vital Lack of patient involvement routines A dialogue technique, to involve the patient Agreement with the patient if hospital readmission	Lack of information during hospital admission and discharge in the film scenario Lack of care from healthcare professionals in the film scenario Information dissemination to/from the patient and next of kin is vital Let the patient decide

plenary discussion that the patient was in the ED for a total of 5.5 hour, and he was hungry, tired and in pain. The patient's basic needs and wishes were not met, neither during admission nor during discharge. The healthcare professionals made decisions for a short stay (without asking the patient) and did not acknowledge the patient's preferences. A nurse from a home care service commented that the healthcare professionals in the film displayed a top-down attitude, nobody asked about the patient's needs and there was no involvement. A nurse from an intermediate care provider in the municipality said that 'healthcare professionals were talking above the patient's head, not seeing the patient as a person'. Participants also viewed the next of kin as vital in hospital admission and missing at discharge.

A nurse from a medical ward advised that the film presented common work practices. Several participants were inspired to make improvements, and one said, 'Unfortunately it showed a busy day at work and I got many ideas for improvements'. Seminar participants discussed in the plenary session the importance of providing sufficient and relevant information to the patient and next of kin, at both hospital admission and discharge. It was suggested that the information included waiting hours, ward routines, common tests, procedures and treatment, and plans for follow-up care after hospital discharge. Examples included giving the patient information early in their stay, plans for discharge and communicating with the patient (e.g. 'I have not forgotten you' when the patient is waiting for examination in triage).

Information dissemination to/from the patient and next of kin is vital

The second learning activity, which incorporated group work, focused on increasing healthcare professionals' awareness of and competencies related to the patient perspective in their own wards. Log reports show that, during the group work, participants focused on the needs of patients and next of kin during hospital admission to the ED and hospital wards or at a nursing home in the municipality. In addition, some of the staff from hospital wards focused on discharge strategies.

The log reports from the group work show that all groups were concerned about providing sufficient information to the patient and their next of kin. They emphasised that information during hospital admission needs to focus on tests and examinations, the expected stay at the specific ward and plans for transfer to another ward at the hospital. A short-stay ward connected to the ED had developed a patient information brochure describing daily routines at the ward. Recently, the ED had installed an electronic information screen in the waiting room with information on routines and expected waiting time. Information on medical treatment and level of care given

by the physician was considered very important during hospital discharge. Although nurses and physicians focused on information, a nurse from the medical ward said in the plenary session that 'unfortunately there is not much time to give information to older patients'. In contrast, a participant reported that a nursing home rehabilitation ward had arranged structured admission meetings with new patients to ensure essential information was given to patients and their next of kin. This was also mentioned by some patient coordinators in the municipality.

The log reports show that some healthcare professionals were concerned about the opportunity for patients to inform healthcare professionals about their views, concerns, experiences and preferences during hospital discharge. A nurse from the medical ward said she usually asks patients whether they want to go home or have a short stay in a nursing home. It was customary for geriatric ward staff to talk with patients during hospital admission about their needs after discharge. Nevertheless, healthcare professionals from the municipality placed a stronger emphasis on patients' perspectives. For example, during admission meetings at a nursing home, staff usually spoke with both the patient and next of kin, to determine the patient's level of functioning, expectations and wishes for future care and services. A nurse from a nursing home commented in the plenary session, 'Everything has to do with talking together'. She stated that communication is the key to collaboration between healthcare workers, the patient and next of kin to give optimal treatment and care to older patients.

Let the patient decide

Log reports from the group work show that involving patients in treatment, care and discharge planning varied among wards. Some wards had procedures to involve patients and family, and others had no such routines.

The medical hospital ward had no procedures in place to involve patients, but the patient's home situation was explored using a specific dialogue technique, 'motivational interviewing' where the primary goal for clinicians is to let the patient manage the conversation. Staff would typically ask a patient, 'What is important to you?' and 'What are your wishes?' In other words, staff would let the patients tell their story. This technique was also used in the community.

A nurse at a medical hospital ward commented that, 'At hospital the patient's needs and wishes are taken care of as much as possible, but at times it is difficult to do so'. To prepare for discharge, the patient and next of kin are encouraged to make an application to the coordinating unit in the municipality about the level of care required after discharge. Participants reported that the patient coordinator sometimes visits the patient at

hospital or makes home visits and telephone calls to establish proper community-based services. The possibility of a readmission should also be addressed and discussed with the patient before hospital discharge.

Log reports also show that in community healthcare services (according to a home care nurse), the acute hospital admissions of older patients are usually unplanned. Furthermore, a transfer report is written and the patient is not involved in the decision. In contrast, network meetings with the patient, family, patient coordinator, nurse, physician, physiotherapist and others are arranged 1–3 day after admission to rehabilitation wards at nursing homes. If the patient is not cognitively impaired, he/she (according to a nurse at a nursing home) should be asked whether they wish their next of kin to be involved. To identify the patient's needs and resources, checklists and structured questions are used to formulate the specific aims of the stay. According to staff at a rehabilitation ward at a nursing home, it is also important to plan for the home situation, new medication and care needs, supporting remedies/materials and whether the patient wants to go home after the short stay. A patient coordinator from the municipality also mentioned that a nursing home stay is expensive, and the patient needs to be informed about this when planning the discharge. A patient coordinator stated that if necessary, the patient should be able to choose between several alternatives (e.g. nursing homes, home care services).

Suggested measures and written feedback from The Meeting Point

The measures, the written feedback and the follow-up meetings were useful to assess healthcare professionals' awareness of and competencies related to participation in transitional care (aim 2). Measures suggested to enable patient participation are outlined in Table 4.

In total, 70 of the 85 participants gave written feedback at the end of each of the three meetings. Participant comments included:

- 1 It was satisfying to meet and learn about 'patient participation', as well as discussing with involved professionals across units and level of care.
- 2 It increased my awareness of informing the patient for him/her to feel safe after hospital discharge.
- 3 I have learnt more about the patient perspective and challenges in transitional care of older patients.
- 4 The Meeting Point should become a regular interprofessional arena across specialist and community healthcare services to discuss challenges and keep focus on patient participation in transitional care.

Results of the follow-up meetings

Follow-up meetings were conducted some months after the final seminar. Results show that some wards at the

Table 4 'To-do-list' for healthcare professionals illustrating awareness and competencies in facilitating patient participation

Relevant measures for patient participation identified at the Meeting Point

Treatment:

- Consider the following question: Could treatment be conducted at the nursing home?

Patient-centred care:

- Information brochure in ED presenting routine treatment and procedures in ED
- Sit at the patient's bedside, have a face-to-face talk, focus on the older patient's resources and ask about his/her views, concerns and wishes/expectations
- An admission meeting using a motivational interviewing, focusing the patient's personal goals for the stay; involve the patient from the first day
- Checklist for the patient to tick off when examinations, treatment and plans have been conducted
- Repeat information about opportunities for rehabilitation and follow-up care in the municipality and the patient's own resources to improve health and rehabilitation
- What is the patient's personal situation and living conditions ahead of the hospital stay?
- Apply for health care in the municipality at an early stage during the hospital stay
- Municipality healthcare services call the patient to ask 'how are you, what are your specific needs upon hospital discharge?'
- Regular network meetings/interprofessional meetings focusing the patient's views and needs

Involving next of kin:

- Call next of kin during the hospital stay/nursing home stay; ask for a contact person in the family
- Family/network meetings; involve next of kin at an early stage (during admission about discharge)
- Invite next of kin to the doctor's rounds in hospital
- Make a discharge plan together with the patient and next of kin

The healthcare system:

- Include a user representative in revision of the agreements between hospital and municipality regarding hospital admission and discharge
-

hospital and in the municipality had continued their work to improve quality in transitional care.

At the hospital, participants from the ED said that they have prepared an observational waiting room (where patients wait for a medical examination) for older patients; they are given a comfortable chair to sit in and remain in their own clothing. If they are not admitted, they are ready to be transported home. Observation ward staff (connected to the ED) said that they now plan discharge during the hospital admission process by checking the patient's history and asking the patient and next of kin about medical conditions and care needs ahead of admission. The ED has implemented a daily registration system to obtain an overview of how many medical and surgical patients are present. This is to ensure a faster transfer to the respective wards and to avoid any unnecessary hospitalisation. The head of the ED also plans to ensure that older patients with upper hip fractures undergo a medical examination at the ward to avoid meeting too many different professionals in ED: 'For older patients, it would result in less waiting hours in the ED and less confusion in new surroundings'.

In the municipality, participants from a short-stay nursing home stated that they planned to start using admission dialogues and 'motivational interviewing' with the patient, next of kin, nurses, doctors, physiotherapists and others, to let/help the patient set goals for the stay. One nursing home ward, which practiced goal setting, said that goals set by patients were usually realistic: practice walking, recuperate or go home.

Discussion

Results from the Meeting Point show that the film scenario, the group work and plenary discussions were useful learning activities to focus attention and increase competencies about patient participation in transitional care. Results from follow-up meetings show that some wards had started improvement work in this area.

Conducting interprofessional meetings between health-care professionals in hospital and community healthcare services is one way to increase the understanding of each other's work situation (16). It was expected that the use of interprofessional groups at the Meeting Point seminars would encourage dialogue between group participants, foster engagement and stimulate discussion on the scenario depicted in the film (26). The Meeting Point has contributed to increased understanding between the participants' work situation, with healthcare professionals from both hospital and municipality (32). During the work groups and plenary discussion, the participants discussed with enthusiasm the importance of and challenges with informing the patient and next of kin during hospital admission and discharge.

Group work with participants from different interprofessional groups can serve as a useful platform for learning via different learning activities (33). Sitting together in groups, discussing familiar themes, sharing experiences and working through key issues can lead to transformation of an interprofessional group into an effective and well-functioning team (34). Sjøvold and Hegstad (35) conducted an observational study on group dynamics in interprofessional teams and reported that physicians with their medical knowledge and skills can play a dominant role in the hospital setting compared with nurses with their caring competencies. The authors suggested that physicians should expand their role from that of medical expert to one where they take greater responsibility in the team. At The Meeting Point, few doctors were present and the nurses were particularly engaged in the discussions.

According to the first aim, we used a film scenario as a learning activity and an introduction to the group work activity. The film depicted a realistic scenario to draw the participants' attention to the patient's perspective and patient participation in transitional care. Participants found the film scenario relevant as it was familiar to them and showed everyday clinical practice. The use of a briefing, film scenario, debriefing and a facilitator who encourages participant contemplation can be a useful approach to learning (25, 36). From a sociocultural perspective, learning occurs when participants interact and work together in teams (24). A common role of facilitators in debriefing is to guide participants through a description of the patient's situation in the scenario, analyse the actions of the role players, suggest improvements and highlight what can be transferred into clinical practice (37). Questions from the participants about the simulation scenario are also important to enhance constructive comments and learning instead of criticism (38). We used a guide with questions addressing the film scenario and patient participation in the participants' own wards, and a facilitator in each group to guide the group work activity. The film and questions were useful to initiate discussion about how to involve the patient in decisions and transitional care, and the participants were able to suggest possible improvements in their respective wards.

The use of a film scenario is also frequently used in the training of health professionals and in patient education to improve communication (39). The simulation model in Dieckmann et al. (28) featured healthcare professionals playing the relevant roles in a clinical case. In a film scenario, the film actors play these roles. Meeting Point participants simply observed the film, and their thoughts about the film were discussed in the debriefing and group work. The participants were affected by the lack of care and patient participation during admission and discharge. Bålint et al. (40) also used film-aided

simulation to stimulate role modelling and identity formation in healthcare professionals. Results showed that the negative role models in the films triggered more reflective thinking compared with positive role models. Hartland et al. (41) used short video simulations showing a variety of complex healthcare delivery situations associated with patient injury. They reported that using videos to visualise patient situations in combination with oral explanations could enhance learning and positively affect participants' work life. During group work and in the plenary discussion, the participants talked about how healthcare professionals in the film were talking above the patient's head, not seeing the patient as a person and informing and involving him in decisions. This suggests that the film scenario was useful to increase participants' awareness and the competencies of patient participation.

Two themes emerged from the group work activity to identify patient participation in their own wards: 'Information dissemination to/from the patient and next of kin is vital', and 'Let the patient decide'. Information was considered vital for the patients as was a focus on planning the length of and routines for the stay as well as treatment in hospital admission and options for level of care in the municipality after hospital discharge. Information about options for treatment and care is essential to ensure that older patients and their families are involved in decisions during and after hospitalisation (9, 16). Good communication with patients is characterised by information dissemination between patients and health professionals, transparency, individualisation, recognition, respect, dignity and choice in all matters related to the patient and their personal situation (42). Studies report that patients and their families often are not informed and involved in decision-making in transitional care because of negative attitudes and healthcare professionals that do not acknowledge patients as active players in their own care (43, 44).

Some of the participants at The Meeting Point said that there is minimal time to inform and involve the patients. Time pressure has been reported as a barrier to patient participation both in municipal healthcare services and in hospitals (2, 9, 45). According to the participants in our study, patients in community healthcare services were somewhat more involved in decisions about their care than hospital patients. Patients have their permanent community residence and according to healthcare professionals in the municipality, a more active role in their own care. When older patients are hospitalised, they commonly experience deteriorating health and a reduced ability to participate in their own treatment and care (46).

In this study, the participants suggested measures to improve quality in transitional care in their own ward environment. We arranged follow-up meetings to assess

possible changes and initiatives in clinical practice. This approach can be viewed as an extension of the simulation model (25, 37) to assess whether the simulation led to action and improvements in clinical practice. The film scenario was based on anonymised field notes from the observations of an older patient in transitional care (2, 9). The film scenario illustrates key aspects of transitional care of older patients, which along with the large and varied written data material from The Meeting Point might have contributed to validate the study findings. We did not arrange follow-up meetings with all participants and wards represented at The Meeting Point due to the small number of participants from some of the wards. Some initiatives to improve patient participation in transitional care may not have come to our knowledge.

Conclusion

The Meeting Point represents a promising arena for inter-professional simulation focusing on patient participation in transitional care. The learning activities contributed to awareness of the importance to inform and involve patients and next of kin. Follow-up meetings show that some wards have continued their work with quality improvement in transitional care. Examples of initiatives are an observational waiting room with comfortable chairs for the patients during hospital admission, planning discharge in hospital admission, a daily patient flow registration system, motivational interviewing and patients setting their own goals for their stay and admission to a nursing home. It was also suggested that The Meeting Point should be implemented as a regular inter-professional arena across the specialist and community healthcare services.

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Author contribution

DND designed the study, developed tools for and carried out the data collection, performed the qualitative analysis and drafted the manuscript. MS designed the study protocol for the cross-levelled intervention 'The Meeting Point', was responsible for conducting the intervention including developing tools for the data collection, contributed to the data analysis, manuscript preparation and revision. Both authors read and approved the final manuscript.

Ethical approval

Approval for the study was obtained from the Western Norway Regional Committee for Medical and Health Research Ethics (REC, no. 2011/1978).

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