Mirror meetings

A method for patient feedback

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Scenario for the organisation

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1. Introduction

'Put yourself in your patient's shoes'. Customer focused working means being able to see the customer's perspective. With us the customer is the patient. This attitude may seem obvious to yourself and your co-workers. However, anyone who has worked in the same position for a long period of time develops blind spots. Subconsciously, the perspective of the patient in day-to-day routine disappears. The project team 'Client orientation AMC[1]' has tried and succeeded to find a way to identify these blind spots, in order for staff and management to improve the quality of care. The method of mirror meetings is built on twenty years of experience with parent meetings at the Neonatology ward in the AMC.

A mirror meeting is a circle conversation with 'patients'. In this, a conversation leader asks patients how they have experienced care and what they think of it. The members of staff involved in this act as listeners (the audience).

The aim of a mirror meeting is to (once again) make management and staff aware of the view of the patient. The direct 'face to face' confrontation with the opinion of the patient has a big effect on the behaviour of staff, especially when included with the results of an interview and other kinds of indirect feedback. As a result of the feedback received from patients, improvements can be determined and decided on.
Because of the great interest in the continuous feedback method, the AMC has decided that each member of staff is expected to take part in a mirror meeting at least once a year.

Every meeting requires high quality conversational leadership and good preparation, report and evaluation.

In the last few years there has been an increasing interest in mirror meetings from outside the AMC. Due to this, we decided to put our experience in this scenario. We hope it will give you enough support whilst organising these kind of meetings.

Your experiences, questions, comments or suggestions are very welcome to the project team 'Mirror meetings AMC'!

Maria Mul and Yolande Witman
January 2005

[1] AMC is the Academic Medical Centre in Amsterdam/the Netherlands
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Reading Guide

- Chapter 2 contains the actual scenario that will act as a general guideline on the organisation of mirror meetings.
- Chapter 3 informs you about the option of effectiveness measurement during a mirror meeting: a way of measuring how the staff's thoughts on certain aspects of the patient's judgement change.
- Chapter 4 contains general organisational advice for managers on how to adopt mirror meetings in an organisation and contains information about the task and training of a conversation leader.
- Chapter 5 contains practical information such as important names and email addresses (to be filled in by the ward).
- Chapter 6 contains appendices: a checklist that can be used for preparing, conducting and continuing mirror meetings, a planning guide for two preparatory meetings, an example of an invitation for the patients, an example of graphs measuring effectiveness, a feedback form aimed at the staff and a format for the report.

2. Scenario

1. Preparing a mirror meeting
2. Conducting a mirror meeting
3. Follow up for mirror meetings

2.1 Preparing a mirror meeting

In general

Project team

- ☐ Build and facilitate a project team that will organise the mirror meeting; assign a project leader (for example senior staff nurse). Other participants could be the nurse manager or sister, the consultant or senior registrar, the co-ordinator of the mirror meetings of your institution and optionally a secretary to take minutes for the final report.

Planning a date

- ☐ Allow about 4 months to organise everything from planning the date up to the actual mirror meeting.
- ☐ Check the date with the audience before confirming it.
- ☐ Check availability and suitability of the meeting room.
- ☐ Consult the co-ordinator of the mirror meetings about the availability of a conversation leader.

Time

- ☐ Consider the patients' time constraints (work, children,etc) and that of the audience (shifts, outpatients, surgery etc) when planning a time. The most common time to start a mirror meeting is 4^{pm}, or alternatively 2^{pm} or 7^{pm}.

Timetable

The time needed for organising, conducting and evaluating a mirror meeting is about 6 months. The actual organisation takes up 2 months. After that reflection meetings take place.

Month 1: Week '0'

- ☐ Acquire contacts
- ☐ Plan/arrange staff (project leader, administration audience etc)
- ☐ Set a date
- ☐ Book the meeting room
- ☐ Inform mirror meeting coordinator

Month 3: Week 1

- ☐ First meeting project team:
  - Project team leader, consultant or senior registrar, nurse manager and/or sister, secretarial support, mirror meeting co-ordinator

Week 2/3

- ☐ Send invitations to:
  - Patients
  - Staff
  - Patient associations

Week 3/4

- ☐ Ask staff what they would like to question the patients about
- ☐ Send a summary of these questions to all members of the project team

Month 4: Week 4/5

- ☐ Collate responses of patients
- ☐ Expand number of places/invitations or / and
- ☐ Telephone contact non-responding people from first invitation list

Week 5

- ☐ Confirmation letter to participants
- ☐ Arrange catering, announce/confirm meeting, buy small gifts

Week 6

- ☐ Second meeting with project team and conversation leader

Week 7

- ☐ Confirm catering, announce/confirm meeting

Week 8

- ☐ Mirror meeting

Month 6: Week 14/16

- ☐ Send report to members of project team
- ☐ Reflection meeting with project team
- ☐ Send report to all members of staff
- ☐ Reflect meeting with staff: conclusion and potential adaptations
- ☐ Optional: send concluding report to patients

Patients

Selection

Choose a representative group (not necessarily at random). Invite those patients who are potentially able to add important contributions. The patient's experience has to be recent, preferably within the last 6 months.

It is recommended to group patients together because common features ease the conversation. One can for example:

- group on diseases/complaints
- group on number of visits to clinics
- group on length of visit (for example more, or less than 5 days)

In some cases it is worth inviting partners/carers, for example with Intensive Care patients, elderly patients or patients with a speech defect.

Number of people

The number of patients that take part in a conversation has to be large enough to have several points of view (5 people minimum) although not too large, in order to facilitate an effective conversation (maximum of 12 people, or 6-7 couples of parents).

Invitations

The invitation is usually done on paper. In our experience, one in three to four invited patients actually participates in the meeting; a decisive factor is the bond between the patient and the hospital/ward.

When little response is received the invitation phase can be a very time consuming part of the whole organisation process. For this reason it is understandable that wards sometimes do not particularly look forward to such a meeting. Hint: a verbally announced invitation, for example towards the end of his or her stay in the hospital can increase interest, and allows and eases an administrative selection on whom to invite.

An invitation letter has to be sent off at least six weeks before the actual meeting. This gives enough time to send out extra invitations in case there are not enough replies at first. Get in telephone contact with the patients who have not replied. Perhaps they did not receive the invitation, forgot about it, or simply were too nervous or scared to reply/accept the invitation. Verbal contact often motivates participation in these cases. It works even better when/if the patient knows the person calling. The status of the person calling can also influence participation: a doctor or nurse manager/senior nurse often has a higher chance of success.

The invitation has to include the following:

- explanation of the purpose of the meeting
- explanation of the procedure of the mirror meeting

- location and date/time
- who will be participating (staff)
- a closing date for replies
- a reply slip
- optional: offer to pay for parking
- optional: offer to pay for travel cost/taxi, for example when patients have to come from a long distance or are unable to travel without support
- arranged lunch/sandwiches (if required)

An addressed and stamped envelope for the reply should accompany the invitation.
An example of an invitation letter is included as an appendix.

Audience

Selection

The audience are the staff involved with the patients, such as medical staff (doctors, nurses, assistants), allied health staff (e.g. physiotherapists, nutritionist), support staff (e.g. management, catering, cleaning), and social and mental carers. Additionally, a representative of the patient organisation or Patient Advice and Liaison Service (PALS) can be invited.

Number of people

The aim is to let as many members of staff as possible be available to listen to the patients. The minimum number of people in the audience needs to be equal to the number of patients. Realistically, (many) more listeners are available, sometimes up to three times the number of patients. The patients – who mainly sit with their back towards the audience – do not seem to mind this balance. The meeting room and the location and arrangement of seats of the audience will be decisive.

Information

The audience has to realise that they have to withhold any comments during the meeting. At the end of the conversation, they are allowed to ask *informative* questions aimed at the patients. This should mainly focus on clearing up queries rather than asking new questions. It is recommended to have a folder including information about mirror meetings available for all members of staff.

Preparing questions of the audience

During the preparation, the questions are collected within the team and/or other listeners. The list of questions will be given to the conversation leader as back-up information. If a topic is not covered spontaneously, the conversation leader will ask these questions.
The importance of the list increases proportionally to the interest taken in specific opinions and/or experiences of patients.

Remuneration of time

A decision has to be made on how to remunerate the time put into the meeting by staff. This can be, for example, by offering more free time or time off.

Measuring effectiveness

When requested, one can measure what effect the meeting has had on certain aspects of patient care. See chapter 3 for more information.

Pagers, mobile phones

The audience is expected to be at the meeting without being on duty with pagers, phone calls etc. (or, if needed, pagers and mobile phone in silent mode)

Dress code

Research has shown that patients generally prefer the staff not to wear their hospital uniform. This implicates that listeners are less easily identified. It is recommended to decide on the dress code in advance of the mirror meeting.

Report

A member of staff from the ward writes a report on the mirror meeting, anonymously and without any interpretations. Conclusions and potential improvements are added after the reflective team meeting.

A framework for the report can be found in chapter 8 (appendices).

This report is not written for the listeners. However, it is recommended to send a summarising report to the listeners, with or without potential improvements.
Decide on what to do with the results beforehand: how they are shared with all members of staff, and when they will be added to the agenda to make conclusions and to decide what improvement actions will be taken.

Read through the report and conclusions of the previous mirror meeting before organising the next one (the 'circle of quality').

Accommodation

The meeting room has to be chosen and booked. It is pleasant to have a circle-shaped set-up for the patients and conversation leader. The audience should be outside of the circle, preferably out of clear line of sight of any of the participants.

Catering

Organise drinks (coffee, tea, cold drinks) before/during arrival and offer everyone a drink at the end of the meeting. Both patients and staff appreciate and make use of an opportunity to have a chat at the end of a session.

Sound amplification

Sound amplification is recommended for patients with a speech defect and also for a large audience (more than 30 people). Inquire about sound amplification with the mirror meeting co-ordinator.

Other organisational aspects

Parking tickets, announcements at entrance, small gifts

- Parking tickets can be requested by contacting …… (to be filled in by your institution).
- Arrange announcement signs at the entrance (acts as a sign that patients are at the right place, but also as Public Relations).
- Most wards give a small gift such as a bottle of wine or flowers as a sign of appreciation for participating.
- Decide which member of staff acts as a host: this person has to be present at the hall at least 30 minutes in advance of the meeting.
- Decide who will write the report.

Conversation leader

The mirror meeting co-ordinator, as stated in chapter 2, invites a conversation leader. It is worth training members of staff to become conversation leaders. They can then lead mirror meetings in other wards (preferably not their own).
Trained conversation leaders can be champions in the organisation of mirror meetings in their own ward.

Information about training a conversation leader is available from the co-ordinator.

Support from the mirror meeting co-ordinator

The mirror meeting co-ordinator offers the following services (if required):

- information about mirror meetings;
- support with organising a mirror meeting by having one or more preparatory meetings with the organiser(s) at the ward;
- conversation leading;
- interpreting a meeting (judge a report on its content and conclusions, support with processing the data about the effectiveness);
- support with the follow up and evaluation of the mirror meeting.

2.2 Conducting a mirror meeting

Inspect the meeting room beforehand. Arrange the chairs so that the participants cannot, or have limited view of the audience, as shown in the diagram.

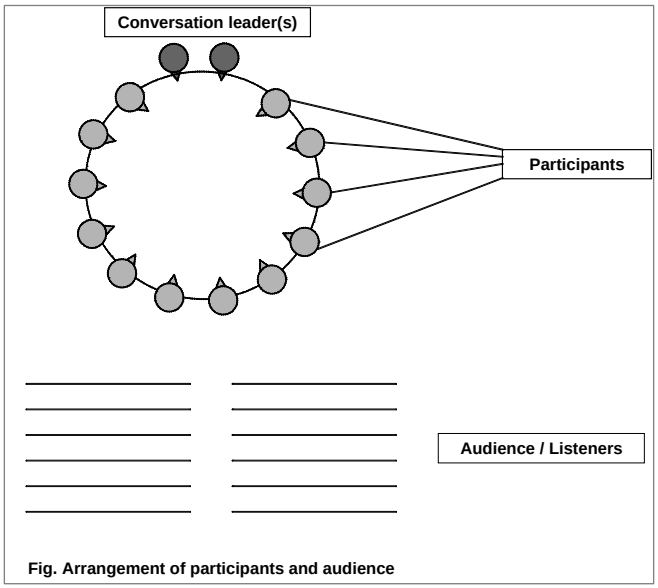


Fig. Arrangement of participants and audience

Optional Program

The most common time to start a mirror meeting is 4^{pm}, or alternatively 2^{pm} or 7^{pm}.
Starting from 4^{pm} the optional program could be as follows.

Time:

Beforehand	Arrival, coffee/tea (30 minutes)
4.00 pm	Introduction/word of welcome by the consultant or nurse manager. In the introduction the conversation leader explains the purpose of the meeting ('what the ward wants to learn from you is ……') the procedure and the agenda (5 minutes).
4.05 pm	Conversation with the patients, conducted by the conversation leader. (1 hrs 15 minutes).
5.20 pm	Opportunity for the audience as well as the patients to ask questions (15-30 minutes).
5.50 pm	Ending of the mirror meeting by the manager of the ward (be aware that the patients should feel like their opinion has been heard). Continued by distributing parking tickets and small gifts around (5 minutes).
6.00 pm	Ending, allow participants and staff to stay and talk accompanied by a drink. (10 minutes).

NB: The opportunity for patients and listeners to meet each other at the end of the mirror meeting is very important because both groups are emotionally involved in the mirror meeting and need time to share experiences. If, during the meeting, one of the patients has been particularly focussed on, the manager and conversation leader should make sure they get individual attention afterwards.

2.3 Follow up For mirror meetings

Subsequent discussion within the ward

The report for the meeting is discussed with the management of the ward based on a strength/weakness analysis. The mirror meeting co-ordinator will be present during this discussion and if possible the conversation leader too.

The conclusions and actions should be shared with all staff members.

All involved staff members will receive the final report.

Report for patients/clients

Decide whether and in which format the (ex-) patients will receive a copy of the report.

[1] See Appendix 6.6 Framework report mirror meeting

3. Measuring effectiveness and feedback from listeners

3.1 Effectiveness

The results of the mirror meeting on the views and ideas of staff, can be measured based on several aspects within patient care.

This happens by asking members of staff how they expect patients will judge certain topics at the start and at the end of the meeting. This can be done by means of a poll, by placing stickers on a scale from 1 to 5.

The ward determines what topics they want to 'score' in advance. They will then put a registration form together with a scale for each of these topics on a notice board near the entrance of the room (an example of this form is included as an appendix).

Give every member of staff two stickers per topic when they arrive and explain the purpose. Remind staff again at the end of the mirror meeting to vote. The results can be added to the report as a graph (as shown in the appendices). The advantage of this poll is that the listeners are directly involved in the conversation.

Favourite topics are: treatment, information supply, organisation, privacy, safety, professionalism, accommodation and accessibility. Ward specific topics can also be added.
Generally we see that the staff's view about the opinion of patients is more negative at the start of a session. Therefore measuring effectiveness can be very beneficial within a ward, especially during its first mirror meetings.

3.2 Feedback from listeners

Mirror meetings are really dependent on the involvement of staff. Their motivation, willingness and time are needed for the organisation of the meetings. Mirror meetings are used as a tool to help **all** members of staff and not just a select few. Therefore it can be useful in the pilot phase to ask the staff's opinion about the effectiveness and lessons learned from mirror meetings.
A feedback form for staff/listeners is included in the appendices.

4. Advice implementing mirror meetings

4.1 General advice

In order to have successful mirror meetings certain terms have to be satisfied.

- ☐ Form a project team that does research on the desirability and feasibility of mirror meetings. Important questions are:
  - What methods are currently used for inquiring into patient's feedback and expectancies?
  - What methods are currently in use to increase the customer focus of staff?
- ☐ Estimate the costs for:
  - mirror meeting co-ordinator : 0.5 – 2 days per week;
  - preparation time (per ward): 20 - 30 hours;
  - attendance staff at mirror meeting: 2 hours per person;
  - report: 4 hours for one person;
  - availability of meeting room, catering, parking tickets, small gifts for patients;
  - training a conversation leader.
- ☐ Organise informative meetings for all members of staff located in several departments and wards of the organisation.
- ☐ Organise pilot-mirror meetings with a conversation leader from outside the organisation if required.
- ☐ Determine progress, status and frequency of the mirror meetings.
- ☐ Appoint a mirror meeting co-ordinator as soon as possible, for 0,5 to 2 days per week, depending on the size of the organisation.
- ☐ Arrange training for at least 2 conversation leaders.
- ☐ Set guidelines on who finances catering etc.
- ☐ Check availability of a convenient meeting room.
- ☐ Adapt the Checklist for mirror meetings (App. 6.1) to make it specific for your organisation.
- ☐ Optional: record a demonstration video of a mirror meeting (ask patients for their permission, mention the purpose and lay down purpose on the video tape).
- ☐ Management: enquire about the number of mirror meetings and their results with (planned) regularity.
- ☐ Disseminate the idea of mirror meetings in the organisation and keep staff and users informed about the findings from the meetings.
- ☐ Summarise the results and conclusions anonymously and cascade them to all members of staff.
- ☐ Optional: feedback from staff to find out about their experiences and how effective they think the mirror meetings are.

4.2 Conversation leader

The conversation leader carries a very important role in successfully running mirror meetings. He/she must make sure the objectives of a meeting are attained. This means that the patients give unambiguous information – both positive and negative – about their experiences with the ward in question. The conversation leader needs to be skilled in conversational knowledge and techniques in order to accomplish this. As a chairman/woman, the conversation leader needs to safeguard the procedure at the mirror meeting. For this, he/she must:

- introduce the meeting;
- allow the patients to get to know each other;
- keep the conversation structured;
- stick to the time schedule;
- make sure the patients can share their personal experiences in a safe atmosphere;
- avoid discussion between the audience and the patients, or discussion between the patients and the conversation leader him/herself.

Most conversation leaders prefer to lead a meeting with a second leader. This gives support and reduces the chance to overlook quiet participants. Discuss how to distribute the roles beforehand.

At the AMC, the training for conversation leaders consists of three phases. Firstly potential conversation leaders have a one-day training program. Secondly they will be invited as a spectator to attend a mirror meeting. And finally they are required to lead one or more meetings themselves, supervised by their instructor.

The mirror meeting co-ordinator (chapter 5) can tell you more about training conversation leaders.

5. Practical information

The co-ordinator for mirror meetings with patients is: …… (name) ……

You can get in contact with the co-ordinator to discuss the following topics:

- ☐ general information about mirror meetings;
- ☐ advice about organising and/or leading mirror meetings;
- ☐ to request a conversation leader for a mirror meeting;
- ☐ information about the training for conversation leaders;
- ☐ to sign up participants for the training for conversation leaders.

The secretary for the mirror meeting is: …… (name + contact number)……

Co-ordinator:	
Name:	……
Ward:	……
Room number:	……
Telephone:	……
E-mail:	……

6. Appendices

6.1 Checklist scenario for mirror meetings

0 General points

- ☐ Has your ward previously participated in a mirror meeting? Which topic? Action points attained?
- ☐ On what aspects do you want to get patient's opinion?

1 Preparation

Patients

- ☐ Selection
- ☐ Number of people
- ☐ Invitation including the following:
  - date and day of the week
  - reason/aim of the meeting
  - procedure during the meeting
  - location and time
  - attendants
  - name and address of contact
  - reply slip + envelope
- ☐ Confirmation letter
- ☐ Small gift

Audience

- ☐ Selection
- ☐ Number of people
- ☐ Attendance list
- ☐ Information
  - rules
  - written report
  - arrangements of the follow up
- ☐ Time remuneration
- ☐ Questions for conversation leader
- ☐ Measurement effectiveness
- ☐ No pagers and mobile phones during meeting
- ☐ No hospital uniforms (preferably)

Report

- ☐ Minutes secretary

Accommodation

- ☐ Book meeting room
- ☐ Book catering
- ☐ Parking tickets

Conversation leader

- ☐ Train or invite a conversation leader

2 Conduct

Organise and/or check

- ☐ Number of seats and seating arrangement
- ☐ Ready-to-use audiovisual equipment available if needed
- ☐ Catering
- ☐ Receiving and accompanying patients and audience
- ☐ Bleeps/pagers and mobile phones

Programme

- ☐ Reception
- ☐ Introduction
- ☐ Conversation
- ☐ Question time
- ☐ Staying and talking at the end

3 Follow up

- ☐ Meeting with involved members of staff and the co-ordinator
- ☐ Send written report to involved members of staff, conversation leader and mirror meeting co-ordinator.
- ☐ Document the results and outcomes of the mirror meeting on the agenda for next work meeting (improvement and actions)

6.2.1 Agenda preparatory meeting 1

Participants

- ☐ Mirror meeting project leader from organising ward (sister/staff nurse/quality improvement staff)
- ☐ Senior registrar
- ☐ Nurse manager
- ☐ Secretary/typist (tasks: take minutes and mail letters)
- ☐ Mirror meeting co-ordinator

Documents required

1. Aganda
2. Previous mirror meeting report including conclusions and actions (if available)

Agenda

1. General information about mirror meetings (if required)
2. Date, time and location of mirror meeting
3. Which patients: to start with a brainstorm to collect issues that the ward wants the patient's opinion on.
   a) What is going on in the ward?
   b) What were the results and planned actions of the previous mirror meeting? What is currently happening?
   c) Are there any signals of patients' dissatisfaction?
   d) What ongoing (improving) projects are running or have just been ended, about which the patients can be interviewed? This can be for example organisation, information, (following) treatments, courses etc.
4. Decide which patients will be invited?
5. How to invite the patients and by whom?
   a) Letter
   b) Letter after personal invitation from doctor/nurse (who was in contact with patient at first)
6. On what criteria will patients be selected?
   a) A patient who was hospitalised or was in contact with the ward within the last 6 months
   b) Restricted by:
      - the number of places
      - the ability to speak English
      - if known: mature enough to give his/her opinion
   c) Administrative search/sending letters
7. Which listeners will be present? How will they be invited?
8. Practical matters: catering, parking tickets, announcement, small gifts
9. Check date and preparation for second preparatory meeting
10. Contact mirror meeting co-ordinator in between two meetings (if required)

6.2.2 Agenda preparatory meeting 2

Participants

- ☐ Mirror meeting project leader from organising ward (sister/staff nurse/quality improvement staff)
- ☐ Senior registrar
- ☐ Nurse manager
- ☐ Mirror meeting co-ordinator
- ☐ Mirror meeting conversation leader
- ☐ Secretary/typist (tasks: minutes including definitive list of questions)

Preparation

Collect questions for which staff would like the patients' opinion and give them to the conversation leader of the mirror meeting. This can be done by a short preliminary brainstorm in a staff meeting with nurses and doctors. Ask all absent staff to send their questions by E-mail.

The project leader distributes the results of the preliminary meeting to all participants from this meeting.

Documents required for the preparatory meeting

1. Agenda
2. Questions from the ward

Agenda

1. List of participating patients
   - What to do in case not enough patients have applied
   - Optional: information about the patients
2. Questions from the ward
   - Go through considerations and questions from the ward, so that the conversation leader is fully informed about the background
   - Adapt questions (if required)
3. Report:
   - Explanation about format of the report
   - Who will make the report of the mirror meeting?
4. Will there be an effectiveness measurement? (See Chapter 3)
5. Will there be a staff feedback form?
6. Are all practical matters regulated?
7. Determine date of follow up meeting with project team

6.2.3 Agenda follow up meeting

Participants

- ☐ Mirror meeting project leader from organising ward (sister/staff nurse/quality improvement staff)
- ☐ Senior registrar
- ☐ Nurse manager
- ☐ Mirror meeting co-ordinator
- ☐ Conversation leader(s) mirror meeting (optional)
- ☐ Secretary/typist

Documents required for the follow up meeting

1. Minutes from meeting (made by minutes secretary)
2. Strengths and weaknesses arising from the minutes (made by project leader/ward management)

Agenda

1. General overview of the mirror meeting
   - Reflect on how the participants experienced the mirror meeting
   - Include the optional staff feedback form
2. What are the outcomes of the mirror meeting?
   - Good points
   - What and how to improve
   - Actions (when/who/what has to change? By whom?)
3. Feedback aimed at conversation leader
   - Satisfied? Tips? What should be changed?
4. What about the organisation?
   - Tips for next time?
5. Plan for next mirror meeting

6.3.1 Example patient's invitation

(Address)
(Town & Postcode)

(Outpatients/Inpatients') clinic

(Day/month/year)
Your reference:
Our reference: Telephone:
Regarding: Mirror meeting Fax:

Dear …..,

Recently you were a patient on … ward or attended our clinic. We, the members of staff of this ward, would like to hear about your experiences. We are particularly interested in what pleased you, and where you think improvements could be made. We can use this information to improve the level of care and treatments we offer.

For this reason we would like to invite you to attend a meeting to talk about your experiences. The meeting is called a 'Mirror meeting'. The idea is that you hold a (figurative) mirror in front of us. During the meeting, you can share your views on your experience or your stay/ visit in our hospital. This can involve a variety of topics, for example: arrival, the way different members of staff (reception, nurses, doctors, and others) behave, waiting time and/or the quality of information.

About 8 to 10 other patients who also have stayed in our ward will attend the meeting. At the start of the meeting a conversation leader will talk with you and the other patients for an hour and 15 minutes about topics you think are important. Following this the audience can ask you some questions if they require additional information. The audience does not take part in the initial conversation and will not start a discussion at any time. At the end of the meeting you can ask the audience some questions. There will be time to have a chat after the meeting.

The meeting will be kept on:
(day/month/year) starting at …, finishing at …
Reception (including tea/coffee and cake/sandwiches starts at …
The conversation starts at …
Location: Hospital, ward of … 1st/2nd/xrd floor, room …

We would really appreciate your participation. You are kindly asked to send back the reply form in order to let us know whether or not you will accept our invitation. A stamped addressed envelope is included.

Yours sincerely,

(Signature) (Signature)
Consultant/senior registrar Staff nurse

6.3.2 Example reply form of patient's invitation

Name: ……
Address: ……
Town and postcode: ……
Telephone: ……

I would/would not* like to accept the invitation for the mirror meeting on (day/month/year).
We kindly request you to give us the reason in case you can/will not attend the meeting

Reason:

Please send in this reply form before: ……

*Circle appropriate answer

6.4.1 Example form for measuring effectiveness

These forms are to be completed by the listeners of the mirror meeting.
Ask all members of staff how they expect patients will judge certain topics at the start and at the end of the meeting by placing stickers on a scale from 1 to 5.
Choose four or five topics per mirror meeting

Date:……..

Mirror Meeting

Ward:

How do YOU think patients will judge about:

Providing information

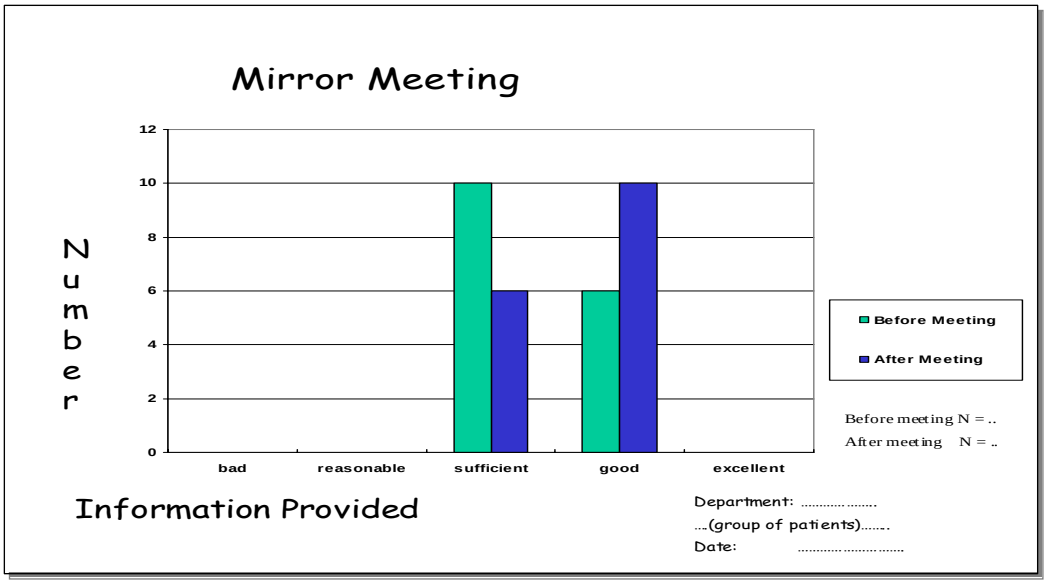
Before the mirror meeting: Providing information

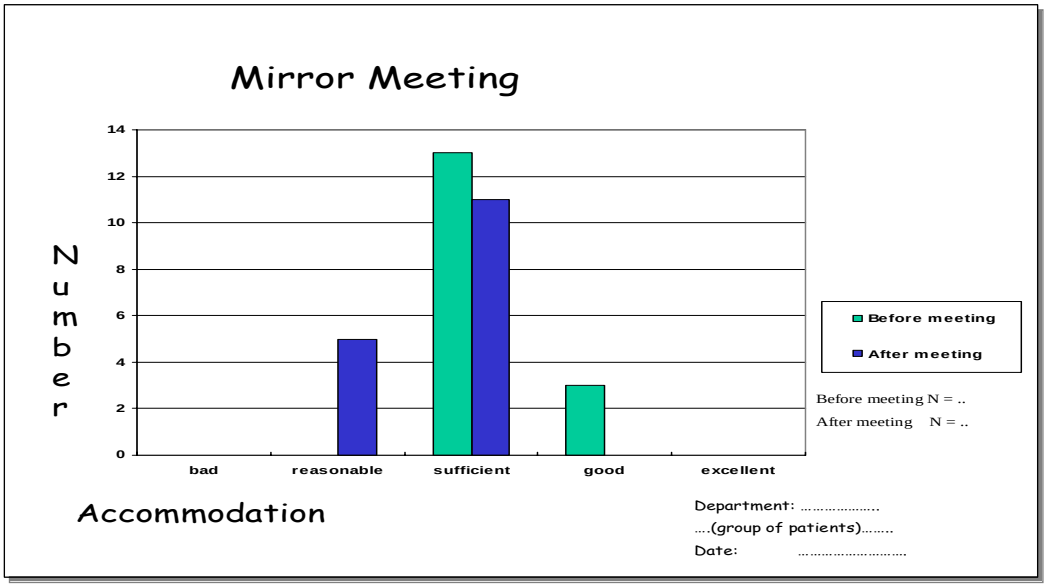
Excellent	*Good*	*Moderate*	*Poor*	*Very poor*

After the mirror meeting: Providing information

Excellent	*Good*	*Moderate*	*Poor*	*Very poor*

6.4.2 Example graph result from the mirror meeting





The graphs show what the listeners expect of the patient's judgement about 'Providing information' and 'Accommodation' before and after the meeting.

The upper graph shows the most common pattern: the patients turn out to be more pleased than the listeners expected them to be. However, sometimes an unexpected negative judgement of the audience happens, as shown in the second graph.

6.5 Example feedback form from staff at mirror meeting

Tick the appropriate boxes:

1. My occupation is:
   - o Doctor
   - o Nurse
   - o Other, please state here: ……

2. The aim of the mirror meeting was explained:

very clear *not clear*

5	4	3	2	1

3. The time of the meeting was:

perfect *could not have been worse*

5	4	3	2	1

4. The duration of the meeting was:

perfect *too long*

5	4	3	2	1

5. The audibility of the meeting was:

perfect *very poor*

5	4	3	2	1

6. The value of attending this mirror meeting rather than reading a report is:

very valuable *without value*

5	4	3	2	1

7. The meeting was:

very informative				*completely uninformative*
5	4	3	2	1

8. The meeting was:

inspiring				*uninspiring*
5	4	3	2	1

10. What was the most important remark or patient's view in your opinion?

11. What remark/patient will you remember for a long time?

12. What have you personally learned?

13. Please note down learning points for the ward below:

1. ……
2. ……
3. …… etc

14. Arising from this, what action should the ward take?

1. ……
2. ……
3. …… etc

15. Please add any more comments/suggestions below (for example topics that were missed out, organisation, conversation leading, patient group for next meeting)

We thank you for filling in this form!

6.6 Framework report mirror meeting

I. To be completed by secretary

1. Title: Report mirror meeting, (ward) ... (date) ... (time) ... (location)
2. Patients present: (number, disorder/treatment or examination(s) (if applicable), rough description, anonymous)
3. Listeners present: (number, occupation/ward, names)
4. Conversation leader(s): (name)
5. Report written by: (name) … (date of completion)
6. Questions from the ward: (acquire from organisation)
7. The conversation (the actual minutes)
   a) General points (in chronological order, rendering facts, including significant quotes, without classifying themes)
   b) Answers to questions from the audience
   c) Questions from patients to audience
   d) Conclusion by host/hostess (usually consultant or senior registrar), mention his/her notable points.

II. To be filled in by management (ward specific)

Strong points	What to improve	Requests, suggestions
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
etc	etc	etc

III. After follow up meeting with (management) team

1 Conclusions drawn from follow up meeting
2 Actions
3 Plan for next mirror meeting

REPORT MIRROR MEETING

... (ward) ... (date) ... (final version)

1 The questions from the ward before hand were as follows:
(add questions for conversation leader here)

2 Mirror meeting minutes organised by (ward) **on** (date)

Present: (number of) patients, (number of) members of the audience
Conversation leader: …… (name) ……
Minute's secretary: …… (name) ……

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a. Opening

(Short introduction by consultant or nurse manager)

b. The story of the patients

(Rough description, provide facts, and include remarkable quotes. Do not classify themes)
(Include section of questions for the patients from the ward, presented by conversation leader)
(Size: 3 to 4 A4-papers)

c. Questions from audience and response by patients

d. Questions from patients aimed at audience and response from audience

(Briefly worded)

e. Conclusion

(Short conclusion by consultant or nurse manager; do mention significant points if applicable)

3 Strengths and weaknesses analysis

To be completed by ward management

Strong points	What to improve	Requests, suggestions
1. 2. 3. 4. etc	1. 2. 3. 4. etc	1. 2. 3. 4. etc

4 Minutes of follow up ward meeting

Present: …… (names) ……
Minute's secretary: …… (name) ……

Minutes:

1 General review of mirror meeting

2 What are the outcomes and results of the mirror meeting?

3 Feedback for conversation leader

4 Optional: organisation of mirror meeting

5 Plan for next mirror meeting

5 **Framework improvements as risen from mirror meeting organised by** (ward) **on** (date)

Conclusions	Action	Proceeded by:	Period	Action completed …… (date) ……
1.				
2.				
3.				
4.				
5.				

Appendix 1

List of present members of the audience