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“What Can I Do to Improve Your Care Today?”—One Question Closer to Patient-Centered Care

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AJMQ, realizing that there is no one place dedicated to publishing student work in medical quality, has established this new column, *Q-Tip*. Student work in the area of medical quality is increasing daily and thus this column is both necessary and overdue. Going forward, *Q-Tip* columns may describe student projects, studies, or be a commentary on a relevant and interesting topic in the area of medical quality. Both the IHI Open School and ACMQ have encouraged their student members to submit articles to *Q-Tip*, and we appreciate their support.

The pioneer of patient-centered care and founder of the Picker Institute, Dr Harvey Picker, said, “Understanding and respecting patients’ values, preferences, and expressed needs are the foundation of patient-centered care.”

The IHI Open School for Health Professions, an initiative of the Institute for Healthcare Improvement that provides improvement and safety skills to the next generation of health professionals, shares this belief.^{1,2} Since it was founded in 2008, the IHI Open School has disseminated the idea that students are valuable leaders for health care improvement and can help promote this important idea of patient-centered care.

In December 2011, several IHI Open School leaders and members started working on the “Ask One Question” campaign to advance patient-centered care in the hospitals in which they train. Their idea was simple; they decided to routinely ask patients they encounter one question: “What can I do to improve your care today?” Pilot work led by nursing and medical students in Wales, Denmark, and the United States has provided an inspiring call to other young professionals in a position to improve the patient experience.

One story comes from 2 nursing students in Denmark who joined the campaign and started asking their patients the question about their care. Quickly, the students learned that the majority of their patients on a surgical unit were thirsty and were not routinely offered hydration. The students were able to rectify the problem immediately and went on to discuss opportunities to improve existing practices on the unit with their supervisors. The team ran a test of change—they changed the rules on the unit to permit visitors to provide drinks the patient preferred—and students have not received any more complaints about thirst.

Similarly, a medical student in Wales asked the question and was told, “The doctor started a new pain relief tablet. I think they are the type my family doctor told me to avoid. Can you please check?” The student initiated a discussion with a pharmacist, and together they identified a prescribing error that resulted in renal function deterioration. The student learned that

2 patients had died in preceding months as a result of the same error, and the pharmacist felt nothing had been done about it. Together, with a willing resident, they catalogued several common prescribing errors in the elderly and have started a series of educational sessions. Prescribers are now regularly updated with the learning from relevant patient safety incident reports and the new-formed team is measuring the reduction in errors.

These stories are inspiring others to action because they show what is possible through regular inquiry about patients’ needs. The campaign is an encouraging first step for students who can make a big contribution to changing culture and improving the patient experience. Its success does not hinge on technology, finances, rules, or regulations; the campaign relies on dedicated providers to promote a patient-centered culture. The potential for this initiative is great: errors can be prevented, suboptimal patient care can be rectified, and outcomes of care can be improved.

The campaign also serves as an important demonstration of a way all practicing professionals—not just young ones—can “Ask One Question” and deliver on Dr Picker’s challenge, to provide quality “through the patient’s eyes.”³

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