Health Experiences Catalyst Films in the US Guidebook: A Primer

February 2026

Center for Patient Partnerships
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Use of this Toolkit

Health Experiences Catalyst Films in the US Guidebook: A Primer exists for the benefit of the health care community. It provides a general overview of Health Experiences Catalyst Films. Many catalyst films developed by the Health Experiences Research Network also have a concise, content-specific companion toolkit.

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Citation: Davis S, Evered, J, Pandhi N, Grob, R, *Health Experiences Catalyst Films in the US Guidebook: A Primer*, Center for Patient Partnerships, University of Wisconsin-Madison, University of New Mexico School of Medicine, Family & Community Medicine, UW-Madison Institute for Clinical & Translational Research, Health Experiences Research Network, and the UW Health Innovation Program; 2026. Available at: healthexperiencesusa.org/catalystfilms

This Guidebook supersedes the Catalyst Films about Health Experiences Guidebook published in 2020.

Acknowledgements: Thanks to the co-authors of the 2020 Guidebook: Madison Crowder, Njeri Grevious, Haley Ingersoll, Barbara Warren, Elizabeth Perry, and Andrew Sussman.

***In text citations**: To save space on in text citations we only list the first author. All authors are included in the References sections.*

Introduction to Health Experiences Catalyst Films

This guidebook introduces health experiences catalyst films in the United States context. Catalyst films are short films comprised of rigorously analyzed interview data from people about their diverse experiences with health and health care. These films are intended to spark conversation with patients, families, consumers, clinical and administrative health professionals, educators, and researchers about how to improve health care experiences. Catalyst films are also an additional tool in the "patient engagement toolbox" — one that provides robust, broad representation of health experiences. These films blend art and science and, as with other participatory visual methods, can enhance patient engagement by broadening whose voices are heard and leveling power imbalances (Phillips, 2024). By conveying emotion and fostering empathy about patients' experiences with clinical services, these films facilitate reflective learning. They also open discussion about shared goals and priorities for change (Mulvale, 2019a; Locock, 2014a; Papoulias, 2018).

Catalyst Film Definition

Short films comprised of rigorously analyzed interview data from patients about their diverse experiences with health and health care. These films are intended to spark conversation with a variety of audiences to improve health care experiences

Catalyst films are intended, too, to jumpstart healthcare quality improvement (QI), co-design or educational processes to focus on what matters to patients. They are a way to ensure that transformations are grounded in the experiences of those whose health and well-being are most directly affected by care. They can be used to change mindsets, practices, and policies and reinforce efficacy of current interventions (Grob, 2025).

Catalyst films were first created by researchers affiliated with the Health Experiences Research Group at Oxford University in the United Kingdom (UK), which publishes these films at Health Experiences Insights https://www.hexi.ox.ac.uk/Service-Improvement (HEXI, 2025) They were originally called "trigger" films. We renamed them "catalyst" films for the US context due to the association of the word "trigger" with gun violence (Davis, 2022). The name "catalyst films" has now been adopted by the UK and others.

This guidebook introduces the value of these films in the US context and offers actionable ways to use them for improvement, co-design, research, and/or educational activities. It also describes how these films fit in relation to other patient engagement and arts-based/participatory visual methods, and to other types of films. The Appendix offers handouts to guide catalyst film viewings and reflection sessions.

Health Experiences refers to how people experience health, illness, treatment, and the delivery of care. It is a form of knowledge that is as important as scientific, epidemiological, and clinical knowledge to inform healthcare (Ziebland, 2013).

Value of Catalyst Films: Multiple Pathways for Engagement

A solid body of research demonstrates that catalyst films travel multiple intersecting pathways to activate viewer engagement. They spark change by catalyzing engagement, bring underrepresented experiences into conversations, illuminating unseen experiences, eliciting emotions, unify viewers, and more:

"Both the [catalyst] films and the ensuing discussions help to bring people's experience to light and then create the outcomes they want to see…. The film is...a mechanism to spark things offs. It's those face-to-face encounters – watching the film together and then asking, 'What shall we do about it?' that's transformative. It breaks the ice and puts people into a different space, helping them see things through each other's eyes." – **Louise Locock, Past Director of Applied Research, Health Experiences Research Group, Oxford**

Engaging: Catalyst films provide a powerful audiovisual jump-start to enhance engagement. In the first pilot study of Experience-Based Co-Design in the United States, "the showing of the trigger [catalyst] film represented a sharp inflection point in engagement among participants" (Mendel, 2019).

Inclusive: Film modalities offer new lenses, or frames of mind (Springham, 2015). They can illuminate perspectives from those who tend to be less well listened to through traditional feedback methods. To the extent possible, films are also designed to reflect the broadest possible subset of people impacted by a particular issue, so they are positioned to provide a comprehensive view of the health and healthcare experiences they explore.

The Value of Illumination

"To understand we have implicit bias and are not aware of what blinds us at times"

- Clinician

Illuminating: As a participatory visual method, health experiences catalyst films generate new knowledge for health or social service systems by highlighting dimensions of patients' lived experiences that are largely unseen in health care settings (Papoulias, 2018).

Emotional: They are effective and transformative because *"narratives can engage care providers at a deep emotional level in reflection on how services could be improved"* (Locock, 2014b). In addition, their focus on variation in experience can build empathy and address stigma.

Unifying: The viewing of patients' experiences helps (re)connect people – such as patients and health care professionals – with similar experiences and stories, and offers an authentic, emotionally, and cognitively powerful starting point for discussion (Donetto, 2014).

Universal: Using catalyst films created from outside one's own practice setting provides actionable insights without confronting viewers with specific examples from their own patients (Dimopoulos-Bick, 2018). This approach can increase engagement, decrease defensive responses, and make it easier for viewers to consider improvements (Locock 2014a).

How Catalyst Films Spark Change

- **Engaging**: Can be a "sharp inflection point" for engagement.
- **Inclusive:** Can expand conversations by offering new lens or frames of mind.
- **Illuminating:** Share largely unseen dimensions of patient experiences.
- **Emotional:** Uniquely powerful because engaging at a deep emotional level.
- **Unifying:** Connect patients and health care professionals across similar experiences.
- **Universal:** Provide universal, non-threatening input when from a dispersed sample.
- **Authentic:** Directly convey patients' experiences
- **Actionable**: Offer evidence-based feedback from patients' experiences serving as a call to action.

The Value of Authenticity and Inclusiveness

"It is helpful to hear real stories and multiple stories – not pretend it's all the same or 'one size fits all'"

– Licensed Practical Nurse and member of a Quality Improvement Team

Authentic: Catalyst films include direct testimony from interviews with participants about their health and healthcare experiences. As a patient ambassador noted, *"The key is authenticity...that [the film] is directly conveying what the participants have said, not trying to put it into any sort of narrative or message"* (Davis, 2022).

Actionable: Lastly, catalyst films offer actionable feedback from patients' experiences. (Locock, 2014a) As one Patient Ambassador summarized: *"It's a call to action...it highlighted all the things that can be improved….and where it's done right..."* (Davis, 2022).

The Value of Actionable Insights

"From a healthcare point of view, it's nice to hear people's opinions that you wouldn't hear in person. It's nice to be able to make improvements in care based on real experiences" – Medical Assistant

Overview of Catalyst Film Uses

Catalyst films can be used in a variety of ways. Here are examples organized by activity type:

- **Changing Organizational Culture and/or Climate:** Show the film to reinforce values and beliefs and to guide behavior (for example, organizational practices and procedures) (Robert, 2013; Nembhard, 2016). The film can also be used to reinforce a culture of patient and family-centered care and emphasis on co-design (Caplan, 2014; Johnson, 2008).
- **Improving Systems and Care Quality:** Show the film at a quality improvement (QI) team meeting to provide a shared understanding of how experiences with a health condition or issue are diverse, what is working well, and what could be improved. Then initiate conversation about what the team wants to learn from their own patients and how they will go about seeking that learning. Show the film to all staff and clinicians when a patient-centered process change is introduced to reinforce the value of the change to patients – or show it to refresh and revitalize commitment to an existing process.
- **Research:** Use the film to identify potential areas for developing testable interventions which directly address patients' priorities (Raynor, 2020). Alternatively, use it to enhance patient engagement in health research (Philips, 2024).
- **Education & Training:** Use the film to educate medical students, clinicians, social service professionals and other stakeholders about patients' diverse lived experiences and patient-identified needs (Repper, 2007; Pandhi, 2020a).
- **Co-Design:** Use the film to include patient voices and perspectives in conversations to accelerate Experience-Based Co-Design (EBCD) and ensure that solutions meet the needs of patients. See Section below about use in Accelerated Experience Based Co-Design (AEBCD) (Bate & Robert, 2007; Dimopoulos-Bick, 2018; Mendel, 2019)

These films can be viewed in a group setting or by individuals. General materials to facilitate reflection and conversation are in the Appendix. Tailored materials relevant to specific films may be available at: healthexperiencesusa.org/catalystfilms.

How Catalyst Films are Generally Constructed in the US

Catalyst films are constructed by analyzing narrative interviews of people with diverse health and healthcare experiences. The films are created by a team with each member bringing a vital "toolbox" to the project. Roles team members may play include as researchers, technical staff, filmmakers, and project advisors (see Table below).

Generating content for the film

Step 1: In depth Interviews

Health experiences researchers conduct in-depth interviews that are video- or audio- recorded depending on people's preferences. The interviews are focused on hearing people's stories as told in their own cadence and words and tend to cover a wide array of experiences with health and healthcare -- for example, signs and symptoms; engaging in medical care; emotional reactions; impact of condition on daily activities, relationships, and work.

Step 2: Analysis of Interviews

Next, members of the research team review the whole interview collection for common patterns and aspects of variation within and among peoples' stories. Researchers sometimes use an analytic tool called "One Sheet of Paper" method (OSOP) to map all of what they heard in the interviews so they can be sure to represent a full range of experiences in the film (Ziebland, 2006; Ziebland, 2021).

Where to Find Catalyst Films in the US

HealthExperiencesUSA

This website offers a collection of Health Experiences Modules by the Health Experiences Research Network (HERN).

Catalyst films created from these modules and/or using the HEXI methodology (*formerly know as DIPEx methodology)* and meeting specific criteria (on the next page) can be found at: https://www.healthexperiencesusa.org/Catalystfilms.

Creating the Film

The role of patients and clinicians as project advisors is present throughout the entire catalyst film creation process. Advisors bring lived experience and engagement expertise which they apply to film clip selection, script creation, editorial decisions, film completion, and priority-setting for film dissemination and viewing (Davis, 2022). If possible, teams engage participants who were interviewed as part of the study on which the film is based (HERN, 2025; Davis, 2022).

Step 3: Selecting Film Clips to Create a Script

In selecting clips to create a script for the film the research team focuses specifically on both emotionally impactful content and "actionable" material — that is specific details about "what, where, who, and how" that can be used to modify problematic practices and emphasize effective ones" (Grob, 2019). Advisors help with selection of these clips by providing feedback on emotional impact and actionability.

Films include both positive and negative experiences, because learning comes from examples of both what went right and what went wrong. Even when people are largely positive about the rest of their care, one damaging moment may particularly stand out in their story of living with a health condition. Including positive comments, such as where people remember some small act of kindness or a particularly good moment that made all the difference to them, can also be constructive and inspire clinical teams to continue cultivating practices appreciated by patients (Grob, 2019; HEXI, 2014; Grob, 2024).

Step 4: Clip Cutting & Assembly

After the creation of the script, the research team works with film technical assistants and sometimes a professional film maker to create the film by cutting clips from full length audio- and video-recorded interviews and putting them in coherent and compelling order for the film. Films are often composed of several sections that present common themes. Films also include introductory and credit sequences.

Step 5: Finalizing the Film

After completing the film, the research team hosts several viewings with test audiences, including project advisors, for final feedback and refinements to the clips, order, voiceover, animations, and additional sequences. Changes are made by film technical assistants or the filmmaker.

Contributions of Team Members

Team science role	Researchers	Film technical assistants	Filmmaker	Project advisors (Patients and Clinicians)
Unique Toolbox	Research toolbox	Technical toolbox	Visual toolbox (+technical toolbox)	Engagement toolbox
	Maximum variation sampling, "One Sheet of Paper" method	Clip cutting, audio adjustment, iterative clip editing	Animation, color, text, voiceover	Eliciting and integrating feedback from multiple stakeholders
Contribution	Intimate knowledge of the whole interviews and analysis	Attention to project timelines and participant preferences	'Outsider' perspective of the overarching story arch	Engagement expertise; lived experience

Film Guidelines

Films to be published in the Catalyst Films section of HealthexperiencesUSA.org must be created by researchers who have attended a HERN training, which familiarizes trainees with the HEXI methodology (formerly known as DIPEx). Films must meet the following criteria:

1. Developed with involvement by those who will be using these tools (i.e. people with lived experience, clinician partners, policy makers, etc.), such as through sharing drafts of the film for feedback.
2. Accompanied by a clear description of the purpose, intended outcomes, and funding for making the catalyst film (i.e. introduction and credits)
3. Maintenance of HERN commitment to amplifying lesser heard voices.
4. Created through a rigorous team-based approach to working with coded data to narrow down possible excerpts for inclusion and arrive at a finalized script for the film.
5. Demonstrated commitment to accessibility through use of closed captioning.

History of Catalyst Films and Relationship to Experience-Based Co-Design

Catalyst films (interchangeably called “trigger”, “service improvement” or “archive” films in the UK) were historically created to guide quality improvement processes in the UK (HEXI, 2025).

Experience-Based Co-Design (EBCD), a methodology in which patients and clinical staff work together, side by side, to co-design improvements and innovations to health care services also includes film construction and viewing (Picker, 2025a). In EBCD, researchers interview patients in a specific care setting and create a film about their lived experiences to share with involved parties (including patients, QI experts, clinicians and others) in the same setting. The film is used to provide rich information to guide service improvement. Creation of films in the EBCD context is not guided by specific training or methodology (Picker, 2025a).

In 2014, UK researchers experimented with speeding up EBCD by using catalyst films. This method was named Accelerated EBCD (AEBCD). Research has documented that this accelerated form was as effective as EBCD and less costly (Ziebland, 2014a).

In 2018, US researchers began making the first catalyst films in the United States (Davis, 2022).

How to Use a Catalyst Film

Use in Improvement or Training

Catalyst films can be viewed anytime during an improvement or educational process, but they are uniquely designed to jump start conversations and facilitate additional engagement.

Suggested Best Practices for Viewing

- View at the beginning of a process or when a conversation spark is needed
- View in a group – ideally with both patients and health care professionals present
- Include ample time for reflection and discussion
- Follow-up with a plan to engage local patients

Since a catalyst film is designed to elicit a reaction and facilitate conversation, it is best viewed in a group with ample time for discussion and identification of reactions and next steps. Depending on the length of the film, we recommend that you allot at least 30 additional minutes, and ideally 45-60 minutes, to have a thorough and action-oriented debrief. In the Appendix, we offer sample general agendas for a film viewing meeting; an introduction to the film which can be read by the organizer; and a handout to guide an individual and/or group process of reflecting on how the film can support quality improvement efforts or changes in clinical practice. Catalyst films at HealthExperiencesUSA.org often offer tools specific to each film.

If possible, we suggest that film viewing supplement concurrent or additional patient engagement. For example, you can watch the film with patients and talk together about their insights and reflections on the topic. In a clinic-based quality improvement process, clinicians and staff can watch the film with the aim of determining questions to explore with your own patients through different engagement methods. These could include a short survey or focus group, covered in the “Related Tools” section below.

Sample Tools to Support Film Screenings & Discussions

- Sample Agendas for Film Viewing Meeting
- Film Introduction Script
- Participant Handouts

Catalyst films available at HealthExperiencesUSA.org often come with their own tailored tools – such as viewer guides with subject matter specific questions and handouts used for interventions. (Tools in the Appendix)

Considerations if Viewed Without Patients

> *The hope is that "listening to patients' experiences will…spark some ideas for what could be done differently" in your clinic or health facility.*
>
> – **Health Experiences Insights**

The film can be used as the sole patient engagement activity to ground activities in patients' perspectives. However, like any data point, there is a risk that a group without patients may interpret the narratives solely through a professional lens:

> *"It is true that just seeing patient narratives on film can in itself have a powerful effect. But…face-to-face encounters with patients have been even more transformative, inspiring and revelatory to staff in making them think differently about their values and practice.* ***Having continued patient involvement helps ensure improvements really do address patient concerns and holds staff to account to see change through.*** *Patients' physical presence constantly reminds everyone who change is for, and why it matters compared to other… overwhelming work pressures and demands." (Locock, 2014b)*

It is wise to proceed with the knowledge that actions taken based solely on the film may also miss key data that is unique and fundamental to your specific situation. Generally, all

Can We Use Any Film? What is Unique About a Catalyst Film?

There are multiple benefits of using a Catalyst Film from a trusted source over any film of patients experiences. You can be assured that:

- content is accurate, including medical information;
- participants are willing contributors — that it was created with consent and respect for the patients who agreed to have their story used to improve healthcare;
- content is created with intentionality to balance positive and negative experiences;
- you know where the footage came from; and
- the film was created to represent a diversity of patient experiences.

Catalyst films cannot represent every possible viewpoint, but they do offer short clips of multiple patients dealing with a similar health condition or experience, with the goal of presenting a balanced perspective. This can be hard to find other places.

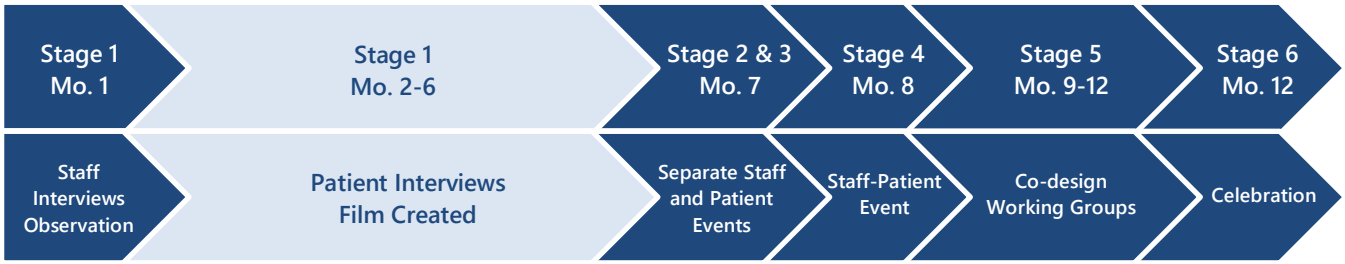
The internet contains lots of film footage. This "anecdotal" footage can be highly charged, one-sided, or skewed in a negative or positive direction (Schlesinger, 2015). Catalyst films on Healthexperiencesusa.org are created through a process of rigorous qualitative research in which all medical information conveyed has been verified by a clinician to be medically accurate.

engagement must be tailored to the context; there is no 'one-size-fits-all' approach (Chudyk, 2022). It is wise with all engagement activities to expect limitations and therefore to reflect on what perspective and data point might be missing. If you would like to include patients through other patient engagement methods, we offer guidance in the Related Tools section below.

Use in Accelerated Experience-Based Co-Design

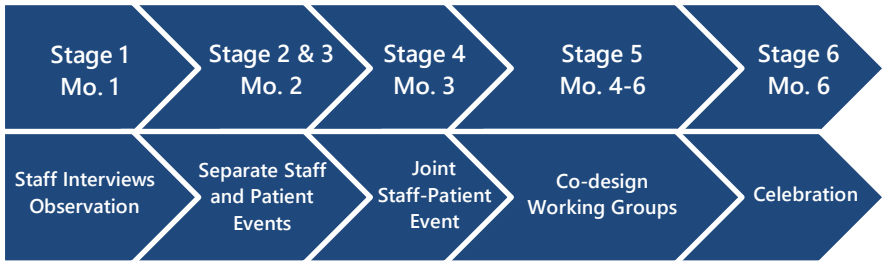
Accelerated EBCD (AEBCD) is a shortened experience-based co-design (EBCD) process in which patients and clinical staff work together, side by side, to co-design improvements and innovations to health care services using an existing catalyst film instead of making a film during the process. Research has shown "no discernible difference in experiences or outcomes between full and accelerated experience-based co-design" (Jones, 2020; Locock, 2014a).

AEBCD cuts the multistage, yearlong EBCD process in half. (Mendel, 2019; Tollyfield 2014; Picker, 2025b).



Stages of Experience-based Co-Design (Tollyfield, 2014; Picker)

As shown in the figure above, EBCD is a six-stage process. A significant part of the first stage of EBCD is interviewing patients and creating a catalyst film to use in quality improvement efforts. An accelerated EBCD process uses an existing catalyst film, shortening the process to six months.



Stages of Accelerated Experience-based Co-Design (Tollyfield, 2014; Picker)

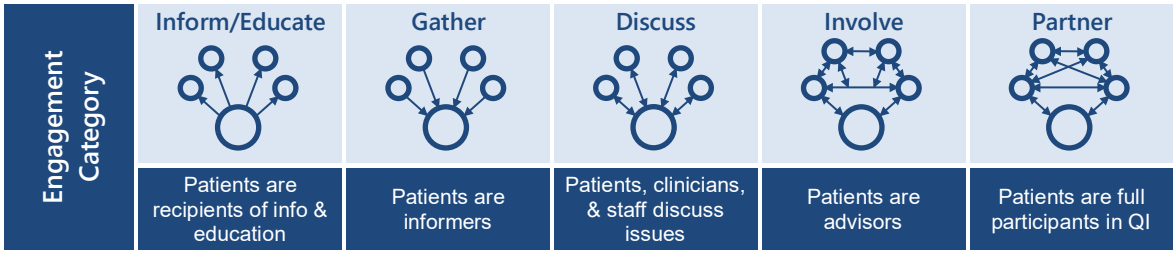
In addition to saving time, AEBCD addresses other challenges found in EBCD, including staff feeling "confronted" by watching a catalyst film regarding patients' experiences with their own care system, especially when viewed in a joint session with patients (Dimopoulos-Bick, 2018).

Related Tools: Patient Engagement & Participatory Visual Methods

Catalyst films are considered both a Patient Engagement method and a Participatory Visual Method. In this section we briefly describe other methods, including their benefits and limitations, and illustrate how catalyst films fit into these categories.

Other Patient Engagement/Co-Design Strategies

Many models exist to include patients, family members, staff, and clinicians in quality improvement efforts, and most offer a continuum of engagement strategies to seek a variety of input.



Continuum of Engagement from no participation to full participation (Davis, 2017)

Along the engagement continuum, these include suggestion boxes, surveys, focus groups, advisory panels, and including people as full participants on quality improvement teams (Davis, 2017). The intensity of patients' participation varies in these methods. In our own work, we have found great value from enhanced participation at the "involve" and "partner" levels - for example through advisory boards and co-design activities (Davis, 2016; Pandhi, 2020b, Davis, 2022). Other researchers and quality improvement practitioners agree. Lessons learned from quality improvement in the Veterans Administration, for example, emphasized that participatory methods "*can help to systematically explore the complexities of today's health care system and illuminate the factors that drive the success or failure of health care interventions*." Further, they can "*extract key insights into local contextual factors*" and "*yield actionable data*" (Balbale, 2016). An additional concern is that passive "gather" methods - such as surveys - can backfire, contributing to a "tick-box" or "compliance" mentality that stops at information gathering, failing to lead to action or learning (Locock, 2014b).

Catalyst films are an additional tool in the "patient engagement toolbox" that provide a robust, broad representation of health experiences.

Each method has strengths and weaknesses. For this reason, we recommend "mixing and matching" methods to suit your specific goals (Davis, 2017). For example, you could decide to use both a survey and a catalyst film in a quality improvement effort. The strengths of widely distributed surveys are that they are representative, and *"good at identifying issues with*

functional aspects of an experience" (Tsianakas, 2012). Potential downsides of surveys are that they can miss key patient input or be used to confirm "pre-determined" issues if patients are not engaged in creating the survey (Grob 2025, Tsianakas, 2012). Furthermore, while they may uncover issues, they also usually do not provide sufficient detail to facilitate an intervention (Schlesinger, 2015). To counteract these downsides and optimize value for QI, researchers recommend that the patient experience data produced from surveys be explored through interactions that activate the data (Donetto, 2019). A catalyst film can be such an "activating" method; insights from the film can complement findings from the survey making the collective learnings more representative, meaningful and actionable.

As a stand-alone tool, catalyst films are a "gather" level engagement method. When used in a facilitated discussion, the activity rises to a "discuss" level. When patients are included in the discussions in addition to the film viewing, the activity is an "involve" or "partner" level activity. Coupling a catalyst film with methods to engage patients from a specific clinic can provide a comprehensive understanding of patients' experiences of care.

Experience-Based Co-Design (EBCD) — a partner level engagement method — is good for focusing on the "*relational or emotional*" aspects of experiences, but it requires specific skills and can be time-intensive and costly (Tsianakas, 2012). Accelerated EBCD, which takes half the time as EBCD by using an already made catalyst film to include patients' experiences, is a good alternative - balancing the pros and cons of several methods while still achieving "partner" level engagement (Locock, 2014b).

Across all methods, power differentials, health concerns, and economic and social circumstances have been identified as specific challenges to patient engagement and co-design. In all patient engagement, the following principles can ensure patients are best positioned to contribute to the project. (See box, Mulvale, 2019b)

Experience-Based Co-Design Principles Applicable to All Patient Engagement Activities	
	Share power, through shared ownership, shared leadership, and open Communication
	Foster trust and mutual understanding
	Select an accessible conducive environment for activities involving patients
	Recognize the emotional toll that illness takes
	Appreciate lived experience and cultural variation
	Adapted from Mulvale, 2019b

Other Participatory Visual Methods

Participatory visual methods are art-based methods aimed to generate new knowledge by highlighting dimensions of people's experiences that are largely unseen (Phillips, 2024). Participatory visual methods include video ethnography, digital storytelling, reflective photography, and video intervention assessment. The specific goals of different participatory visual methodologies are distinct, as are the benefits and challenges.

These methods can be used in a variety of ways. Some methods are used to prime participants to provide richer information. This priming occurs through a variety of mechanisms: by building rapport between researchers/those engaged in QI and the patient; by facilitating deeper communication; or by encouraging reflection. Visual methods can be used to connect with vulnerable people to make sure you include as-representative-as-possible perspectives of the issue (Pain, 2012). *"Visual methods do not require participants to... have high levels of literacy"*

> *"When embedded within an established quality improvement framework, video ethnography [which includes catalyst films] can be an effective tool for innovating new solutions, improving existing processes, and spreading knowledge about how best to meet patient needs."* (Neuwirth, 2012)

or skill to explain their experiences verbally (Pain, 2012). For example, reflective photography has been used with participants for whom the spoken word may not be the most effective way to communicate emotions or know-how knowledge (Papoulias, 2018; Balbale, 2016). Offering a variety of visual methods to collect and convey data can build trust (Mulvale, 2019b). Visual methods can also be used to express abstract ideas, subconscious knowledge or emotions, or know-how (Pain, 2012). Other methods might be used to illuminate "what is" to facilitate improvement. (Neuwirth, 2012). For example, video, photos, and audio are increasingly being used to improve health care both internationally and in the United States.

Catalyst films are a form of video ethnography (Balbale, 2016; Boaz, 2016; Neuwirth, 2010). Video ethnographic methods aim to generate new awareness by highlighting dimensions of patients' experiences that are usually unseen (Papoulias, 2018). In other words, a catalyst film expands the QI process or educational intervention by presenting experiential data often not captured through surveys and suggestion boxes alone. As described in this toolkit, catalyst films bring patients' diverse health experiences into discussions, conveying accurate medical information with attention to evoking an actionable, emotional response.

Conclusion

Catalyst films can be effective and transformative because, as shared above, *"narratives can engage care providers at a deep emotional level, in reflecting on how services could be improved"* (Locock, 2014b). Use of catalyst films in the United States is novel, and experimentation is vital to continuous improvement. Toolkit authors and the Health Experiences Research Network welcome feedback and examples of film usage. New films produced by researchers in the Health Experiences Research Network will continue to be published at HealthExperiencesUSA.org/CatalystFilms. This guidebook will be updated as new data emerges on film creation and usage.

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Appendix

A. Sample Agendas for Catalyst Film Viewing

Below are three sample agendas which may help you plan when scheduling a meeting to view the film for quality improvement (QI) purposes. We recommend that you dedicate at least 30 minutes, and ideally 45-60 minutes, to have a thorough and action-oriented debrief. Sections of the films can be used in follow-up meetings to jump start further conversations. Within the sample agendas, places that require customization are indicated in [highlighted brackets].

1. Sample Facilitator's Agenda for Viewing by QI Team With Patients

a. Welcome and Agenda - 3 minutes

Sample text: *Welcome. The purpose of this meeting is to jointly view a "Catalyst Film" about health experiences [with XYZ]. The film is [X] minutes long and contains views of several different patients. We all have perspectives to offer regarding serving the needs of patients [with XYZ]. Collectively watching, reflecting on, and discussing the film will guide our quality improvement work in a way that is grounded in health experiences.*

b. Introductions - 0-5 minutes

If your group is new to working together, make sure to do introductions. *(Name tags are also a nice touch, especially because most staff/clinicians will have identification, so you want to make sure that participating patients feel welcomed)*

c. Watch Film - X minutes (depending on length of film selected)

Pass out the handout (Appendix C) and give the group a minute to review the questions. Read the Introduction to the Film (Appendix B). Ask if anyone has questions. Show the Film.

d. Individual Reflection - 5-8 minutes

Allow time for individual reflection to answer the questions on the first page of the handout. *(Providing individual time to reflect will garner richer feedback from a broader array of participants. Collect the handout in addition to capturing the group discussion.)*

e. Group Discussion - 10-40 minutes

Use the backside of the handout "Team Discussion" section as a guide. In many clinics there is not enough time carved out for quality improvement activities. If you only have 10-15 minutes to discuss the film, acknowledge that limitation and indicate that you can continue the conversation at a subsequent meeting. Facilitate the conversation so that patients and staff/clinicians get equal time. Ask for confirmation or disagreement after something provocative/controversial has been said.

2. Sample Facilitator's Agenda for Viewing by QI Team Without Patients

a. Welcome and Agenda - 3 minutes

Sample text: *Welcome. The purpose of this meeting is to view a "Catalyst Film" about health experiences [with XYZ]. The film is [X] minutes long. The people who are describing their experiences are not from our clinic but may be similar to people we see. Watching and reflecting on the film can spark conversations and establish touchpoints to guide our quality improvement work in a way that is grounded in patients' experiences. But ideally, it will not be the only way that we engage patients to make sure we are focused on the right quality improvement projects and the best solutions. After we view the film, we can discuss other methods we want to use to engage our own patients for further insights.*

b. Introductions - 0-5 minutes

If your group is new to working together, make sure to do introductions.

c. Watch Film - X minutes (depending on length of film selected)

Pass out the handout (Appendix C) and give the group a minute to review the questions. Read the Introduction to the Film (Appendix B). Ask if anyone has questions. Show the Film.

d. Individual Reflection - 5-8 minutes

Allow time for individual reflection to answer the questions on the first page of the handout. *(Providing individual time to reflect will garner richer feedback from a broader array of participants. Collect the handout in addition to capturing the group discussion.)*

e. Group Discussion - 10-40 minutes

Make sure to include a discussion of other engagement/co-design methods you could use to gather additional, local patient experiences data. (Additional Resources are available in Appendix F)

Use the backside of the handout "Team Discussion" section as a guide. In many clinics there is not enough time carved out for quality improvement activities. If you only have 10-15 minutes to discuss the film, acknowledge that limitation and indicate that you can continue the conversation at a subsequent meeting.

3. Sample Facilitator's Agenda for Viewing with a Focus Group[1] of Patients

a. Welcome and Agenda - 3 minutes

Sample text: *Welcome. The purpose of this focus group is to gather your important perspectives on the care we are providing regarding [XYZ]. To start our time together we will view a "Catalyst Film" about health experiences [with XYZ]. The film is [X] minutes long and contains the views of several different people from a national sample, not from our clinic. Since [all, most, many, some] of you have experience with [insert illness/disease focus of film], you are uniquely positioned to help this clinic do a better job of caring for patients. Thank you for taking the time to share your expertise.*

Share details about refreshments, location of the restroom, and any other logistics.

b. Introductions - 0-5 minutes

Offer name tags and have everyone introduce themselves.

c. Watch Film - X minutes (depending on length of film selected)

Pass out the handout (Appendix C) and give the group a minute to review the questions. Read the Introduction to the Film (Appendix B). Ask if anyone has questions. Show the Film.

d. Individual Reflection - 5-8 minutes

Allow time for individual reflection to answer the first three questions on the handout. *(Providing individual time to reflect will garner richer feedback from a broader array of participants. Collect the handout in addition to capturing the group discussion.)*

e. Group Discussion - 30-35 minutes

Consider establishing guidelines for the conversation. Here is a sample modified from AHRQ:[2]

1. **What you say is private. We will share themes from this meeting but not share who specifically said what. What was said in this room, stays in this room.** So please feel comfortable speaking openly and candidly with us.
2. If possible, talk in a **voice at least as loud as mine,** so everyone can hear.
3. Let's make sure **everyone has a chance to talk.**

[1] An additional resource for patient focus groups is provided in Appendix F.

[2] AHRQ, Tool A.3-1 Patient Focus Group Guide. Available at: https://www.ahrq.gov/research/findings/final-reports/crctoolkit/crctoolA31.html

4. There is **no one point of view,** so please allow all points of view to be heard.
5. Say what **you believe.** It doesn't matter whether anyone agrees with you.

Using the handout as a guide, have a conversation about patients' experiences in your clinic. Ask for confirmation or disagreement after something provocative/controversial has been said. Summarize what you have heard and capture themes on a whiteboard.

a. Wrap-Up/Thank you

Thank patients for their contributions. Collect handouts for additional data. Offer stipend/gift card (it is essential to reimburse patients for their time and efforts). Share the next steps.

4. Sample Facilitator's Agenda for Trainings to include Patient Perspectives

a. Welcome and Agenda - 3 minutes

Sample text: *Welcome. The purpose of this meeting is to jointly view a "Catalyst Film" about health experiences [with XYZ]. No matter where you work in your clinic, you deal with patients who have [XYZ]. In order to help our patients get excellent care, we cannot just assume we know what they need or want. We need to understand more about how they feel and what is important to them when they come to us for help. This film is meant to help you understand how patients feel--not just with your head, but also with your heart. Whether you work at the front desk, on the phones, as a clinician, or as an RN or MA or manager, if you understand what it is really like for patients to seek care for [XYZ], you can make that experience a little easier, a little better for them. The film is [X] minutes long and contains views of several different patients. We all have perspectives to offer regarding serving the needs of patients [with XYZ]. Collectively watching, reflecting on, and discussing the film will guide our training in a way that is authentically grounded in patient experiences. This training is meant to supplement other targeted training you are receiving [such as XYZ].*

b. Introductions - 0-5 minutes

If your group is new to working together, make sure to do introductions. *(Name tags are also a nice touch, especially because most staff/clinicians will have identification, so you want to make sure that any participating patients feel welcomed)*

c. Watch Film - X minutes (depending on length of film selected)

Pass out the handout (Appendix C) and give the group a minute to review the questions. Read the Introduction to the Film (Appendix B). Ask if anyone has questions. Show the Film.

d. Individual Reflection - 5-8 minutes

Allow time for individual reflection to answer the questions on the first page of the handout. *(Providing individual time to reflect will garner richer feedback from a broader array of participants. Collect the handout in addition to capturing the group discussion.)*

e. Group Discussion - 10-40 minutes

Use the backside of the handout "Team Discussion" section as a guide. *Can people recall a patient encounter that relates to [XYZ] that went well or could have gone better? Now that you've heard perspectives of real patients, what surprised you? What nugget of information are you going to take back with you to your work and how will you use that information?*

If you only have 10-15 minutes to discuss the film, acknowledge that limitation and indicate that you can continue the conversation at a subsequent meeting. Facilitate the conversation so that patients and staff/clinicians get equal time.

Ask for confirmation or disagreement after something provocative/controversial has been said.

B. Introductions to Film Viewing[3]

1. Introduction to Viewing by a Quality Improvement Team

If you plan to show this film to a Quality Improvement Team (with or without patients), we suggest the person facilitating the session use the following introduction to set the scene. An abridged version of the first two paragraphs appears in a voice over at the beginning of the film. Within the sample introductions, places that require customization are indicated in [highlighted brackets].

"The purpose of this short film is to spark conversations and establish touchpoints to guide our quality improvement work in a way that is grounded in health experiences. This film was put together from footage from a national sample of people experiencing [insert illness/disease focus of film]. The people who shared their stories did so for varied reasons. Their voices and personal experiences differed. But they shared a belief that speaking up and telling their stories would matter.

Obviously, these are not people from our clinic. These clips were selected because they represent common patterns. Not everything you hear will be directly relevant to your situation, but each story can spark some ideas for continuous improvement. Listen for suggestions to enhance the experience for patients and families in your clinic.

[Add statistics about the illness generally, if valuable for your audience]

[Add framing about your system here:

- *Number of patients dealing with this condition*
- *Current relevant policies, processes, and workflows*
- *If there is something you want the team to reflect upon while they are listening, e.g. if you have a QI aim in mind, share that now]*

I have handouts for you to use to capture reactions to the film, and we will offer time for you to reflect after words and then time for us to discuss the film as a group."

[3] Adapted from Health Experiences Insights (HEXI). (2014) Ethnic minority mental health catalyst film, University of Oxford. Available at: https://hexi.ox.ac.uk/Ethnic-minority-mental-health-catalyst-film

2. Introduction to Viewing by Patient Focus Group

If you plan to show this film to a Patient Focus Group, we suggest the person facilitating the session uses the following introduction to set the scene. An abridged version of the first two paragraphs appears in a voice over at the beginning of the film. Within the sample introductions, places that require customization are indicated in [highlighted brackets].

"We want to show you a short film about health experiences with [insert illness/disease focus of film]. We wanted to start our conversation with you by sharing this film, so we all have examples to point to in sparking our future conversations. Since [all, most, many, some] of you have experience with [insert illness/disease focus of film], you are uniquely positioned to help this clinic do a better job of caring for patients. This film was put together from footage from a national sample of people experiencing [insert illness/disease focus of film]. The people who shared their stories did so for varied reasons. Their voices and personal experiences differed. But they shared a belief that speaking up and telling their stories would matter.

You may not agree with everything you hear. Your individual experience, and the experiences here may be different. These clips were selected because they represent common patterns. While not everything you hear will be directly relevant to our goals today, each story can spark some ideas for making care better.

[Primer: Share your goals. If you have a specific area of concern, or issue you want patients to think about adding it here. For example: "We are struggling with helping patients complete diabetes self-care and we want your help to do a better job"]

I have handouts for you to use to capture reactions to the film, and we will offer time for you to reflect afterwards and then time for us to discuss the film as a group.

3. Introduction to Viewing for Trainings

If you plan to show this film to a clinic team (with or without patients), we suggest the person facilitating the session use the following introduction to set the scene. An abridged version of the first two paragraphs appears in a voice over at the beginning of the film. Within the sample introductions, places that require customization are indicated in [highlighted brackets].

"The purpose of this short film is to spark conversations and establish touchpoints to guide our workflows with patients in a way that is grounded in health experiences. This film was put together from footage from a national sample of people experiencing [insert illness/disease focus of film]. The people who shared their stories did so for varied reasons. Their voices and personal experiences differed. But they shared a belief that speaking up and telling their stories would matter.

Obviously, these are not people from our clinic. These clips were selected because they represent common patterns. Not everything you hear will be directly relevant to your situation, but each story can spark some ideas for continuous improvement. Listen for suggestions to enhance the experience for patients and families in your clinic.

[Add statistics about the illness generally, if valuable for your audience]

[Add framing about your system here:

- *Number of patients dealing with this condition*
- *Current relevant policies, processes, and workflows*
- *If there is something you want the team to reflect upon while they are listening, e.g. if you have a QI aim in mind, share that now]*

I have handouts for you to use to capture reactions to the film, and we will offer time for you to reflect after words and then time for us to discuss the film as a group."

C. Handouts: Reflecting on the Film

1. QI Team Reflection on the Catalyst Film

While you watch the Catalyst Film, consider the following questions. Ideally you will have time to discuss your reflections with other views and make an action plan inspired by the film.

Individual Reflection

What resonates with me in the film? What do I strongly agree or disagree with?

What, if anything, did I learn from the participants? How has my "way of knowing" shifted? How might we reframe our improvement work considering their perspective?

What might be missing from the stories that are important for us to consider? In what ways might our local environment or patient population be different?

What is MY Call to Action? What am I motivated to do?

Team Discussion

What did we learn collectively about, and from, the health experiences represented in the film?

Discuss with the team each Call to Action. How has the film inspired us to adapt our plans or actions?

What structure or process will our team put in place to make sure our activities honor patients? How else shall we engage patients?

What are our next steps?

Some questions informed by: Papoulias, C. (2018). Showing the unsayable: Participatory visual approaches and the constitution of 'Patient Experience' in healthcare quality improvement. Health Care Analysis, 26(2), 171-188; J. Bullock, D. Borrowman, F. Dest, S. Flores, Kaiser Permanente, personal communication, September 16, 2019

2. Focus Group Reflection on the Catalyst Film

While you watch the Catalyst Film, consider the following questions. We will give time for you to write reflections after the viewing and then talk as a group about your thoughts.

Individual Reflection Followed by Discussion

What do I strongly agree or disagree with in the film?

What might be missing from the stories? How has my (or my family's) situation been different? What questions does it raise for me?

What do I want my clinicians and clinic to know? About the experience of living with this illness? About the care they offer?

Additional Questions for Group Discussion

What, if anything, should we keep doing that we are doing? In other words, what is an experience that went really well for you that we should do over and over again?

What is an experience that we should stop immediately?

What else should we know?

Some questions informed by: Papoulias, C. (2018). Showing the unsayable: Participatory visual approaches and the constitution of 'Patient Experience' in healthcare quality improvement. Health Care Analysis, 26(2), 171-188; J. Bullock, D. Borrowman, F. Dest, S. Flores, Kaiser Permanente, personal communication, September 16, 2019

3. Training Group Reflection on the Catalyst Film

While you watch the Catalyst Film, consider the following questions. Ideally you will have time to discuss your reflections with other views and make an action plan inspired by the film.

Individual Reflection

What resonates with me in the film? What do I strongly agree or disagree with?

What, if anything, did I learn from the participants? How might we adapt our workflow in light of their perspective?

What might be missing from the stories that are important for us to consider? In what ways might our local environment or patient population be different?

Team Discussion

What did we learn collectively about, and from, the health experiences represented in the film? Can people recall a patient encounter that relates to [XYZ] that went well or could have gone better?

Now that you've heard perspectives of real patients, what surprised you?

What nugget of information are you going to take back with you to your work and how will you use that information?

Some questions informed by: Papoulias, C. (2018). Showing the unsayable: Participatory visual approaches and the constitution of 'Patient Experience' in healthcare quality improvement. Health Care Analysis, 26(2), 171-188; J. Bullock, D. Borrowman, F. Dest, S. Flores, Kaiser Permanente, personal communication, September 16, 2019