A Guide for Collaborative Practice

2019-2020

For use in INT D 403 and other interprofessional courses at the University of Alberta

UNIVERSITY OF ALBERTA
HEALTH SCIENCES COUNCIL
Health Sciences Education and Research Commons

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- Faculty of Agricultural, Life & Environmental Sciences (Dietetics)
- Faculty of Kinesiology, Sport, and Recreation
- Faculty of Medicine & Dentistry (Dental Hygiene, Dentistry, Medical Laboratory Science, Medicine, and Radiation Therapy)
- Faculty of Nursing
- Faculty of Pharmacy and Pharmaceutical Sciences
- Faculty of Rehabilitation Medicine (Communication Sciences and Disorders, Occupational Therapy, and Physical Therapy)
- Health Sciences Education and Research Commons
- Health Sciences Students' Association

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Part 1:
Foundations of Collaborative Practice

Collaborative Practice at UAlberta

Foundations of Collaborative Practice

Welcome to Foundations of Collaborative Practice (INT D 403, INT D 503, MED 516, MLSCI 295, NURS 400, PHARM 210, REHAB 501) at the University of Alberta. For many of you, this will be your first course in collaborative practice and, depending on your program, you may also take 1-2 additional interprofessional electives to build on this course. For the sake of brevity, this course will sometimes be referred to simply as ***INT D 403***.

Collaborative Practice
Collaborative practice occurs when learners, practitioners, patients, clients, families, and communities develop and maintain working relationships that enable optimal outcomes.

Collaborative practice will be a new experience for many of you. In your health science professional programs, you're learning the clinical aspects of the professions that you're going to practice. In Foundations of Collaborative Practice, you'll team up with students from other programs so you can learn and think about interprofessional collaboration. Working together is the very basis of good healthcare and has changed the healthcare system throughout time. In this course you'll be working on scenarios that will allow you to learn about each other, learn about patient-, client-, and family-centered care, and have the opportunity to share that learning with each other.

In Foundations of Collaborative Practice, the focus is on developing the skills for interprofessional communication, collaboration, and conflict management. The course will not teach you everything you need to know about clinical roles on an interprofessional team; much of that will come later in your program and in practice. However, this course will help you to create a foundation that can be built on throughout your academic and professional career.

CIHC Competencies

This course is built upon the Canadian Interprofessional Health Collaborative (CIHC) National Interprofessional Competency Framework,[1] particularly the following competencies:

> **Interprofessional Communication**
> Communication skills help practitioners to communicate effectively with other professions and patients in a responsive and responsible manner through listening, negotiating, and consulting. Respectful interprofessional communication incorporates full disclosure and transparency to demonstrate trust and authenticity (CIHC, p. 16).
>
> **Team Functioning**
> Collaboration requires trust, mutual respect, and attentive listening to ensure safe and effective working relationships with colleagues and patients. Practitioners must be able to share information to coordinate care and avoid gaps, redundancies, and errors. Complex situations may require shared care planning, problem solving, and decision making to achieve the best outcomes for the patient. Practitioners should regularly reflect on how effective they are in working with their colleagues from other professions in achieving the needs of patients (CIHC, p. 14).
>
> **Interprofessional Conflict Resolution**
> Conflicts can arise from many sources including roles (accountability issues, workload, role ambiguity), goals (different approaches to care, personal values), systems (organizational policies and priorities), working styles, personality traits, and issues around power and hierarchy. Practitioners may develop agreements on how to manage conflicts and disagreements, noting that differences of opinion are sometimes healthy and can lead to constructive discussions. Such agreements should also recognize the expertise of patients (i.e. their lived experiences), their context (e.g. home and work environments), and their values (CIHC, p. 17-18).

CIHC identifies three additional competencies; we'll touch on these only briefly in INT D 403, but you'll get more experience with them in the interprofessional electives and your clinical placements. For now, it's useful to be aware that these will come up in the future.

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[1] Canadian Interprofessional Health Collaborative (CIHC). (2010). *A national interprofessional competency framework*. Retrieved from CIHC website: https://drive.google.com/file/d/1Des_mznc7Rr8stsEhHxl8XMjgiYWzRIn/view

Role Clarification

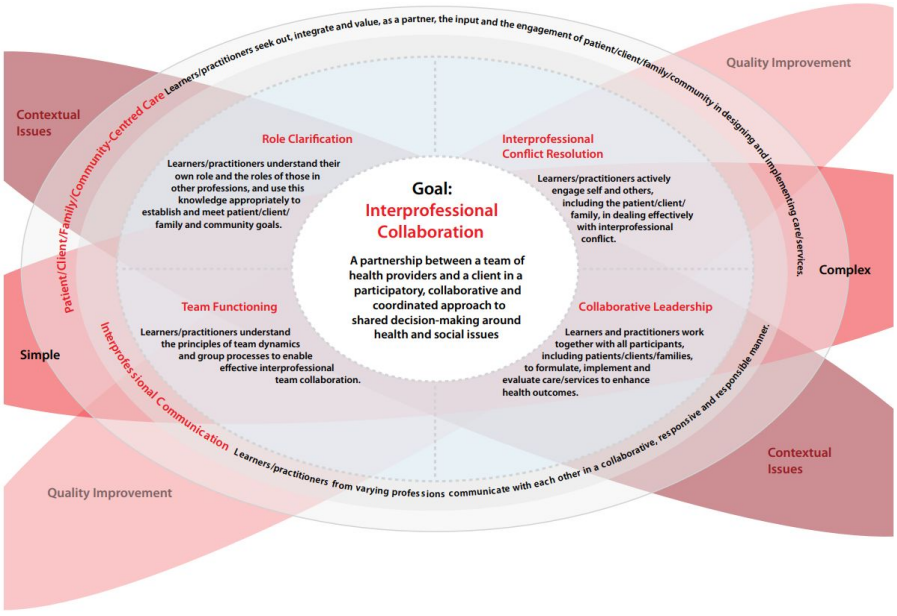
Role clarification relates to practitioners understanding their own role and the roles of others, then using this knowledge to achieve patient, client, family, and community goals. Each practitioner must be able to listen to other professionals to identify where *unique* and *shared* knowledge and skills are held. This information is used to address the needs of patients and support a more equitable distribution of workload (CIHC, p. 12).

Patient/Client/Family/Community-Centred Care

The patient (or client, family, community) is recognized and valued as a partner in planning their healthcare. Practitioners share information in a respectful manner, ensuring that it is understood and enhances the patient's ability to participate in decision-making. Patients are seen as the experts in their own lived experiences, and are considered essential to developing plans for their own care (CIHC, p. 13).

Collaborative Leadership

In collaborative leadership, the choice of leader may vary depending on the context and may move among healthcare practitioners, learners, and patients. There is also shared decision-making and an expectation of individual accountability based on professional scopes of practice (CIHC, p. 15).



CIHC National Interprofessional Competency Framework. See full-size version in the original Framework.

From Competency to Practice

In order to put the CIHC competencies into practice, we will explore four "I in Team" skills.[2] These are *individual behaviours* that support interprofessional collaboration by preparing individuals to create connections where they don't yet exist, improve existing teams that have areas of dysfunction, and contribute effectively to well-functioning teams.

Building Social Capital

Social capital includes access to other people's trust, benefit of the doubt, and willingness to offer their resources to help you accomplish your goals. It is "not merely bartering for favors, but building goodwill within relationships and groups in order to contribute to the collective responsibility for effective collaborative patient-centered care" (Bainbridge & Regehr, p. 57).

Perspective Taking

Perspective taking involves imagining others' viewpoints, checking what others know rather than making assumptions, and "learning more about the other perspectives that are possible in the situation" (Bainbridge & Regehr, p. 58-59). This leads to reduced stereotyping and improved problem solving.

Negotiating Priorities and Resources

In this context, negotiation refers to building consensus among care providers who see different priorities and versions of best care for each patient. "The intent is to accommodate and manage differing interests, goals, and priorities effectively" (Bainbridge & Regehr, p. 60).

Managing Conflict

Conflict is inevitable and should be acknowledged rather than avoided. Using a constructive, problem-solving approach can help teams to manage disagreements about medical care, interpersonal issues, and different professional values. Conflict provides "an opportunity for dialogue and conversation" (Bainbridge & Regehr, p. 61).

[2] Bainbridge, L., & Regehr, G. (2015). Should there be an "I" in team? A new perspective on developing and maintaining collaborative networks in health professional care. In C. Orchard & L. Bainbridge (Eds.). *Interprofessional client-centred collaborative practice: What does it look like? How can it be achieved?* (pp. 51-66). New York, NY: Nova Science Publishers. Retrieved from https://www.researchgate.net/publication/291822066

Why Collaborative Practice

This course acknowledges that in your future career, you may work in a variety of settings where there may be barriers to collaboration, including systems issues (e.g. reporting structures, funding restrictions, policies) and physical constraints (e.g. building layouts that reinforce silos, or people working at different locations). Having the skills to build collaborative networks in any environment will help you to ensure that patients receive optimal care.

Most students have already worked on many different types of teams, e.g., for group assignments in school or sports teams. This is a good place to start from. Likewise, healthcare practitioners have always worked in teams, e.g. midwives have been working with physicians for hundreds of years. These collaborations have been guided by good intentions, but practitioners have not necessarily had the skills or training to do it well. **We learn to become competent as individuals, but we're not always skilled at working together as a healthcare team.** To address this, we bring students from a variety of healthcare programs together to learn *from* each other, *with* each other, and *about* each other to improve collaboration and quality of care.[3] During Foundations of Collaborative Practice and the interprofessional electives, we'll practice the skills needed to build strong teams and achieve collaborative practice.

Learning from, with, and about students from other programs is a required part of most healthcare programs' accreditation. Learning to communicate and collaborate with other professions is important for many reasons, starting with the fact that more than 60% of medication errors are caused by mistakes in interpersonal communication. Simply conducting a verbal hand-off at every shift change reduces medication errors by 30%.[4] The patient safety movement is also a significant factor in the push towards interprofessional education.[5] But we also need to look beyond the physical harm caused by medical errors, and recognize the emotional harm[6,7] that patients and their families experience due to the lack of coordinated

[3] Centre for the Advancement of Interprofessional Education (CAIPE, UK, 2002). Retrieved from https://www.caipe.org/

[4] Maxfield, D., Grenny, J., McMillan, R., Patterson, K., & Switzler, A. (2005). *Silence kills: The seven crucial conversations in healthcare*. Retrieved from American Association of Critical-Care Nurses (AACN) website: http://www.aacn.org/WD/Practice/Docs/PublicPolicy/SilenceKills.pdf

[5] Starmer, A. J., Spector, N. D., Srivastava, R., West, D. C., Rosenbluth, G., Allen, A. D., ... Landrigan, C. P. (2014). Changes in medical errors after implementation of a handoff program. *New England Journal of Medicine, 371*(19), 1803-1812. doi:10.1056/NEJMsa1405556

[6] Sokol-Hessner, L., Folcarelli, P. H., & Sands. K. E. F. (2015). Emotional harm from disrespect: The neglected preventable harm. *BMJ Quality & Safety, 24*, 550-553. http://dx.doi.org/10.1136/bmjqs-2015-004034

care. In healthcare, we sometimes resist the idea of customer service or patient satisfaction, but we need to think of it as avoiding *emotional harm*, stress, and distress for patients and their families. We also know that when a team isn't working well, the team members don't feel good about their work. This has wide-reaching effects like reducing job satisfaction, increasing the sick time, and increasing staff turnover. These concerns are amplified in a province like Alberta where there is primarily one employer. Limited alternative job options may mean that people remain on dysfunctional teams, or even leave the healthcare field completely, thus compounding unhappiness and inefficiency.

Throughout your education and your professional career, you'll work on teams. But not everyone you work with will view collaboration in the same way, and it's important not to make assumptions about how the members of your team will work together. Going forward, how will you check in with teammates, fellow students, and professional colleagues, to ensure you have a common understanding of how you'll work together? How will you check in with patients to ensure that you're all on the same page? It's ok if you don't know the answer at this point. You'll develop some of these skills during this course. And remember that collaborative practice is like any skill: the more you do it, the better you'll be at it. Developing these skills will be part of your professional development throughout your career. Becoming highly competent in these relational skills is a lifelong process.

Course Administration

The Health Sciences Education and Research Commons (HSERC) is part of the Health Sciences Council, a collaborative unit at the University of Alberta that includes all health sciences faculties. HSERC staff administer the INT D 403 course and develop the curriculum in partnership with the Interprofessional Curriculum Committee which has representation from all the health sciences programs. HSERC provides an eClass site with course resources and class guides for students and facilitators to use. The course admin team can be reached at intd403.503@ualberta.ca.

[7] Folcarelli. P. (2018, August 14). To prevent patient harm, practice respect and deliver dignity [Blog post]. Retrieved from Institute for Healthcare Improvement, http://www.ihi.org/communities/blogs/to-prevent-patient-harm-practice-respect-and-deliver-dignity

Types of Teams

Characteristics

Every team looks different in its characteristics, composition, and purpose.[8] In healthcare, here are a few characteristics that might vary from one team to the next.

- **Location**. The team members may have a common geographic location, as in a rural clinic or hospital, or even a specific department. In other teams, members may be located across multiple locations, as in a multidisciplinary cancer team or primary health-care team.
- **Composition**. Teams can include a single discipline or may involve professionals from multiple disciplines, including administrative staff. In some teams, the same people are working together for as long as the team exists. Other teams have members that come and go over time. The patient should always be considered the central member of the team.
- **Stability**. Some teams have consistent membership over time, while others have members that join and leave as needed.
- **Leadership**. In some teams, there is a defined leader, while for others, leadership might change depending on the expertise required or to ensure a collaborative leadership. In yet other teams, there may be no defined leader.
- **Duration**. Some teams operate over the long term while others are temporary or formed and disbanded on an as-needed basis.

There are many other characteristics (such as purpose, shared processes, communication style, frequency of interaction, cohesion, and more!) that are different from one team to the next.

[8] World Health Organization. (2011). Topic 4: Being an effective team player. In: *WHO patient safety curriculum guide: Multi-professional edition* (pp. 133-150). Retrieved from https://www.who.int/patientsafety/education/mp_curriculum_guide/en/

Types

There are also several general types of teams found in healthcare, although the specific makeup of these teams will vary in different settings.

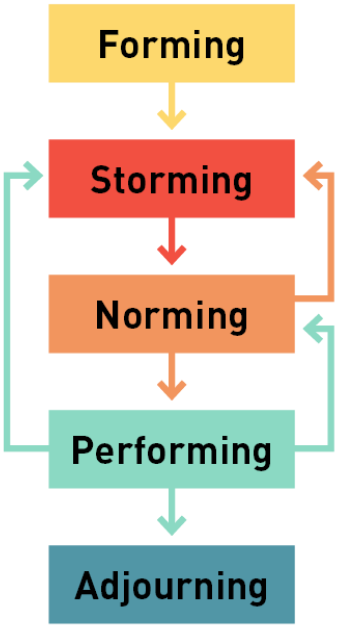
- **Core teams** include healthcare providers who are directly involved in caring for a patient.
- **Coordinating teams** are responsible for day-to-day coordination and resource management for core teams (e.g. department supervisors).
- **Contingency teams** are formed for specific events (e.g. cardiac arrest teams).
- **Ancillary service teams** consist of staff such as such as cleaners or meal providers who handle support services to facilitate patient care.
- **Support services teams** provide indirect, task-specific services such as ensuring an efficient, safe, and clean environment.
- **Administration** includes the leadership of a unit or facility and is accountable for the overall function and management of the organization.

Stages of Team Development

Teams typically go through a series of stages over time.[9,10,11,12,13] The amount of time spent at each stage will vary from one team to the next, and middle stages (Storming, Norming, and Performing) sometimes happen in cycles. Teams don't always move smoothly from one stage to the next.

1. Forming

Newly formed teams are characterized by "testing activity" (Mullins & Constable, 2007, p. 101). In this phase, group members ask questions of themselves and others to determine the purpose of the team and their role in it. Relationships, too, are tested as team members establish communication and interaction norms. There may be feelings of uncertainty and anxiety, but also enthusiasm. This phase of team development is often said to require stronger leadership than in other phases in order to determine the team's goals and norms.



2. Storming

This phase is also said to require strong leadership as teams may challenge boundaries, purposes, and leadership on the team. Some uncertainties from the "Forming" stage may still persist, though this phase is said to be characterized by frictions that arise between team members or sub-groups within the team (Mullins & Constable, 2007, p. 101) and competition between "ideas, agendas, approaches, and work styles" (Gilley et al., 2010, p. 19). It's important to make sure all team members feel useful and to address issues around power and control.

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[9] Gilley, J. W., Morris, M. L., Waite, A. M., Coates, T., & Veliquette, A. (2010). Integrated theoretical model for building effective teams. *Advances in developing human resources, 12*(1), 7–28. http://dx.doi.org/10.1177/1523422310365309

[10] Mullins, C., & Constable, G. (2007). *Leadership and teambuilding in primary care*. Radcliffe Publishing: Oxford.

[11] Tuckman, B. W. (1965). Developmental sequence in small groups. *Psychological Bulletin, 63*(6), 384-399.

[12] Tuckman, B. W., & Jensen, M. A. C. (1977). Stages of small group development revisited. *Group and Organization Studies 2*(4), 419-427.

[13] Weaver, R., & Farrell, J. (1997). *Managers as facilitators: A practical guide to getting work done in a changing workplace*. San Francisco: Berrett-Koehler Publishers.

3. Norming

Team norms and goals have been established, and the team is often energized by the increased clarity of their goals, team member roles, and relationships. Teams are often very task-focussed during this phase, though relationships are also cemented (Mullins & Constable, 2007, p. 102). There may still be disagreements, but overall, team members support each other.

4. Performing

Team members are working productively toward their shared goals with open communication, trust, and respect. Team members are familiar with each other and their roles and responsibilities. Through well-established norms, the team is able to deal with conflict or disagreement without "the negative consequences common in earlier stages" (Gilley, 2010, p. 20). Overall, the team is consistently performing at a high level, and there is high satisfaction among team members.

5. Adjourning

Team members may experience a wide variety of emotions in a wide variety of circumstances, including loss, an increased sense of cohesiveness or anxiety (Tuckman & Jensen, 1977). Work is terminating and team members are saying goodbye. Teams may experience tension. Teams should evaluate their work and their processes to learn from the experience.

Team Charter

A team charter is a living document that can shorten the time teams spend forming and storming by clarifying purpose and process. It can be used by team to reflect on and can evaluate performance later.

The charter is made by all team members together and defines:

- **What you will be doing (task)?** This includes your purpose, goals, and expected outcomes.
- **How you will be doing it (process)?** What procedures will the team follow for sharing information, making decisions, and solving problems? What values and behaviours will build relationships (courtesy, trust, commitment) in your team?

When developing the charter, discuss the following questions as a team. Record the decisions so the team can refer back to them in the future.

1. What is your purpose?
2. Building on your purpose, define 3 goals and their anticipated outcomes.
3. How will your team function effectively? Outline the strategies that will support you.
4. Outline the behaviours needed to build and preserve relationships.
5. Outline the roles of each or specific team members that are needed to support any particular team goals.
6. Identify what actions the team will take to hold members accountable when responsibilities are not carried out.
7. When will you review this document? Will you allow changes to be made and, if so, how will you decide those changes?
8. Who are you? Select a team name that reflects your team composition and/or goals.

What Good Teamwork Looks Like

You may find yourself on multiple teams, or part of multiple networks, at any given time. Below are some general characteristics common to most high-functioning healthcare teams.[14,15,16]

1. Demonstrate a client-centered focus
A good team's first priority is meeting the client's needs and respecting their values and preferences. The client may be the patient, a family, a community, or an audience.

2. Establish common goals to guide team actions and outcomes
This may include short- and long-term goals that are clearly defined and demonstrate a shared purpose. Ensure that all team members, including the patient and family, agree about what constitutes a successful outcome.

3. Understand the role of each profession
Team members must be familiar with the professional capabilities of each person on the team and must be willing to acknowledge greater expertise and, in some instances, defer to other team members.

4. Show flexibility in roles
While it is necessary to understand and respect each person's specific role (scope of practice), flexibility in assignments is important. Achieving common goals is more important than individuals' preferred roles.

5. Demonstrate confidence in other team members
Consider and value the opinion of others and work toward building this confidence over time. Identify what brings the team together and define their shared commitment. Share enjoyment and pride in team members' accomplishments. Accept a diversity of opinions and respect each team member's expertise.

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[14] Adapted from University of Minnesota, 1996.
[15] World Health Organization. (2011). Topic 4: Being an effective team player. In: *WHO patient safety curriculum guide: Multi-professional edition* (pp. 133-150). Retrieved from https://www.who.int/patientsafety/education/mp_curriculum_guide/en/
[16] Mickan, S. M., Rodger, S.A. (2005). Effective health care teams: a model of six characteristics developed from shared perceptions. *Journal of Interprofessional Care, 19*(4), 358-370. https://doi.org/10.1080/13561820500165142

6. Share expectations of group norms and rules

Ensure everyone is aware of the expectations of others in the group. The expectations are often behavioral, e.g., being punctual, participating equally, and staying current in one's field.

7. Acknowledge and resolve conflict

Every healthcare team will experience conflict. A successful team will identify a specific mechanism, clearly understood by all, for resolving conflict through a team leader, outside leader, or other process.

8. Communicate effectively

Effective communication involves consideration of what is shared and how it is shared. Teams also need to listen effectively and develop a consistent record keeping system (electronic or other), and use a common vocabulary. Good health-care teams have regular patterns of communication where they share ideas and information quickly and regularly. These patterns should also be flexible to incorporate different team members' communication skills and preferences.

9. Share responsibility for team actions

Each team member must share the responsibility for the actions of the team and be willing to be held accountable for those actions. Team members should use "we" in communication when discussing team decisions.

10. Be open to giving and receiving feedback

The team process must be open for evaluation and revision on a continuing basis. A specific mechanism must be developed for ongoing evaluation of team's effectiveness and redesign as needed.

11. Develop a decision making process

Establish a decision-making process acceptable to all members and appropriate to the needs and goals of the task. Work to balance task and process.

Deciding How to Decide

There are four general approaches to making a team decision. All approaches can lead to a decision; the key is to match the right approach to the right situation.

Majority Rules

- **Best used for: Quick, non-critical decisions.**
- Voting, while seen as democratic and fair, may not produce good results.
- Easier to vote then work out difficult issues.
- Expertise is discounted if everyone has equal say.
- Vote can split team into winners vs. losers.
- Seldom a good approach for important decisions.

Authority Rules

- **Best used for: Decisions where all the options seem to have equal weight.**
- Group defers decision to an authority (in or outside the group).
- Quick and painless decisions.
- Authority may not be expert.
- May end up making poor decisions.
- Could be used when two possible decisions are equal in weight.
- Works well if group lacks expertise and real expert is available to assist.

Delegated Decision

- **Best used for: Less important decisions.**
- Gives responsibly to a subset of the group.
- Can be an individual or a sub-team.
- All must agree to the decisions arrived at by those delegated with decision-making task.
- Appropriate when many decisions have to be made within a limited timeframe.
- Avoid “dumping” a decision onto others.

Consensus Decision

- **Best used for: Important decisions.**
- Everyone in the group can and will support the decision.
- May not mean 100% agreement but all group members can live with the final decision.
- Promotes hard thinking.
- Can be slow and painful.
- Requires group energy so group must agree decision is worth the effort.
- Most time consuming but most rewarding.

A Word of Caution

Groups can fall into a habit of groupthink (a negative strategy) if they make decisions by agreeing too quickly. This can lead to inferior decisions by discouraging questions and creativity. Pros and cons are never carefully examined and weaknesses in a decision are glossed over.

Reaching a Consensus

With all the differing opinions of individual members, it can sometimes be difficult to reach a consensus within a group. Remember that consensus means that all members agree to support the group action even though they may not entirely agree with it. Consensus is not a majority vote. Here are some tips to help groups reach consensus:

- Specifically define the action or decision through discussion. Lay out clearly what exactly will be done and when.
- Agree that this situation requires a consensus be reached within the group.
- Review and consider all possible alternative points of view.
- Ensure that individual members consider whether they can support this action within the group and outside of it (i.e. when speaking to others outside the team).
- Place a reasonable time limit on the discussion. If it appears that consensus cannot be reached, consider: Are there any alternative solutions that have been missed? Are there any sources of information that might better inform or influence this decision?

Conflict Style Inventory

This self-assessment survey helps you identify your strongest conflict style.[17] Answer the questions as honestly as you can. You do not need to share your results. An auto-calculating version of this tool is available at: http://bit.ly/csinventory

Read each statement and indicate on the scale how typical each statement is of your feelings about conflict.

	1 Almost Never	2 Rarely	3 Some-times	4 Often	5 Very Often
1. I try to get along with the person I am in conflict with.					
2. For me, conflict situations are either win-win or win-lose. I play to win.					
3. I try to stay away from situations that might be confrontational.					
4. For me, it is important that both parties' needs are met. I look for ways to make that happen.					
5. I use whatever tactics are necessary to win.					
6. I believe it is hopeless to try to resolve conflict.					
7. My goals are more important to me than the relationship.					
8. I want to be liked and accepted by others.					
9. To me, conflict is "lose-lose."					
10. My goals are important to me, but so is the relationship.					
11. Acceptance by others is not important to me. Winning is.					
12. I will do whatever I can to ignore issues that might lead to conflict.					
13. I try to find things we both agree on.					

[17] Used with permission of the publisher. Adapted from: Lambert, J., & Myers, S. (1999). *50 activities for conflict resolution* (pp. 106-107). Amherst, MA: Human Resource Development Press, Inc.

14. I try to be with people I get along with and avoid relationships I think may result in conflict.					
15. My goal is to find a solution where both parties win.					
16. I often find I am trying to smooth things over for the sake of the relationship.					
17. I am unwilling to change what I want.					
18. I don't want to hurt anyone's feelings.					
19. I'm willing to go along if it makes you happy.					
20. I am not satisfied until an acceptable solution is found.					
21. Not only do I not like to engage in conflict, I don't want to be around others who might engage in conflict.					
22. I am direct about what I want, and I expect to get it.					
23. I am willing to give up if it makes the other person happy.					

Score Sheet

List below the 1-5 ranking that you selected for each statement. Then total the numbers in each column. The column with the highest score indicates your predominant style.

Avoidance	**Competition**	**Adaptation**	**Cooperation**
3 _____	**2** _____	**8** _____	**1** _____
6 _____	**5** _____	**16** _____	**4** _____
9 _____	**7** _____	**18** _____	**10** _____
12 _____	**11** _____	**19** _____	**13** _____
14 _____	**17** _____	**23** _____	**15** _____
21 _____	**22** _____		**20** _____
Total: _____	**Total:** _____	**Total:** _____	**Total:** _____

Avoidance – where people withdraw to avoid conflict. They believe it is hopeless to try to resolve conflict, and easier to step back from a conflict situation. The avoidance style leads to a "lose-lose" approach.

Competition – where one disputant tries to overpower another disputant by forcing his or her own solution on the other person. This style is considered a "win-lose" approach.

Adaptation – where people feel that relationships are more important than their own goals. They want to be liked and accepted, and harmony is the most important thing. These people are choosing a "lose-win" approach.

Cooperation – where disputants highly value their own goals and relationships. They consider conflicts as problems to be solved, and want both parties to achieve their goals. These disputants are not satisfied until an acceptable solution is found for both parties. They have chosen a "win-win" approach.

Summary

The score sheet above can help you determine which style might be your strongest. Of course, most people are comfortable with more than one style, so use the above questions and chart to think about your predominant style and those occasions when another style might be more appropriate.

Conflict Management Strategy

In their courses, most students will not experience serious conflict with their team members. However, it is important to understand how you respond to conflict and to have tools for managing it when it arises. In an interprofessional healthcare setting, issues around roles, priorities, and hierarchies may lead to conflict, as may value differences. "When individual team members hold different values or hold the same value but disagree about how the value should be operationalized, the conflict can become acutely personal and emotional, and thus difficult to resolve."[18] The following is one strategy for addressing a conflict situation.[19]

Step 1: Specify your concerns

- Possible question: "I'm concerned about ___. Do you feel this is a problem as well? What concerns do you have?"
- Be very specific in defining the conflict.

Step 2: Clarify differences

- Possible question: "Where do we disagree?"
- Areas of disagreement must be identified so that they can be dealt with as separate issues or problems to be resolved.
- Acknowledge emotions but appeal to reason.

Step 3: Agree on commonalities

- Possible question: "As we discuss the issue, where can we agree?"
- Identifying areas of agreement helps establish a good foundation for the eventual solution.

Step 4: Resolve conflict

- Possible question: "Can we develop possible options that take advantage of the areas where we agree, and bring us closer in the areas where we disagree?"
- Options are developed to take advantage of the areas of agreement.
- Options: apologize, dismiss, negotiate, acknowledge, compromise.
- Possible question: "What is the best possible action to take? What actions will we take as next steps that will resolve the conflict?"

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[18] Mariano, C. (1989). The case for interdisciplinary collaboration. *Nursing Outlook, 37*, 285-288.
[19] Adapted from Mariano (1989) and Weaver, R. G., & Farrell, J. D. (1997). *Managers as facilitators: A practical guide to getting work done in a changing workplace*. San Francisco, CA: Berrett-Koehler Publishers.

- Actions represent what each party will do as a result of the discussion, i.e., what action, by whom, by when.

Step 5: Normalize

- Possible comment: “I’m glad we were able to work through this and reach a positive solution.”
- Try to leave the situation on a positive note.

Additional tips

- Avoid judging the other person or their behavior, or blaming them. Instead, use “I...” messages to explain your perspective.
- Be open-minded and acknowledge that you both have valid opinions and something to offer.
- Don’t place yourself in a position of power over the other individuals or attempt to manipulate the situation to get your way. Work collaboratively to come to an amicable solution.

Interprofessional Communication Tools

In every practice environment, clear communication is key to achieve optimal patient and client outcomes, reduce errors, and ensure clarification of roles and responsibilities.

The tools below are from TeamSTEPPS, a patient safety initiative of the Agency for Healthcare Research & Quality (AHRQ), the Health Quality Council of Alberta (HQCA), and the Canadian Patient Safety Institute (CPSI).
https://www.ahrq.gov/teamstepps/
http://www.teamstepps-canada.ca/

CUS

CUS can be used in urgent situations when clarity and brevity may be more important than the interpersonal relationship. To start, express concern with an "I" statement. If nothing changes, the next step is to say "I am uncomfortable" with what is happening. If needed, the last step is to say this is a safety issue and we need to stop the course of action ("stop the line").

Assertive Statements:
I am **C**ONCERNED!
I am **U**NCOMFORTABLE!
This is a **S**AFETY ISSUE!

Concerned	"I'm concerned that Ms. C is not her usual self.
Uncomfortable	I'm uncomfortable that she is behaving so oddly.
Safety Issue	I believe she is not safe; she may have something serious going on that we are missing."

DESC

DESC is constructive approach for managing and resolving conflict, and is best used when you have more time (not rushed). Using DESC can help frame your information and concerns in a way that can suggest alternatives, seek agreement, and manage conflict on the team.

Describe the specific situation or behaviour
Express your concern or how the situation makes you feel
Specify the desired outcome / **S**uggest alternatives / **S**eek agreement
Consequences or impact team goals

Tips for using DESC:

- Work on win-win. Even in cases of interpersonal conflict, team unity and quality of care depend on coming to a solution that all parties can live with.
- Frame problems in terms of personal experience and lessons learned.
- Choose a private location that is not in front of the patient or other team members to allow both parties to focus on resolving the conflict rather than on saving face.
- Use "I" statements rather than blaming statements.
- Focus on what is right, rather than who is right.

Describe the situation	"I just saw the discharge order for Mr. Smith…
Express your concern	He is still very unsteady and I'm not sure if you heard but his daughter won't be back in town until tomorrow…
Suggest alternative	Is it possible to postpone the discharge until she arrives?
Consequences / impact	I am worried that he will bounce back to emergency if he goes home alone tonight."

NOD

As healthcare professionals we are often introducing ourselves to patients or clients, as well as other professionals. Just giving our name and occupation can be vague, but using NOD reminds us to also describe our duty, or the purpose for why we are there.

Name	"Hi, I'm Sally…
Occupation	The social worker on the team. I help patients and their families to access resources that help them manage following their injury…
Duty	I'm here because your doctor asked me to check in with you about being off work."

Giving and Receiving Feedback

Principles of Good Feedback

Feedback is information provided to team members for the purpose of improving team performance. Feedback should focus on observed behaviours rather than assumptions or rumours. The purpose of giving feedback is to improve behaviour or performance, not to assign blame. Feedback is an opportunity for learning.[20]

CORBS

The CORBS model outlines the principles for constructing meaningful feedback.

Clear	Be clear about what feedback you want to give. Being vague or faltering will increase anxiety in the receiver and may not be understood.
Owned	Feedback is your own perception and not an ultimate truth. It says as much about you as it does about the receiver. It helps the receiver if this ownership is stated in the feedback, e.g., "I'm unsettled by your direct manner..." rather than "You're too pushy..."
Regular	Feedback given regularly is more useful than grievances that are saved up and delivered as one large package. Give feedback as soon after the event as possible, and early enough for the person to do something about it (i.e., not at the end of the course).
Balanced	Balance negative and positive feedback. This doesn't mean that each piece of negative feedback must be accompanied by something positive (or vice versa); rather, aim for balance over time.
Specific	General feedback is not enlightening. Phrases such as "You're irresponsible" lead to hurt feelings and resentment. A specific and owned statement such as "I feel upset when you don't tell me you're going to be late" gives the receiver information that they can choose to either use or ignore.

[20] Parts of this section were adapted from: Hawkins, P., Shohet, R., Ryde, J., & Wilmot, J. (2012). *Supervision in the helping professions*. Maidenhead, England: Open University Press (p. 159-161). And: Bayne, R., & Jinks, G. (2010). *How to survive counsellor training: An A-Z guide*. New York: Palgrave Macmillan (p. 64-67).

Feedback Models

Using a structured model for giving feedback helps focus the conversation on future improvement. There are many different feedback models or structures to use, and there's no hard and fast rule about when to use each one. Rather, read through the descriptions below and see which models feel most comfortable to you. Being comfortable giving feedback is more important than which model you choose to use; if your body language conveys anxiety or irritation, it will interfere with the message you're trying to communicate.

Plus Delta

Plus Delta is a simple feedback model that asks what went well ("Plus") and what could be changed or improved ("Delta").

Plus	*"Our team had a good plan for discussing this scenario, and we developed a realistic care plan for the patient…*
Delta	*Next time, we should assign a time limit to each agenda item to help us finish the activity in the time allotted."*

DESC

DESC is primarily a model for using assertive communication in conflict situations. However it can also be useful as a model for giving feedback.

Describe the situation	*"I notice we're interrupting and talking over each other today…*
Express your concern	*I'm concerned that we aren't listening to each other…*
Suggest alternatives	*I'd like us to hear and consider each other's ideas…*
Consequences / impact	*So we can be sure to make the best decisions today."*

Receiving Feedback

Being able to receive feedback in a constructive manner is a skill that will support you throughout your career.

Prepare to Receive the Feedback

First, breathe and relax. Acknowledge that it's not easy to hear feedback, especially when it's negative. Assume that the person giving feedback cares about you and wishes to be helpful. Focus on your learning and growth. Take a moment to assess what has happened (the behaviour you'll be receiving feedback about) and how you feel at the moment.

> "Before I hear your feedback, may I take a moment to gather my thoughts?"

Advocate for yourself if you need a break.

> "This has been an exhausting activity and I'm not prepared to hear feedback right now. Can we continue this after the break?"

Actively Receive the Feedback

Do not be passive while receiving feedback. Listen actively to what is being said and take notes so you can reflect back on the feedback later. Try to understand and seek clarification where needed. If there's a discrepancy between your understanding of the situation and what the feedback-giver is saying, work together to understand each other's perspective. Check your understanding by paraphrasing what has been said.

React with Self-Awareness

Work to manage your emotions and look at the situation objectively. Try to separate the content of the feedback from your reaction to it. If you feel threatened or unsettled by the feedback, ask for clarification or examples to make sure you understand what is being said.

> "Can you give me an example of when I did that?"

Avoid explaining away everything the speaker is saying. Don't say, "Yeah, but…" or offer justifications. If the feedback is overly negative, ask the speaker to rephrase it constructively.

> "How might I have done that differently?"

Just as importantly, don't dismiss positive feedback. If you're uncomfortable with compliments, simply say thank you.

Follow Up with Intention

Consider the feedback, what you can act on, and what you can not. On your own, or with the feedback-giver if appropriate, make a plan for how you'll integrate this feedback into your future practice.

Reflect on the feedback using What / So What / Now What:

- What: Describe the feedback as accurately as possible.
- So What: How relevant and important is it? What does it mean to you?
- Now What: What will you do as a result of receiving this feedback?

Debriefing

Debriefing is part of the process of establishing a safe and collaborative culture. It provides an opportunity for reflection and discussion that can enhance practice. It helps to identify areas for team and organizational improvement, professional development, and innovation. A good debrief means asking questions to lead your team to reflect and learn from your experiences.

When to Debrief

In a classroom setting, it is useful to debrief at the end of an activity or simulation to reflect as a team on what happened and what was learned. Often, the best learning occurs not during the activity itself, but in the debrief that follows.

In a practice setting, a team may debrief after completing a project, to reflect on what went well and what could be improved, or at any time to review team processes that may need improvement.

What to Debrief

There are several topics that a team may choose to debrief, including the following.

Professional roles

- How did the team members' professional roles contribute to the outcome of the team activity or meeting?
- Was there overlap among our professional roles or scopes of practice, and if so, how was the work negotiated or distributed?

Communication

- What was the communication like on the team? Did everyone participate?
- Were we effective in both delivering and receiving information?

Patient centeredness

- Did the team maintain a client- or patient-centered approach?
- Did we balance our needs and wants with that of the patient and family and the team?

Team process

- Was everyone involved in our discussions?
- How did we make decisions?
- How did we handle any conflict that arose?
- If we used the Team Meeting Roles (Initiator, etc.), did we follow those processes, and did those processes support our work?

Logistics

- Are there any logistical challenges that need to be changed or addressed for future activities or meetings?
- How will we ensure we make time for another team debrief?

What? So What? Now What?

The "What? So What? Now What?" model provides a framework or structure for a debrief.

Stage	Sample questions	Sample responses
What?	"What happened?" "What are the facts?"	"We read the case study and started developing a care plan for this patient, but we ran out of time."
So What?	"Why does this matter?" "What is the impact?"	"We weren't able to address the patient's mobility concerns. We have a plan for how to treat her at the clinic, but no plan for how she'll get to the clinic. This means she might not get the care she needs."
Now What?	"What's your plan to improve yourself or your team going forward?" "How will this impact your future practice?"	"For the next case study, we'll set a time limit for each step of developing the care plan, and move on when the timekeeper says time is up. If there's time left at the end, we can circle back to anything we missed." "In our future practice we'll remember that if we spend too much time on one topic, we may miss other things that are important to our patient's care."

Debriefing Tips

Sample debriefing questions	
● "How do you feel that went?" ● "What were your first impressions when you began the scenario?" ● "I noticed some teams struggling with this. Tell me about your process and where you had trouble." ● "What real-world systems would affect a scenario like this? How would you deal with them?" ● "What extra information might have been helpful? How did you deal with not having that information?"	
Phrases to use	**Phrases to avoid**
● "I noticed that..." ● "I was wondering about..." ● "What did you think when..." ● "Could you tell me more about..."	● "You shouldn't..." ● "I wouldn't..." ● "Why did you..." ● "Why didn't you..."

Part 2:
Continuation of Collaborative Practice

What I Bring to My Team / Meeting Roles

What Do I Bring to My Team Today?

Each team member is responsible to bring three things to their team every day:

- **Personal contributions**. This includes your life experience, talents, and knowledge. This is what you walk in the door with.
- **Professional contributions**. This includes your professional scope of practice, clinical knowledge, and practicum experience. This is what you learn in your health science education program.
- **Collaboration skills**. These include any behaviours you use to support team members, move the work forward, and build team cohesion. It also includes specific meeting roles such as Initiator, Recorder, and Timekeeper.

Meeting Roles

For meetings to run on time, on task, and to achieve their purpose, it helps to employ specific meeting roles. Assign one person to each of the Initiator, Recorder, and Timekeepers roles; everyone else is a General Participant. Rotate roles for each meeting. There are no passive participants as everyone has a role to play.

- **Initiator**. Lead the team in setting an agenda, defining goals, and making decisions. At the end of the activity, initiate a discussion for everyone to comment on the team process (e.g. communication, decision making, and managing conflict).
- **Recorder**. Record team decisions and other important information. Summarize the discussion and seek clarification when needed.
- **Timekeeper**. Keep track of time and notify the team about how much time remains. Keep the team on task and on time.
- **General Participant**. Actively participate in the discussion and support others in their team functional roles. Ensure all members participate and are treated with respect, including the patient. Help the team evaluate whether decisions and plans are feasible or realistic. Speak up for perspectives that have not been brought to the table.

Addressing Negative Behaviours in Teams

When working in teams as a student or in professional practice, you may come across some individuals that take on a negative role within a team environment. Here are brief descriptions of some of these behaviours, and strategies you can use when you encounter them.

Clowns

Description: They may know the purpose of the group but don't take it seriously. Clowns want to entertain. Sometimes the role is a defense against anxiety or an attempt to conceal an absence of social ease.

Strategy: Acknowledge that humour can be useful to defuse tension in the group but may not be appropriate at all times. Value their contribution when possible and then ask their opinion, disregarding any joke response.

Conflict Initiator

Description: The individual is frequently trying to incite conflict within the group. Constant conflict may indicate a search for status or may reflect unhappiness with how the group is functioning.

Strategy: Disagreements should be summarized and the meaning behind them explored so that members can agree on tasks and processes used by the group. Communicate with the conflict initiator directly (perhaps without the group present) to get a sense of their overall feelings and draw out any concerns.

Defeatists

Description: They may feel that the problem is insurmountable and that there's no solution. They are often angry and express their feelings by sabotaging any progress.

Strategy: Either use active listening or treat the defeatism as a legitimate option. Whenever the defeatist says, "That won't work," reply sincerely with, "Thank you. We'll note that your opinion is that it won't work and that we shouldn't try it." Treat defeatism as a consistent "no" vote, and move on to more positive contributions.

Dominators

Description: They attempt to take over the decision making or conversation to the exclusion of others. They want to run things more than they want to solve problems.

Strategy: Elicit their opinion using active listening, then ask the rest of the group to offer opinions. Do they agree? Who in the group most/least agrees with this member?

Scapegoats

Description: A scapegoat is a member who is isolated, attacked, or accorded low status. The group projects any feelings or views it finds unacceptable onto this person.

Strategy: Seek to understand what kind of scapegoating is taking place, since this will indicate what action is appropriate. Why is the role needed by the group? What, if anything, does the individual get out of the role? Think of how to include the scapegoat in the group, perhaps by giving them a role acceptable to other members. Reinforce the positive traits and contributions of the scapegoated member.

Silent Members

Description: They contribute very little or not at all to the group.

Strategy: Silence may reveal uncertainty about direction; the individual may be unsure of how to build up trust or how much to reveal of themselves. Draw out silent team members by practicing active listening and encouraging them to state their position.

Stars

Description: On stage all the time. They think highly of their own ideas, and constantly seek attention. They may believe it is more important for them to shine than for the group to succeed.

Strategy: Give these members something to do that is high profile but encourages others to participate, such as writing suggestions on the board. Insisting on parliamentary procedures may also work.

Storytellers

Description: They frequently lapse into asides or chitchat, or get caught up sharing more detail than is required.

Strategy: Interrupt their stories to tell them the purpose of the meeting. Ask them how they can further the group's purpose. If they still continue storytelling, cut short their stories, and explain how you need to move forward with the group process.

Effective Communication in a Team

Effective communication in a team involves listening, speaking, and group management skills. Here are some things to keep in mind.

Attend to Others

- Actively listen to others.
- Suspend your own concerns or opinions; notice when they intrude.
- Put yourself in the other person's place and try to consider their frame of reference.
- Show appropriate verbal (acknowledging) and non-verbal cues (encouraging).
- Listen for content and emotion, and seek clarification if you need it.
- Summarize or paraphrase to check your understanding. A good paraphrase should: be concise, focus on the other person's experience, and reiterate both facts and feelings.
- Aim to understand others' messages. Recognize that you do not have to agree with these messages but should try your best to understand them.

Speak

- Be clear, concise, and sincere.
- Try to avoid over- or understating the intensity of a particular situation.
- When dealing with emotionally charged discussions, use "I" statements, e.g., "I hear that..." or "I feel that..."
- Be cognizant of time and recognize when you should let someone else speak.
- Ask effective questions. Clarify information, understanding, and feelings using "what" or "how" questions (avoid "why" questions as they may lead to defensiveness).

Encourage Dialogue

- Set aside silent time to allow each member to formulate their own ideas before group brainstorming. This makes it clear that each person has a responsibility to contribute.
- Ask for input from all members of the team, even if an early idea brings immediate agreement.
- Give constructive feedback and celebrate the successes of individuals and the group.

Stay Focused

- Determine the main issue and smaller issues. Prioritize as required.
- Acknowledge that there may be multiple solutions to any problem. Help reach consensus by asking the team: “What would the best solution look like?”
- Remind teams to commit to action. Identify who is responsible for the next step and set a timeline for when it will be taken.
- Recognize when productivity is waning or if conversation is becoming emotionally charged or off topic. Use a timeout to give the team a break or refocus, if required.
- Summarize key ideas or decisions to move meetings forward or when bringing them to a close.

Debrief

- Observe the group and reflect on the group process.
- Ask yourself (or the group) questions that can help you better understand your process and how you could improve your communication as a team.
- Sample questions: Are all members participating? Is there conflict? How is it being managed? Are goals and roles clear? Are problems solved effectively and in a timely fashion?

Additional Interprofessional Communication Tools

These communication tools, similar to those described in Part 1 of this resource, provide strategies for addressing issues or situations that may arise in healthcare settings.

Some of the tools below are from TeamSTEPPS, a patient safety initiative of the Agency for Healthcare Research & Quality (AHRQ), the Health Quality Council of Alberta (HQCA), and the Canadian Patient Safety Institute (CPSI).
https://www.ahrq.gov/teamstepps/
http://www.teamstepps-canada.ca/

Advocacy-Inquiry

In the Advocacy-Inquiry model of debriefing,[21] start by **advocating** or describing what you observed, then **inquiring** or seeking to understand it.

> "I saw that our team come to consensus very quickly. I wonder, does everyone feel like they had a chance to provide input?"
> "When you met with the patient, it seemed like you put her at ease very quickly. How did you do that?"
> "It seemed like we were rushing to finish the activity at the end. How can we manage our time better for the next activity?"

Call-Out

Call-Out is used to communicate urgently when there is important or critical Information. It informs all team members simultaneously about the information, helps team members to anticipate next steps, and if needed, directs responsibility to a specific individual responsible for carrying out a task.

[21] Faculty of Pharmacy and Pharmaceutical Sciences, University of Alberta. (2007). *Debriefing using the Advocacy-Inquiry method*. Retrieved from the University of Alberta, Virtual Interprofessional Educator Resource (VIPER) website: http://uab.ca/viper

Example during an incoming trauma:

Leader:	“Airway status?”
Resident:	“Airway clear.”
Leader:	“Breath sounds?”
Resident:	“Breath sounds decreased on right.”
Leader:	“Blood pressure?”
Nurse:	“BP is 96/62.”

Check-Back

Have you ever said something to someone and then wondered if they received the message? Check-Back uses closed-loop communication to ensure that the message conveyed by the sender is understood by the receiver as intended.

Steps	**Example**
Sender initiates the message	Doctor: “Give 25 mg Benadryl IV push.”
Receiver accepts the message and provides feedback	Nurse: “25 mg Benadryl IV push.”
Sender double-checks to ensure that the message was received	Doctor: “That’s correct.”

Handoff / I PASS the BATON

A handoff is a transfer of information, authority, and responsibility during transitions in care across the healthcare continuum. It includes an opportunity to ask questions, clarify, and confirm information. Examples of transitions in care include shift changes, transfer of responsibility between and among care providers, and patient transfers. It is important to highlight that both *authority* and *responsibility* are transferred in a handoff. Lack of clarity about who is responsible for the care and decision making may contribute to medical errors.

A proper handoff includes the following:

Transfer of responsibility and accountability
When handing off, it is your responsibility to know that the person who must accept responsibility is aware of assuming responsibility. Similarly, you are accountable until both parties are aware of the transfer of responsibility.

Clarity of information
When uncertainty exists, it is your responsibility to clear up all ambiguity of responsibility before the transfer is completed.

Verbal communication of information
You cannot assume that the person obtaining responsibility will read or understand written or nonverbal communications.

Acknowledgment by receiver
Until it is acknowledged that the handoff is understood and accepted, you cannot relinquish your responsibility.

Opportunity to review
Handoffs are a good time to review and have a new pair of eyes evaluate the situation for both safety and quality.

In addition, handoffs include the transfer of knowledge and information about:

- The degree of certainty and uncertainty regarding a patient, such as whether a diagnosis has been confirmed.
- The patient's response to treatment.
- Recent changes in condition and circumstances.
- The plan of care, including contingencies.

One example of a handoff strategy is **I PASS the BATON**:

	Introduction	Introduce yourself and your role/job (include patient).
Patient's current situation	**Patient**	Name, identifiers, age, sex, location.
	Assessment	Present chief complaint, vital signs, symptoms, and diagnoses.
	Situation	Current status/circumstances, including code status, level of (un)certainty, recent changes, and response to treatment.
	Safety concerns	Critical lab values/reports, socioeconomic factors, allergies, and alerts (falls, isolation, etc).
	the	
	Background	Comorbidities, previous episodes current medications, and family history.
Next steps, timelines, and transfer of authority	**Actions**	Explain what actions were taken or are required. Provide rationale.
	Timing	Level of urgency and explicit timing and prioritization of actions.
	Ownership	Identify who is responsible (person/team), including patient/family members.
	Next	What will happen next? Anticipated changes? What is the plan? Are there contingency plans?

SBAR

Information often has to be relayed quickly, efficiently, and to the point. SBAR is one tool that can organize your information, providing a standardized format for communicating critical information.

Situation. What is going on with the patient?
Background. What is the clinical background or context?
Assessment. What do I think the problem is?
Recommendation / **R**equest. What should I do to correct it?

Situation	"I'm Janet, calling from the lab…
Background	We received a specimen from Margaret Smith who is on your ward…
Assessment	The blood was collected incorrectly. It is clotted and we are unable to perform the test…
Recommendation / Request	A new sample will have to be collected in a citrated tube ASAP. You might want to call collections and have someone come up and collect the sample."

Stop, Start, Continue, Improve

This is a straightforward model where feedback is generated from the answers to these questions:

- What should **S**top happening?
- What should **S**tart happening?
- What should **C**ontinue?
- What should be **I**mproved?

Communication Strategies

Jargon Alert

"Jargon" refers to technical terms or specialized language which may act as a type of shorthand between members of the same group or profession. In healthcare it is a part of everyday conversations and too often results in miscommunication among different providers, patients, and caregivers. Commonly the person using the jargon doesn't realize that they're doing it and would, if prompted, clarify what they are talking about.

One way to address this is to use Jargon Alert.[22] Healthcare providers may invite patients to use Jargon Alert to indicate that they don't understand a term you are using. The healthcare provider may write "Jargon Alert" on an index card for a patient to hold up, or the provider may simply invite the patient to say "Jargon Alert" when a term needs to be explained. Healthcare providers may also use the same strategy when communicating with each other.

> "I have provided a Jargon Alert card for each of you and invite you to use this today throughout my presentation or with other participants to aid in clear communication. If you detect any jargon, raise your card to alert the speaker."

If someone raises a Jargon Alert card on you, it can be tricky to pause your train of thought, especially if you are not sure what jargon you used. Keep in mind that jargon goes beyond medical abbreviations, and you may be using a type of lingo or shorthand that is confusing to people outside of your context. Thanking them for drawing your attention to it and if you are not sure why they raised the card, feel free to ask. Remember the goal of Jargon Alert is to promote clear communication for everyone.

[22]Interprofessional Clinical Learning Unit, Health Sciences Council (HSC), University of Alberta. (2013). *Jargon Alert! Card*. Retrieved from the University of Alberta, Virtual Interprofessional Educator Resource (VIPER) website: http://uab.ca/viper

Seeking to Understand

Seeking to understand other perspectives is important and interprofessional team as that helps solve conflict and allows a team to grow and move forward.

Start with statement about what you saw or heard, e.g.:

"I noticed that..."
"I heard you say..."

This is about sharing your perspective rather than declaring an absolute truth. Follow it up with an invitation for the other person to tell you their perspective, e.g.:

"Help me understand..."
"I'm wondering..."
"Could you explain a little bit about..."

This invites a dialogue to get started.

Two-Challenge Rule

The Two-Challenge Rule empowers all team members to speak up when they notice a safety breach. All members of the team should be empowered to "stop the line" when they have a serious concern. The Two-Challenge Rule is simply stating something once and then saying it again to ensure that it was heard.

When an initial assertive statement is ignored, it is your responsibility to assertively voice concern at least two times to ensure that it has been heard. The team member being challenged must acknowledge that concern has been heard. If the safety issue still hasn't been addressed, take a stronger course of action and use the supervisor or chain of command. This is an action never to be taken lightly, but it requires immediate cessation of the process and resolution of the safety issue.

Situation	It is late at night during a particularly hectic shift. A distressed young female having an allergic reaction arrives in the ED. She has developed a rash and is beginning to wheeze. Dr. Andrew, who is new to the ED, orders Benadryl 125 mg IV.
Challenge #1	Clara, an experienced pharmacy technician, questions the drug dosage.
	Dr. Andrew repeats his order for Benadryl 125 mg IV.
Challenge #2	Clara pursues her challenge a second time, stating, "Dr. Andrew, that dose seems high. I've never dispensed more than 50 mg IV at a time before."
	"Yes, you're right. I was confusing the dose with that for Solu-Medrol," states Dr. Andrew. Dr. Andrew changes his order, she repeats the correct order back to him, and the correct dose of Benadryl is administered.

WAIT

WAIT[23] – **W**hy **A**m **I** **T**alking? – is a reminder to speak with purpose and make space for others to contribute. Sometimes we talk to work through our thoughts ("thinking out loud") and sometimes we keep talking because we are waiting for acknowledgment of our point of view. Using WAIT reminds us to respect other people's time by speaking with purpose and making space for others to contribute to the discussion.

You can also invite patients to use WAIT to alert you that they feel overloaded by the volume or nature of the information. You may write "WAIT" on an index card for the patient to hold up or invite the patient to say the word "WAIT" when they need a break.

> "During our appointment today if you have a question or are feeling overwhelmed, hold up this WAIT card to signal the need for a break or a check in."

If someone uses WAIT on you, simply ask if they need a break, or ask how they're feeling. Allow them to share their thoughts or rest for a time if they need it.

[23]Health Sciences Education and Research Commons (HSERC), University of Alberta. (2013). *WAIT (Why Am I Talking?) Card*. Retrieved from the University of Alberta, Virtual Interprofessional Educator Resource (VIPER) website: http://uab.ca/viper

Hinting and Hoping

"Hinting and hoping" is a communication pattern to *avoid* as it is ineffective and leads to misunderstandings. It may arise in situations where team members are avoiding conflict, and can arise in hierarchies when roles and processes are unclear.

Hinting and hoping	"I'm going to need a washroom break eventually and get something to eat."
Better alternative	"Gwen, could you cover me for 15 minutes while I take a break?"

Hinting and hoping	"It sounds like Mrs. Alder might have tripping hazards at home. Someone should probably call an OT for a home consult."
Better alternative	"I'm concerned Mrs. Alder might have tripping hazards at home. Devon, please contact the OT who provided the consult for our patient last week."

Conclusion

As you continue with your professional programs and the interprofessional elective courses in the future, remember that your skillset as a healthcare professional needs to include collaboration skills. Your contribution to your future teams and networks will contribute to patient care and a better healthcare system.