Stocking Your Collaborative Practice Tool Kit

Be clear, quick, and effective.
Advocate with clarity.
Move toward consensus.
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approach to learning</td>
<td>2</td>
</tr>
<tr>
<td>Before you begin</td>
<td>2</td>
</tr>
<tr>
<td>What you will need</td>
<td>3</td>
</tr>
<tr>
<td>After the session</td>
<td>3</td>
</tr>
<tr>
<td>Troubleshooting</td>
<td>4</td>
</tr>
<tr>
<td>Suggested timing</td>
<td>6</td>
</tr>
<tr>
<td>PowerPoint slides</td>
<td>7</td>
</tr>
<tr>
<td>Slide 1: Stocking your collaborative practice tool kit</td>
<td>7</td>
</tr>
<tr>
<td>Slide 2: Project collaborators</td>
<td>8</td>
</tr>
<tr>
<td>Slide 3: Overview</td>
<td>9</td>
</tr>
<tr>
<td>Slide 4: Learner outcomes</td>
<td>10</td>
</tr>
<tr>
<td>Slide 5: Why collaborative practice tools?</td>
<td>11</td>
</tr>
<tr>
<td>Slide 6: Collaborative practice toolkit</td>
<td>12</td>
</tr>
<tr>
<td>Slide 7: What doesn’t work: Hinting &amp; hoping</td>
<td>13</td>
</tr>
<tr>
<td>Slide 8: Communication</td>
<td>14</td>
</tr>
<tr>
<td>Slide 9: Part 2: Overview of the tools and practice using the tools</td>
<td>15</td>
</tr>
<tr>
<td>Slide 10: Three communication tools to help you be clear, quick, and effective</td>
<td>16</td>
</tr>
<tr>
<td>Slide 11: SBAR example in Rapid Rounds</td>
<td>17</td>
</tr>
<tr>
<td>Slide 12: Rounds practice</td>
<td>18</td>
</tr>
<tr>
<td>Slide 13: What SBAR looks like at the bedside: Situation</td>
<td>19</td>
</tr>
<tr>
<td>Slide 14: What SBAR looks like at the bedside: Background</td>
<td>21</td>
</tr>
<tr>
<td>Slide 15: What SBAR looks like at the bedside: Assessment</td>
<td>22</td>
</tr>
<tr>
<td>Slide 16: What SBAR looks like at the bedside: Recommendation</td>
<td>23</td>
</tr>
<tr>
<td>Slide 17: I PASS the BATON</td>
<td>24</td>
</tr>
<tr>
<td>Slide 18: I-SHAPED</td>
<td>25</td>
</tr>
<tr>
<td>Slide 19: Bedside practice</td>
<td>26</td>
</tr>
<tr>
<td>Slide 20: Jargon Alert!</td>
<td>27</td>
</tr>
<tr>
<td>Slide 21: Three communication tools to help you advocate with clarity</td>
<td>28</td>
</tr>
<tr>
<td>Slide 22: What advocating might look like</td>
<td>30</td>
</tr>
<tr>
<td>Slide 23: Two communication tools to help you move toward consensus</td>
<td>31</td>
</tr>
<tr>
<td>Slide 24: WAIT: Why Am I Talking?</td>
<td>32</td>
</tr>
<tr>
<td>Slide 25: Move toward consensus</td>
<td>33</td>
</tr>
<tr>
<td>Slide 26: Assumptions activity</td>
<td>35</td>
</tr>
<tr>
<td>Slide 27: Assumptions</td>
<td>37</td>
</tr>
<tr>
<td>Slide 28: Seek to understand</td>
<td>38</td>
</tr>
<tr>
<td>Slide 29: Practice</td>
<td>39</td>
</tr>
<tr>
<td>Slide 30: Rapid Rounds troubleshooting</td>
<td>40</td>
</tr>
<tr>
<td>Slide 31: Bedside Shift Report troubleshooting</td>
<td>41</td>
</tr>
<tr>
<td>Slide 32: Part 3: Reflect on practice</td>
<td>42</td>
</tr>
<tr>
<td>Slide 33: Reflect on practice</td>
<td>43</td>
</tr>
<tr>
<td>Slide 34: References</td>
<td>44</td>
</tr>
<tr>
<td>Slide 35: Acknowledgements</td>
<td>45</td>
</tr>
</tbody>
</table>
Approach to learning

This is one of two interactive learning modules that you and your team will be engaging in. It is interactive in two ways. First, as the learning facilitator for the session, you will need to be listening to, interacting with, and learning from the team, so that by the end of the session you have an idea about the next steps to advance the learning out of the classroom and into practice. Second, learners will be practicing in pairs and small groups, and learning from each other.

This interactive learning approach is characteristic of experiential learning. Remember that we learn best by actively participating with others in the learning endeavour, and by giving and receiving feedback. Learners who reflect on experience and dialogue with trusted peers, mentors or respected supervisors can become more self-directed over time. Throughout this learning module you and your team will have opportunities to:

- Practice using specific communication tools in low-risk situations with a trusted peer.
- Share what it was like using the tools in a relevant, work-related context.
- Decide which tools will be most useful for your team in different situations and in different care processes.
- Reflect individually on how developing these competencies will change practice and alter relationships.
- Determine together what additional steps are needed to develop these competencies.

Before you begin

- Read through the entire user guide, with or without the slide presentation in front of you.
- Watch the videos embedded in the slide presentation.
- Read through the user guide again, making notes about things you want to remember, points you want to highlight, and adjustments or clarifications you will be adding.
- Identify any stumbling blocks you anticipate for yourself and your team, and think about how you might overcome them.
- Review the reference documents to build your background knowledge, and watch the videos again.
- In the room where you will be presenting this module, test the internet connection and the links to videos. If you are concerned about being able to access the video from the internet, download it on to your laptop computer before the session and place it on your desktop so you can play it from your computer. This will speed up your session.
- Adjust the timing to suit your situation and audience.
- Gather all of your materials.
What you will need

- A large format poster of the Collaborative Practice Tool Kit or individual copies.
- One or two copies of the “What SBAR looks like at the bedside” slides for reading aloud.
- Chart paper and pens; these are for recording input from the team, key discussion points, and a “parking lot” for issues to be referred to the Advisory Group or deferred until a later date.
- Small sheets (half of 8.5 x 11) or notepad sheets for the Assumptions Activity.
- WAIT and Jargon Alert cards if you plan to use them.

Collaborative Practice Toolkit
http://www.hserc.ualberta.ca/TeachingandLearning/VIPER/IPCareProcesses.aspx

Jargon Alert

WAIT
http://www.hserc.ualberta.ca/TeachingandLearning/VIPER/EducatorResources/WAITCard.aspx

After the session

- Formally thank participants for their participation in the session.
- Take time to reflect:
  o What went well?
  o What would I do differently next time?
  o What skills do I need to feel confident and competent in this role?
  o Make notes about important points to remember.
- Summarize the notes and parking lot issues on the chart paper, and distribute to participants.
- Follow up on any issues or concerns raised and recorded on the parking lot chart paper.
- Feed these concerns into the issues log, and commit to a timeline for addressing more complex issues that cannot be addressed immediately. Look for quick wins.
- Provide support to learners as they try these communication skills in their day-to-day work. Provide feedback that reinforces their efforts.
- Talk to people:
  o What is going well?
  o What are they uncertain about?
  o Where do they need support and potentially more opportunities for practice?
## Troubleshooting

What to do when things are not going as planned.

<table>
<thead>
<tr>
<th>If you encounter this...</th>
<th>Try this...</th>
</tr>
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<tbody>
<tr>
<td>There’s not enough time available for the interactive learning session.</td>
<td>Protect time for the role play activities, to ensure that your team has time to practice the team-led debrief. Consider delivering in two different sessions, but ensure that the troubleshooting is combined with the simulations. Save some of the background material for later, or omit some of the tools and introduce them later. You can always add them later. You can create your own slide deck from the slides provided. Resist the temptation to sacrifice practice and reflection in order to “cover” material. Remember that it is during practice and reflection that most of the learning occurs.</td>
</tr>
<tr>
<td>People are coming and going; there are multiple distractions during the session.</td>
<td>Set ground rules for the session. Start and end on time. Allow breaks as necessary.</td>
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<tr>
<td>Participants are reluctant to try tools in authentic workplace situations.</td>
<td>Role play the tools by using common, low-risk situations that occur among friends or family members, or from outside the workplace.</td>
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<tr>
<td>It is difficult to bring together sufficient numbers of staff at one time for the education session and/or the role play.</td>
<td>The skills portion of the session can be implemented in an informal environment with 2-3 staff participating at one time. Smaller cohorts may be less threatening and can make the connection to daily practice is easy to make. The role play portion of the session requires representation from all members of your team.</td>
</tr>
<tr>
<td>Participants consistently raise implementation questions and issues during the session.</td>
<td>Encourage participants to troubleshoot and pose practical solutions to problems. The two slides on troubleshooting are intended for this purpose (towards the end of Module 4). Feed their issues and challenges into this format, and refer all proposed solutions to decision-makers. Ensure you protect time for this important step. Quick wins here can build staff engagement and team cohesion.</td>
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<tr>
<td>If you encounter this...</td>
<td>Try this...</td>
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| Participants don’t take the content seriously or don’t see the relevance to their work.| Remind participants that the new processes are already being implemented; the goal is to refine and sustain practice.  
The most important question is, “How will we make this work in the best interests of patients?”  
Model tools and strategies within sessions and in daily practice. |
| Implementation issues are forefront and making it difficult to move forward with the interactive learning module. | Try a “cards on the table” activity at the beginning of the session. Have each participant, in round-robin style, say what they hope to get out of the session, and one issue or concern they have about the session. Record all of the points on chart paper and post them in the room.  
During the activity, identify which issues can or will be addressed in the current session. Follow up on all issues to be addressed at a later date, preferably by email or other similar communication. |
| Many questions and comments about care or change processes arise during the skills development session. These can sidetrack the focus of the session: skill development. | It can be tempting to rush discussion to keep on time. To find the right balance between discussion and respecting time set for the session:  
• Preserve space for staff to discuss their relevant experiences or challenges that can be addressed by the tools being presented.  
• Use the parking lot to acknowledge and track comments and questions about implementation. Reassure staff these issues will be addressed later in Team Debriefing. |
## Suggested timing

<table>
<thead>
<tr>
<th>Section</th>
<th>Slides</th>
<th>Time</th>
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<tbody>
<tr>
<td>Reflect on practice</td>
<td><strong>31. Part 3: Reflect on practice</strong>&lt;br&gt;32. Reflect on practice&lt;br&gt;33. References</td>
<td>5 minutes</td>
</tr>
</tbody>
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Stocking Your Collaborative Practice Tool Kit

Be clear, quick, and effective.
Advocate with clarity.
Move toward consensus.

Slide 1: Stocking your collaborative practice tool kit
Slide 2: Project collaborators
Overview

Part 1: Why collaborative practice tools?
Part 2: Overview and practice with the tools
  - Be clear, quick, and effective (3 tools)
  - Advocate with clarity (3 tools)
  - Move toward consensus (2 tools)
Part 3: Reflect on practice

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Slide 3: Overview
Learner outcomes

- Recognize utility of collaborative practice skills.
- Learn collaborative practice skills, including when and how to use them in the context of the care process.
- Reflect on practice.

Slide 4: Learner outcomes
Slide 5: Why collaborative practice tools?
Slide 6: Collaborative practice toolkit

**Background**
Research (including the article listed below) suggests that team training (collaborative skills development) may support integration of new care processes. This learning module is about being intentional about developing and using collaborative skills as part of interprofessional practice.

**Process**
Ask participants to identify any of these tools they are already familiar with, and in what contexts they have used them.

Note on chart paper any input you receive at this juncture on tools used and the context in which they have been used, and any issues that arise from this discussion.

**Resources**

**Tip**
Using chart paper to record the outcomes of the discussion points throughout the module contributes to a sense of engagement by showing that participant experiences, ideas, and issues are respected and valued. Identify a recorder from the group to help you if necessary. Be transparent.
Slide 7: What doesn’t work: Hinting & hoping

**Background**

Hinting and hoping are common but ineffective communication strategies: they arise in hierarchies when role and processes are unclear and in conflict.

Collaborative practice communication tools support more direct communication by helping to address two problems that plague team discussions:

- The need for time management and clarity in communication.
- Missed opportunities to advocate for better care, and/or challenge assumptions.

This video on conflict may be helpful to highlight the need for direct communication:

http://www.youtube.com/watch?v=KY5TWVzSZDU

Note that this video is an advertisement for a mediation firm that nicely frames the concept. Stop the video at 2:44 minutes.

**Process**

Describe “hinting and hoping” as an ineffective strategy; enlist examples from participants.

View video, if appropriate.

Link conflict tools to care processes in terms of negotiating how to complete the process and develop a plan.
Slide 8: Communication

The single biggest problem with communication is the illusion that it has taken place.

- George Bernard Shaw
Slide 9: Part 2: Overview of the tools and practice using the tools
Slide 10: Three communication tools to help you be clear, quick, and effective

**Background**
Using a structured approach to providing patient information to team members:

- Can build quick and effective communication.
- Supports efficiency and effectiveness with respect to patient care outcomes.
- Can be helpful for people who process information as they talk.
- Saves time.
- Builds rapport and cohesion among team members.

Implementation and sustainability of Bedside Shift Report is facilitated when a consistent structure is used for the report. The context of your unit may determine which structure will work best for you. Unit leadership and your advisory group should review all three formats to determine which is most suited to your care context: SBAR, I-SHAPED, or I PASS the BATON.

**Process**
Ask, as you review the tools during the following slides: Are these new? Have you used any of these before? To what effect?
Slide 11: SBAR example in Rapid Rounds

Background
SBAR has been widely distributed and evaluated in the US by the Agency for Healthcare Research and Quality’s (AHRQ) TEAMSTEPPS project and in the UK by the National Health Service (NHS). Use SBAR when:

- Adding new and/or complex assessments or recommendations.
- When care is transferred or when consulting with other disciplines.

Caution: SBAR is not intended to be used for straightforward updates. Repeated use of this structure could unnecessarily lengthen rounds. Expect overuse initially as learners practice using the tool, but allow for discussion of when it is appropriate and when it is not necessary.

Process
If the example in the slide is not appropriate to your setting, create your own example. You can edit the slide, add a new slide, or prepare it on a hand out. Consider using an example from a profession other than your own to model interprofessional engagement. Have someone from the other discipline review the example for authenticity.

Resources

Five SBAR escalation films, 2-4 minutes each
Alternate link for the videos: http://bcove.me/16ajv8av
Rounds practice

- Think of a patient you saw last week. Use SBAR to either:
  - Introduce the patient as a **new admission** in rounds, or
  - Deliver a **complicated update** of their status in rounds.
- Partner and practice SBAR. (2 min)
- Share as a group. (3 min)
  - How did it go?
  - When would you use it?
  - Cautions?

**Note** on the parking lot any new issues that arise through the practice and delete any that have been addressed.

**Tip**
With a larger group (8+), have participants practice in pairs first. Each one practices, then together they share thoughts on the questions. Then pairs join up to form fours and share thoughts on the questions. Whole group debrief can follow if appropriate, especially on the cautions.

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**Slide 12: Rounds practice**

**Process**

**Ask** these questions to generate group discussion.

1. How did the reflection piece feel?
2. What other insight or learning occurred when reflecting alone and/or together?
3. Did anyone use a framework or tool to think through their experience?

**Note** on the parking lot any new issues that arise through the practice and delete any that have been addressed.

**Tip**
With a larger group (8+), have participants practice in pairs first. Each one practices, then together they share thoughts on the questions. Then pairs join up to form fours and share thoughts on the questions. Whole group debrief can follow if appropriate, especially on the cautions.
Slide 13: What SBAR looks like at the bedside: Situation

**Background**
The example in these slides shows a collaborative use of SBAR where both nurses contribute to completing the SBAR.

**Process**
**Choose** one or two people from the group to read aloud the SBAR example at the bedside.

**Proceed** to the slides on I PASS the BATON and I-SHAPED.

If these examples are not appropriate, create your own and either edit the slide, add a new slide, or prepare it on a hand out.

**Review** each example provided, or your own.

**Discuss** tools; clarify any questions about when or how these tools might be used.

The context of your unit may determine which structure will work best for you. Unit leadership and your advisory group should review all 3 formats to determine which is most suited to your care context: SBAR, I-SHAPED, or I PASS the BATON. Review and practice one or more depending on whether decisions have already been made as to which format your unit will use.

**List** issues and concerns on chart paper; after the session, forward the list to decision-makers.
Resources


TeamSTEPPS Pocket Guide: Handoff and I PASS the BATON: 
http://www.ahrq.gov/professionals/education/curriculum-tools/teamstepps/instructor/essentials/pocketguide.html#handoff

Always Events: ISHAPED questions and answers for nurses: 
Related: http://alwaysevents.pickerinstitute.org/?p=1251
Slide 14: What SBAR looks like at the bedside: Background
Slide 15: What SBAR looks like at the bedside: Assessment
Slide 16: What SBAR looks like at the bedside: Recommendation

**What SBAR looks like at the bedside**

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<thead>
<tr>
<th>S</th>
<th>Situation</th>
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<tbody>
<tr>
<td>B</td>
<td>Background</td>
</tr>
<tr>
<td>A</td>
<td>Assessment</td>
</tr>
<tr>
<td>R</td>
<td>Recommendation</td>
</tr>
</tbody>
</table>

**Outgoing Provider**
- Review all orders and the plan of care with incoming provider (tests, treatments, medication therapy, IV sites/meds).
- Include medications that have been ordered and any ancillary or support services (e.g., physio, radiology).
- Ask the patient, “Do you have any questions? Is there anything else Jane needs to know at this time?”

**Incoming Provider**
- Validate the treatment orders and plan of care. Ask the outgoing provider and patient/family if they have any additional comments or questions.
- Thank the patient. Check to ensure the patient understands the plan of care and is comfortable.

### Slide 17: I PASS the BATON

<table>
<thead>
<tr>
<th>Component</th>
<th>Action</th>
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<tbody>
<tr>
<td><strong>Introduction</strong></td>
<td>Outgoing nurse introduces incoming nurse to patient using NOD.</td>
</tr>
<tr>
<td><strong>Patient</strong></td>
<td>Confirm patient’s identity and permission to proceed.</td>
</tr>
<tr>
<td><strong>Assessment</strong></td>
<td>Review relevant diagnosis &amp; complaints, vital signs &amp; symptoms.</td>
</tr>
<tr>
<td><strong>Situation</strong></td>
<td>Review ADLs, intake, elimination, behavior, cognition, code status, recent changes, &amp; response to treatment.</td>
</tr>
<tr>
<td><strong>Safety</strong></td>
<td>Complete safety check. Identify critical lab values/reports, allergies, alerts, falls, isolation.</td>
</tr>
<tr>
<td><strong>Background</strong></td>
<td>Review comorbidities, previous episodes, current medication.</td>
</tr>
<tr>
<td><strong>Actions</strong></td>
<td>Outline actions taken or required. Provide brief rationale.</td>
</tr>
<tr>
<td><strong>Timing</strong></td>
<td>Identify level of urgency, explicit timing, prioritization of actions.</td>
</tr>
<tr>
<td><strong>Ownership</strong></td>
<td>Clarify who is responsible, including patient/family responsibilities.</td>
</tr>
<tr>
<td><strong>Next</strong></td>
<td>Clarify what will happen next. Identify contingency plans.</td>
</tr>
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</table>

Adapted from TEAMIPPO by AIDS Research Council Commissions.
I-SHAPED

<table>
<thead>
<tr>
<th>Introduce</th>
<th>Outgoing nurse introduces incoming nurse to patient using NOD.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Story</td>
<td>Review diagnosis and/or reason for admission.</td>
</tr>
<tr>
<td>History</td>
<td>Review medical history details relevant to hospitalization.</td>
</tr>
<tr>
<td>Assessment</td>
<td>Review status, including system review appropriate for clinical status.</td>
</tr>
<tr>
<td>Plan</td>
<td>Review plan of care, including daily goals and discharge plan.</td>
</tr>
<tr>
<td>Error Prevention</td>
<td>Review potential safety issue(s) and complete Safety Check. Communicate high risk including any precautions.</td>
</tr>
<tr>
<td>Dialogue</td>
<td>Patient involved throughout, encouraged to ask questions and provide feedback. Thanked for their participation.</td>
</tr>
</tbody>
</table>

Adapted from Prout et al. 2013 for AHRQ, SlideShare: Shift Report Conventions.

Slide 18: I-SHAPED
Slide 19: Bedside practice

**Background**
This practice is intended to support nurses with bedside handoffs. Each pair should try at least one tool, and if time permits, each pair should try at least two tools. Practitioners not involved in bedside care may choose to practice with the nursing staff, continue to practice Rapid Rounds using SBAR, or take the role of patient for the bedside practice activity.

The context of your unit may determine which structure will work best for you. Unit leadership and your advisory group should review all 3 formats to determine which is most suited to your care context: SBAR, I-SHAPED, or I PASS the BATON.

**Process**
Ask these questions to generate group discussion.
1. How did the reflection piece feel?
2. What other insight or learning occurred when reflecting alone and/or together?
3. Did anyone use a framework or tool to think through their experience?

**Note** on the parking lot any new issues that arise through the practice and delete any that have been addressed.

**Tip**
With a larger group (8+), have participants practice in pairs first. Each one practices, then together they share thoughts on the questions. Then pairs join up to form fours and share thoughts on the questions. Whole group debrief can follow if appropriate, especially on the cautions.
Slide 20: Jargon Alert!

**Background**
Jargon is a common challenge to clear team communication. While eliminating jargon may seem near impossible, building a culture where team members are comfortable seeking clarification is a much more attainable goal.

“Jargon Alert!” cards can be provided to staff attending team meetings where jargon is regularly used, or to patients as an easy way of requesting clarification, and reminding the speaker that their language isn’t always universal.

Caution: The card should only be used if an explanation has been provided in advance, and a culture for feedback has been established. Without these conditions, use of the card could be misinterpreted and offensive.

**Process**
**Ask:** Is this a tool we would find useful?
Slide 21: Three communication tools to help you advocate with clarity

**Background**
These collaborative practice communication tools support more direct communication by helping to address another common problem that plagues team discussions: **missed opportunities** to advocate for better care, and/or expose the assumptions that can lead to misunderstanding.

Using effective strategies like CUS and DESC can help practitioners to structure opposing perspectives clearly. By constructively supporting assertiveness, a collaborative culture can be developed and maintained.

**2 Challenge Rule**: The obligation to make sure a concern is heard (assertive advocacy).

**CUS**: Effective in high stakes, time pressured situations where clarity and brevity may trump relationship. Could help in conflicts where two professionals have different information.

**DESC**: Effective for more complex issues and when more time is available; can also help preserve relationships while addressing relationship challenges.

**Process**
- **Outline** each tool

**Ask**: Which are new? Which have you seen before? Which do you use? To what effect?

**Acknowledge** the potential for discomfort.
Play the videos and debrief after each one.

Videos
Labor and Delivery: CUS (10 seconds)

Assertive Communication for Better Relationships: DESC (play from 1:37 to 4:00 minutes)
http://www.youtube.com/watch?v=BHk_S54ZAH8

Resources

TEAMSTEPPS: CUS, 2 Challenge Rule, and DESC
http://teamstepps.ahrq.gov/about-2cl_3.htm
Slide 22: What advocating might look like
Slide 23: Two communication tools to help you move toward consensus

**Background**
While the other skills work well to communicate efficiently and to support safety, they do not address challenges of building the understanding and agreement needed to attend to complex issues or relationships with team members.

Sometimes we need to clarify or dig a little deeper to understand another person’s position before moving on to next steps.

These collaborative practice communication tools address common problems that plague team discussions: **Lack of clarity** in understanding, and missed opportunities to **check our own assumptions**, or those of others.
Slide 24: WAIT: Why Am I Talking?

*Background*
Some of us talk to work through our own thoughts. This can be difficult for our audience if they are pressured for time.

Sometimes we continue to talk because we are waiting for acknowledgment of our point of view.

WAIT (Why am I talking?) can be used to remind us of the importance of listening to others and making space in our conversations for others to contribute.
Slide 25: Move toward consensus

**Background**
Some of us talk to work through what we are thinking. This can be difficult for our audience if they are pressured for time. Sometimes we continue to talk because we are waiting for acknowledgment of our point of view.

WAIT (Why am I talking?) serves to remind us to
- Make space for others to contribute to the discussion,
- Respect the time of team members by contributing intentionally, and
- Consider taking another approach if the direction of the discussion has not been productive.

It can also be used by patients to indicate to staff that the volume or nature of information provided has exceeded their capacity to attend to/absorb information. Cards with the acronym can be provided to patient as one means to encourage their engagement in the Bedside Shift Report. Explain the use of the card before inviting patients to use it.

Caution: The card should only be used if an explanation has been provided in advance, and a culture for feedback has been established. Without these conditions, use of the card could be misinterpreted and offensive.

**Process**
**Pause** to think and consider individually: What situations am I aware of where WAIT might be useful? How would I feel if someone used WAIT while I was talking? Would I be comfortable giving this tool to patients?
Invite
testing. Have participants turn to a partner and share one thought about the use of WAIT by staff or by patients. Provide the opportunity for one or two participants to share their thoughts with the whole group.

Record any cautions about the use of WAIT that are shared with the group.
Slide 26: Assumptions activity

**Background**
This activity highlights how even common concepts are not universally understood. It demonstrates that different people may mean different things even when using the same words.

Asking for clarification, building a common understanding, and avoiding assumptions all help care teams to manage complex issues related to care. Assumptions can lead to misunderstandings and conflict.

**Process**
Allow one minute for participants to assign their percentages on a sheet of paper, privately.

Collate results as a group by plotting individually responses along a line with 0% at one end and 100% at the other. An easy way to do this is to rule off a sheet of lined chart paper, posted in landscape (see diagram below). You need one line for each of the five words. Use the printed lines on the sheet to make hash marks at 10, 20, 30, etc., to 100% or less often if you prefer. Have individuals come up to the chart paper and place their response at the appropriate place on the lined sheet using a marker or a coloured dot.
Move to the next slide on assumptions.

Ask: What assumptions might be getting in the way of communication at work?
Your assumptions are your windows on the world.

Scrub them off every once in a while, or the light won't come in.

- Isaac Asimov

Slide 27: Assumptions
Slide 28: Seek to understand

**Background**
Uncovering assumptions is an important step in achieving shared understanding. This approach stems from debriefing but it can be used in any situation where one person is seeking to clarify another’s perspective. Uncovering assumptions is a necessary step to reaching a common understanding moving forward together.

**Process**
Refer again to the Assumptions Activity results.

**Brainstorm** times in daily life when this approach might be helpful, with family or friends, at home or at work. For example:

- I noticed that the dishwasher hasn’t been unloaded. I think we agreed that would happen right after school. I am wondering what happened.
- I heard you say you won’t be here for dinner tonight. I thought we all agreed that everyone would be here for dinner on Sundays. Can you help me understand why you made other plans without checking first?

**Show** this example, where a physician seeks to understand the position of a colleague, and speculate on a possible explanation.

http://www.youtube.com/watch?v=1Zx1yZehiBg (Boston Med episode 6)
Play sections 24:10 to 25:50 minutes and 30:30 to 32:24 minutes

**Ask:** Can you think of a situation where you might use Seek to Understand here at work?
Slide 29: Practice

**Background**
This practice is intended to support all staff in advocating and moving to consensus using CUS, DESC, 2-challenge, and Seek to Understand. At least one pair should try each tool, and if time permits, each pair should try at least two tools.

**Process**
Ask these questions to generate group discussion.

4. How did the reflection piece feel?
5. What other insight or learning occurred when reflecting alone and/or together?
6. Did anyone use a framework or tool to think through their experience?

**Note** on the parking lot any new issues that arise through the practice and delete any that have been addressed.

**Tip**
With a larger group (8+), have participants practice in pairs first. Each one practices, then together they share thoughts on the questions. Then pairs join up to form fours and share thoughts on the questions. Whole group debrief can follow if appropriate, especially on the cautions.
Slide 30: Rapid Rounds troubleshooting

**Background**
See Module 2: The What, Why, and How of Rapid Rounds to learn more about Rapid Rounds.

By reviewing your practice together, your team will feel more engaged in the practice change that you are currently implementing. Team members take ownership for solutions when they are asked to be part of the problem solving.

This is a sample to demonstrate some common solutions to implementation issues that were experienced during the pilot program. Be sure to discuss the challenges that actually occur in the role play learning experience; skip over any of these examples that are not relevant. This sample should not replace the discussion, brainstorming, and generation of challenges and solutions specific to your team’s care context.

**Process**
Following a short debrief of the role-play exercise, **debrief** the broader day-to-day experience.

**Revisit** the ground rules.

**Use** a structured debriefing format such as “What? So What? Now What?,” “Plus Delta,” or “Plus Delta Gamma.” Record any additional challenges or issues that come up, brainstorm solutions where possible, and note any issues that need to be referred to the Advisory Team on the parking lot.
Slide 31: Bedside Shift Report troubleshooting

**Background**


Staff will likely be familiar with comfort rounds already, but as this concept hasn’t been discussed previously in these modules, a brief description is provided below. You may wish to discuss with participants why performing comfort rounds before the Bedside Shift Report would help the Bedside Shift Report to take less time.

**Comfort Rounds:** A key principle of the collaborative practice model is to provide elder-friendly care. One of the most effective tools for establishing an elder friendly environment is the establishment of Intentional or Comfort Rounding. A comfort round is a scheduled and purposeful activity with the intent of improving safety and quality of patient care (AHS, 2012). These rounds are conducted every couple of hours and the HCA or LPN will check on every patient to assess their needs around pain management, need for toileting, safety check (e.g. are the bed rails up), and need for personal items. Some research has demonstrated that comfort rounds significantly reduce the number of call bells.
Part 3
Reflect on practice.

Slide 32: Part 3: Reflect on practice
Reflect on practice

2. What others skills/ competencies do I already have that enable me to be successful?
3. What might I need to unlearn or relearn?
4. What others skills and competencies do I need?
5. Am I ready to apply these skills in practice?
6. What might I need to implement them?

Slide 33: Reflect on practice

Background
Ensuring that learners have time and opportunity to process and personalize the learnings from the session is key to successful workplace learning. Unlearning is an important step: we need to stop doing some things, to make room for new things. Sustaining change over time will only happen when learners recognize the need to change practice, and their role in the change process.

The responsibility rests with each of us to incorporate these skills into daily practice.

Process
Allow three minutes for participants to write down their thoughts on these important questions. Note that this is a private activity.

Invite sharing especially about the extent of readiness to try the skills in day-to-day work, and what support individuals need to be able to be successful in their collaborative skills.

Record any issues, concerns, or suggestions for next steps on the chart paper.
### References

**CUS, 2 Challenge, & DESC**  
Agency for Healthcare Research and Quality (AHRQ): TEAMSTEPPS project.  

**Jargon Alert**  
University of Alberta: Health Sciences Council: Interprofessional Clinical Learning Unit project.  

**SBAR**  

**WAIT**  
Source unknown.

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**Slide 34: References**

**Additional references for educators**

The relevance of this approach to clinical learning:  

The relevance of reflective practice in workplace learning:  
Available at [http://www.biomedcentral.com/1472-6963/14/134](http://www.biomedcentral.com/1472-6963/14/134)

Collaborative Practice Toolkit  
[http://www.hserc.ualberta.ca/TeachingandLearning/VIPER/IPCareProcesses.aspx](http://www.hserc.ualberta.ca/TeachingandLearning/VIPER/IPCareProcesses.aspx)
Slide 35: Acknowledgements

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