

Refining Your Collaborative Practice Skills

The what, why, and how of debriefing.
Practice giving feedback and debriefing.
Set ground rules.



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Approach to learning

This is one of two interactive learning modules that you and your team will be engaging in. It is interactive in three 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 specific tools for providing feedback to each other. Finally, through role playing exercises, learners will engage in peer-to-peer learning to integrate knowledge of the care processes with collaborative practice competencies to enhance, refine and sustain the new practices that you are implementing at your site.

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. Engaging in authentic experiences in an authentic environment promotes self-reliance; sustainability is achieved when teams can monitor their own progress, decide on how to refine their practice, and enact solutions to daily challenges. Throughout this learning module you and your team will have opportunities to:

- Learn about and practice using specific feedback tools in low risk situations and in authentic workplace examples.
- Develop ground rules to guide your team debriefing.
- Provide input on the expectations and logistics for team-led debriefing.
- Reflect individually and as a team on how intentional structured debriefing might enhance practice and relationships on the team.
- Brainstorm and identify solutions for any issues or challenges that have arisen during early implementation.

Before you begin

- Read through the entire user guide, with or without the slide presentation in front of you. Watch the video on Slide 16 of the presentation.
- Read through again, making notes on your guide about things you want to remember, points you want to highlight, or adjustments and 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 reference documents to build your background knowledge, and watch the video 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.
- A partner to rehearse and read through the team debriefing example on Slides 18-20.
- 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.
- Copies or a poster of the Bedside Shift Report Checklist for nurses.
- WAIT and Jargon Alert cards if you plan to use them.

Collaborative Practice Toolkit

<http://www.hserc.ualberta.ca/TeachingandLearning/VIPER/IPCareProcesses.aspx>

Bedside Shift Report Checklist

<http://www.hserc.ualberta.ca/TeachingandLearning/VIPER/IPCareProcesses.aspx>

Jargon Alert

<http://www.hserc.ualberta.ca/TeachingandLearning/VIPER/EducatorResources/JargonAlertCard.aspx>

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:
 - What went well?
 - What would I do differently next time?
 - What skills do I need to feel confident and competent in this role?
 - 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:
 - What is going well?
 - What are they uncertain about?
 - Where do they need support and potentially more opportunities for practice?

Troubleshooting

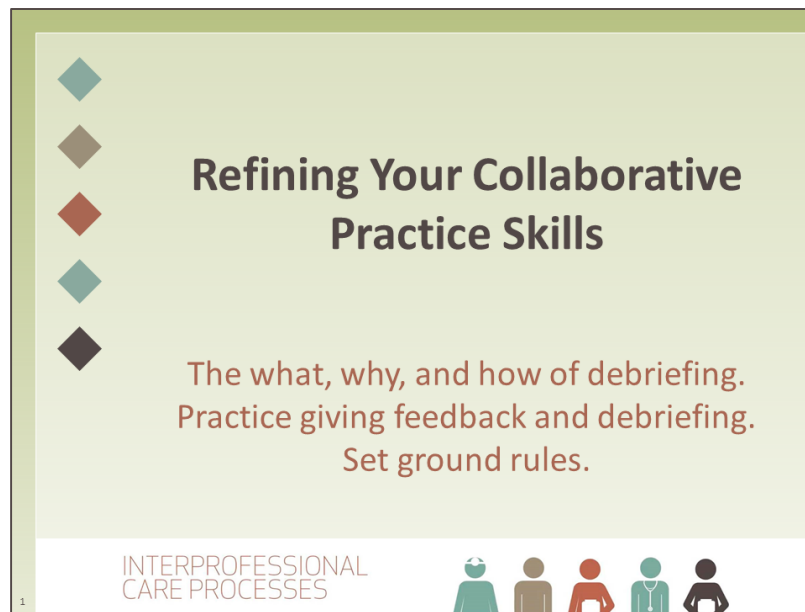
What to do when things are not going as planned.

If you encounter this...	Try this...
There's not enough time available for the interactive learning session.	<p>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.</p> <p>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.</p> <p>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.</p>
People are coming and going; there are multiple distractions during the session.	<p>Set ground rules for the session.</p> <p>Start and end on time. Allow breaks as necessary.</p>
Participants are reluctant to try tools in authentic workplace situations.	<p>Role play the tools by using common, low-risk situations that occur among friends or family members, or from outside the workplace.</p>
It is difficult to bring together sufficient numbers of staff at one time for the education session and/or the role play.	<p>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.</p> <p>The role play portion of the session requires representation from all members of your team.</p>

If you encounter this...	Try this...
<p>Participants consistently raise implementation questions and issues during the session.</p>	<p>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.</p> <p>Ensure you protect time for this important step. Quick wins here can build staff engagement and team cohesion.</p>
<p>Participants don't take the content seriously or don't see the relevance to their work.</p>	<p>Remind participants that the new processes are already being implemented; the goal is to refine and sustain practice.</p> <p>The most important question is, "How will we make this work in the best interests of patients?"</p> <p>Model tools and strategies within sessions and in daily practice.</p>
<p>Implementation issues are forefront and making it difficult to move forward with the interactive learning module.</p>	<p>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.</p> <p>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.</p>
<p>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.</p>	<p>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:</p> <ul style="list-style-type: none"> • 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

Section	Slides	Time
Introduction	<ol style="list-style-type: none"> 1. Title slide 2. Project collaborators 3. Overview 4. Learner outcomes 5. Part 1: The what and why of debriefing 6. Collaborative practice tool kit 7. What debriefing is (and isn't) 8. Why debrief? 	5 minutes
Practicing giving feedback and debriefing	<ol style="list-style-type: none"> 9. Part 2: Practice giving feedback and debriefing 10. What do we debrief? 11. How do we debrief? 12. Cornerstones of good feedback: CORBS model 13. A tool to help you construct feedback: OBEFA 14. What feedback might look like: OBEFA 15. Feedback practice 1 16. Feedback practice 2 	20 minutes
Role play	<ol style="list-style-type: none"> 17. A tool for timely and effective team debriefing: What, So what, Now what? 18. What team debriefing might look like: What? 19. What team debriefing might look like: So what? 20. What team debriefing might look like: Now what? 21. Planning for group debriefing 22. Practice 23. Rapid Rounds troubleshooting 24. Bedside Shift Report troubleshooting 	25 minutes
Reflect on practice	<ol style="list-style-type: none"> 25. Part 3: Reflect on team debriefing 26. Reflect on team debriefing 27. References 	5 minutes



Slide 1: Refining your collaborative practice skills: User guide



Slide 2: Project collaborators


Overview

Part 1: The what and why of debriefing

Part 2: Practice giving feedback and debriefing

- Practice the skills
- Set ground rules for debriefing
- Role play


Part 3: Reflect on team debriefing

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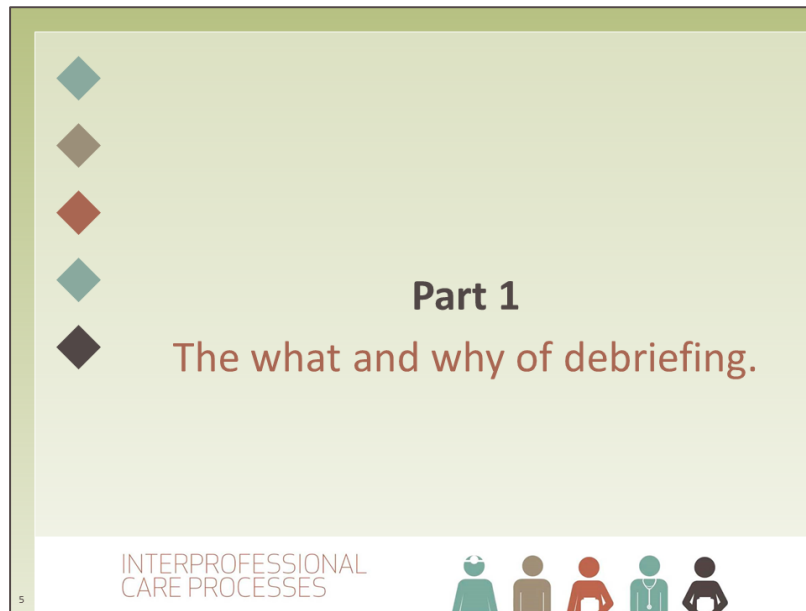
Slide 3: Overview

Learner outcomes

- Recognize utility of team debriefing.
- Learn feedback and debriefing skills, including when and how to use them.
- Reflect on practice.

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Slide 4: Learner outcomes



Slide 5: Part 1: The what and why of debriefing

What debriefing is (and isn't)	
Debriefing <ul style="list-style-type: none"> • structured • focused • intentional • analysis for improvement • contributes to a safe work environment 	Venting/Gossip <ul style="list-style-type: none"> • unstructured • unfocused • lacks clear purpose • divisive • unsafe

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Slide 7: What debriefing is (and isn't)

Background

Using a model helps to focus a discussion toward intentional improvement. Structured feedback and debriefing promote a safe and collaborative environment in which to assess team processes and address conflict.

Debriefing is one component in the process of establishing a safe and collaborative culture. It can support and invite opportunities for feedback and thinking that can enhance practice. Teams need to develop and follow ground rules to ensure safety and promote the openness needed to analyze and enhance team process. This process is iterative: it may start with the advisory group and be revisited here.

Process

Ask: What are our basic rules of engagement? What have we already agreed to or used in the past? This brief discussion will inform a discussion later; keep the comments to a minimum.

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.

Why debrief?

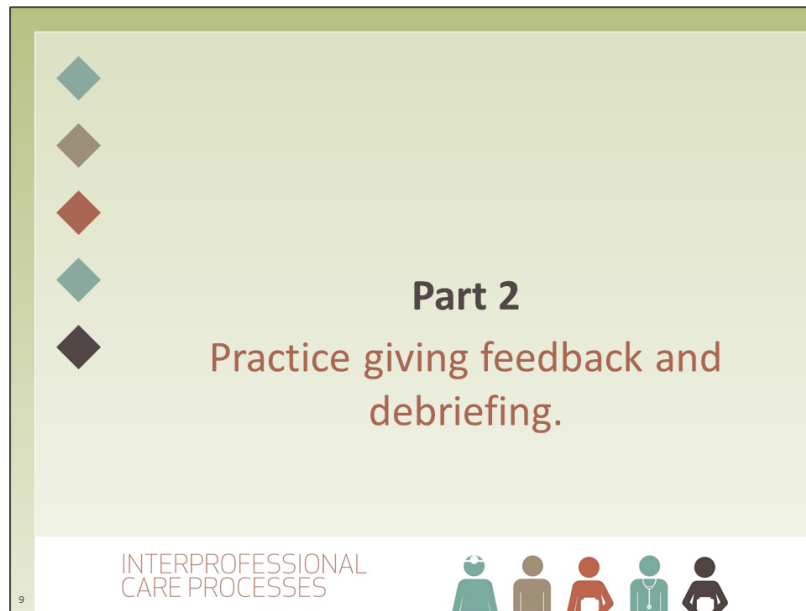
Debriefing is a method for **discovery** to identify opportunities for professional development, team and organizational improvement, and innovation.

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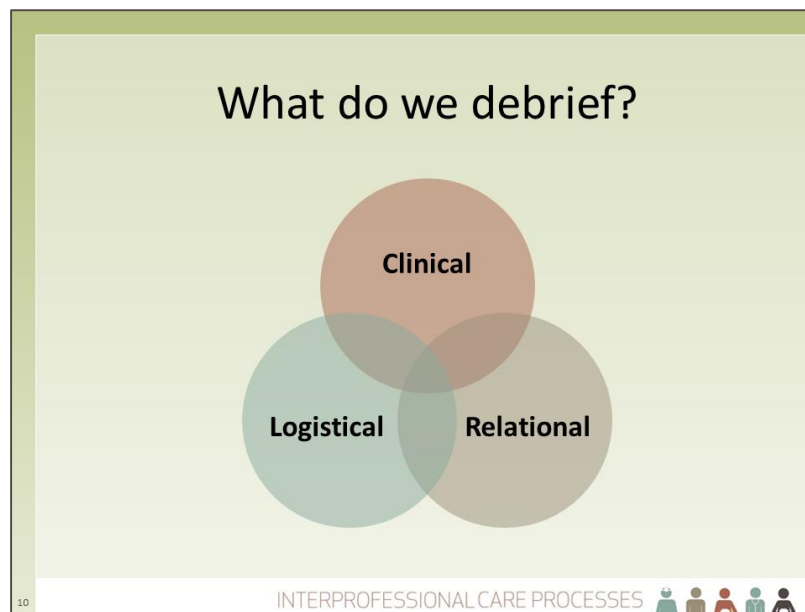
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Slide 8: Why debrief?



Slide 9: Part 2: Practice giving feedback and debriefing



Slide 10: What do we debrief?

Background

Debriefing will elicit commentary on many different fronts. Participants may comments on:

Clinical challenges

- How do we ensure appropriate patient care during and after we transition to a new process?

Relational challenges

- How will this affect how we work together?
- Communication, relationship

Logistical challenges

- How will we implement this here and now?
- Time? Place?

Process

Ask: Which of these do we tend to talk about and why? What are we not talking about? Why?

Acknowledge that it is hard to talk about relational challenges.

How do we debrief?

- Build a culture where everyone commits to accountability by:
 - Protecting time to debrief.
 - Seeking, accepting, and giving feedback.
- Communicate with the intent to improve.
 - Focus on **the what**, not the who.
 - Use tools to build **constructive** feedback.
 - Use structured approach to ensure **safety** needed to sustain relationships.

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Slide 11: How do we debrief?

Background

Debriefing provides a method of discovery. Team members commit to process of improvement by:

- Being willing to invest: give feedback
- Being willing to grow: receive feedback

Communication tools are important supports for team debriefing as they can ensure a safe environment in which to verbally analyze processes. Feedback is part of team reflection or debriefing. Intentional approaches help ensure feedback is heard and integrated.

Process

Outline CORBS (next slide)

Ask: How might using CORBS help build your team's expectation around feedback?

Resources

CORBS was adapted by University of Alberta from: Hawkins, P., & Shohet, R. (1989). *Supervision in the helping professions*. Milton-Keynes: Open University Press.

Salisbury, M. (March 2014). The practical side of debrief: Using event debriefs and formative feedback on the frontline. [Webinar]. In TeamSTEPPS Webinar Series. Retrieved from the TEAMSTEPPS website: <http://www.teamsteppportal.org/webinars/past-teamstepps-webinars>

Cornerstones of good feedback: CORBS model	
Clear	Be clear that you are about to provide feedback. Being vague and faltering will increase anxiety in the receiver and will confuse your message.
Owned	Use "I" statements to own the feedback. Feedback is your own perception and not an "ultimate truth." It says as much about you as it does about the receiver.
Regular	Give feedback as soon after the event as possible. Feedback given regularly is more likely to be useful than grievances that are saved up and delivered as one large package.
Balanced	Balance negative and positive feedback over time.
Specific	Generalized feedback is not productive. Focus feedback on particular interactions or behaviours that you have witnessed.

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Slide 12: Cornerstones of good feedback: CORBS model

A feedback tool to help you...

Construct feedback

OBEFA	
Open statement	I have a concern.
Behaviour	When you do X ...
Effect	... this happens ...
Feelings	... and I feel ...
Action	I would like us to resolve this together.

Whetten, D.A. & Cameron, K.S. (2011). *Developing management skills* (8th ed.), Boston, MA, U.S.A.: Prentice Hall.

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Slide 13: A feedback tool to help you construct feedback: OBEFA

Background

OBEFA is a tool for constructing feedback, used in the University of Toronto collaborative practice training. Practicing feedback can initially feel awkward and uncomfortable for some participants.

Process

Acknowledge the potential for discomfort.


Create and replace this one with your own example if possible. Start with low stakes (common examples of feedback) and then build toward ones that are higher stakes (related to context of team and process in particular).

Resources

Whetten, D. A., & Cameron, K. S. (2011). *Developing management skills* (8th ed.), Boston, MA, U.S.A.: Prentice Hall.

What feedback might look like

OBEFA	
Open statement	I have a concern.
Behaviour	When you tell me you are walking home alone, then don't show up or call ...
Effect	... I don't know where you are ...
Feelings	... and I worry about your safety.
Action	I would like us to work this out.

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Slide 14: What feedback might look like: OBEFA

Feedback practice 1

1. Think about a situation where you wanted to give feedback
 - E.g. Someone took your parking space or cut in line, or something your kids, mother-in-law, or partner did
2. Partner and practice OBEFA (2 min)
3. Share as a group (3 min)
 - How did it go?
 - When would you use it?
 - Cautions?

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Slide 15: Feedback practice 1

Background

Starting with low stakes examples in practice can build comfort and readiness for higher stakes practice. Participants can choose any low-risk example for the purposes of the practice.

Process

Outline the process.

- Each participant constructs feedback with partner,
- Then reflects individually on how it went,
- Then shares with partner

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?

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.

Feedback practice 2

1. Watch the video segment *How not to do Bedside Shift Report* [[YouTube link](#); watch 1:15 - 2:23]
2. Use the Bedside Shift Report checklist to analyze the interaction [[VIPER website link](#)].
3. Partner and take turns constructing and then providing feedback using OBEFA (3 min)
4. Share as a group (3 min)
 - How did it feel to provide negative feedback using OBEFA?
 - How did it feel to receive this feedback?
 - When would you use it?
 - Cautions?

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Slide 16: Feedback practice 2

Background

Scaffolding practice with low stakes retrospective examples will build comfort and confidence. Here team members can practice providing clinical feedback based on their observations of the interaction in the video.

Process

Practice using OBEFA with the video clip (see link below).

Use the prompts to generate discussion.

Record key points on chart paper and post.

Resources

Bedside handoff: How *not* to do a Bedside Shift Report

<http://www.youtube.com/watch?v=bt1lFuHNj00>

Watch 1:15 - 2:23 minutes

A team process tool for...

Timely and effective team debriefing

What?	Describe/review event success & challenge.
So what?	What was the impact/implications?
Now what?	What would you do differently moving forward, what needs to happen next?

Based on work of Schön: The Reflective Practitioner: How professionals think in action. London: Temple Smith, 1983.

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Slide 17: A tool for timely and effective team debriefing: What, So What, Now What?

Background

A simple collaborative debriefing frame can help teams by safely guiding members through the debriefing process. What, So What, Now What is one framework that can be used to structure collaborative debriefing. Using it intentionally will encourage comprehensive and productive discussion and ensure effective use of time.

Two other formats you may wish to try are:

- Plus Delta:
 - What happened that was positive?
 - What do we need to change for next time?
- Plus Delta Gamma:
 - What happened that was positive?
 - What do we need to change for next time?
 - Is there any best practice evidence that can guide us in adapting our future practice?

Practicing reflection can feel awkward and uncomfortable for some participants.

This example was created based on a real situation during the pilot phase. If this example is not appropriate in your context, consider creating one of your own. Modelling your own reflective practice will create safety among the participants to consider their own.

Process

Choose a partner to role-play the script on the following slides, or your own script, with you. Read aloud.

Review each section, pointing out the What, So What, Now What format of the debriefing.

Consider trying this same exercise with Plus Delta, or Plus Delta Gamma, or reframe this one into those formats. If you try all three, be sure to give participants an opportunity to reflect on and discuss which format works best for them.

Record any relevant comments on chart paper, and note any issues on the parking lot.


Resources

Schön, D. *The Reflective Practitioner: How professionals think in action*. London: Temple Smith, 1983.

What team debriefing might look like

<p>T: So Kathy, how did you think that went?</p> <p>K: I thought the team responded really well, and the work that went up on the chart paper really helped us to move on to the next step.</p> <p>T: I agree. I was surprised when other team members spoke to Bedside Shift Report which at first glance seems mostly to be a nursing process. That really underscored the need to involve everyone in the sessions. One challenge with all the great discussions, we kept getting behind on time.</p> <p>K: You're right, it did cause some pressure.</p> <p>T: Yes, and when I am watching the time I get distracted and worry I am not being clear, or worse, will miss something. Given that we can't likely extend the sessions, let's plan to do less in the time allotted.</p> <p>K: That's great. Everything's a learning experience, right!</p>	<div style="background-color: #d3d3d3; padding: 5px; margin-bottom: 10px; font-weight: bold;">What?</div> <div style="background-color: #d3d3d3; padding: 5px; margin-bottom: 10px; font-weight: bold;">So what?</div> <div style="background-color: #d3d3d3; padding: 5px; font-weight: bold;">Now what?</div>
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Slide 18: What team debriefing might look like: What?


What team debriefing might look like

T: So Kathy, how did you think that went?
K: I thought the team responded really well, and the work that went up on the chart paper really helped us to move on to the next step. **What?**

T: I agree. I was surprised when other team members spoke to Bedside Shift Report which at first glance seems mostly to be a nursing process. That really underscored the need to involve everyone in the sessions. One challenge with all the great discussions, we kept getting behind on time. **So what?**

K: You're right, it did cause some pressure.
T: Yes, and when I am watching the time I get distracted and worry I am not being clear, or worse, will miss something. Given that we can't likely extend the sessions, let's plan to do less in the time allotted. **Now what?**

K: That's great. Everything's a learning experience, right!

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Slide 19: What team debriefing might look like: So what?


What team debriefing might look like

T: So Kathy, how did you think that went?
K: I thought the team responded really well, and the work that went up on the chart paper really helped us to move on to the next step. **What?**

T: I agree. I was surprised when other team members spoke to Bedside Shift Report which at first glance seems mostly to be a nursing process. That really underscored the need to involve everyone in the sessions. One challenge with all the great discussions, we kept getting behind on time. **So what?**

K: You're right, it did cause some pressure.
T: Yes, and when I am watching the time I get distracted and worry I am not being clear, or worse, will miss something. **Now what?**
Given that we can't likely extend the sessions, let's plan to do less in the time allotted.

K: That's great. Everything's a learning experience, right!


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Slide 20: What team debriefing might look like: Now what?

Planning for group debriefing

As you move forward, your team will identify expectations for debriefing, which can include:

Where	Location
When	Frequency of formal & informal discussion
How	Ground rules, format

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Slide 21: Planning for group debriefing

Background

Teams need to develop ground rules to ensure safety and promote openness needed to analyze and enhance team process. This process is iterative: it may start with the advisory group and be revisited here or discussion here may be recorded and provided to the Advisory team for their consideration.

Some things the group may identify:

When?

- Designated time and place (right time, regular time)

How?

- Commit to climate of collaborative problem solving
- Be intentional
- Use tools to construct respectful feedback that will be integrated
- Accept diversity in mental models
- Use an identifiable format or structure to guide discussion

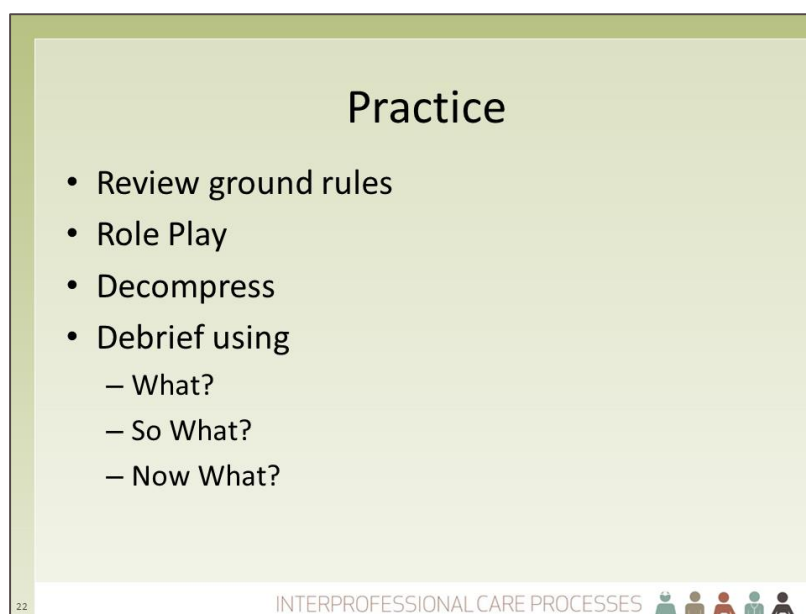
Process

Ask: What are our basic rules of engagement? What have we already agreed to or have used in the past?

Brainstorm on chart paper and set aside.

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 22: Practice

Background

This is the point in the session where we recommend inserting the role play exercise. The value of debriefing and use of structured debriefing tools becomes more apparent when team members have an immediate and authentic experience to debrief. Role play provides practical experience with the care process and a way to scaffold actual practice in the troubleshooting activities that follow.

Process

See the Module 6: Simulation Guide for this part of the session.

The time required will depend on the number of iterations so the role play you wish to run and whether or not you have capacity to run multiple role playing exercises concurrently.

Rapid Rounds troubleshooting	
When this happens...	Try this...
Flow is interrupted by rambling contributions or sidebars	<ul style="list-style-type: none"> Start with reference to cornerstones Use SBAR, WAIT Provide feedback
Takes too long	<ul style="list-style-type: none"> Use SBAR for new or complicated cases, only Use WAIT to contribute purposely Assign a timekeeper Separate roles of facilitator and recorder
Unclear plan or follow up is not assigned	<ul style="list-style-type: none"> Use the “what gets covered” checklist to guide each Rapid Round Start each case with update on previously assigned tasks
I did not get a response to my concern	<ul style="list-style-type: none"> Use 2-challenge
(What else might happen?)	(How might you address it?)

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Slide 23: 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.

Bedside Shift Report troubleshooting	
When this happens...	Try this...
Colleague is reluctant to conduct report at the bedside	<ul style="list-style-type: none"> Refer to the cornerstones which emphasize safety checks and patient engagement
Patient has needs or concerns unrelated to report	<ul style="list-style-type: none"> Complete comfort rounds ½ hour prior to shift change Start report with NOD to highlight your role and purpose of report
Takes too long	<ul style="list-style-type: none"> Use SBAR, WAIT Complete comfort rounds ½ hour prior to shift change
Concern for patient confidentiality, loss of dignity	<ul style="list-style-type: none"> Explain the process to the patient, ask permission to conduct report at the bedside Think critically about what information must be shared outside the room
(What else might happen?)	(How might you address it?)

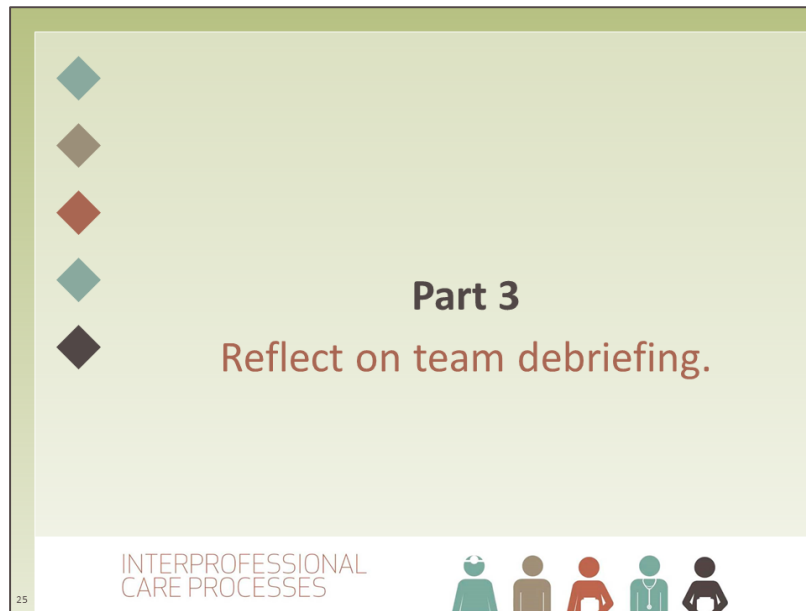
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Slide 24: Bedside Shift Report troubleshooting

See Module 3: The What, Why, and How of Bedside Shift Report and Patient Bedside Whiteboards to learn more about Bedside Shift Report.




Slide 25: Part 3: Reflect on team debriefing

Reflect on team debriefing

1. What might we need to do differently to align our practice with the goals of this new process? To improve our practice?
2. What new information have we learned about or from each other? What questions do we still have?
3. How might this new process change our relationships with each other and our patients?
4. What other benefits might result as we strengthen our collaborative practice?

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Slide 26: Reflect on team debriefing

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.

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INTERPROFESSIONAL CARE PROCESSES



Slide 27: References



Slide 28: Acknowledgements

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