



Serious illness conversation guide: Teaching manual to support the training of DHB trainers

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Introduction

Kia ora and welcome to the *Serious illness conversation guide: Teaching manual to support the training of DHB trainers*. This manual contains additional information to support the DHB trainers deliver the SICG workshop to clinician learners.

The majority of the information for the delivery of the SICG workshop can be found as notes under the specific slides in the SICG workshop slides PowerPoint. This manual contains additional information to support DHB trainers facilitate the workshop sessions.

Terminology

Term	Definition
National trainers	Facilitators teaching the DHB SICG Trainers
DHB SICG Trainers	Participants learning how to teach the SICG workshop
Patient	Simulated patient
Clinician learners	Clinicians the SICG workshop will teach
SICG workshop	3-hour training
Train-the-Trainer Course	1-day course spent learning to teach the SICG workshop

Course objectives

SICG workshops (learning the Serious Illness Conversation Guide)

1. Describe the evidence-based benefits of serious illness conversations for patients and families
2. Describe the clinician's role in improving serious illness conversations
3. List the components of the Serious Illness Conversation Guide
4. Practice using the Serious Illness Conversation Guide

Train the Trainer (teaching the Serious Illness Conversation Guide)

1. Develop large group teaching skills:
 - a. Lead the opening reflection
 - b. Lead demonstration using the Guide
 - c. Respond to clinician comments during large group debriefing
2. Develop small group facilitation skills, including:
 - a. Open a group and create safety in role play
 - b. Understand and utilise a facilitation guide
 - c. Identify strategies for engaging all small group members in problem-solving and discussion
 - d. Learn techniques for small group facilitation, including managing and debriefing time outs, helping learners identify learning opportunities and reinforcing learning
 - e. Practice facilitating in small groups, including engaging learners, quick coaching techniques, and providing effective feedback

Incorporating Māori culture

The HQSC is committed to attending to the needs of Māori and to incorporating aspects of the Māori culture into all training. It is suggested that trainers use Māori words where appropriate in the training. For example:

Mōrena – good morning
Kia ora - hello
Family - whānau
Meeting – hui
Conversation/talk - kōrero

The following is some background which may be helpful to consider as you prepare to deliver this SICG workshop.

Implicit bias & cultural safety

As clinicians we cannot underestimate the role our attitudes, our biases and our preconceptions play in the serious illness conversation. Understanding this, and acknowledging and respecting the realities of others, will create a space for meaningful conversation about serious illness.

Cultural safety is based in attitude change. If safe attitudes are held by the practitioner, they will be able to work with the continuum of people and cultures within their care. For Māori this may mean whānau members that can provide karakia or spiritual safety, or others that have more experience navigating the health care system and advocate on behalf of the patient and their whānau.

Please ensure you are familiar with the information in the 'Preparing for the conversation' section of the *Serious illness conversation – reference guide for health care professionals version 2(5)*. This includes a working knowledge of C Lacey et al - The Hui Process: a framework to enhance the doctor-patient relationship. New Zealand Medical Journal 2011; 124:1347 paper which describes a method of integrating cultural competency practice, specific to Māori, in the doctor-patient relationship.

Please also make time to watch the Commission's implicit bias training resources. The *Understanding bias in health care* videos are available free on the Commission's website at <https://www.hqsc.govt.nz/understanding-bias> and can also be completed as learning modules on <https://learnonline.health.nz/>. These will assist you to examine attitudes and stereotypes that affect your understanding, actions and decisions in an unconscious manner.

Wairua

SICG conversations include subject matter around wellbeing, health decline, death and whakapapa. Hence a SICG conversation may be viewed as particularly tapū for Māori. The provision of spiritual safety is therefore paramount. The opening karakia enables the group to settle in and focus on the work at hand. It is also an opportunity to welcome in tipuna (deceased ancestors), kaitiaki (spiritual guides/guardians), and the creator to inspire and support the work. This enhances the mauri (spirit) of the interaction and the outcome of the work.

Whānau

Māori value the collective. There is safety and mana in a strong, capable whānau; there is vulnerability for an individual alone. Māori often prefer to make decisions collectively – individual and whānau – and share the risk as a group. Therefore, a SICG conversation is also about empowering whānau and growing their capability in the support of the individual.

Many people feel that we are not only with the individual in front of us, but also with their ancestors past and descendants yet to come.

Facilitation Materials

Welcome, introductions, objectives and workshop structure

1. Learning objectives:

The purpose of this session is to welcome people to the workshop, introduce the course, the facilitators and the group to each other.

Please refer to notes under slides 1-4

Opening karakia

Here is one option for an opening karakia.

Tukua taku wairua

Kia rere ki ngā taumata

Hei ārahi I āku mahi

Kia mau kia ita

Kia kore ai e ngaro

Kia pupuri kia whakamaua kia tina (tina!)

Haumī e! Hui e! Tāike e!

Let my spirit ascend to the top-most summits as a guide for all that I do, keep it safe so that it will not be lost, preserve and maintain it.

Join! Gather! Intertwine!

Introducing yourself (pepeha)

Use the following template (or similar) for your pepeha:

Tenā koutou katoa	(Greetings to you)
Ko _____ tōku maunga	(My mountain is ...)
Ko _____ tōku awa	(My river is ...)
Nō _____ ahau	(I am from ...)
Ko _____ tōku ingoa	(My name is ...)
Tenā koutou, tenā koutou, tenā koutou katoa	

Opening Reflection

2. Learning objectives:

After this session, clinician learners will be able to:

- Reflect on their own clinical experiences and engage emotionally with those experiences
- Reflect on key communication practices that make a difference in patient and whānau outcomes

3. Performance objectives:

This session will provide experiential practice for clinician learners to participate in large group reflection and discussion

4. Steps for facilitator:

Prompt

Think of a patient with serious illness who had a good or poor outcome at the end of life in which the outcome was related to communication about goals of care (or lack thereof).

Unpack the story shared with open-ended questions – “*What were the communication-related aspects of this situation that made things go well (or poorly) in terms of patient or whānau care?*”

Ask group to identify a solution (may or may not relate to guide/programme)

Ideas to draw out of the group:

- **Timing matters** - late discussions during times of crisis overwhelm pts/whānau/families and make decisions more difficult, late conversations are more stressful for clinicians
- **The way we** frame these discussions has an impact on the well-being of pts/whānau/families - discussions focused on our medical agenda raise anxiety, compared to discussions focused on what is important to the patient
- **Systems challenges** get in the way of good communication
 - Unclear who is responsible for the conversation
 - Clinicians not all on the same page
 - Info gets lost due to inconsistent documentation
- **Moral distress among clinicians**
 - As clinicians, we may feel distressed by the situations patients and whānau/families face at the end of life. (Sometimes this can leave us feeling like we have failed)
 - We worry that the care patients receive may be inconsistent with people's goals/values

5. Helpful points:

- Pose a clear question that encourages personal reflection
- Engage the group with open-ended questions

- Acknowledge and validate learner responses
- Ask appropriate follow up questions to elicit deeper conversations
- Used silence effectively to stimulate discussion
- Highlight aspects of communication that make things go well through validation and repetition, writing on the board, or asking for group summary
- Highlight aspects of communication that make things go poorly through repetition, writing on the board, or asking for group summary
- Redirect group if getting off topic

Remember: The goal is not to explicitly connect to anything in the programme (can feeling like selling, which turns people off) but rather to have the participants share an understanding of the problem and propose solutions (that often relate to solutions offered by the program or guide).

TIMING: 20 minutes (Slides 1-6)

Evidence-based benefits of serious illness conversations

Please refer to notes under slides 7-20

TIMING: 15 minutes (slides 7-20)

Demonstration and Debriefing

1. Learning objectives:

After this session, clinicians will be able to:

- Practice observation skills while they watch the demonstration
- Express attitudes and concerns about the conversation during the debriefing

2. Performance objectives:

This session will provide experiential practice for clinicians to observe, take notes and reflect

3. Cast needed:

- DHB SICG Trainer to run session and debrief demo
- An additional DHB SICG Trainer to play clinician (if doing a live demonstration rather than using the video)
- Actor or facilitator to play patient (if doing a live demonstration rather than using the video)

4. Steps for facilitator:

Demo (or use Video)

- Read case
- Set up chairs in front of room for clinician/patient
- Time encounter (12-15 minute maximum)
- Ensure clinician follows guide exactly
- Spend time preparing the actor or facilitator beforehand to avoid any surprises
- Debrief clinician (keep this brief, goal is to model debrief)
 - How did it go?
 - What went well?
 - What was challenging?
- Note: a minimum of 2 DHB SICG Trainers are needed to run a live demo

5. Group Debrief

Start with an open-ended question

- What was your reaction to seeing the conversation?
 - What did you like or not like about the Conversation Guide (particularly encourage negative responses)?
- What are the benefits or tradeoffs of using a conversation guide?

Acknowledge people's concerns

- I can see how it can be difficult...
- It is tough....
- These can be difficult conversations....

Ask the clinicians for their thoughts and let them brainstorm

- Who can think of a way...
- Does anyone else have any thoughts..?

Respond (be prepared with a response)

- One suggestion might be...

Aim to present ways forward/potential value of the SICG process, while simultaneously acknowledging the validity of the groups concerns.

TIMING: 20 minutes for Demo/Debrief (Slides 21-22/23)

6. Helpful points for demonstration debriefing:

Skepticism and Concerns

“I don’t have enough time.”

Acknowledge: I completely understand. It can be difficult to fit these conversations into our busy schedules.

Ask the group: What might be some ways to incorporate this into the busy clinical practice?

Response Primers:

- We have found that the average time for the discussion is 20 minutes.
- Teams have broken up the conversation so that different people have different parts of the conversation.
- Others who use the Guide have told us that being proactive about these conversations saves time in the long run.

“It doesn’t feel authentic.”

Acknowledge (and unpack): Thanks for sharing this. Can you say a bit more about what doesn’t feel authentic?

Ask the group: What are the benefits and drawbacks of using a Guide structure?

Response primers:

- It is normal for it to feel unnatural at first.
- The feeling goes away with time as people adapt the questions to their own personal style.

“I already do this well. Here is how...”

Acknowledge: That’s really great to hear. Everyone brings their own skills and style to these conversations.

Ask the group: Are there any parts of the Guide that you don’t normally cover in your conversations?

Response primers:

- The Guide is not meant to replace your skills, but rather to enhance them.
- Not everyone feels comfortable with these conversations and the Guide is intended to make it easier.
- The Guide provides a framework for teaching as well.

<p>“I don’t want to upset my patients.”</p>	<p>Acknowledge: This is something a lot of people worry about. Anxiety can be a common emotion for both patients and clinicians with these conversations.</p> <p>Ask the group: What are the benefits and drawbacks of these conversations in terms of their impact on patients?</p> <p>Response primers:</p> <ul style="list-style-type: none"> ▪ Allowing patients the space to express their fears and emotions is therapeutic. ▪ Discussing prognosis in a patient-centered way reduces distress by giving patients and their whanau/family important information so they can plan and prepare.
<p>“I can’t predict prognosis and I don’t want to be wrong.”</p>	<p>Acknowledge: Prognostication is challenging. It is often very difficult to predict prognosis, especially in non-oncology patients.</p> <p>Ask the group: How can you discuss prognosis in a way that reflects uncertainty but still gives the patient information that he/she wants?</p> <p>Response primers:</p> <ul style="list-style-type: none"> ▪ If a time-specific prognosis is not appropriate, you can also give a function-based or unpredictability-based prognosis. ▪ The goal of discussing prognosis is not to be right or wrong but to help patients and families begin to plan ‘just in case’ (anticipatory guidance).
<p>“I don’t know who is responsible for this conversation.”</p>	<p>Acknowledge: Thanks for bringing this up. This uncertainty is very common. Most of us work with multiple specialists or different teams who care are involved in the care of our patients.</p> <p>Ask the group: In your practice, how do you address the issue of ownership? What parts of the conversation or process do you feel you own?</p> <p>Response primers:</p> <ul style="list-style-type: none"> ▪ One barrier to having conversations is that everyone thinks it is someone else’s responsibility, so no one does it. ▪ Now that you are trained, we hope that you will take increasing ownership of this conversation. ▪ You can also set up systems to ensure ownership.

“I can’t get the doctors to have this discussion.”

Acknowledge: This is a difficult situation and you are not alone. There might be various members of the health care team who are resistant to these discussions.

Ask the group: What are some of the sources of resistance you imagine facing? How can you imagine addressing colleague resistance in your practice?

Response primers:

Nurses often know when patients are open to talking about these issues and can be really effective catalysts for starting this process.

“I always follow the patient’s lead in these conversations. Using a Guide gets in the way of that.”

Acknowledge: It can feel like that. This is a very difficult shift.

Ask the group: In what moments did you notice that you wanted to go off of the Guide? What are the benefits and drawbacks of a Guide structure?

Response primers:

- It can be difficult to resist the urge to follow the patient’s leads that might take you to a discussion about care planning, treatments, and procedures prematurely.
- We do think it is important to talk about these issues, but our suggestion is that you acknowledge the issue and let the person know you will talk about it at the end of the discussion, once you have an understanding of what is most important them (‘bookmarking’).

Benefits

“I found having a structure really helpful.”

Acknowledge: That’s a great point.

Ask the group: What are the ways in which the structure of the Guide can be helpful?

Response primers: Having a roadmap during these discussions helps to ease the distress we feel when we are not sure what to say next.

<p>“I can see how this can help focus the conversation on the patient’s goals rather than on the medical details.”</p>	<p>Acknowledge: That’s great</p> <p>Ask the group: What skills and strategies were used during the encounter to focus on the patient’s goals?</p> <p>Response primers: Understanding patient’s values and goals of care can provide a framework for making decisions both now and in the future.</p>
<p>“I liked how much listening is involved.”</p>	<p>Acknowledge: Great point.</p> <p>Ask the group: What are the benefits of allowing silence? What are the benefits of asking open-ended questions?</p> <p>Response primers: One of the core skills we talked about today is talking less than half the time, which helps patients feel cared for and heard.</p>
<p>“It was helpful to think about prognosis in a broader way. I tend to get caught up in the medical issues.”</p>	<p>Acknowledge: This is such an important point.</p> <p>Ask the group: What were the takeaways from today’s training about giving prognosis? Where was the patient in terms of his/her understanding at the beginning of the conversation? What about by the end?</p> <p>Response primers:</p> <ul style="list-style-type: none"> ▪ The purpose of prognostication is to help patients begin a planning process rather than being “right or wrong” about the prediction. ▪ Presenting prognostic information in a way that the patient can understand eases distress (knowledge is power) and helps patients maintain control of their decisions and care.
<p>“We got so much information from this conversation.”</p>	<p>Acknowledge: This is such an important point.</p> <p>Ask the group: What kind of information did you get that would help you care for your patient? How did using the Guide change the kind of information you usually get from these conversations?</p> <p>Response primers:</p> <ul style="list-style-type: none"> ▪ Even if you know what the patient might say in response to the questions, we suggest asking them because you will likely uncover valuable information that will enhance your clinical care of the patient.

The components of the Serious Illness Conversation Guide

Please refer to notes under slides 24-34.

NOTE: some slides in this section are animated

TIMING: 10 minutes (slides 24-34)

Drill of the Serious Illness Conversation Guide

1. *Learning objectives:*

After this session, clinicians will be able to:

- Become familiar with the words of the Guide
- Experience the flow of the Guide
- Build their sense of continuity between the steps, including utilising some basic communication skills, like responding to emotion

2. *Performance objectives:*

This session will provide experiential practice for clinicians to read through the Guide and familiarise themselves with the words, once as patient and once as clinician.

3. *Materials needed:*

- Drill sheets

4. *Steps for facilitator:*

- Explain the purpose of the drill:
 - For clinician learners to familiarise themselves with the words and flow of the Guide
 - For clinician learners to practice using the entire Serious Illness Conversation Guide
- Have them adjust their chairs to work in pairs
- Have them read through the drill twice in pairs
 - Person with smaller feet plays the clinician first; other person plays patient
 - Have them swap roles and read again
- Debrief their experience using the Guide. Communication skills trainer asks clinician learners to:
 - Reflect on what it was like to say the words in the Guide
 - Reflect on the experience of utilising a formatted approach and continuing to return to it
 - Identify and name some of the things the clinician did in this example that are not part of the Guide, including bookmarking, responding to emotion, etc.
 - Discuss the 3 forms of prognosis
- Conclude by asking clinician learner to share a brief takeaway observation

5. Helpful points:

- Do not get lost in the weeds debriefing the guide. The purpose is to highlight the flow and notice what it is like to keep going back to the Guide

TIMING: 10 minutes for Drill and debrief

Facilitating in a Small Group Play

1. Learning objectives:

After this session, clinicians will be able to:

- Describe their experience of using the words in the Serious Illness Conversation Guide
- Reflect on their own strengths and challenges in using the Guide
- Learn from colleagues

2. Performance objectives:

This session will provide experiential practice for clinicians to:

- Have clinician learners practice using the Serious Illness Conversation Guide

3. Cast needed:

- DHB SICG trainer
- Small group of Clinician Learners
- Patient (Actor)

4. Materials needed:

- Flipchart and pens
- Write the questions of the Guide (key words are ok) on flipchart on the wall as reference
- Ensure clinician learner has a copy of the guide when practicing

5. Steps for facilitator:

5.1. Small group session overview

- Introductions – 10-15 minutes (see small group start-up guide pg.7)
- Skills practice using the Guide – 60-70 minutes
- Small group close – 5-10 minutes

5.2. Plan your time carefully

- Each clinician learner will have an equal share of the 60-70 minutes to practice half of the Guide.
- There are 2 cases available. You may wish to change to a second case half way through the session to add variety.

Facilitating simulated patients in small groups

Facilitation Guide for Small Group Role Play for the SICG Clinician Training

1. Start by reading the patient case
 - Ask small group members if they have any questions about the case
 - Have the small group choose a prognosis statement for the encounter.
“Which of the three prognosis statements would be most useful in this case?”
 - Ask which clinician learner would like to volunteer to speak with the patient first (the ‘hot seat’ clinician learner)
 - Orient the clinician learner to their assigned task (e.g., the first half or second half of the Guide)

2. Identify the clinician’s learning challenge within the Guide
 - “Which question or aspect of the Serious Illness Conversation Guide do you anticipate finding most challenging”*
 - Remind them that they can ask up to two follow-up questions after each Guide question, but more than that will be going off-track
 - Explain that feedback and coaching are expected

3. Begin the encounter
 - Bring the patient (actor) into the room
 - Invite the clinician learner in the hot seat to start when they are ready
 - Remind the group to take notes on the interaction

4. Quick coaching during the encounter
 - Use quick coaching as needed during encounter (no more than 2 times)
 - Maintain the flow of the encounter by giving quick instructions or a suggested phrase
 - Return the clinician learner to the questions in the Guide
 - Keep energy up and positive by focusing on what they should do (& you can skip what they shouldn’t do—save that for the debrief if needed).

5. Quick time outs
 - Either the hot seat clinician or the DHB SICG Trainer can call a quick time out
 - Aim for one quick time out for each clinician
 - Keep it simple!
 - Calling a quick timeout during an SICG role play:
 - Clinician learner demonstrates an effective behavior - highlight a good practice for group

- Clinician learner misses a patient cue or appears uncertain
- Clinician learner veers from Guide or gets off track (e.g., asks >2 follow-up questions)
- Clinician learner skips a major step in the Guide (i.e. prognosis)

6. Debrief the time out

- Debrief the role-playing clinician first –
 - *How's it going?*
 - *What did you do well?*
 - *I really liked it when you did x*
 - *What might you do differently next time?*

7. Engage the remaining small group members to brainstorm strategies

- Does anyone have any other ideas about what [clinician learner] could say?
- I wonder if next time you might try...

8. Resume the encounter

- Have the clinician learner resume their encounter & finish their half of the Guide
- Offer the clinician learner the opportunity to try again, if desired. Redirect them to a specific point in the Guide, and have the clinician learner begin.
 - *“Do you want to start again with [specific question] from the Guide?”*
- Keep them anchored to practicing the Guide

9. Reinforce learning & discover what the clinician learner is taking away

- Have the clinician learner name one thing s/he did that s/he liked.
- DHB SICG trainer names one thing clinician learner did that s/he liked.
- Ask clinician learner for a take home point:
 - *“What did you learn from this encounter that you can use the next time you see a patient?”*

6. Helpful points:

- Manage time appropriately. Consider using a clock or timer.
- Give each learner approximately the same amount of time
- Orient learner to their task (e.g. practicing half the guide)
- When giving feedback
 - Make feedback specific
 - Focus on behavior, not intentions
 - Focus on a 1-2 key issues

- Address the emotions of the clinician learner
- Manage and prevent shame and humiliation

- Tips for Role-Playing using the Guide
 - Set-up: State the purpose of the conversation
 - Prognosis and Addressing Emotion
 - Use honest and compassionate language
 - Support patients hopes while helping them prepare
 - Allow for silence
 - Name and explore emotions

 - Recommendation: The Serious Illness Conversation Guide will help you elicit information so you can make a recommendation based on what the patient tells you is most important

7. Small Group Start-Up Guide

Use to set up your small group for learning

STEP	What you say or do
INTRODUCTION	<p>Begin forming a group.</p> <p><i>Ask each member of the group to share their: name, where they work, their role, and something silly or interesting about themselves.</i></p>
GOAL OF THE SESSION	<p>To practice using the Guide (the words and the flow)</p> <p><i>Acknowledge that using the Guide is a new skill for everyone in the group.</i></p>
WHY I HATE ROLE-PLAY	<p>Use a flipchart to brainstorm with the group “Why do you hate role play?”</p> <p><i>Get group to generate ideas about what they hate about role play and the reasons role play is important as a learning tool.</i></p>
LEARNING ENVIRONMENT	<p>Explain the structure in brief.</p> <p><i>Mobile phones and pagers turned off.</i></p> <p><i>Try to only take assigned breaks.</i></p> <p><i>“Vegas Rules” (what happens in the room stays in the room). Spirit of curiosity & play – be open to trying something new.</i></p> <p><i>The learning environment is structured; expect that the facilitator will keep things moving.</i></p> <p><i>Only the facilitator and the person in the hot seat can timeout.</i></p>
NOTE TAKING / FEEDBACK	<p>Observers should take notes and give appropriate feedback. <i>Suggest one approach to taking notes might be to divide their page into two columns (one clinician one patient). Write down exact phrases.</i></p> <p><i>Discuss what constitutes good feedback (e.g., positive, specific and succinct – “when you did x, she responded by y”).</i></p>

8. Facilitation Guide for Small Group Role Play

STEP	What you say or do
INTRODUCE CASE	Read the patient case. <i>Ask the group to decide which prognosis statement to use.</i> <i>“Which of the 3 prognosis statements would be most useful in this case?”</i>
IDENTIFY A learning focus	Understand the clinician learner’s challenge. <i>“Which question or element in the Serious Illness Conversation Guide do you anticipate finding most challenging?”</i>
RUN the encounter	Explain that quick coaching & feedback are expected. <i>Remind clinician learner to follow the Guide. Take notes on interactions.</i>
QUICK COACH Keep clinician on task	Pause the clinician learner; offer a phrase; gesture to resume. <i>Keep the clinician learner working from the guide. Recommend minor adjustments, minimally interrupting flow.</i>
QUICK TIME OUTS	Time out if learner is veering from guide or uncertain. <i>Aim for one quick time out per encounter.</i>
DEBRIEF The quick time out	Give the clinician learner a moment to gather his/her thoughts. <i>“How is it going?” “What did you do well?”</i> <i>“I really liked it when you did x”</i> <i>“What might you do differently next time?”</i>
ENGAGE THE GROUP	Gather additional ideas from small group participants. <i>“Does anyone have any other ideas about what [clinician learner] could say?”</i> <i>“I wonder if next time you might try...”</i>
RESUME the encounter	Resume the encounter. <i>Have the clinician learner finish practicing their half of the Guide.</i> <i>Offer clinician learner the opportunity to try a specific question again, if desired:</i> <i>“Do you want to start with [specific element] from the Guide?”</i>

**REINFORCE
LEARNING**

Find out what the learner is taking away.

- *Clinician learner names one thing they did that they liked.*
- *Facilitator names one thing clinician did that they liked.*
- *Ask clinician learner for a take home point:*

“What did you learn from this encounter that you could use the next time you see a patient?”

Large group debrief & closing

Please refer to notes under slide 37.

1. **Learning objectives:**

After this session, clinicians will be able to:

- Come back together as a large group and share experiences
- Summarise takeaways
- Establish next steps
- Evaluations
- Close the session/Karakia

2. **Performance objectives:**

This session will provide experiential practice for clinicians to:

- Express benefits and drawbacks of using a Guide after the small group practice sessions

3. **Steps for facilitator:**

- Ask: Can you imagine using this in your practice?
 - Acknowledge responses (particularly important if barrier)
- Ask: What barriers do you foresee to using the Conversation Guide in practice?
 - Acknowledge
 - Ask group “how you can address” barrier?
- Ask: What things can make the use of the Conversation Guide easier in practice?
- Ask: What are your takeaways from the workshop? Go around the learners in turn
- Thank the group for their efforts
- Give out evaluations and let the learners know they are free to go once these are completed
- Close the session with a Karakia

4. **Helpful points:**

- Prioritise coming together at the end
 - This step allows clinician learners to reflect on their experience and consolidate knowledge.
 - Bringing people together to reinforce take home points is an essential part of the learning process. Offer concrete and actionable goals/steps.
 - Have clinician learners commit to using the SICG with 1-2 patients over the next week. Choose an easy patient who is ‘ready’ for this discussion.

- Describe next steps
 - If there are established processes for patient selection, preparation, documentation, or other steps, share key points.
- Offer support
 - Let clinicians know that the team will follow up with them within two weeks to ask for their feedback and to provide support.

5. Closing karakia:

Here is one option for a closing karakia.

Kia whakairia te tapu
Kia watea ai te ara
Kia turiki whakataha ai
Kia turiki whakataha ai
Haumi e! Hui e! Taiki e!

Restrictions are moved aside
So the pathway is clear
To return to everyday activities

TIMING: 15 minutes for Large Group Debrief & Closing