

# The Reality of Perception: Clinical

Using your team strengths in this specialized learning activity

As a result of participating in this activity, learners will:

1. Communicate the contents of an image to other team members.
2. Organize the team to correctly order those images.
3. Evaluate their results and interpret where the communication was most and least effective.



*At the heart of all teamwork is the power of communication. We all assume others know what we mean when we use a word or describe an image. We associate particular meaning with the words we choose, and hope others understand us.*

For more information about how to utilize games, low-fidelity simulation, and interactive learning to teach concepts of teamwork and collaboration, contact [Better.Teams@rosalindfranklin.edu](mailto:Better.Teams@rosalindfranklin.edu)





## Information Exchange: Clinical

1. Assemble students into teams of 5-6 using some method to ensure diversity/interprofessionalism on each team.
2. Team members are each given a single picture from a Zoom or Re-Zoom book. These pictures are sequential across the team, but in a somewhat obtuse way. Team members may NOT show their picture to others, but may only describe it verbally.
3. The team is to assemble itself in order based on the pictures. Be aware that the team may legitimately order themselves differently than the pages of the book. They may legitimately order themselves in *reverse* given the lack of context for the pictures. Once they believe they have their order, they are to lay the pictures out as a team to check their work.
4. Because the Zoom/Re-Zoom books contain about 30 pictures each, this activity may be run with multiple teams using different sections of each book competing to complete their order first, or by a single team against a time restriction. Another variation would be to utilize sets of pictures from both books without distinguishing them, elevating the cognitive load by needing to eliminate some pictures as not belonging in the sequence. Although the initial search could be chaotic, teams would be built as they “found” each other.

Lesson	Debrief Questions	Clinical Application	Bloom's Taxonomy	Team STEPPS domain	IPEC Competency
<p><b>Communication:</b> Even when using a shared mental model, teams must always contend with differences in perception as team members respond/react to a stimulus.</p>	<ol style="list-style-type: none"> <li>1. What went well?</li> <li>2. What were the barriers or challenges in this activity that needed to be met?</li> <li>3. How did you, as an individual, determine where you were in the sequence being formed?</li> </ol>	<p>In patient care it is necessary for providers to have clear communication about the treatment plan.</p> <ol style="list-style-type: none"> <li>1. What are some of the tools used in healthcare to ensure that information is being conveyed correctly?</li> <li>2. How can providers improve communications across healthcare teams?</li> </ol>	<p>Analyze/Apply Evaluate/Create</p>	<p>Leadership Communication</p>	<p>VE4 RR1 CC1,4, 5 &amp; 7 TT5 &amp; 11</p>
<p><b>Situation Monitoring:</b> If individuals are unable to perceive absolutely objectively (which they are) it becomes especially important for team members to consider not only how they have said something, but also how it has been received. We must constantly be aware of potential breakdowns in communication, catching them as early as possible to avoid potentially catastrophic results.</p>	<ol style="list-style-type: none"> <li>1. How did team members encourage you (if at all) to complete your required part of the challenge?</li> <li>2. How did your team allocate responsibility for completing the challenge? Was it on a strength-based model or some other form of assignment of responsibility?</li> <li>3. What should teams do when they realize that one or more members may be struggling? Is it legitimate for them to change expectations of team members part way through the task?</li> </ol>	<p>As in all professions, healthcare providers can become so familiar with presenting issues that they begin to shorthand their conversations with tools such as acronyms.</p> <ol style="list-style-type: none"> <li>1. How would you envision professional jargon or lingo presenting a problem for healthcare teams?</li> <li>2. How can healthcare teams avoid differences in perception confounding clear communication?</li> <li>3. If a team member is unclear in communication, what responsibility do you have to bring this to their attention?</li> </ol>	<p>Analyze/Apply Evaluate/Create</p>	<p>Leadership Communication Mutual Support</p>	<p>VE4, 7 &amp; 8 RR2, 5 &amp; 6 CC1,4- 7 TT8, 9 &amp; 11</p>
<p><b>Leadership:</b> Sometimes what we believe we understand about the “big picture” is not what others believe they understand. Aligning our vision of the task or target at hand improves communication by giving it a common context.</p>	<ol style="list-style-type: none"> <li>1.. Agree or Disagree? The more complex or technical the subject being discussed, the easier it is to be clear. Why do you take that position?</li> <li>2. How can leaders assure that everyone on the team is in alignment and has a shared understanding of what is going on?</li> <li>3. How can a team ensure clear communication is happening?</li> </ol>	<ol style="list-style-type: none"> <li>1. Given the fluid nature of leadership in healthcare, what responsibilities do all communicators have to others?</li> <li>2. Leaders often deliver information to larger bodies of people, rather than to individuals. How can a leader most effectively guard against misunderstanding?</li> <li>3. How can providers check for patient understanding in communication?</li> </ol>	<p>Analyze/Apply Evaluate/Create</p>	<p>Communication Situation Monitoring</p>	<p>VE7 RR2, 3 CC1, 4-7 TT5, 7, 8, &amp; 11</p>