

Getting the Word Around

A simple communication activity for small to large scale audiences

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

1. Collaborate as a team to transfer information quickly and accurately from one person to another.
2. Implement a system of monitoring for accuracy using a check back.
3. Explain the outcomes of the passing of incorrect information, and how it ultimately spreads across the team.



Passing along accurate information is essential for all teams

Unfortunately, even a small error can become a big problem.

Designed to be debriefed in smaller or large groups, this activity is easily executed because it is low barrier and low resource.

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





Tell It Like It Is

1. This activity can be done with nearly any sized group. You will need three “information cards” for each “team”, with teams being formed on a convenience basis on how learners are seated. Teams do not necessarily need be of consistent size.
2. Provide a leader on each team a simple information card. In healthcare, for instance, it may be a physical description of a patient, an “order” for treatment, or, depending on your audience, something far more complex. These can be adapted to specific topical areas in which your team members have an interest.
3. Using the three variations identified below, you will want to debrief each activity using a large-group call out, hand raising, etc. After each debrief, leaders (who do not have to be the same person each time) will be given a new information card.
4. The activity may have the risk elevated by placing a time limit on it.

Lesson	Debrief Questions	Clinical Application	Bloom's Taxonomy	Team STEPPS domain	IPEC Competency
Round One: Like in the game of “telephone” or “telegraph” played at children’s parties, in this round one person (the “leader”) receives information that is to be passed as quickly as possible to the teammate next to them, and is sequentially then passed along to other teammates. No questions or check backs are allowed, nor can the information be spoken more than once by each team member. The person at the end will announce the message they received, and the activity will be debriefed.	1. What went well? 2. What were the outcomes for the last person to have received information? How does their version of the information compare to the information with which the team started? 3. What barriers presented themselves in this exercise that may have led to an inaccurate outcome? 4. What strategies can a team employ to avoid similar negative outcomes in the future?	Consider an EHR and its “one-way” format for communication. 1. How is participating in this activity similar to what might happen when a series of notes are made in the EHR and are used to communicate vital information? 2. Give examples of possible negative outcomes for patients/clients/people and the issue of their safety if providers cannot/do not verify information before acting on it.	Analyze/Apply	Situation Monitoring Mutual Support Communication	RR 1,2, 6 CC 1,2, 4 TT 5, 7, 8
Round Two: In contrast to Round One, in this round, which is played similarly, persons receiving the information will repeat back what they believe they heard, and may ask, “Is that accurate?” If it is, the answer is yes, and the learner moves on with the activity. If the information has not been accurately represented, it may be repeated no more than twice before the learner moves on in the activity.	1. How was the outcome of this round different from the first round? 2. Was information in this round conveyed as quickly as the last round? What it conveyed more accurately? 3. In what ways might utilizing a check back strategy on a team be considered an investment in quality outcomes rather than simply expenditure (or waste) of time?	1. Give an example of a situation in which a check back from one provider to another might improve safety or the quality of the outcome for a patient/client/person.. 2. What barriers to you see to utilizing check backs among healthcare professionals? 3. Do you think that check backs should be used by healthcare team <u>leaders</u> when receiving information from other team members? If so, why, and if not, why not?	Analyze/Apply Evaluate/Create	Leadership Communication Mutual Support	RR 1, 6, 9 CC 1, 4, 5 TT 5, 11
Variation: This is an optional round played similarly to Round One in which the learner may check back to see if what they were told is accurate. In this round, however, the only two possible answers are “yes” or “no”, but no additional information is provided or repeated. If they have heard “no” for an answer, the learner must consider what portions of the information they believe they should pass on to the next learner.	1. If you were told that the information you repeated back was not accurate, how did you decide what to pass on to the next team member? How long a process was it to make that decision? What happened to team efficiency during that time? 2. What happens when inaccurate information is moved forward on a team? 3. If you were unsure the information you passed on was accurate, how did it feel to potentially be the point at which the team effort “came off the rails”? 4. In what ways might we consider the opportunity to check for accuracy (even when it feels embarrassing or difficult) to be empowerment of team members?	1. Suppose on a healthcare team, a team member is clear in saying that they don’t want to be questioned or be asked to repeat themselves. How do team members address this issue? 2. What responsibility does a healthcare team member have to others to be certain the information they are sharing is accurate? What responsibility do they have to the patient/client/person? 3. What difference, if any, do you think performing a check back makes in an emergent versus non-emergent situation?	Analyze/Apply Evaluate/Create	Communication Leadership Situation Monitoring	VE 8 RR 2, 9 CC 1, 2, 4 TT 5, 7, 8