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RESOURCES

Tools for Getting Started
and to Ensure Successful
Healthcare Planning

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Resources Section: Tools for Getting Started and To Ensure Successful Healthcare Planning

Objectives

- To develop team capacity and readiness to implement the steps in this toolkit.
- To provide a refresher on strategies and tools for effective team work, brainstorming, use of information and decision-making.

Guiding Questions

- I. What is an oncology advanced practice nurse?
- II. What are the basic tools that team members require to work effectively in a collaborative environment?
- III. What are strategies teams can use to examine issues and generate new ideas?
- IV. What strategies can teams use to gather and critique information?
- V. How will team members come to consensus and make effective decisions?

Implementation Pointers

Early in the process, assess your team to identify if any or all of the tools provided in this chapter would be helpful to them.

Circulate the Resources Section to team members prior to the meeting. Use some of the following guiding questions to help team members determine if time needs to be allocated for detailed orientation to some or all the tools.

Alternatively, ask the members which tools they found interesting and how they would like to use them in the team's work.

- In your past experience working in teams, what strategies or tools have you found effective? Not effective?
- Are there any suggestions made in this chapter that we can use to ensure we have an effective team?
- In making team decisions, what process or methods have you found effective? Not effective?
- Are there any suggestions made in this chapter that we could use to make effective decisions?

Two current challenges in the healthcare system are how to ensure patient focused approaches to care delivery and how to work effectively within interprofessional collaborative teams.

Ensure there is adequate buy-in from your team members so that these two elements are not compromised. Identifying and engaging stakeholders and learning how to build on their knowledge, skills and experiences can help create unique and sustainable services.

As an implementation leader or team member, key implementation pointers are:

- Walk the talk – working collaborative means modeling collaborative behaviour
- Use all opportunities to articulate these values and their importance
- Ensure they become part of the list of team norms

Resource #1

Information About Oncology Advanced Practice Nursing

Clarifying the Advanced Oncology Nurse Role in Ontario: Position Statements¹

From: Oncology Advanced Practice Nursing Community Practice, Cancer Care Ontario 2009¹

For the complete document go to: www.cancercare.on.ca

Purpose:

To promote optimal utilization of oncology advanced practice nursing (APN) roles in the Ontario healthcare system, through improved stakeholder and employer understanding about the purpose and characteristics of these roles.

Target Audience:

Healthcare providers, administrators, and policy makers who are directly or indirectly involved in the integration of oncology APN roles in the Ontario healthcare system.

Position Statement 1: Definition of Oncology Advanced Practice Nursing Roles

Oncology APN roles include clinical nurse specialist (CNS) and nurse practitioner (NP) roles that share these characteristics:

- Responsibilities for providing clinical care at one or more time points across the cancer continuum from cancer prevention and screening to palliation and end-of-life care.
- Responsibilities for improving nursing practice and healthcare delivery through integrated role activities related to education, research, organizational leadership and scholarly and professional development.

Position Statement #2: Definition of the Oncology Advanced Practice Nurse

The oncology APN is a registered nurse working in a CNS or NP role, who has acquired specialized, in-depth knowledge and skills in the care of patients and families affected by cancer through practice experience and completion of a Master's degree in nursing.

Position Statement #3: Recognizing the unique contributions of CNS and NP roles in cancer care.

The complementary expertise of Clinical Nurse Specialists and Nurse Practitioners is essential for developing accessible, sustainable, and high quality cancer services in Ontario.

Position Statement #4: Appropriate Use of APN Role Titles

The terms Clinical Nurse Specialist and Nurse Practitioner should be used in job descriptions and role titles to recognize the distinct areas of purpose, expertise, and scope of practice of these roles.

Rationale

The term APN as a role or position title should be discouraged because it encompasses but does not distinguish the differences in role purpose, expertise and scope of practice between CNS and NP roles. The term NP is now a regulated title in Ontario and should be used by advanced practice nurses who have successfully completed the legislated requirements. The term CNS is not a legislated or protected title but should be reserved for those nurses who are in a designated APN role, have specialized expertise in oncology and have completed a Master's degree in nursing.

A CNS or NP role is distinguished by the focus of care:

- A CNS “provides expert nursing care for a specialized client population. They play a leading role in the development of clinical guidelines and protocols, promote the use of evidence, provide expert support and consultation and facilitate system change.”²
- A NP “provides direct care and a focus on the treatment and management of medical conditions. They have received education preparation and possess the competencies to autonomously diagnose, order and interpret diagnostic tests, prescribe pharmaceuticals and perform specific procedures within their legislated scope of practice.”³

Resource #2

Teamwork and Role of the Facilitator

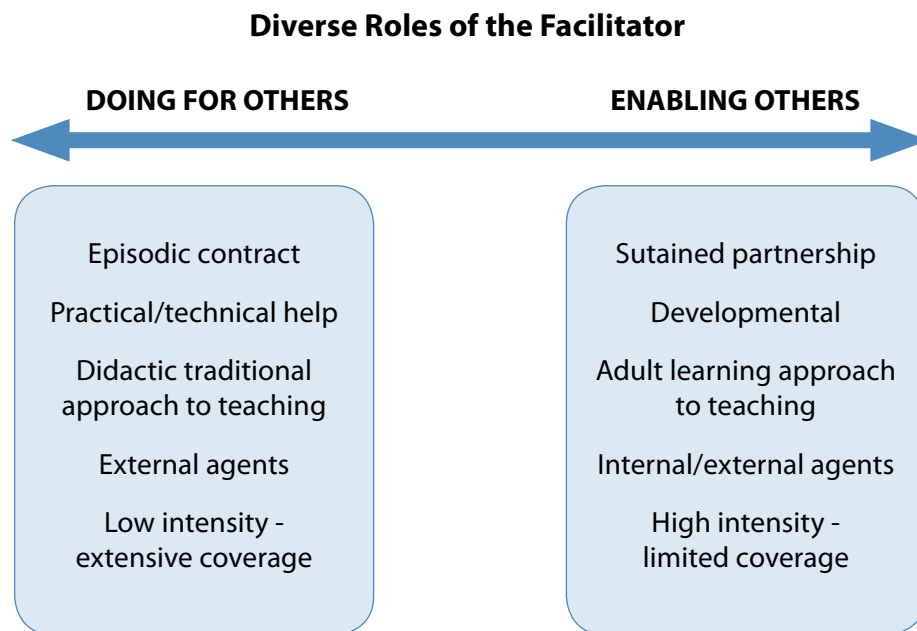
Working Effectively in a Collaborative Team Environment

■ What are the basic tools that healthcare planning teams require in order to work effectively in a collaborative environment?

- Valuing and engaging a team facilitator
- Understanding group process
- Ability to run effective meetings
- Brainstorming techniques
- Decision-making processes

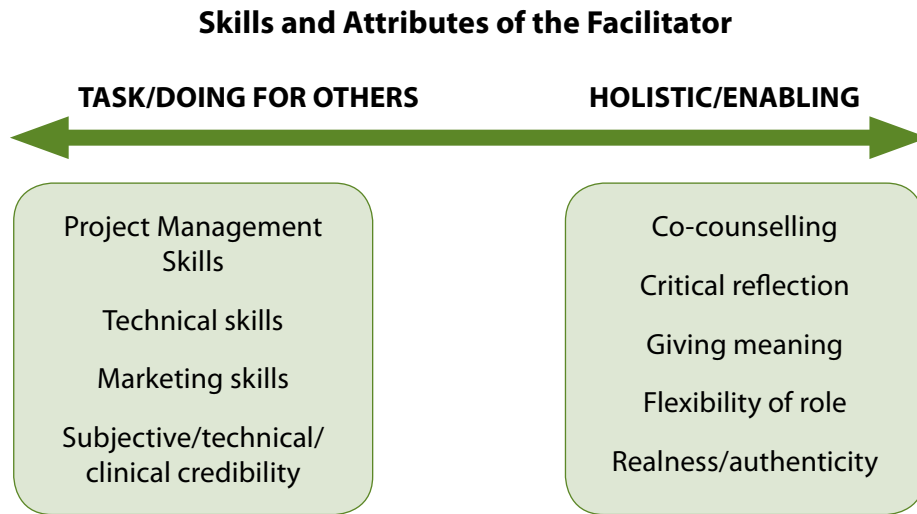
Facilitation

The role of a facilitator is critical for the success of a group or team's work. The role varies depending on the stage of work the team is at and/or the maturity of the team, including the skills, time and interest of the team members in taking on work tasks. The following figure shows the two extremes of team work and the role of the facilitator:



From: Harvey, G., Loftus-Hills, A., Rycroft-Malone, J., Titchen, A., Kitson, A., McCormack, B., & Seers, K. (2002). Getting evidence into practice: the role and function of facilitation. *Journal of Advanced Nursing*, 37(6), 577-588.

Depending on the role of the facilitator, the following are skills and attributes that can be used to select the most appropriate facilitator for the team:



From: Harvey, G., Loftus-Hills, A., Rycroft-Malone, J., Titchen, A., Kitson, A., McCormack, B., & Seers, K. (2002). Getting evidence into practice: the role and function of facilitation. *Journal of Advanced Nursing*, 37(6), 577-588.

Team or Group Process

How to plan and implement effective team or group processes?

To ensure that stakeholders’ involvement is effectively used, attention needs to be paid to how the project team works. Hackman’s model identifies four key issues that influence team effectiveness.⁴

These are:

- The work design (e.g., inter-dependence of members, clarity of purposes),
- Group composition (e.g., size of the group, diversity in the group),
- Group norms, and
- Organizational supports for the group/team (e.g., training, information, facilitator).

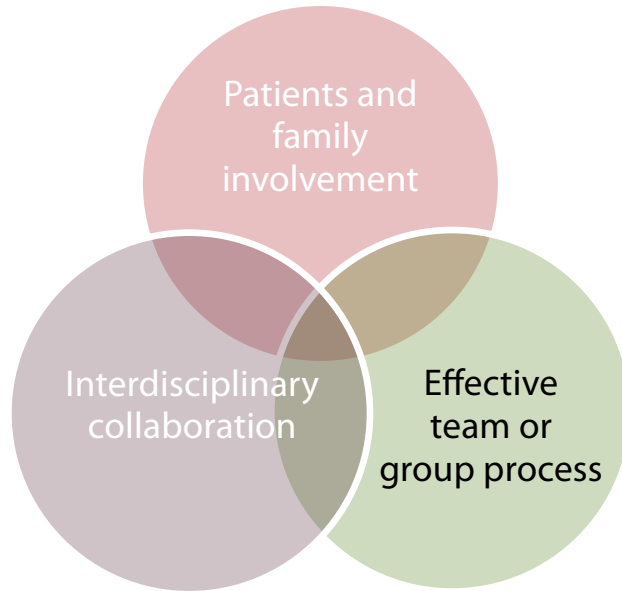
This section addresses key questions of working in teams or groups as well as how to establish appropriate team norms and run effective meetings.

Effective team work/group process:

Based on the work of Lemieux-Charles and McGuire,⁵ team effectiveness can be planned by asking the following questions:

- What is the task of the team?
- What are the specific features that distinguish the task carried out by the team?

- What is the composition of the team (e.g., the size of the team; and the age and gender of members)?
- What processes exist to enhance teamwork (e.g., communication, co-ordination)?
- What are the psychosocial traits of the team (i.e., team norms, cohesion)?
- What is the organizational context in which the team exists (e.g., setting, resources, leadership)?
- What is the social and policy context related to teams (i.e., systemic factors)?



■ Strategies to enhance team or group process

In order to ensure that stakeholders work effectively towards achieving the identified task and objectives, the following should be considered:

- Develop draft terms of reference for the team and have these discussed and approved by the team during the launch period. A draft of the terms of reference document can be used both to identify the stakeholders as well as to motivate their participation. These terms of reference may include the purpose, objectives, timelines and team membership as well as the accountability structure.
- Establish team norms including how often the team will meet, who will chair, record minutes, and communicate process within and between meetings. Norms are explicit or implicit rules shared by team members and are usually in the form of performance norms although there are others such as norms for appearance, social relations and allocation of resources.

See Table 1 for sample of team norms. Norms are more acceptable to team members if they have had an opportunity to develop the norms. Allocate 15 minutes in the first meeting time to brainstorm how the members wish to work together. These norms can be reviewed at a subsequent meeting and additional norms added. Reviewing the norms allows team members to reflect on any issues they feel may impact the work of the team.

Sample team norms

- Treat each other with dignity and respect.
- Transparency: avoid hidden agendas.
- Be genuine with each other about ideas, challenges, and feelings.
- Trust each other. Have confidence that issues discussed will be kept in confidence.
- Team members will practice a consistent commitment to sharing all the information they have.
- Ask for information or supports you need.
- Listen first to understand and don't be dismissive of the input received.
- Practice being open-minded.
- Don't be defensive with your colleagues.
- Rather than search for the guilty, give colleagues the benefit of the doubt; have a clean slate policy.
- Support each other - don't throw each other under the bus.
- Avoid territoriality; think instead of the overall good of our patients, team and organization.
- The discussion of issues, ideas, and recommendations will not become a personal attack or return to haunt you in the future.
- Facilitators/team leaders are open, communicative, and authentic with each other and their teams.
- It's okay to not know the right answer and to admit it. The team can find the answer.
- Problems are presented in a way that promotes mutual discussion and resolution.
- It is safe to be wrong as a manager. Thoughtful decision-making is expected.
- Own the whole implementation of the product, not just your little piece; recognize that you are part of something larger than yourself. Be responsible to own the whole picture.
- Practice and experience humility - each of us may not have all the answers.
- If you commit to doing something – do it. Be accountable and responsible to the team.
- It is okay to be the messenger with bad news. Expect a problem solving approach, not recrimination.
- Promise to come prepared to your meetings so that you demonstrate value and respect for the time and convenience of others.
- Strive to continuously improve and achieve the team's goals. Don't let ineffective relationships and interactions sabotage the team's work.
- Expend the effort to practice all of these norms. Care enough about the team and its work to confront each other, with care, compassion, and purpose, when a member fails to practice these norms.

Adapted from: Heathfield, S.M. (2008). *Group norms or relationship guidelines*. Retrieved March 27, 2008 From http://humanresources.about.com/od/teambuilding/qt/norms_sample.htm.

Leadership Qualities for Facilitating Team Work

What types of leadership qualities will be important for facilitating our group?

An effective group or team leader has a diverse set of qualities and draws upon these skills and attributes differently with teams of different composition, tenure and purpose. The team leader uses appropriate strategies at different stages of the team or group's work as it goes through the stages of forming, norming, storming and performing. An effective leader helps navigate the team but ensures that the team is fully accountable and responsible for its actions. Self-directed teams or those that have full participation of its members in the directing and decision-making process, report high satisfaction with both the process and the outcomes of their work.⁶

The following table illustrates some of these qualities and how they can be used with at different stages of the group's work.

Facilitator qualities at different stages of team work

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Stage of Team Work	Leadership Qualities
Kick Off Phase – this is the stage when team members agree on membership, purpose of the group, and how it will function.	<p><i>Communication skills</i> – good inter-personal skills are needed to engage and motivate members as well as writing skills to prepare documents that may be required by the team and other stakeholders.</p> <p>At this phase, there may be a need for the leader to do more “telling” and “selling” and therefore <i>presentation/training skills</i> will be an asset at this stage.</p>
Early Team Work Phase – this is the stage when team members experience working together and learn to accommodate each other's ideas and suggestions and ways of working.	<p>Team building skills including <i>listening and having a participative/inclusive style</i>.</p> <p><i>Conflict management skills</i> may be required at this stage but will be mostly used when team members start to challenge each other. The team leader uses skills to “gel” the team</p>
In the Thick Of It Phase – members learn to challenge each other, stretch their imagination and are required to make decisions.	<p>Conflict management skills including <i>negotiation and consensus building are needed</i>.</p> <p>There is often a tendency for teams to expand their mandate in order to avoid conflict. The team leader will need to draw strengths from different team members, <i>be creative and use facilitation skills</i> to provide structure for team decision-making.</p>

T A B L E 2

Stage of Team Work

Leadership Qualities

Project management skills help keep the project on track. Keeping the project on track requires some level of “controlling” skills or tools such as review of team’s mandate, timelines, deliverables and progress. *Providing feedback* including recognition to team members will ensure team members stay on course.

Wrap Up Phase – team members tie up loose ends and work towards terminating their project. In some instances, the team re-establishes itself for a new mandate which may include introducing new team member or reconfiguring the team roles.

Team leader needs to ensure the work of the team is positioned in the big picture of the organization in order to ensure ongoing sustainability and relevance of the team’s work.

Supporting team members to complete the tasks is important instead of taking over the work. *Being resourceful* in doing so is therefore important – this may include *providing skill development support, coaching, linking to resources and problem solving.*

Team leader requires *aptitude for addressing details* to ensure decisions or deliverables are appropriately documented and taken to action level.

Arranging team member *recognition and celebration* and bringing closer or transparent transitioning to next mandate are important strategies for the team leader to complete his/her role.

Resource #3

Running Effective Meetings

Checklist for Planning Effective Meetings

- Plan an ice breaker at the beginning of each meeting**
- Ensure clarity of purpose for the meeting**
 - ✓ Develop agenda based on purpose and outcomes to be achieved – teams may decide to develop the agenda as a group after each meeting for the next meeting or delegate the task to the facilitator.
 - ✓ Ensure adequate time is allocated for each agenda item. Do not cram agenda items.
 - ✓ Review agenda prior to each meeting including objectives/outcomes, roles, time allocation, any expected interruptions.
- Involve team members in sharing roles:** time-keeper, minute recorder, agenda developer. Some groups add additional roles to specific meetings if relevant e.g., devil's advocate (to challenge assumptions, prevent groupthink), parking lot attendant to document topics that will be parked for later discussion, etc.
 - **Strategies for facilitation of discussion**
 - ✓ Consider content, process, resolution or decision and action for each agenda item
 - ✓ Use visual aids such as diagrams, posters to focus the discussion
 - ✓ Ensure decisions are summarized and recorded in the minutes
 - ✓ Conflict resolution – teams may decide ahead of time how they will address conflicts such as disagreements
 - ✓ Use a flip chart to park topics that are not part of the agenda and require more time for discussion
 - ✓ Stick to the agenda and time allocation. If more time is required, negotiate with the group on what items will be removed from the agenda or time allocation is reduced.
 - ✓ Formally close meetings with summary of key actions, who is responsible for the actions and by when. Remind members of the date and time for next meeting and for any agenda requests.
- Team norms**
 - ✓ Establish and document team norms as a group in first meeting
- Evaluate team effectiveness on a regular basis**
 - ✓ Ask members after each meeting to share what worked and what did not and how they want to have the meeting run in future
 - ✓ Provide a meeting evaluation questionnaire and present findings at a subsequent meeting for discussion and decision on how to run the meetings differently.

Resource #4

Successful Brainstorming

Brainstorming can be used to define a problem, identify goals and outcomes, generate possible solutions and determine the best possible plan of action to resolve the problem.⁷ In Step Five, the focus of brainstorming is on generating possible solutions given that problems (in meeting unmet patient health needs), goals and outcomes have been identified in Step Four. However, you may want to use a brainstorming session to reconfirm and/or review problems, goals and outcomes with key stakeholders and group participants.

To develop an action plan, brainstorming can also be used to establish action priorities and to identify potential barriers or facilitators to implementation.^{7,8}

The key to successful brainstorming is creative idea generation from a group of people with varied backgrounds, interests, and experiences that may be directly or indirectly related to the patient population and model of care. Initially the emphasis is on quantity rather than quality and to generate the greatest possible number of ideas. This can be a challenge because health providers and professionals have often been trained to think critically rather than creatively about issues and ideas.⁸ Table 1 provides some guidelines for successful brainstorming.

T A B L E 1

Ground rules for successful brainstorming

- Every idea is valuable. No idea is too outrageous.
- Avoid critical judgments about the effectiveness or feasibility of ideas.
- Be spontaneous. Wild ideas provide the greatest opportunity for innovation.
- Build on the ideas of other brainstormers.
- Focus on the quantity versus the quality of ideas. Generation of the greatest number of alternative ideas leads to creative problem solving. Set a goal for the number of ideas to be generated.
- Be open to new ideas, be creative, and be positive!

■ Tips and strategies for planning, facilitation and capturing content

Starting any brainstorming session requires planning while the actual session requires facilitation and capturing of the brainstormed ideas.

Planning:

- Have a clear purpose for the brainstorming session – Why do you want to conduct the session and what type of information are you looking to generate?
- Establish location, date/time – generally, a brainstorming session should not last more than 40 minutes; any longer will not generate any more ideas. You will also get brainstorm fatigue.
- Identify and prepare the facilitator for the session.
- Identify and invite stakeholders with diverse perspectives – bringing together like-minded people will not generate a wide range of ideas.
- Your invitation to stakeholders should include the purpose of the session, any history or background context for what the session is connected to, date/time, facilitator’s name and if you want the stakeholders to do any personal brainstorming ahead of time.
- Personal brainstorming can help prepare people for the session ahead of time and can help reduce the time if there are time constraints. A sheet with key questions and lots of space between questions can be used as a personal brainstorming sheet. Often personal brainstorming is provided as an option and not a mandatory requirement. This is important in order to ensure your stakeholders feel they can still attend the session without having done the “pre-work”.
- On the day of the brainstorm session, ensure the room is open, well lit, and chairs are either in a semi-circle or around a table. There should be adequate room for facilitator and/or recorder at the front to capture the ideas in a visual format.
- Ensure equipment is available e.g., flip chart/white board/interactive white board, markers, tape.

Facilitation

- Open the brainstorming session by welcoming everyone, conduct introductions if members are not familiar with each other and set the stage.
- Setting the stage includes re-stating the purpose of the meeting, reviewing the rules of brainstorming, informing everyone how the discussion will be captured and if there will be opportunity to add to the discussion after the session.
- Rules of Brainstorming – these could be posted or provided on a handout
 - All ideas are welcome
 - All ideas will be recorded

- There will be no criticism or other value judgments, analysis or rejection of ideas – the focus will be on generating a large number of ideas. (You may want to invite participants to make a list of phrases that are not acceptable e.g., “done that/been there”, “what a great idea”, “I don’t think that would work here”, “implementation would be a nightmare”, “I love your ideas”. These phrases are sometimes referred as “Killer Phrases” in a brainstorm).
- All ideas, including outrageous or off-the-wall ideas are welcome – innovative and creative ideas are encouraged.
- Build on each other’s ideas.
- Ideas will be generated until there are no more novel ideas or time limit is over.
- Facilitation Techniques
 - Use open-ended questions to open a brainstorm.
 - Re-phrase the question several times to invite different types of responses from participants.
 - Read every third item from the generated list of ideas if participants are not able to provide new ideas.
 - Use responses to generate additional questions.
 - Provide time for personal brainstorming on a piece of paper before they share ideas as a group.
 - Remind participants they can combine ideas or expand on other’s ideas
 - Ask participant to expand on a suggested idea – this might generate additional thoughts.
 - Don’t allow discussion of ideas during the brainstorming session until after the session is completed.
 - Use quick reminder techniques for participants who may be breaking the rules – e.g., yellow card if adding value judgment on an idea.
 - There are various processes that you can use for participants to contribute their ideas:
 - Open the floor and have people throw ideas as they come. When you do this, make sure those who are silent are prompted for their ideas.
 - Go around the table and have each person generate one idea at a time. You may need to go around several times until all ideas are generated before going on to next question or topic.
 - Provide Post-It© pads and have people write one idea on each note, collect the notes after each question and read these out while sorting in categories. When you do this, assign a category name. You may need a helper to assist in sorting the notes.
 - Place one question on large sheets of paper that are posted around the room (usually done ahead of time). Give different colour markers to the participants and have them go around the room and list their ideas for each question/topic. After everyone sits down, read each question and the ideas listed. Ask if there are other ideas that participants can think of. Restate/rephrase question to generate more ideas. Add these to the list.

- Strategies to allow for creativity
 - Have participants stand instead of sit or walk around the room to generate ideas.
 - Provide tape-recorders to participants to capture theirs and other people’s ideas over a period of 5-7 days prior to or after a brainstorming session.
 - Have participants keep pen and paper at bedside and instruct them to write any ideas that are generated when they wake up.
 - Ask outrageous questions to get outrageous answers e.g., “What if you were provided unlimited resources, how would you redesign the way care is provided?” Removing restrictions can provide freedom for greater creativity.
 - Use a mind map to draw out ideas and to connect ideas – there is software that can assist in this or break up into threes. Provide triads with large sheets of paper and pen and an idea circled in the middle. Ask them to expand as many ideas that are related to the main idea. For example, the main idea could be, “Advanced Practice Role connects home, community and hospital” or “Patients who have x cancer use a lot of healthcare resources”. Ask triads to write any related concepts that connect to the main idea. They can use what, why, how, when, where to generate related ideas.

Content Capture

- Record each idea as a separate idea on a flip chart, white board, or other visual manner to allow participants to see the list as it is developed. Post ideas around the room as sheets get filled.
- Collect any ideas that were generated on paper individually that may not have been shared.
- After the session, review, type and arrange the ideas in related groups.
- You may want to send the document to the participants to review and add any additional thoughts and send back to you. Provide a clear deadline.

Table 2 below provides a checklist for planning and implementing a brainstorming session. This checklist includes steps for the generation of ideas or activities, analysis and action planning.

Brainstorming Resources:

<http://www.brainstorming.co.uk/>

<http://www.brainstorming-that-works.com/brainstorming-tips.html>

http://www.safehealthyschools.org/webquests/student_tools/HowtoBrainstorm.pdf

<http://www.effectivemeetings.com/teams/participation/brainstorming.asp>

T A B L E 2

Checklist for planning and implementing a brainstorming session



1	<p style="text-align: center;">Activities</p> <p>Invite members of the healthcare planning team and key stakeholders to participate.</p> <ul style="list-style-type: none"> • The group should include a minimum of 5 to a maximum of 10 to 12 people. If there are more than 12 participants, consider breaking them up into small groups for activities • Include external stakeholders who can provide fresh ideas and new insight • Bring individuals together who will work well in a group
2	<p style="text-align: center;">Plan the meeting</p> <ul style="list-style-type: none"> • Arrange for a room where participants can face each other in a circle or around a table • Arrange for a large board or flip charts to record responses • Bring chalk, markers, pens and note pads • Plan for at least a one hour meeting depending on the size of the group and number of outcomes to be addressed
3	<p style="text-align: center;">Choose a facilitator</p> <ul style="list-style-type: none"> • Someone who will encourage involvement and draw out ideas from participants • Someone who will not impose their own ideas • Someone who can keep the group focused and on task • Consider having a recorder to assist the facilitator in documenting ideas
4	<p style="text-align: center;">Begin meeting</p> <ul style="list-style-type: none"> • Introduce participants to each other • Use a warm up or ice breaker exercise to get the group thinking and working together • Relay ground rules for effective brainstorming
5	<p style="text-align: center;">Review purpose of session</p> <ul style="list-style-type: none"> • Briefly review goals and outcomes
6	<p style="text-align: center;">Identify activities separately for each outcome</p> <ul style="list-style-type: none"> • Give each person 5 to 10 minutes to write down as many ideas as they can for each outcome. This step should be done individually to avoid group influence on idea generation • For each outcome, have participants shout out their ideas • Go around the room and invite each participant to share their ideas

TABLE 2

7	<p style="text-align: center;">Ensure a range of activities relevant to APN roles have been considered</p> <ul style="list-style-type: none"> • Review proposed activities and identify if activities related to clinical practice, education, research, organizational leadership and scholarly/professional development have been identified for each outcomes • Have the group discuss if additional activities are required 	✓
8	<p style="text-align: center;">Categorize ideas into related categories or themes</p> <ul style="list-style-type: none"> • Using circles or symbols, have the participants identify ideas that are related to similar themes or categories 	
9	<p style="text-align: center;">Identify potential priorities</p> <ul style="list-style-type: none"> • Have participants privately rank what they feel are the 5 most important activities for each identified outcome • In the large group, record the votes and priority ranking of activities for each outcome • For each outcome, rearrange identified activities in order of priority 	
10	<p style="text-align: center;">Identify possible resources to support implementation of activities</p> <ul style="list-style-type: none"> • Consider existing resources and expertise 	
11	<p style="text-align: center;">Identify possible constraints to implementing activities</p> <ul style="list-style-type: none"> • What is known about the effectiveness of each activity for achieving specific outcomes? • What are the potential costs and needs for new resources and/or expertise? • Are their practical barriers or other feasibility issues? • What information is required to make final decisions about implementing specific activities? 	

Thank the group for their participation!

Resource #5

Strategies for Accessing and Evaluating the Evidence about the Effectiveness of Potential Activities

■ Goals for accessing evidence-based information

Searching the literature can be used in two ways:

- To generate initial ideas about potential activities for further discussion on these activities.
- To access and critically appraise the quality of available research literature on the effectiveness of proposed activities or interventions.

■ Using published and unpublished data sources

If idea generation is the focus of your literature review search, you may want to consider accessing published data from traditional journals and other sources of data from the grey literature. Grey literature is “information produced by all levels of government, academia, business and industry in electronic and print formats that are not controlled by commercial publishing” (ICGL Luxembourg, 2004 cited by UBC library, 2007).⁹

Grey literature can be particularly helpful, when limited research or published data exists and for identifying potential trends, new innovations, and possible experts in the field. The down side of searching the grey literature is that there are no single sources or “one-stop” approaches; it requires a search of multiple websites. Grey literature is also not peer reviewed and thus the accuracy and quality of the data must be closely examined. The University of British Columbia (2007)⁹ library provides some excellent electronic resources for searching the grey literature and for identifying Canadian sources of grey literature.

Published research literature is important for identifying activities that are the most effective and for identifying best practices, standards, and/or practice guidelines to inform priorities for addressing specific outcomes. This data may also provide information about benchmarks, quality assurance indicators, and methods or tools for evaluating outcomes.

Regardless of the types of data to be accessed, searching for literature can be an unproductive and time-consuming process if not conducted in a focused and strategic manner. Table 1 provides some strategies for conducting an effective search of the literature.

TABLE 1

Strategies for conducting effective and time efficient searches of the literature

- Determine priority information needs and set practical limits on the scope of the search (years, types of information, number of data bases, number of questions)
- Formulate answerable, searchable questions using the PICO format
- Enlist the help of experts in the field to identify important search terms and data sources
- Enlist the help of a librarian to fine tune key search terms, identify relevant databases, and conduct the search.
- Enlist the help of clerical staff and or students to retrieve relevant articles
- Seek out experts to provide advice and tools for critically appraising research
- Establish teams of reviewers to critically appraise and summarize the quality and applicability of the literature for specific search questions

Formulating an answerable search question

The acronym PICO can be helpful for formulating focused and answerable questions, especially for clinical problems. PICO stands for patient, intervention, comparison intervention, and outcomes (Table 2). In developing a searchable question, identify relevant concepts for each element of the acronym. These concepts become the key search words or terms that drives the literature search and determines the type of question being asked. For example in our hypothetical prostate cancer scenario a focused literature search question could be:

*“What is the effectiveness of pre-operative education (**intervention**) compared to post-operative education alone (**comparison intervention**), on patient self-care of urinary catheter (**outcome**) following a radical prostatectomy for prostate cancer (**patient population and situation**)?”*

TABLE 2

PICO

- P** = The patient and/or problem situation
- I** = The intervention, treatment or activity
- C** = Comparison intervention, treatment or activity (if relevant)
- O** = Outcomes or the expected result or effect of the intervention

PICO works well for formulating questions about quantitative information.¹⁰ Quantitative questions examine causes and effects or predictions about the likelihood of a specific event or outcome. Quantitative research studies focus on questions about causation, prognosis, diagnosis, healthcare interventions (prevention, treatment, or therapy) and economics of healthcare programs or interventions.¹¹ The sample prostate cancer question above is an example of a quantitative question about the effectiveness of a specific nursing intervention (pre-operative education).

Qualitative research methods aim to describe, understand, or explain patient and healthcare systems issues. These questions are more focused on processes rather than outcomes of care. In developing a new model of care, qualitative data may be helpful for identifying and understanding patient health needs, healthcare provider experiences, the strengths and limitations of different models or approaches to care delivery, and barriers or facilitators to implementing care practices. All elements of the PICO acronym may not apply in formulating qualitative questions. For these questions, only the “P” or concepts related to the patient population and problem situation may apply.¹⁰

Searching for the best evidence

To guide your search for accessing the best evidence use the 6S Levels of Evidence outlined in Figure 1.¹¹ In this model, an efficient search begins at the top of the evidence hierarchy where the highest levels of packaged information products occur. For example systems would include computerized decision support systems that link specific patient characteristics to relevant evidence. These systems are based on practice guidelines produced earlier down in the hierarchy. Summaries include evidence-based textbooks that summarize relevant synopses, syntheses or studies on several aspects of a health condition, while synopses focus only on one aspect of management. Syntheses combine and analyze the results of single studies focused on the same topic.

Figure 1 The 6S levels of organization of evidence from healthcare research.¹¹

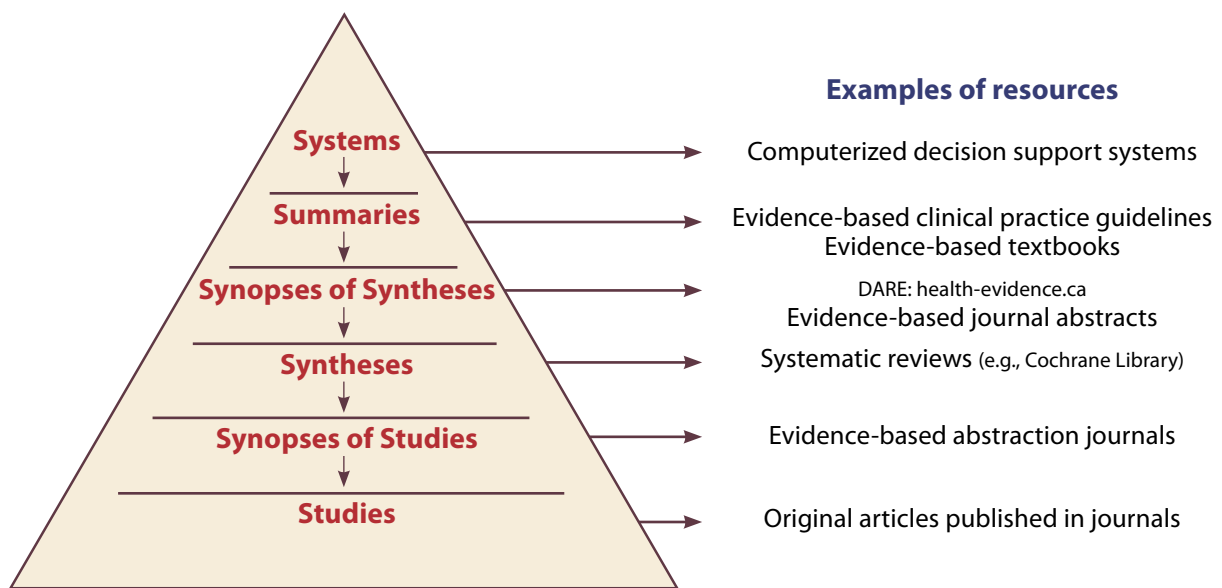


Table 3 provides a summary of levels of evidence and corresponding types of data and sources where these data can be obtained. The Health Sciences Library at McMaster University provides an excellent summary of searching strategies, data sources and tools for critically appraising research at <http://hsl.mcmaster.ca/education/nursing/ebn>

T A B L E 3

Searching for the evidence: data sources

Level of Evidence	Types of Data	Data Sources
Systems	Institutional data, practice guidelines and standards	Decision support services: documentation systems, health records, pharmacy order systems, reminder systems, diagnostic differential prompts, risk assessment tools, alerts or warning systems
Summaries	Evidence-based textbooks	<ul style="list-style-type: none"> • Clinical Evidence • The Physicians' Information and Education Resource (Pier) • First Consult
	Practice Guidelines	<ul style="list-style-type: none"> • Best Practice Guidelines, Registered Nurses Association of Ontario • CMA Infobase: Clinical practice guidelines. Canadian Medical Association • Clinical Practice Guidelines, Alberta Medical Association • National Guidelines Clearing house
Synopsises	Systematic Reviews	<ul style="list-style-type: none"> • NHS Centre for Reviews and Dissemination (CRD) Databases: <ul style="list-style-type: none"> • Database of abstracts of review of effects (DARE) • NHS Economic Evaluation Database (NHS EED) • Health Technology Assessment (HTA) Database
	Studies	<ul style="list-style-type: none"> • Health Evidence.ca "Promoting evidence-based decision-making" • Evidence-based Abstract Journals: <ul style="list-style-type: none"> • Evidence-Based Nursing • ACP Journal Club • Evidence-Based Healthcare and Public Health • Evidence-Based Medicine • Evidence-Based Oncology • Evidence-Based Mental Health • Evidence-Based Obstetrics and Gynecology

T A B L E 3

Level of Evidence	Types of Data	Data Sources
Synthesis	Systematic Reviews Qualitative Meta-analyses	Cochrane Data Base of Systematic Reviews CINHAL
Single Studies	Qualitative and quantitative studies	Clinical Queries Medline CINHAL Cochrane Controlled Clinical Trials Register

Bayley, L. (2007). *Resources for evidence-based nursing*. Health Sciences Library, McMaster University. Retrieved on April 8, 2008 from: <http://hsl.mcmaster.ca/education/nursing/ebn>.

Tools for critically appraising research studies

DiCenso, Guyatt, and Ciliska are editors of *Evidence-based nursing. A guide to clinical practice*.¹² This text provides critical appraisal guides and information on how to evaluate the full range of quantitative and qualitative research studies.

The following tools can also be used to critically appraise practice guidelines or randomized controlled trials:

T A B L E 4

Critical appraisal tools

Type of Research Evidence	Tool	Source
Practice Guidelines	The AGREE Tool	http://www.agreecollaboration.org/instrument/
Randomized Clinical Trials	Modified Jadad Grading Tool	http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat1a.section.64697 (AHRQ Evidence Report #97)
	Jadad Grading Tool	Jadad et al. (1996). Assessing the quality of reports of randomized clinical trials. Is blinding necessary? <i>Controlled Clinical Trials</i> , 17, 1-12

Resource #6

Promoting Effective Decision-Making

Types of decision-making

The table below outlines four types of decision-making approaches and the advantages and disadvantages for each approach.¹³

Types of decision-making

Decision-Making Approach	Advantage	Disadvantage
<p>Authoritarian An administrator or team leader makes all final decisions.</p>	<p>Authority may be given to a team leader when there are few options to choose, or if the team cannot agree, or the time line is short.</p>	<p>There may be little ownership of the eventual model of care by the team members if they feel the decision was not right.</p>
<p>Sub-Group A small part of the team or total group makes the decision.</p>	<p>May be effective in assisting the full team or group in making a decision.</p>	<p>A vocal minority may override preferences of a silent majority that has limited influence on decisions.</p>
<p>Majority A democratic process where a vote is taken. Decisions are made on a pre-determined level of what constitutes a majority (i.e., 51%, 67% or 75% of the votes).</p>	<p>All team members feel they had equal influence on the final decision.</p>	<p>Some percentage of the group will disagree or be dissatisfied with the decision. This may contribute to lack of acceptance or support for implementing solutions to address the problem.</p>
<p>Consensus A process that allows everyone to have a voice and to influence each other in agreeing on a decision. Consensus means that everyone can live with the final decision even if they don't completely agree with it.</p>	<p>Most effective method. High levels of agreement with the decision, increases the likelihood the decision will be supported and adopted.</p>	<p>Most difficult method to achieve because all group members must agree to the decision before it can be implemented. Requires more time and effort to reason and debate alternative choices.</p>

T A B L E 1

Consensus Decisions

Consensus methods for decision-making are usually the best approach because all team members are more likely to work together to support decisions for which they have high agreement.

However, there may be varying levels of agreement among team members. Consensus decisions may reflect team member agreement, that there has been sufficient debate, and that despite its limitations, they can live with the decision as the best possible choice compared to all other options.

Types of consensus decision-making methods

Consensus approaches such as the Delphi Method or Nominal Group Process can be used to make decisions about the priority of addressing unmet patient health needs and related problems.¹⁴

Delphi Method

The Delphi Method usually employs a series of sequential postal questionnaires that are answered anonymously by team members and/or other key stakeholders or experts. In the first round, participants are asked to provide their ideas or attitudes about open ended questions related to unmet patient health needs and contributing factors or causes. In this case, respondents could be asked to confirm that all possible factors have been identified and to rank the importance of these factors with supporting rationale. These responses are then collated and summarized for the second round of the questionnaire. In this round, respondents could be asked to rank their level of agreement with the priority ratings for each unmet health need or problem. If there is substantial disagreement, the questionnaire may be circulated for a third round to re-rank priorities organized.

Nominal Group Process

This strategy also involves the participation of key experts or stakeholders. In this method, participants are asked to decide on their preferences or priorities regarding unmet health needs and contributing problems prior to attending a meeting. These results are summarized and presented at a first meeting. A facilitator then leads a group discussion to examine the rankings and their differences. Participants are then asked to individually re-rank their priorities. This data is summarized again and fed back to the group by the facilitator.

Avoiding Group Think

Group Think can be detrimental to effective team decision-making.¹⁵ It occurs when team members with alternate ideas or viewpoints are reluctant to share these opinions. As a result, broad perspectives or factors contributing to unmet patient health needs may not be uncovered and the best possible solutions for addressing unmet patient health needs may not be identified.

TIP

Identify risk factors for Group Think¹⁵

- + A strong , directive and influential group leader
- + A high level of group cohesion
- + Group isolation from outside ideas or information
- + Pressure to make a specific decision
- + Lack of clear problem-solving procedures

Encouraging group discussion that considers a broad range of ideas and perspectives can help to minimize Group Think. Strategies such as brainstorming, the anonymous generation of ideas, and/or exercises such as the “Six Thinking Hats” can help to minimize Group Think.

Establishing Criteria to Make Good Decisions

■ Decision-Making Matrix

Purpose: To compare the importance of identified problems or needs related to pre-determined criteria.

Process: Create a table that includes a row for each problem and a column for each criterion. For each problem, simply make a checkmark if a criterion is met. If more a more detailed comparison is required, a Likert scale could be used to rate the extent to which a problem or need meets or is consistent with a criterion. If some criteria are more important than others, they can also be weighted. In this approach, the rated score for each option is multiplied by the pre-determined weight or importance of the criterion. A similar approach would be to categorize the criteria as “must haves” or “nice to haves”.

Example of a Decision-Making Matrix

Using the Likert scale below, rate the extent to which you feel identified problems meet each criterion

1 = not at all 2 = somewhat 3 = very much

Problem 1: Cancellation of surgeries due to the increased number of hospital readmissions for elderly patients with urosepsis post-prostatectomy

Criterion	1	2	3
Opportunity for gains in health or extent of burden of illness			
Consistency with patient priorities for improving their health			
Fit with organization’s strategic plan			
Alignment with external directives			
Extent of clinical impact			
Extent of opportunities for innovation			
Alignment with academic commitments			
Opportunities to positively impact health services			
Evidence			
Partnerships			
Feasibility			
Sustainability			

Repeat rating process above for each identified problem related to unmet patient health needs.

Adapted from: Duttweiler, M.W. (2009). *Priority setting resources*. Retrieved 04/08/2009 from: http://staff.cce.cornell.edu/administration/program/documents/priority_setting_tools.pdf

What does a good decision look like?¹⁶

- It meets identified objectives in an efficient manner
- Takes into account value added advantages
- Those who implement the decision or who will be affected by it, accept the decision intellectually and emotionally
- Acceptance may override quality (i.e., may choose a lesser option because it has greater acceptance)
- A good decision is a logical one, based on the available information and preferences of the decision-makers
- A quality decision is not related to the outcome. A good decision can have a good or bad outcome or vice versa.

■ Steps in making a decision¹⁶

1. Identify the decision to be made and the goals it should achieve
 - Determine the scope and limitations of the decision
 - Be sure to clarify goals

2. Get the facts
 - Get as many facts as possible within given time constraints
 - Don't let lack of information paralyze decision-making
 - A decision based on partial knowledge is usually better than not making a decision
 - Get input from others

3. Develop a list of all possible alternatives, including the choice to do nothing

4. Rate each alternative
 - Extent to which each alternative meets identified pre-determined criteria
 - Consider the negative of each alternative (cost, consequences, problems, time)
 - Consider the positive of each alternative (cost savings, time saved, added creativity, quality of work life, morale)

5. Rate the risk of each alternative
 - What is the degree of uncertainty about the outcomes of this decision?

6. Make the decision

Consider the type of decision:

- **Yes/No Decision:** Agreement to support or not support one option
 - a. Evaluate pros/cons
- **Decisions about a choice of one or more alternatives from a set of options:**
 - a. Based on how each option measures up to pre-defined criteria
- **Contingent Decisions:** A decision is made but put on hold until some conditions are met

Constraints on decision-making:

- Completeness and accuracy of information, the number of alternatives, values, and preferences
- Manpower, time, resources, and priorities

Do we have sufficient information to make a decision?

What are the pros/cons of delaying a decision?

Pros: new and better alternatives will be identified, can collect more information, can do a more thoughtful analysis

Cons: lose momentum and interest in the project, become overloaded with data that does not add to decision-making, delays introduction of the role, may not reduce uncertainty about decision options

Some decision-making strategies

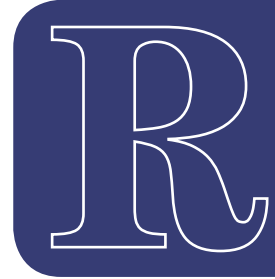
1. Optimizing: choose the best possible option depending on:

- Importance of the problem, time, cost, available resources, values

2. Choose the first satisfactory option rather than the best alternative

3. Go-for-broke: select the alternative with the highest possible pay off or outcome

4. A-bird-in-the hand: consider the worst possible outcome of each option and go with the option that has the highest minimum outcome. Use when the consequences of a failed decision are very harmful or undesirable. Focuses on the salvage value of a decision or guaranteed return or outcome.



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