Facilitator Script

0–3 min | Pre-Brief & Psychological Safety

Slide 1–3

Read aloud:

Welcome to The Moment That Matters. Before we begin, I want to set the tone. At Harvard they use the Basic Assumption: everyone here is intelligent, capable, and cares. That's true in this room too.

This is practice, not assessment. You cannot fail this session.

Let's start with a quick check. On your phones, rate your confidence in speaking up — one means not at all confident, five means extremely confident."

Facilitator notes:

- Launch Mentimeter Poll 1.

Evidence: Psychological safety strongly predicts speaking up in healthcare teams (Edmondson, 1999, ASQ; Okuyama et al., 2014, BMC Health Serv Res). Pre-briefs are mandated in simulation best practice (INACSL Standards, 2021, Clin Sim Nurs). A supportive, invitational facilitator tone creates a "safe container" for learning (Rudolph et al., 2014, Sim Healthcare). Anonymous polling reduces social desirability bias and increases honest responses (Tourangeau & Yan, 2007, Public Opin Q). Pre/post confidence ratings provide Kirkpatrick Level 1 (reaction) and Level 2 (learning) evaluation (Kirkpatrick & Kirkpatrick, 2009).

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3–6 min | Scenario Trigger – Seconds to Decide

Slide 4–5

Read aloud:

"Let's put you in the room. You're a student. A nurse begins giving IV antibiotics. You glance at the chart — it says 'severe allergy.' There's no senior staff around.

You've got seconds. Do you act? Or do you freeze?

On your phones: what would you do first?"

(pause for results)

"Now turn to the person next to you. You have one minute. Draft the exact words you would say."

Facilitator notes:

- Play 8-second cinematic video.
- Launch Poll 2.
- Time 60-second pair share.

Evidence angle: Scenario vignettes increase realism and salience in simulation learning (Dieckmann et al., 2017, BMJ Qual Saf). Stress inoculation through time-pressured questioning enhances transfer to clinical decision-making (McGaghie et al., 2010, Med Educ). Peer rehearsal reduces hesitancy and builds confidence, consistent with scaffolding theory (Vygotsky, 1978; Hofstede, 2001). Retrieval practice ("testing effect") significantly boosts long-term retention (Roediger & Karpicke, 2006, Psychol Sci).

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- *Vygotsky, L.S. (1978). Mind in Society: The Development of Higher Psychological Processes. Harvard University Press.*
- *Hofstede, G. (2001). Culture's Consequences: Comparing Values, Behaviors, Institutions and Organizations Across Nations (2nd ed.). Sage.*
- *Roediger, H.L., & Karpicke, J.D. (2006). Test-enhanced learning: Taking memory tests improves long-term retention. Psychological Science, 17(3), 249–255.*

6–9 min | Why Speaking Up Matters

Slide 6–7

Read aloud:

"What just happened matters. In healthcare, most serious safety failures aren't caused by lack of knowledge — they're caused by silence.

Communication breakdowns are the leading cause of sentinel events worldwide (Joint Commission, 2015).

In the NHS Staff Survey, 71% of staff felt safe to raise concerns — but only 57% believed anything would change. That gap is deadly.

And here's the key: the HCPC doesn't treat speaking up as optional. It's your professional duty. Safety must always come before loyalties.

Quick reflection: what, honestly, held you back in that first scenario?"

Facilitator notes:

- Prompt short answers from 2–3 learners.

Evidence angle: Communication failures are the top root cause of sentinel events (Joint Commission, 2015). Francis Report showed catastrophic harm when staff did not speak up (Francis, 2013). NHS Staff Survey 2023 confirmed the culture gap between raising concerns and confidence in follow-up (NGO, 2023). Organisational silence undermines safety and change (Morrison & Milliken, 2000, AMR). Reason's Swiss Cheese Model explains how silence leaves hazards unchecked (Reason, 2000).

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- Francis, R. (2013). Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. London: The Stationery Office.
- National Guardian's Office. (2023). Analysis of the 2023 NHS Staff Survey: Freedom to Speak Up.
- Morrison, E.W., & Milliken, F.J. (2000). Organizational silence: A barrier to change and development. Academy of Management Review, 25(4), 706–725.
- Reason, J. (2000). Human error: models and management. BMJ, 320(7237), 768–770.

9–15 min | Skills Masterclass – SBAR + CUS

Slide 8–9

Read aloud:

"We need tools. Tools that cut through pressure and hierarchy.

First: SBAR. Situation. Background. Assessment. Recommendation. One clear structure.

Second: CUS. I'm Concerned. I'm Uncomfortable. This is a Safety issue. These three phrases are proven to break through when you need to be heard.

Here's how it sounds…"

(demo a 20-second SBAR + one CUS phrase)

"Now it's your turn. With your partner: one SBAR, one CUS. Give feedback. Then we'll see what barriers you feel."

Facilitator notes:

- Demo SBAR + CUS.
- Pair practice for 2 mins.
- Launch word cloud poll: "What makes it hard to speak up?"

Evidence angle: SBAR improves clarity and reduces miscommunication (Haig et al., 2006; Randmaa et al., 2014, BMJ Open). CUS/Two-Challenge derived from Crew Resource Management, proven in aviation, adapted to healthcare (Helmreich, 1999; AHRQ, 2017). Practising aloud increases self-efficacy (Bandura, 1997). Dual coding (visual + verbal) optimises retention (Paivio, 1986). Structured rehearsal reduces cognitive load (Sweller, 1994)

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- Randmaa, M., Mårtensson, G., Swenne, C.L., & Engström, M. (2014). SBAR improves communication and safety climate and decreases incident reports in an anaesthetic clinic. BMJ Open, 4(1), e004268.
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- Bandura, A. (1997). Self-Efficacy: The Exercise of Control. New York: Freeman.
- Paivio, A. (1986). Mental Representations: A Dual Coding Approach. Oxford University Press.
- Sweller, J. (1994). Cognitive load theory, learning difficulty, and instructional design. Learning and Instruction, 4(4), 295–312.

15–20 min | Escalation Ladder

Slide 10

Read aloud:

“Sometimes, raising a concern once isn’t enough. So what do you do if nothing changes?

Here’s the escalation ladder. Guess the steps.”

(reveal interactively)

“Direct — if safe. Local — supervisor or policy. FTSU Guardian — independent route inside the organisation. External — HCPC, NHS England, National Guardian’s Office.

Now, roleplay: you raised a concern, nothing happened. What’s your next line?”

Facilitator notes:

- Build ladder with click-reveal.
- Mini roleplay with 1–2 volunteers.

Evidence angle: HCPC Standards 7.6–7.7 require follow-up and escalation (HCPC, 2024). NHS FTSU Guardian system provides internal independent escalation (NHS England, 2022). Whistleblowing is legally protected (PIDA, 1998). WHO Patient Safety Curriculum (2011) supports escalation teaching internationally.

- Health and Care Professions Council (HCPC). (2024). Standards of conduct, performance and ethics.
- NHS England. (2022). Freedom to Speak Up: Guide for Leaders.
- Public Interest Disclosure Act 1998. UK Statute.
- World Health Organization (WHO). (2011). WHO Patient Safety Curriculum Guide: Multi-professional Edition.

20–27 min | Scenario Roleplay + Structured Debrief

Slide 11–15

Read aloud:

"Now you'll practise.

Scenario 1: A sharps bin is overfilled, lid open, staff walk past.

Scenario 2: In X-ray, a senior skips the ID wristband check: 'It's fine, I know them.'

In groups of three: one student, one staff, one observer. Ninety seconds each. Observers — use the checklist: Was SBAR clear? Was CUS used? Was escalation attempted?"

(after roleplay)

"Let's debrief. What happened? How did it feel? What worked? What didn't? And what will you take forward?"

Facilitator notes:

- Time each role 90s.
- Run PEARLS debrief structure.

Evidence angle: ID checks legally mandated under IR(ME)R (2017). Sharps disposal governed by HSE Sharps Regulations (2013). Structured debrief improves learning transfer by 20–25% (Tannenbaum & Cerasoli, 2013). PEARLS validated as a debriefing model (Cheng et al., 2014, Med Educ). Roleplay increases confidence and skill in handling difficult conversations (Nestel & Tierney, 2007).

- Ionising Radiation (Medical Exposure) Regulations (IR(ME)R). (2017).
- Health and Safety Executive (HSE). (2013). Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 (HSIS7).
- Cheng, A., Eppich, W., Grant, V., Sherbino, J., Zendejas, B., & Cook, D.A. (2014). Debriefing for technology-enhanced simulation: A systematic review and meta-analysis. Medical Education, 48(7), 657–666.
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- Nestel, D., & Tierney, T. (2007). Role-play for medical students learning about communication: Guidelines for maximising benefits. BMC Medical Education, 7(3).

27–28 min | Pitfalls & Reflection

Slide 14

Read aloud:

“Here are the common pitfalls: delaying, making it personal, escalating too soon or too late, failing to document, ignoring concerns.

Now write down one strategy you’ll use to avoid that pitfall on placement.”

Facilitator notes:

- Reflection writing.

Evidence angle: Reflection-on-action develops clinical reasoning and professional judgement (Schön, 1983). Ranking and prioritisation deepen reflection and accountability (Brookfield, 1995). HCPC Standards 7.6–7.7 require follow-up and responsiveness (HCPC, 2024).

- Schön, D.A. (1983). The Reflective Practitioner: How Professionals Think in Action. Temple Smith.
- Brookfield, S.D. (1995). Becoming a Critically Reflective Teacher. Jossey-Bass.
- HCPC. (2024). Standards of conduct, performance and ethics.

28–30 min | Replay & Commitment

Read aloud:

"Let's replay the opening scenario.

Watch again… what would you do now?"

(play video + Poll 3)

"Look at the difference — your confidence has grown.

Now write one sentence you will actually use on placement. It might be: 'I'm concerned…' or 'Can we pause and check?'

Scan the QR code — it's your pocket SBAR/CUS card and NHS Speak Up resources."

Facilitator notes:

- Replay video.
- Launch Poll 3.
- Reflection task.

Evidence angle: Implementation intentions (Gollwitzer & Sheeran, 2006) drive follow-through. Visible confidence shift aligns with Kirkpatrick (2009). QR codes extend learning through spaced reinforcement (NHS England, 2023).

- Roediger, H.L., & Karpicke, J.D. (2006). Test-enhanced learning: Taking memory tests improves long-term retention. Psychological Science, 17(3), 249–255.
- Gollwitzer, P.M., & Sheeran, P. (2006). Implementation intentions and goal achievement: A meta-analysis. Advances in Experimental Social Psychology, 38, 69–119.
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