Case-Based Learning Session 1
Facilitation Guide

Estimated Time: 3.5 hours
(Maintain appropriate time/session)

This facilitation guide outlines the preparation and process to guide the first Fundamentals Case-Based Learning Session.

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Please reference as follows:

How to Use This Guide

As a Fundamentals Facilitator you will need to be familiar with the content in this guide. You will not be speaking directly from this guide, nor will you have a slide deck to guide the session. Instead, you will need to become familiar with the content in this facilitator guide so that you can effectively host the conversation with learners.

Each activity has a recommended timeframe for the entire activity. You are encouraged to work within these timeframes, but ultimately will be guided by the learners. If learners appear to need more or less time to complete a small group portion of an activity, allow this flexibility and adjust accordingly within the activity timeframe.

The following icons embedded throughout this facilitator guide provide cues for when specific facilitation strategies should be considered:

- 📚 Flip chart: Consider using flip chart paper to capture responses of learners. Use your judgment based on the size and experience level of your group.

- 📝 Individual Notes: Learners to take notes in their Program Guide.

- ⏰ Break: This is where a break is recommended. Be guided by the learners. If they need this break to be moved earlier, or later, be flexible.

- ✔️ What to Look for: Here is where you will find what content experts have anticipated as answers to specific questions or points to be drawn out through the large group discussion. These notes are a start point for you to observe the critical thinking skills of the learners.
## Session Overview

<table>
<thead>
<tr>
<th>Time (Mins)</th>
<th>Activity</th>
<th>Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>Welcome to Fundamentals</td>
<td>Large Group</td>
</tr>
<tr>
<td>30</td>
<td>Introductions</td>
<td>Large Group</td>
</tr>
<tr>
<td>20</td>
<td>The Learner Experience</td>
<td>Large Group</td>
</tr>
<tr>
<td>5</td>
<td>Activity 4: Applying the Hospice Palliative Care Definition</td>
<td>Large Group</td>
</tr>
<tr>
<td>5</td>
<td>ROPES</td>
<td>Large Group</td>
</tr>
<tr>
<td>15</td>
<td>Draw Your Own Death</td>
<td>Individual – Pairs – Large Group</td>
</tr>
<tr>
<td>5</td>
<td>Cases: ADITI &amp; MALIKA/CAMILLE &amp; BIANCA</td>
<td>Individual</td>
</tr>
<tr>
<td></td>
<td>Activity 1: Review the Cases</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Activity 2: Identifying Potential Impact</td>
<td>Small Group – Large Group</td>
</tr>
<tr>
<td>10</td>
<td>Activity 3: Considering Your Own Experience</td>
<td>Individual – Large Group</td>
</tr>
<tr>
<td>5</td>
<td>Activity 4: What Really Happened</td>
<td>Individual</td>
</tr>
<tr>
<td>10</td>
<td>Activity 5: Making It Real</td>
<td>Individual</td>
</tr>
<tr>
<td>10</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Case: RAVI</td>
<td>Individual</td>
</tr>
<tr>
<td></td>
<td>Activity 1: Review the Case</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Activity 2: Forming Opinions</td>
<td>Individual</td>
</tr>
<tr>
<td>5</td>
<td>Activity 3: Identifying Issues</td>
<td>Large Group</td>
</tr>
<tr>
<td>15</td>
<td>Activity 5: Anticipating Biases</td>
<td>Large Group – Individual – Large Group</td>
</tr>
<tr>
<td>5</td>
<td>Activity 7: What Really Happened</td>
<td>Individual</td>
</tr>
<tr>
<td>10</td>
<td>Activity 9: Making It Real</td>
<td>Individual</td>
</tr>
<tr>
<td>10</td>
<td>Close</td>
<td>Large Group</td>
</tr>
</tbody>
</table>
Fundamentals Program Guide Chapters:

- Case: ADITI & MALIKA/CAMILLE & BIANC
  » Chapter 1: Introduction to Dying and Death
- Case: RAVI
  » Chapter 1: Introduction to Dying and Death
  » Chapter 2: Introduction to Hospice Palliative Care

Required Materials

Note to Facilitator: This is the initial meeting and the learners will need to receive their Program Guides and the Domains of Issues Laminate at the start of this session. Allow time prior to the welcome for learners to receive their program materials. Consider starting this session 15 minutes early to allow for the distribution.

It is suggested that the Fundamentals Facilitator have on hand:

- Fundamentals Program Guide
- Domains of Issues Laminate
- Attendance record
- Flip chart paper and markers
- Name tags and pens or markers

Recommended Room Set Up:

- Boardroom style (one big table) with Fundamentals Facilitator sitting at the table with learners
- For small group work, have learners back away from the table and group together in groups of 3-4 with those closest to them
- If possible, arrange for a small break-out room(s) to use for group work or if someone needs to take a break

Note to Facilitator: Board room style seating will better enable the case-based discussion, most of which takes place in a large group format, during this session. It is also important for the facilitator to remain seated during this discussion, with the exception of when taking notes on flip chart, in order to convey the tone required for case-based work. If the seating arrangement is cafe style (i.e. several small tables) the facilitator will be more likely to stand at the front of the room, which is not preferred for this type of dialogue.

Note to Facilitator: Adult learners prefer to self-select their seating arrangement (i.e. principle of autonomy), and benefit from having some control over their learning environment. However, temporary reorganizing of the seating for specific activities is acceptable.
Welcome
Time: 15 minutes
Large Group

Note to Facilitator: Estimated times are provided for each activity, but can be shortened or lengthened depending on the learner needs.

- Welcome learners and introduce yourself (your professional role and connection to hospice palliative care)
- Housekeeping items (washrooms, etc.)
- Outline what guides this program:
  a. The Definition of Hospice Palliative Care used in the Fundamentals Program:
     i. Relieves suffering and improves the quality of living and dying
     ii. Focuses on the person and family as a unit of care
     iii. Strives to identify and address needs in all domains
     iv. Strives to treat all active issues and prevent new issues from occurring
     v. Promotes opportunities for meaningful experiences, personal and spiritual growth
     vi. Should be available from pre-diagnosis up to and including bereavement support
     vii. Can be a part of disease modifying therapy or the sole focus of care
     viii. Can benefit any person and/or family living with or at risk of developing a life limiting illness
  b. A Model to Guide Hospice Palliative Care developed by the Canadian Hospice Palliative Care Association. This model provides direction to government, health care professionals, caregivers and volunteers as they attempt to develop services and standards to improve care throughout the illness trajectory. Learners will become more familiar with this model in Chapters 1-2 and e-Learning Modules A-B.
- Outline what makes this program unique:
  a. An interprofessional learning environment for those working in the health system who have an interest in developing their capacity related to hospice palliative care. Roles can include:
     - Volunteers
     - Personal Support Workers
     - Recreational therapists
     - Housekeeping
     - Dietitians
     - Social Workers
     - Developmental Service Managers
     - Students (e.g. health science, PSW, RN, Gerontology)
     - Case coordinators
     - Directors of Care
     - Health Administration
     - Occupational Therapists
     - Speech Language Professionals
     - Physical Therapists
     - Nurse Practitioners
     - Registered Nurses
     - Registered Practical Nurses
     - Pharmacists
     - Physician/Family Health Team staff
     - Specialty care services (e.g. renal, obstetrics, ICU, Acute Care)
     - Mental health case managers
     - Emergency Medical Services
     - Spiritual care providers

Note to Facilitator: Use this list to provide a few examples of the variety of disciplines that the Fundamentals Program may include. Consider selecting examples based on your knowledge of the learners in the room
b. A program guide that focuses on the art of hospice palliative care. It incorporates the best and newest evidence as it relates to hospice palliative care, incorporates this with promising practices, and acknowledges current language in the field. The history and legacy of many talented hospice palliative care nurse educators has informed this work.

c. A learner-centred blended learning approach to facilitation, including the following learning strategies: reading and reflection, e-Learning, Peer-to-Peer Exchange, practical applications, and Case-Based Learning Sessions. Each of these strategies has been created to best meet your needs, different learning styles, and various schedules. The program allows flexibility so that learning is self-directed.

d. An enhanced program option for Nurses (RN, RPN, NP) interested in developing their capacity for hospice palliative care in a clinical setting. The learning strategies in this enhanced component include: reading and reflection, e-Learning and coaching.

Introductions
Time: 30 minutes
Large Group

Note to Facilitator: Given the level of engagement required during these sessions, and during the peer-to-peer discussions, providing the learners with an opportunity to get to know who is in the room is very important to help the learners become familiar and comfortable with each other. However, this exercise will need to be time-managed carefully. Limit the learners to 45 seconds to introduce themselves and time it. Once their time is up, let them know you have to move on. By providing a few minutes at the start to organize their answers, and a warning that they will have 45 seconds to share, you will be better able to contain this exercise to 30 minutes.

• Ask each learner to spend 3 minutes individually organizing their responses to the questions that follow. Explain that they will have 1 minute to introduce themselves by answering the questions below (timed by the facilitator).
  » What brought you to Fundamentals?
  » What experience do you have in hospice palliative care?
  » Where do you currently work?
  » What is one thing you hope to achieve through your work in the Fundamentals program?

• Acknowledge the diversity of roles/settings and how this diversity will contribute to the learning processes.

The Learner Experience
Time: 20 minutes
Large Group

Summarize and share the following information about the Fundamentals Learning Strategies with the learners:

1. Self-Directed Content Review and Reflection: Learners are expected to independently review Chapters 1-11 in the Fundamentals Program Guide. The purpose of this learning strategy is to provide adult learners with the autonomous opportunity to read and consider content, when they are ready, within a prescribed timeframe.

2. E-Learning Modules: Learners are expected to independently review online E-Learning Modules A-L over the course of the Fundamentals program. The purpose of this learning strategy is to provide self-directed, asynchronous, self-paced learning events that allow learners to interact with the module content, practice concepts and engage in self-reflection. Modules can be completed together or individually. Note that some modules require the learners to have extra materials on hand. At the end of each Module you will find the list of materials needed for the next modules. A complete material list is provided online. Throughout the modules, learners will see prompts to make notes or record their thoughts. This can be done in the “Notes” sections at the end of each chapter in the Fundamentals Program Guide.

Note to Facilitator: If you anticipate that some learners may have issues with accessing a computer/Internet to complete the e-Learning Modules, consider working with the organization that is hosting your Case-Based Learning Sessions to, where possible, pre-arrange for space to allow learners to complete their e-Learning Modules either prior to, or after the session.

3. Peer-to-Peer Exchange: At the end of this first Case-Based Learning Session learners will establish pairs or small-groups for peer-to-peer learning opportunities and will schedule their first conversations. These
exchanges will take place twice over the course of the Fundamentals Program and will happen in-person or over the telephone, at the discretion of each learner group. The conversations will be guided by a standard set of questions (found in the Program Guide) to be asked and answered by each peer during the exchange. In addition to these questions, learners are encouraged to consider using some of the “practice it” questions embedded in the e-Learning Modules to spark discussion with their peers. The purpose of this learning strategy is to provide emotional/social support to learners, build relationships, enable collaborative learning and shared solution finding, and to identify and mitigate risks. Learners are encouraged to, where possible, find a partner or pair they feel they can comfortably communicate with considering distance, language, etc.

Note to Facilitator: The primary purpose of the Peer-to-Peer Exchange is for learner support. As such, it is less important that the pairings represent a diversity in roles and more important that, where possible, the pairings are of learners that “click” with each other or communicate well with each other. Allow for self-selection as much as possible. Ensure the facilitator focuses on explaining the intent/purpose and process of the peer to peer exchange.

4. Reflective Activity: Learners are required to complete one assignment during the Fundamentals Program. This reflective activity is a way for learners to think critically and with intention about the impact of meaning making and spirituality on living with a progressive life-limiting illness. The instructions for this reflective activity can be found in the Fundamentals Program Guide.

5. Case-Based Learning Sessions: Three in-person, facilitated group learning opportunities will provide learners with an environment that enables team-based, case-based problem solving opportunities to consolidate and apply the knowledge gained through the independent content review and the completion of the e-Learning Modules. Cases are provided for learners in the Fundamentals Program Guide. It is recommended that learners bring their schedules/calendars to each Case-Based Learning Session.

Coaching: In the Enhanced Program (for nurses) there is the addition of two coaching sessions where learners will meet directly with a Nurse Educator. The purpose of this learning strategy is to provide support and guidance for nurses who have completed the Fundamentals program to utilize their skills and knowledge more effectively, learn from the experiences of practiced palliative care leaders in a relaxed, safe and informal learning environment and discuss possible future learning opportunities. It is recommended that learners review the coaching questions outlined in the Fundamentals Program Guide prior to each coaching session.

Note to Facilitator: Detailed information about the Fundamentals Enhanced Program can be omitted if there are no nurses in the room, as per your own discretion. Remind learners who are not taking Fundamentals Enhanced that they are not responsible for Chapters 12 and 13 and e-Learning Modules M and N.

Timelines
- Have learners refer back to their program timeline. Remind them of any dates that have already been established (e.g. subsequent Case-Based Learning Sessions).

Final Points
- Acknowledge that the content of this program (including the cases that learners will work with throughout the program) may bring up strong feelings.
- If the discussion becomes upsetting or overwhelming, learners are encouraged to step out of the room and take a break.
- Learners should not leave the building if they are upset or overwhelmed, unless they let someone else know, preferably the facilitator.
- If a learner needs to leave the building, it is recommended that they take someone with them.

Note to Facilitator: Your role as a Fundamentals Facilitator is not to provide counsel to learners. The content in this program can evoke personal connections and emotions related to the learning. Facilitators are encouraged to provide a safe and comfortable environment for learners to reflect and participate as able. These points are offered as a way to support learners to be able to manage and be aware of their own personal needs and responses to the program.
**ROPES**  
Time: 5 minutes  
Large Group

Suggest to the learners that agreeing to a simple set of ground rules will help promote effective group work and introduce ROPES:

- Respect and Responsibility  
- Open-mindedness  
- Participation  
- Experimentation and Enthusiasm  
- Sensitivity and Support

Facilitator asks: What might each of these principles might look like in practice?

Learners discuss in large group

Facilitator asks: Is there anything missing from this list that you would like to see added? Is there anything else that you feel would support our work together on these cases?

Learners discuss in large group

**Evaluation: What to look for**

- **Respect and Responsibility**
  - Everyone has wisdom  
  - Equal "air-time"

- **Open-mindedness**
  - Being open and adaptable: being willing to change attitudes, skills and behaviours

- **Participation**
  - You get out of it what you put into it!

- **Experimentation and Enthusiasm**
  - Being willing to try out new skills and apply new concepts

- **Sensitivity and Support**
  - Confidentiality  
  - Safe place to share; what is said in this room stays in this room  
  - Acknowledge the emotions; permission to cry, etc.

**Draw Your Own Death**  
Time: 15 minutes  
Individual – Pairs – Large Group

Facilitator asks: Take 5 minutes on your own to “draw your own death” in the Notes section of your Program Guide.

Learners individually draw their own death
Note to Facilitator: This exercise is meant to be interpreted however the learner interprets it. Do not explain the exercise further than the instruction of “draw your own death”.

Learners, after 5 minutes, share their drawings with a partner if they are comfortable doing so.

Facilitator asks: What did it feel like to “draw your own death”? How do you think this kind of self-awareness can help you in your role?
CASES: ADITI & MALIKA/CAMILLE & BIANCA

**The case reflects what actually happened and does not always reflect best practices or a successful care outcome. All cases are actual clinical cases with the names changed.**

Note to Facilitator: The success of this Case-Based Learning Session hinges on the facilitator's ability to engage the learners in dialogue. In order to do so, the facilitator has to be constantly engaged in active listening. Careful watching and listening and asking timely probing questions to enhance the learners' responses will be critical.

Introduction to the Case

Facilitator says: In this case we will explore how experiences with dying and death can influence how we approach and deal with dying and death throughout our life. This case challenges us to consider the potential impacts of our own experiences on our ability to provide care for others.

Activity 1: Review the Cases

Time: 5 minutes

Individual

Learners review both cases

Note to Facilitator: For all reading of cases, watch learners to see when all learners are done reading. Do not ask if everyone is finished reading, rather be mindful of slower readers and watch for heads to rise from their text.

Aditi & Malika: The Case

Aditi and Malika were 5-years-old and not only cousins, but best friends. One summer at the cottage, the girls were playing in the water and Malika drowned. Aditi was immediately sent home with family members while her parents stayed several days to help find the body. Aditi's parents wanted to protect her and did not give her an option to attend the funeral.

Camille & Bianca: The Case

After a long battle with COPD, Camille's 68-year-old father passed away. At the funeral home Camille's husband did not want their teenage daughter, Bianca, to see the body. Camille argued that it was Bianca's choice. She told Bianca she was welcome to come in with her if she wanted. Bianca was unsure but followed her Mom. Camille stroked her father's hair and invited Bianca to do whatever she was comfortable with. Bianca hesitated but soon began stroking her grandfather's cheek, a gesture she had always done to wake him up from naps.

Activity 2: Identifying Potential Impact

Time: 15 minutes

Small Group – Large Group

Facilitator asks: How might these experiences impact Aditi, Camille and Bianca in the moment? Long-term? Why is this important to consider as you begin your palliative care education?

Note to Facilitator: The questions in this guide are not written as a script- you will need to paraphrase questions so they are more conversational and comfortable for you. For example, the above could be “Let’s talk about the issues for Aditi, Camille and Bianca. Given their experiences, what might we expect about the way they look at death? How do you think Aditi, Camille and Bianca felt about those experiences? How do you think it impacted them in the moment? What about later in life? Why is this important to think about as we start this program together?”
Learners discuss in small groups and then as a large group

Evaluation: What to look for

Note to Facilitator: For each case study, you will see a series of learner activities with key points you should be listening for through discussion and learner response. If you do not hear these points emerge, be prepared to prompt the learners. Be comfortable with silence. If there are no answers, slowly count to 10 before you start to prompt. Silence can be a powerful motivator for people to start speaking.

- May set the stage for their beliefs and how they cope with death
- Grief experience can affect a person emotionally, practically, spiritually, socially and physically
- Contributing factors:
  » Their developmental age will impact how they process and are able to make sense of the experience (e.g. a six-year-old may blame themselves for the distress; the teenager has a greater ability to understand the realities of dying and death.)
  » How the adults behave or demonstrate grief
- Hospice palliative care requires a personal awareness of one's own beliefs, coping and understanding

Activity 3: Considering Your Own Experience
Time: 10 minutes
Individual – Large Group

Facilitator asks: Take a couple minutes to consider your own first death experience; if not a person, then a pet. How has this impacted you?

Pause for individual reflection

Facilitator asks: Would anyone like to share his or her experience?

Learners discuss in large group

Note to Facilitator: To keep this within scope of time, ask for only 3-4 stories to be shared by learners. Be prepared to share one of your own examples if no one volunteers to share their experience.

Activity 4: What Really Happened
Time: 5 minutes
Individual

Learners review what really happened

Aditi & Malika: What Really Happened

As Aditi grew through her childhood, she never spoke Malika's name. She became obsessive with her schoolwork in elementary school and had difficulty making close friends and developing relationships. She hated visiting her extended family because she was concerned her presence was bringing up painful memories for her favourite uncle. She started sleeping for shorter and shorter periods of time. In her teens Aditi still avoided discussions about death and never went to funeral homes. In her 20’s Aditi had multiple panic attacks that affected her ability to drive. On her own initiative, Aditi went to counseling for several years and found outlets for her emotions. Aditi now can admit that Malika's death had great impact on her life.
Camille & Bianca: What Really Happened

After watching her father in pain for so long, Camille felt relieved to see him resting peacefully. Camille and her husband asked Bianca later that night how she felt about seeing her grandfather. She shared that she was glad to have had the opportunity to say goodbye.

Activity 5: Making it Real
Time: 10 minutes
Individual – Large Group

Facilitator says: Our personal experience with death often impacts the way in which we approach the care and support we provide for the dying person and family.

Facilitator asks: How might your own feelings and attitudes about death help or hinder your ability to interact with a dying person and their family?

Pause for individual reflection

Facilitator asks: Would anyone like to share his or her experience?

Learners discuss in large group

Note to Facilitator: The intent of the Making it Real exercises is to have learners reflect and hear other perspectives, not to have their peers or facilitator judge or evaluate their reflection.
CASE: RAVI

Introduction to the Case

Facilitator says: This case explores the definition of hospice palliative care and impact of stigma and labels. Leaners will consider how populations are marginalized and how this can impact care.

Note to Facilitator: This case involves a nurse but could easily relate to a volunteer or PSW as well.

Activity 1: Review the Case
Time: 5 minutes
Individual

Learners review the case

Ravi: The Case

A palliative care nurse received the following information about a new man, Ravi, who is scheduled to be seen at the palliative care out-patient’s clinic the next day.

“Patient is an ex-con who has AIDS. He is recently out of jail and has a history of drug abuse.”

Activity 2: Forming Opinions
Time: 5 minutes
Individual

Facilitator asks: Construct a mental picture of this person. Think about what this person looks like in your mind. Based on that mental picture, consider what assumptions or opinions you have already made based on the mental picture you’ve drawn.

Learners reflect individually

Activity 3: Identifying Issues
Time: 5 minutes
Large Group

Facilitator asks: What are possible issues or concerns you have about Ravi?

Learners discuss in large group

☑ Evaluation: What to look for

- Concern about personal safety
- Concern about safety of medical supplies

Activity 4: Applying the Hospice Palliative Care Definition
Time: 5 minutes
Large Group

Facilitator asks: Considering the definition of hospice palliative care, should Ravi receive hospice palliative care? Why or why not?

Learners discuss in large group
Evaluation: What to look for

- Yes, he is living with a known life-limiting illness
- It is assumed that he has symptoms that would require managing
- He is at risk for multiple challenges

**Activity 5: Anticipating Biases**
Time: 15 minutes
Large Group - Individual - Large Group

Facilitator asks: What differences amongst people and/or cultures lead to the development of biases? What leads people to judge others?

Learners brainstorm as a large group

**Evaluation: What to look for**

- Sexuality
- Education
- Gender
- Culture
- Economic status
- Ethnicity
- Language
- Literacy
- Disease diagnosis/prognosis
- Mental health status
- Physical ability/capability
- Physical attributes
- Age
- Lifestyle choices (e.g. recreation or illicit drug use, crime)

Facilitator asks: Think about your own values and beliefs. Privately identify your own points of bias. Are there populations on this list who would be a challenge for you to care for? If so, what would you do about it? Please be mindful of respectful language as we discuss.

Pause for individual reflection

**Note to Facilitator:** This activity needs to be facilitated carefully. View each brainstorm as a teaching moment (e.g. help learners avoid slang or derogatory language). Do not ask learners to share their own biases or coping mechanisms. This is for individual reflection only. It is not appropriate to put learners on the spot to share this information. The focus of the discussion is on why it is important to consider and anticipate biases within this type of work.

Facilitator asks: Why is it important to consider and anticipate our biases?

Learners discuss in large group

**Evaluation: What to look for**

- Will help us approach care from a more person-centred perspective
- Prevents us from jumping to conclusions
- Helps to ensure a non-judgemental approach
- Helps to challenge personal biases and change our perceptions
Activity 6: What Really Happened
Time: 5 minutes
Individual

Learners read what really happened

Ravi: What Really Happened

The nurse constructed a mental image of Ravi and based on that image, was afraid and worried to have him in her clinic. She put these fears aside. When she met Ravi the next morning, they connected immediately. Because of Ravi’s history with drugs, he was monitored closely. Ravi was someone the team could respect, support and work with throughout his illness. When he died, the nurse ended up assisting in the funeral celebration of his life.

Activity 7: Making it Real
Time: 10 minutes
Large Group

Facilitator says: Had the nurse let her fears become a barrier, she would not have been able to provide support. We need to recognize when a judgment is getting in the way of the care we are providing.

We have considered an example of a marginalized population for the purpose of this activity, but remember that a person is not representative of a population; hospice palliative care means we need to understand and value the person and his or her family always as individuals.

Facilitator asks: What are some strategies to get to know the person as an individual?

Learners discuss in large group

☑ Evaluation: What to look for

- Be self-aware of biases
- Ask and invite individuals and their support system to share what is important to them
- Be respectfully curious and open to learning about the person, his or her background and situation
- Develop skills in communication and listening, paying attention to the meaning and feeling of the words spoken
- Exhibit respect, openness as you build a therapeutic relationship

Note to Facilitator: Use the answers shared by learners to dig a little deeper into the concept shared. Be prepared to provide examples (i.e. examples of communication skills that would support getting to know the person).

Close
Time: 10 minutes
Large Group

Timeline check-in:

- Before the next Case-Based Learning Session, learners will:
  - Complete self-directed reading for Chapters 1-6 and e-Learning Modules A-F
  - Participate in one Peer-to-Peer Exchange
- Peer-to-Peer
  - Have learners review the Peer-to-Peer section of the Fundamentals Program Guide
  - Divide into peer-to-peer groups
Note to Facilitator: It is recommended that learners self-select their peer groups. However, if you do not think this will be successful given the dynamic of the group, consider assigning peer groups.

» Have learners set up meeting times for their two Peer-to-Peer Exchanges. Pairs are recommended; however, if there are groups of 3, learners need to ensure they have a way to connect with each other that is feasible for all (e.g. in-person, skype, etc.).