



UVA Health

University Medical Center

Cognitive Rehearsal for In-the-Moment Peer Review

Use this *Cognitive Rehearsal and Scripting Tool*, developed by the NPGO Professional Development Committee, to build confidence, skill and self-efficacy to participate in informal peer review within your teams.

Cognitive Rehearsal and **Scripting** are evidence-based practices to improve confidence and willingness to address incivility when observed (Clark, 2019; Longo, 2017).

“Cognitive rehearsal (CR) is an evidence-based technique where learners practice addressing workplace incivility in a nonthreatening environment with a skilled facilitator. The author describes the unique combination of CR, simulation, evidence-based scripting, deliberate practice, and debriefing to prepare nursing students to address uncivil encounters.” (Clark, 2019)

Nursing Peer Review at UVA Medical Center

Peer review is identified as a professional responsibility and expectation in the American Nurses Association Scope and Standards of Practice and Code of Ethics.

The NPGO Professional Development Committee, through the NPGO Cabinet, oversees RN Peer Review and works in collaboration with UVA’s Human Resources to support the process. The primary purpose of peer review is to help ensure the quality of nursing care through safe deliverance of standards of care and evidence-based practices.

Leveraging Peer Review to Create a Culture of Respect, Safety and Civility

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Instructions:

Please work in a small group (suggested number of 4).

Print the pages with the scenarios, folding each page in half, hiding the suggested response.

Before the Activity

On a scale of 1-5, how confident are you in giving feedback in the moment to your peers/colleagues related to safety, respect and civility? Write it down.

To Begin

Player One selects a Scenario and reads the scenario out loud.

Player Two responds in “first person” in an appropriate way.

For example: Do not say “I would tell Katie that...” Instead, look at Katie and say, “Katie, this morning when....”

Use the S.B.I. cues (see next page) if needed, to help formulate an answer.

After the role play, the “Suggested Response” may be read aloud.

The scenario is then placed at the bottom of the pile and Player Two becomes the scenario reader for Player Three.

Continue rotating turns until all player have had the opportunity to role play the response.

After the Activity

Reflect on the experience with your small group.

- How did it feel?
- What did you learn through practicing the scenarios with as a team?
- On a scale of 1-5, reflect how confident are you in giving feedback in the moment to your peers/colleagues related to safety, respect and civility following the activity?
- Share with your team how you scored your confidence levels before and after the activity.
- Any other reflections?

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S.B.I. Framework:

The S.B.I. framework is a helpful tool for structuring feedback or informal peer review for behaviors not aligned with our organization's values, safety concerns, or behaviors of incivility. It can also be used to provide in-the-moment feedback of positive behaviors.

Use these to help you as you work to provide clear and kind responses.

Situation: Describe the situation where the observed behavior occurred

Behavior: Describe the person's behavior – physical, observable action

Impact: Share with the person the impact of their behavior on you, others, and the organization

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Scenario 1: Teamwork

Scenario: You and your team are experiencing a very busy day. You notice that Alex, a Clinician 2 RN, is seated at the computer/ or cell phone scrolling through non work-related websites.

Suggested Response:

S: Alex, do you have a minute to chat in the workroom? I have some feedback that I would like to offer. If now if not good time- maybe we can find a few minutes later.

B: I noticed that several times you were sitting and scrolling through Facebook.

I: I felt a little resentful and wanted to get my thoughts together so I could offer this feedback in a way that I would want to receive it. You are really efficient, and if you are in position where you are caught up with your work it would be great to offer help to others without being asked. That improves our sense of team and ensures that our patients are getting what they need and are safe. It is actually part of our ASPIRE value of professionalism to offer help to the team.

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Scenario 2: Communication

Scenario: You notice that your teammate, Alexandra (RN Clin 2), is approached by Fred, a unit PCT, with a question. When Fred asks the question, Alexandra doesn't make eye contact, answers the question incompletely and abruptly, then walks away. Fred is visibly upset after the exchange and remains quiet and reserved the remainder of the shift.

Suggested Response:

S: Alexandra, do you have a minute to chat in the workroom? I have some feedback that I would like to offer. If now is not a good time, maybe we can find a few minutes later? I wanted to share an observation about your interaction with Fred while you were at the desk this morning.

B: When Fred approached you to ask, you didn't make eye contact, didn't answer his questions completely and then walked away a little abruptly. So I kept my eye on him, and noticed that he has been really quiet ever since and hasn't asked any questions.

I: My concern is that he is now afraid to approach you with a question. That could be a patient safety problem if he needs to make you aware of something important but is worried about your reaction. Especially when we are busy, we really need the help and extra eyes of our PCTs. I realize that in the moment you may not have been aware, but if it were me, I would want someone to mention it to me. He is new and is going to have a lot of questions. And, as leaders, we need to be mindful of supporting respectful communication. Let me know if you want help with thinking about how to approach him.

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Scenario 3: Gossiping

Scenario: While you are completing some documentation, you notice that two colleagues, Lucy and Linus, are standing in the hallway discussing a personal matter of a third colleague, Jamie. A lot of details and opinions are being shared. You also notice that a patient and family members are within earshot and appear to be listening to the conversation.

Suggested Response:

S: Lucy and Linus, do you mind stepping into the workroom for a minute?

B: Thanks. Look, I overheard your conversations about Jamie's weekend. And, I also noticed that there was a patient and family listening to your conversation.

I: My concern is that this reflects poorly on our nursing professionalism from the patient's view and it undermines our sense of team. Thanks for listening. I just wanted to share that perspective.

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Scenario 4: Email Communication

Scenario: You receive an email Logan (RN Clin 2) that includes language that makes you feel defensive. Examples include: “Why didn’t you.... I didn’t like.... You were wrong... next time you need to...”

Suggested Response:

S: Logan, do you have a minute to chat in the workroom? I have some feedback that I would like to offer. If now is not a good time, maybe we can find a few minutes later?

B: Thank you, I wanted to touch base on the email you sent me. The wording was pretty strong, and you seemed pretty unhappy with me.

I: I just wanted to share that there is more information and background to the situation, and if you had come to me in person, I would have had an opportunity to explain that. When I read the email, I was pretty upset. Next time, could you come to me directly so we can talk in person?

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Phrases to Help Continue the Conversation

Help me understand...

Tell me more...

Can we work together to figure out/create a plan for next time...

Can you share more about that?

I appreciate the chance to talk about this with you directly.

I'm concerned that...

Walk me through that.

I'm curious about...

I'm wondering...

It's really helpful to have a chance to work through this together.

Recommended UVA HR Courses for Continued Learning

Dare To Lead

Giving and Receiving Feedback

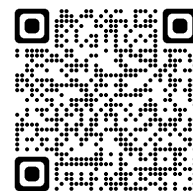
Managing Conflict

Rumbling: How to Lean into Vulnerable Conversations (Microlearning)

Tough Conversations (Microlearning)

Information available on the UVA HR Learning & Development website

Click or scan the QR code



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Brown, B. (2018). *Dare to lead*. Vermilion.

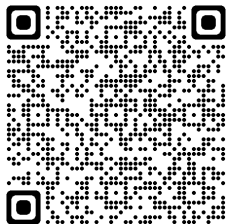
Clark, C. M. (2019). Combining cognitive rehearsal, simulation, and evidence-based scripting to address incivility. *Nurse Educator*, 44(2), 64-68. <http://dx.doi.org/10.1097/NNE.0000000000000563>

Healthy Workforce Institute. (2022). *33 Scripts to Address Disruptive Behavior When You Don't Know What to Say*. <https://healthyworkforceinstitute.com/33-ways-pop/>

Kile, D., Eaton, M., deValpine, M., & Gilbert, R. (2019). The effectiveness of education and cognitive rehearsal in managing nurse-to-nurse incivility: A pilot study. *Journal of Nursing Management*, 27(3), 543-552. <http://dx.doi.org/10.1111/jonm.12709>

Longo, J. (2017). Cognitive rehearsal. *American Nurse Today*, 12(8), 41-42, 51.

For more information on peer review, go to the [NPGO Peer Review website](#) by scanning or clicking on the QR code.



Please send questions or comments to NPGO@UVAHealth.org.

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