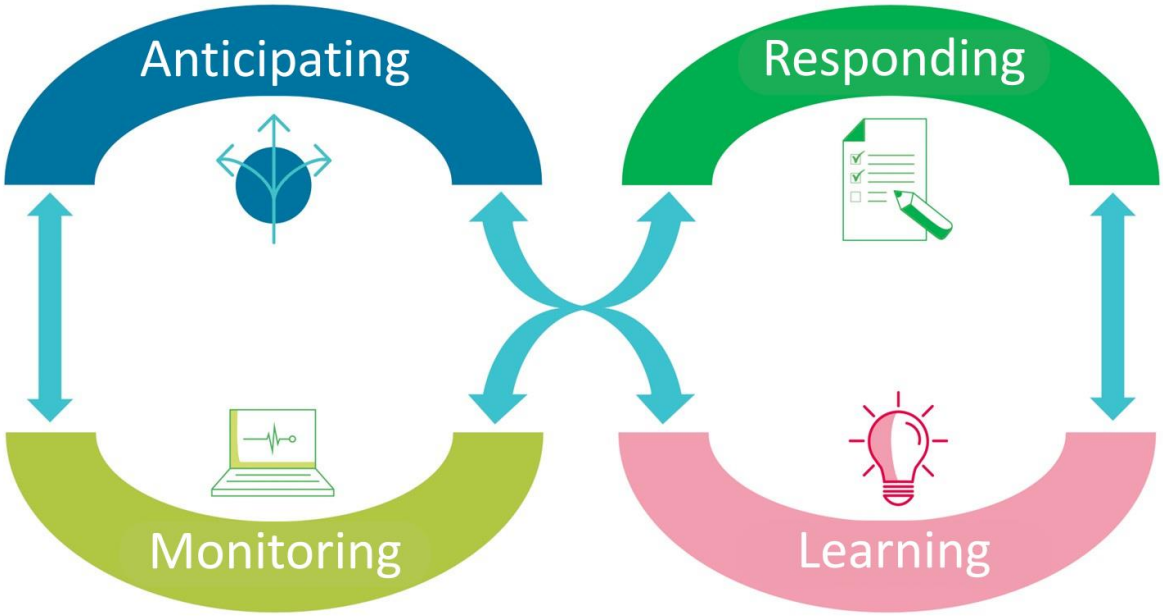
The Safety-II Reflection Card Set

This package includes:

- Instructions for using the Safety-II reflection cards
- Explanatory notes to accompany the instructions
- The Safety-II reflection cards for double-sided A6-format printing

The Safety-II reflection card set is designed for independent use within healthcare organizations. It is based on the four resilience capabilities: Anticipating, Responding, Monitoring, and Learning. These capacities interact continuously and reinforce one another. The instructions outline the key principles for effective use of the reflection cards. The cards are designed to be applied in ways that maximize practical impact. We welcome your feedback and experiences!



This package was developed by Nivel and MediRisk, in collaboration with the Association of Collaborating General Hospitals (SAZ). It was part of a ZonMw-funded research project: "Translating cross-organizational learning from incidents into practice improvements: The Dutch Resilience Analysis Grid (RAG-NL) as a Safety-II intervention tool."

Questions or experiences to share? Please contact Caroline Schlinkert at: c.schlinkert@nivel.nl

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Instructions:
Safety-II Reflection Cards

The Safety-II reflection cards can promote collective, multidisciplinary learning through dialogue. Engaging in such a conversation can be valuable for any care process, whether successful or less successful. Complex, multidisciplinary care processes are particularly well-suited for this approach. Learning takes place through reflection on a care process. The aim of the conversation is not to implement immediate changes or solve a problem, but rather to gain deeper insight into a care process from different perspectives and within the context in which the work is carried out. In this context, the Safety-II reflection cards serve as a tool for deeper exploration. The statements on the reflection cards are content-wise and visually linked to the four resilience capabilities.

To maximize the value of the reflection cards, it is recommended to use them under the guidance of a facilitator who is familiar with Safety-II and skilled in various facilitation techniques. Key qualities for facilitation include experience in leading open, reflective conversations; the ability to ask non-judgmental questions; showing genuine interest; probing for deeper understanding; and facilitating an effective check-in (see appendix). These elements contribute to creating a psychologically safe environment, allowing all participants the space to reflect openly.

Suggested structure for a reflection session:

1. Check-in
2. Introduction to the conversation
3. Multidisciplinary dialogue: using reflection cards for deeper exploration
4. Summarizing insights
5. Discussing follow-up actions
6. Check-out

Tips to deepen the reflective conversation:

- The conversation is most valuable when multidisciplinary. Which healthcare disciplines are most relevant depends on the practical context of the selected care process (e.g., medical specialist, nurse, supervisor, quality & safety staff, resident physician, junior doctor, etc.). The term “we” on the cards refers to this multidisciplinary group.
- Each session focuses on one care process. This process may extend beyond a single department and could involve interactions between departments.
- The cards ask for examples. Focus on exploration rather than judgment: When might this apply to us? What can we learn from past experiences? What can we learn from a different approach?
- The motivation of participants to actively engage is essential for a meaningful reflective conversation. Choose a care process that healthcare professionals themselves are eager to discuss with other disciplines.
- It is recommended to reserve around two hours for a full reflection session.

- Encourage action and engagement. For example, place cards on different tables and have participants walk around and choose a card that resonates with them. This physical movement helps make the session more active, practical, and interactive.

Explanatory Notes
Safety-II Reflection conversation

This appendix provides additional depth on several key aspects for using the Safety-II reflection cards.

Contents

1. What is a Care Process?

Any care process can be used for reflection, but it is most valuable when multiple disciplines are involved. A care process follows a patient with a specific condition or care need, such as a patient with unexplained abdominal pain.

Examples of care processes include: The diagnostic process, Patient handover when a care provider unexpectedly leaves due to illness, Preparing a patient for surgery, Maintaining the electronic patient record (EHR) in a way that is understandable to all disciplines, A patient deteriorating for unclear reasons, Handover from primary care during childbirth, Ordering lab or radiological diagnostics

2. The Participants

The recommended group size is between 5 and 10 participants. This allows for representation of all relevant disciplines while keeping the group small enough for everyone to actively participate.
Participants should be selected based on who can contribute most meaningfully to the reflection. This depends on the chosen care process. It is also important that participants are personally invited by someone they respect. Invitations sent by email can feel impersonal and may lead to lower engagement during the session.

3. The Facilitator

The choice of the most suitable facilitator depends on the care process under discussion. In addition to having knowledge of Safety-II and relevant facilitation techniques, it is beneficial to choose someone who has influence within the department and is familiar with the specific care process.

Another key consideration is whether an internal or external perspective is desired. It is recommended to consciously choose between these perspectives, based on the care process and learning objectives of the reflection session.

To center the conversation on a relevant care process, an internal perspective is often necessary. This means selecting someone from the same department, such as a direct supervisor or care provider.

An external perspective, on the other hand, can make it easier to ask questions that may be taken for granted internally. Four levels of external perspectives can be distinguished:

- A different department within the same hospital
- The same department in a different hospital
- A different department in a different hospital
- A quality and safety officer

Table 1 outlines various considerations for choosing between an internal or external perspective.

Table 1 Considerations for an internal or external perspective of the conversation facilitator

Considerations When Choosing an Internal Perspective
When the facilitator is familiar to the participants, this existing trust can enhance psychological safety, supporting greater openness and depth during the conversation.
Internal facilitators can more easily organize sessions due to shorter communication lines within the organization. This can simplify gathering a multidisciplinary group.
If someone external facilitates, there may be a tendency among participants to defend their own care process, department, or working methods. This can shift the focus from learning to proving how well things are going.
A facilitator with an internal perspective is familiar with the hospital or departmental culture. This helps the conversation to reach greater depth more quickly, without the distraction of explaining processes that are already known internally.
Considerations When Choosing an External Perspective
When the facilitator is known to participants but not fully trusted, this may reduce psychological safety and limit openness and depth in the conversation.
If the facilitator is less familiar with the care process, it is easier for them to lead a neutral conversation. They can ask questions out of genuine curiosity, without unconsciously filling in gaps based on their own experience.
When, for example, the team's manager acts as facilitator, they are less likely to fully participate in the reflection. Their perspective may be less visible in the open discussion, yet their presence can steer the conversation and influence how freely others feel they can speak.
An external perspective allows for asking about things that are usually taken for granted internally. This "fresh view" can lead to new insights and enhance the learning value of the conversation.
An external facilitator can also bring in additional experiences from other settings. This can inspire new thinking and reveal alternative possibilities.

4. Expectation Management

- The goal is learning, not immediate implementation.
- A reflection conversation goes beyond giving each other compliments or feedback. Central questions might include: "Why do we do what we do?" and "What is the effect of my actions on others?"
- This conversation is not just about highlighting what goes well; it's about learning from everyday practice.
- You learn more together than alone. Everyone's input is valuable and necessary.

5. Discussing next steps

It is essential to document and record the insights gained from the reflection session. If concrete action points are agreed upon, it's advisable to immediately set a date and clarify who is responsible for following up. Making this transparent to all involved will increase the likelihood of timely action. It is also important to consider whether the insights discussed are relevant to others and to decide how best to share this knowledge with them.

6. Unable to schedule two full hours for reflection?

While it is preferable to take two hours for a full reflection session, if this is not possible, two separate one-hour sessions can also work. Each session should start with a check-in and end with a check-out. It is also recommended to begin the second session, after the check-in, with a summary of the first session. This recap takes some time, so two one-hour sessions are less efficient. However, the advantage of splitting the time is that participants get reflection time in between, which may lead to new insights and learning points.

7. How to do a good check-in

This check-in format was developed by Danielle Braun. In this video, she explains how to lead a check-in: https://www.youtube.com/watch?v=QRbo5InkLtM How to do a good check-in? (In Dutch).

The aim of a check-in is to create psychological safety. This is achieved by creating space to arrive and focus. A check-in sets the tone for a conversation in which participants are truly seen and heard, and everyone feels free to speak. It's more than just going around asking, "How was your weekend?"

The check-in starts with a pre-planned question to which everyone can respond. The exact question depends on the nature of the session but should always address both grounding and focus.

Examples:

- "How are you arriving today?" (grounding)
- "What would you like to get out of this conversation?" (focus)

The facilitator introduces the check-in question and answers it first, modeling the behavior. Think carefully about how detailed your answer is and what intention you convey.

Time: The facilitator should state that the conversation will last as long as necessary but also mention how much time has been scheduled. This promotes shared responsibility for time management.

Popcorn Style: You don't go around in order. Anyone can speak when it feels right. This reduces the tendency to just "wait your turn" and encourages active listening. It also gives participants a chance to practice assertiveness by picking the right moment to speak.

Sharing and Dumping: No one responds to each other's input. Everyone's words are equally valuable. Responding can imply one story matters more, and might prompt side conversations that exclude others. Not reacting fosters a safe space where everyone can speak openly.

Ending the Check-in: The facilitator summarizes what's present in the group, based on roles, not individuals. For example: "Some people are feeling..." instead of "Person X said..." This ensures that no one is boxed into a fixed role and that every contribution is seen as collectively held.

8. How to do a good check-out

The check-out follows a similar structure to the check-in. The facilitator introduces a relevant question, such as: "How did you experience the session?", "How are you going into the coming week?", "What do you need to do your work well?"

Participants then respond using the same sharing and dumping and popcorn style principles as in the check-in.
The facilitator checks out last, thereby also closing the session.

The check-out is not the time to reopen discussion points. If something arises that needs further attention, it can be handled immediately if the group agrees, or a separate time can be scheduled. This helps the session wrap up neatly.

The check-out offers space to leave behind any emotional or cognitive residue from the process, making it easier for participants to let go of the session and refocus on their next task.

Visual templates for both the check-in and check-out can be found on the next pages. More versions are available for free download via: Picture It

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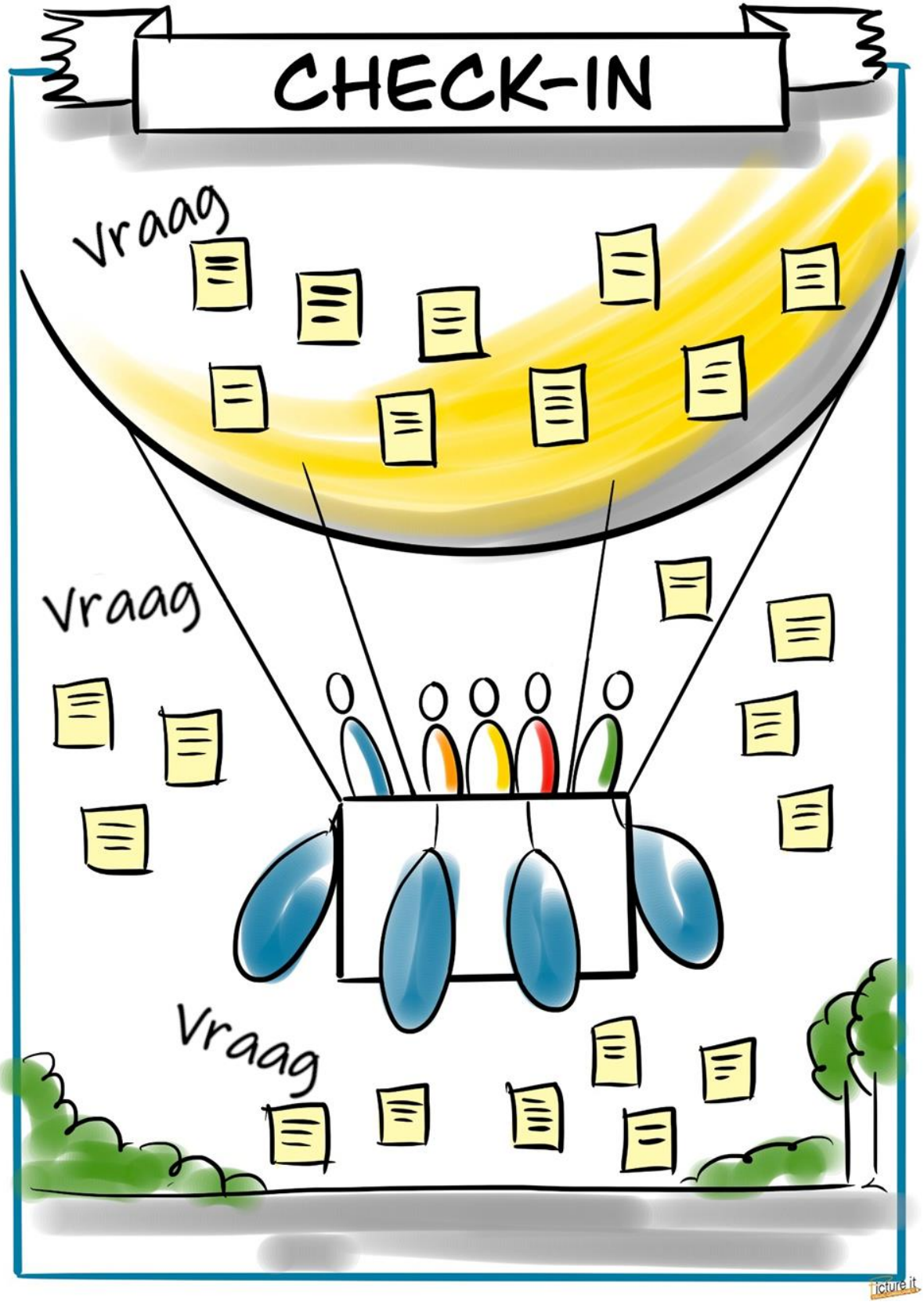

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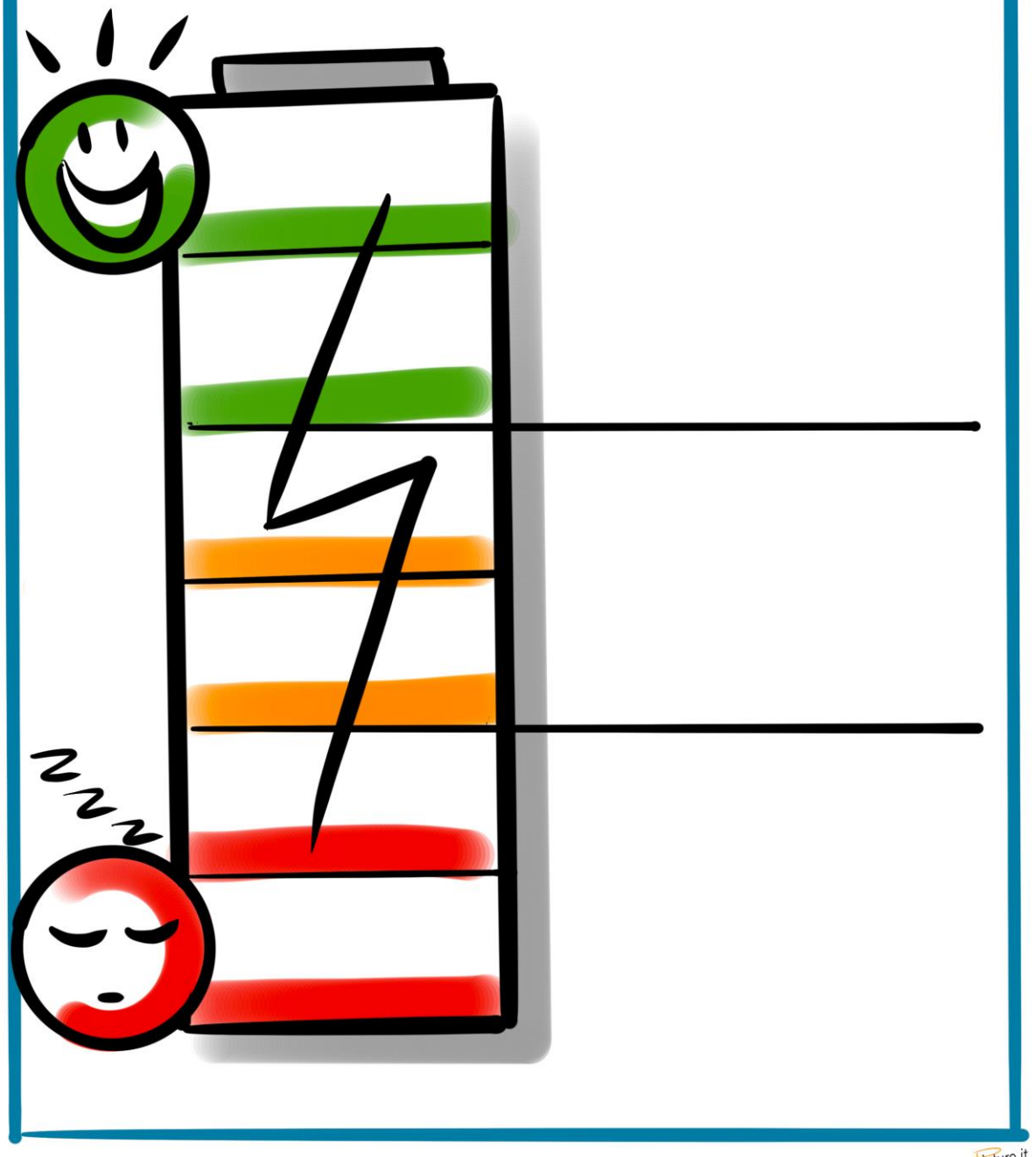
CHECK-OUT



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Safety-II reflection cards print

Reflection cards are on the next page

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Anticipating

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We have a say in how we want to provide care, now and in the future

Discuss an example

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Anticipating

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Together, we anticipate and discuss changes that may affect how we provide care

Discuss an example

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Anticipating

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When things get complex, we take a moment to pause and make a plan

Share experiences

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Anticipating

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We talk about ideas for how care could be delivered in the future

Mention a few themes

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Anticipating

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Learning

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We regularly reflect on why something went well

Share an example

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Learning

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I feel free to ask questions to colleagues and managers — and I get helpful answers

Discuss situations in which you did or did not feel this freedom

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Learning

Safety-II Reflection Cards

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We talk about situations that caught us off guard and how we responded as a team

Discuss an example

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Learning

Safety-II Reflection Cards

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We think about our daily routines together and learn from each other's ways of working

Discuss an example

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Learning

Safety-II Reflection Cards

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Safety-II Reflection Cards

Monitoring

SAZ

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I know when my colleagues need help — and when they don’t

Share a situation where you did or didn’t step in to help

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Safety-II Reflection Cards

Monitoring

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When we notice something is not working, we adjust

Discuss a situation where this was successful

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Safety-II Reflection Cards

Monitoring

SAZ

MediRisk

Our communication is focused on delivering good care together

Discuss an example

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Safety-II Reflection Cards

Monitoring

SAZ

MediRisk

I know when to rely on my colleagues — and what their strengths are

Discuss an example

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Safety-II Reflection Cards

Monitoring

SAZ

MediRisk

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Safety-II Reflection Cards

Responding

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We can easily step in for each other within the same role or discipline

Share an example where this did or didn't happen

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Safety-II Reflection Cards

Responding

SAZ

MediRisk

We regularly talk about whether our protocols and procedures work in practice and serve their purpose

Share a situation where this did or didn't happen

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Safety-II Reflection Cards

Responding

SAZ

MediRisk

We are clear on what is most important when diagnosing or treating patients

Share a situation where this did or didn't happen

NIVEL

ZonMw

Safety-II Reflection Cards

Responding

SAZ

MediRisk

When things are unclear or complex, we solve it together with other teams or disciplines

Share a situation where this did or didn’t happen

NIVEL

ZonMw

Safety-II Reflection Cards

Responding

SAZ

MediRisk