

Baycrest Center for Learning, Research & Innovation in Long-Term Care

A Serious Game Kit: Trigger Match

A game to foster team collaboration in the care of persons with dementia.

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Prepared by:

Jennifer Reguindin

Contributors include:

Jennifer Reguindin, Baycrest CLRI Interprofessional Educator

Raquel Meyer, Baycrest CLRI Manager

Maria Nelson, Baycrest CLRI Interprofessional Instructor

Amanda Canfield, Baycrest 2015 CLRI Intern

Jessica Visentin, Baycrest 2015 CLRI Intern

Joyce Kuang, Baycrest 2015 CLRI Intern & Project Assistant

Shannon Coffey, Baycrest 2015 CLRI Intern & Project Assistant

David Chandross, Gamification Consultant

Special thanks to:

Faith Boutcher, Director Academic Education, Baycrest

David Conn, Baycrest CLRI Executive Co-Sponsor & Vice-President Academic Education, Baycrest

Rodea Casem, Baycrest Behavioural Support Unit Educator

Apotex 7 & Apotex 3 North Behavioural Support Unit Staff

Jasmine Mah, Baycrest 2015 CLRI Intern

Past Participants of the *Team Essentials: Coordinating Care for Responsive Behaviours*

For more information, please contact:

Jennifer Reguindin at jreguindin@baycrest.org

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Baycrest Centre for Learning, Research & Innovation in Long-Term Care

The Baycrest Centre for Learning, Research and Innovation in Long-Term Care (CLRI) is funded by the Ontario Ministry of Health and Long-Term Care. There are 3 CLRI in Ontario: Schlegel in Waterloo, Bruyère in Ottawa and Baycrest in Toronto. The mandate of the CLRI program is to enhance the quality of seniors' care through education, research, innovation, evidence-based service delivery and design, knowledge transfer and partnerships. At the Baycrest CLRI, our focus is on developing and evaluating educational innovations to enhance interprofessional competencies in the current and future long-term care workforce.

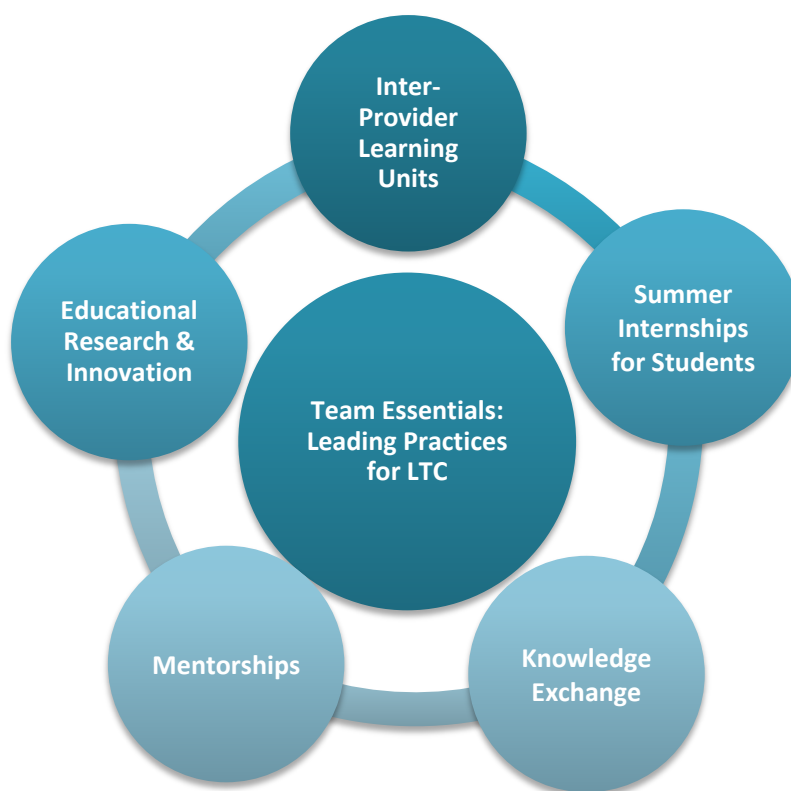


Figure 1. Baycrest CLRI Programs

Baycrest CLRI Serious Game Kit: Trigger Match

The Baycrest CLRI develops and evaluates innovative educational approaches designed to enhance, not only knowledge and skills, but also values and attitudes in learners. The Baycrest CLRI team along with 2015 summer interns created and trialed a card game called *Trigger Match* that stimulates team discussion and enhances specific team skills regarding the care of persons with responsive behaviours.

The resources in this toolkit were developed using a quality improvement approach and are meant to foster player and facilitator awareness and insight into working together to find care solutions for long-term care residents with responsive behaviours related to dementia.

This toolkit contains:

- Information on the learning objectives and game mechanics for players and teams
- Behaviour card deck
- Trigger card deck and other hold cards
- Game evaluation forms
- Blank card templates
- Cheat sheet templates
- Debriefing information
- Points to consider for players and facilitators
- Past presentations to introduce the game
- A primer on game-based learning and simulation

As a result, this toolkit will allow educators to:

- Identify and utilize this serious game as an educational tool to enhance team collaboration skills
- Use this game to promote reflection, curiosity and dialogue within teams relating to the care of persons with responsive behaviours and dementia

Trigger Match: A Serious Game to Increase Creativity, Critical Thinking, Communication & Interprofessional Collaboration

Learning Objectives

All serious games have learning objectives. For *Trigger Match*, the learning objectives are to:

1. *Enhance creativity*
 - Players choose from a vast array of potential **triggers** that may contribute to a particular responsive behaviour
2. *Support critical thinking and valuing of non-pharmacological interventions*
 - Players offer appropriate ideas for **actions** (in the moment of witnessing a behaviour) that are within their scope and that reflect awareness of risk to self, resident(s), and the environment
3. *Rehearse verbal communication about behaviours*
 - Players have repeated opportunities to practice verbal reports in an SBAR format (Situation-Background-Action-Assessment-Recommendation/Request) that includes a **solution** or an idea attached to the main concern
4. *Encourage teamwork*
 - Players ensure **recommendation and requests** include the interprofessional team

Knowledge, Skills, Values, Attitudes & Behaviours

There are many different responsive behaviours as well as different stages and types of dementias. Clinicians in long-term care must navigate a complex process of finding a specific trigger that sets the stage for a responsive behaviour. Different ways to practice critical thinking skills, prioritization and concise communication are essential for excellence in dementia care to ensure that healthcare providers can retrieve and apply necessary skills in an appropriate and timely manner. This also necessitates a team approach whereby successful approaches and interventions are shared among team members, because care for long-term care residents with responsive behaviours is delivered by multiple individuals within and across shifts.

The following highlights knowledge, skills, values, attitudes and behaviours that are targeted in this game:

Knowledge: Geriatric knowledge of caring for residents with responsive behaviours.

Skills: Critical thinking, concise SBAR communication, prioritization, solution finding.

Values/Attitudes: Collaboration within a team, reflection, creativity, valuing of relationships and non-pharmacological interventions.

Behaviours: Efficient clinical decision making, confident verbal reporting.

Rule Set & Interactions

Setting the Stage

In this game, we immerse players into the world of responsive behaviours as seen in long-term care homes. The intent is for players to provide a reason for why a behaviour is happening, be aware of actions that may support the resident and to provide a solution for the concerning behaviour.

Players may assume their own role in the healthcare team when playing the game. If a player chooses an action, intervention, or request that is not within their scope of practice, then the player must state which team member will perform the action.

Note: Players may play individually or in mini-teams (e.g., 2-3 players play the same hand together). A minimum of 4 players or 4 mini-teams are needed to play the game.

Cards

1. Behaviour Cards

- a. These represent the concerning behaviour to be solved. These behaviours reflect various physical and verbal concerns identified from real-life experiences of clinicians who are listed in the acknowledgement page and various case academic sources.
- b. One Behaviour Card is turned over at the beginning of each round to start the game play. Behaviour Cards may call for 1 or 2 triggers.

2. The [Trigger Card Deck](#) contains **Trigger** and **Chance Cards** that players hold in their hands.
 - a. Each player (or mini-team) is dealt **7 Hold** from the **Trigger Card Deck**.
 - b. Trigger Cards represent the trigger or underlying cause that a player (or mini-team) believes is causing the behaviour.
 - c. There are 3 types of **Chance Cards**:
 - I. **DIY Cards** – write down your own trigger and play it as a Trigger Card. You may include these in future play.
 - II. **Kudos Cards** – are used to add and supplement the information to the action and recommendation in another player's SBAR
 - III. **Steal Cards** – are used to take someone's turn at SBAR and earn points
 - d. Any **Trigger Cards** that are not selected as well as used **Steal Cards** are discarded into a separate pile. New hold cards are drawn from the Trigger Card Deck.
3. Winning **Trigger Cards** and used **Kudos Cards** are kept to track scores. **Behaviour Cards** are awarded to the person who provides a complete SBAR.
4. Hold Cards may be returned and replenished in the middle of a round if there are no cards to put into play.

[Cheat Sheets](#) are also provided to ensure that players are supported to provide the appropriate SBAR structure.

Game Mechanic – Playing a Round for Individual Players

Pre-game (Individual Players)

1. Review the game, objectives, roles and rules.
 - a. A minimum of 4 players is required
 - b. 4-6 players are ideal; if there are more than 6 players, start making mini-teams (e.g., pairs, triads, quads)
2. Decide on a way to [win](#).
3. Select the first dealer either by rolling dice or by majority. Whichever player is dealing the round is the "Behaviour Support Lead". The turn to be Behaviour Support Lead rotates to the winner of each round. The duties of the Behaviour Support lead is to:
 - a. Deal **7 HOLD Cards** from the Trigger Card Deck to each player
 - b. Select and read the Behaviour Card
 - c. Select the trigger for which they want to hear a solution

- d. Ensure that the used **Trigger Cards** are discarded and replenished with new ones

Game (Individual Players)

1. A **Behaviour Card** is turned over by the Behaviour Support Lead (dealer) who reads the behaviour aloud and places the card so it is visible to all players. Behaviour Cards may call for 1 or 2 triggers.
2. Other players quickly choose 1 or 2 **Trigger Cards** from their 7 hold cards and lay these face-up on the table so that the Behaviour Support Lead can read the card(s).
 - This is a good opportunity to use your **DIY Card** to create a trigger that will suit the behaviour.
3. From the trigger cards played, the Behaviour Support Lead selects the Trigger Cards that may be causing the behaviour
4. The player whose **Trigger Card(s)** is/are selected keeps the **Trigger Card(s)** (10 points each card) and:
 - Completes an SBAR by
 - a) Saying the behaviour listed on the card AND recognizing the risk level of the behaviour
 - b) Reading the chosen trigger(s)
 - c) Providing an action they will do *when* they witness the behaviour
 - d) Giving a recommendation or request to the interprofessional team
 - When the SBAR is complete and deemed acceptable by the Behavioural Support Lead, the player keeps the Behaviour Card (10 points).
5. The **STEAL card** can be shown and played only prior *before* the Action is mentioned in the SBAR.
 - A player who successfully steals and provides a correct SBAR will keep the Behaviour Card (10 points).
6. Once the SBAR is complete, up to 2 players can *show* and use the **Kudos Card** to enhance the ACTION or RECOMMENDATION of the reported SBAR (10 points).
 - Think non-pharmacological and consider INTERPROFESSIONAL.
 - Limiting 2 **Kudos Cards** per behaviour will allow for more gameplay (i.e., more behaviours to be solved).
7. The player with the winning SBAR is now the Behaviour Support Lead and a new round begins.
8. The used and non-winning **Trigger Card(s)** and used **Chance Cards (DIY, Kudos, Steal)** are discarded and players replenish their HOLD cards from the Trigger Card deck.

Game Mechanic – Facilitating Mini-Teams

Note: When playing with teams that have not played this game before, we have learned that having some pre-chosen behaviours on a slide deck facilitates the game and allows for all mini-teams to see the identified behaviour. This means that the facilitator is accountable for the **Behaviour Card** selection. Also note that the facilitator may also be walking around to replenish used **Trigger** and **Chance Cards**. The following game mechanic will reflect this lesson learned.

Note that the mini-teams can play without the facilitator after a few practice runs.

Pre-Game (Mini-Teams)

1. Facilitator chooses Behaviour Cards.
2. Facilitator deals Trigger Cards to mini-teams.
3. Review the game, objectives, roles, and rules.
4. Decide on a way to win.
5. A minimum of 4 mini-teams (e.g., pairs, triads, quads)
6. Select the first Behaviour Support Lead either by rolling dice or by majority. The turn to be Behaviour Support Lead rotates to winner of each round. The duties of the Behaviour Support lead in mini-teams are to:
 - a. Read the Behaviour Card
 - b. Select the trigger for which they want to hear a solution

Game (Mini-Teams)

1. A **Behaviour Card** is read by a member of the Behaviour Support Lead. Behaviour Cards may call for 1 or 2 triggers.
2. Other mini-teams strategically choose their **Trigger Card(s)** to entice the Behaviour Support Lead to pick their card.
 - This is a good opportunity to use your **DIY Card** to create a trigger that will suit the behaviour.
3. The mini-teams lay their chosen **Trigger Cards** face-up on the table so that the Behaviour Support Lead can read the card(s).
4. The Behaviour Support Lead may take the time to confer about which trigger they want to select that may be causing the behaviour
5. The mini-team whose **Trigger Card(s)** is/are selected keeps the **Trigger Card(s)** (10 points each card) and:
 - Completes an SBAR by

- a) Saying the behaviour listed on the card AND recognizing the risk level of the behaviour
 - b) Reading the chosen trigger(s)
 - c) Providing an action they will do **when** they witness the behaviour
 - d) Giving a recommendation or request to the interprofessional team
- When the SBAR is complete and deemed acceptable by the Behavioural Support Lead, the mini-team keeps the Behaviour Card (10 points).
- 6. The **STEAL card** can be shown and played only prior *before* the Action is mentioned in the SBAR.
 - A mini-team who successfully steals and provides a correct SBAR will keep the Behaviour Card (10 points).
- 7. Once the SBAR is complete, up to 2 mini-teams can show and use the **Kudos Card** to enhance the ACTION or RECOMMENDATION of the SBAR (10 points).
 - Think non-pharmacological and consider INTERPROFESSIONAL.
 - Limiting 2 **Kudos Cards** per behaviour will allow for more gameplay (i.e., more behaviours to be solved).
- 8. The mini-team with the winning SBAR is now the Behaviour Support Lead and a new round begins.
- 9. The used and non-winning **Trigger Card(s)** and used **Chance Cards (DIY, Kudos, Steal)** are discarded and the facilitator replenishes their HOLD cards from the Trigger Card deck.

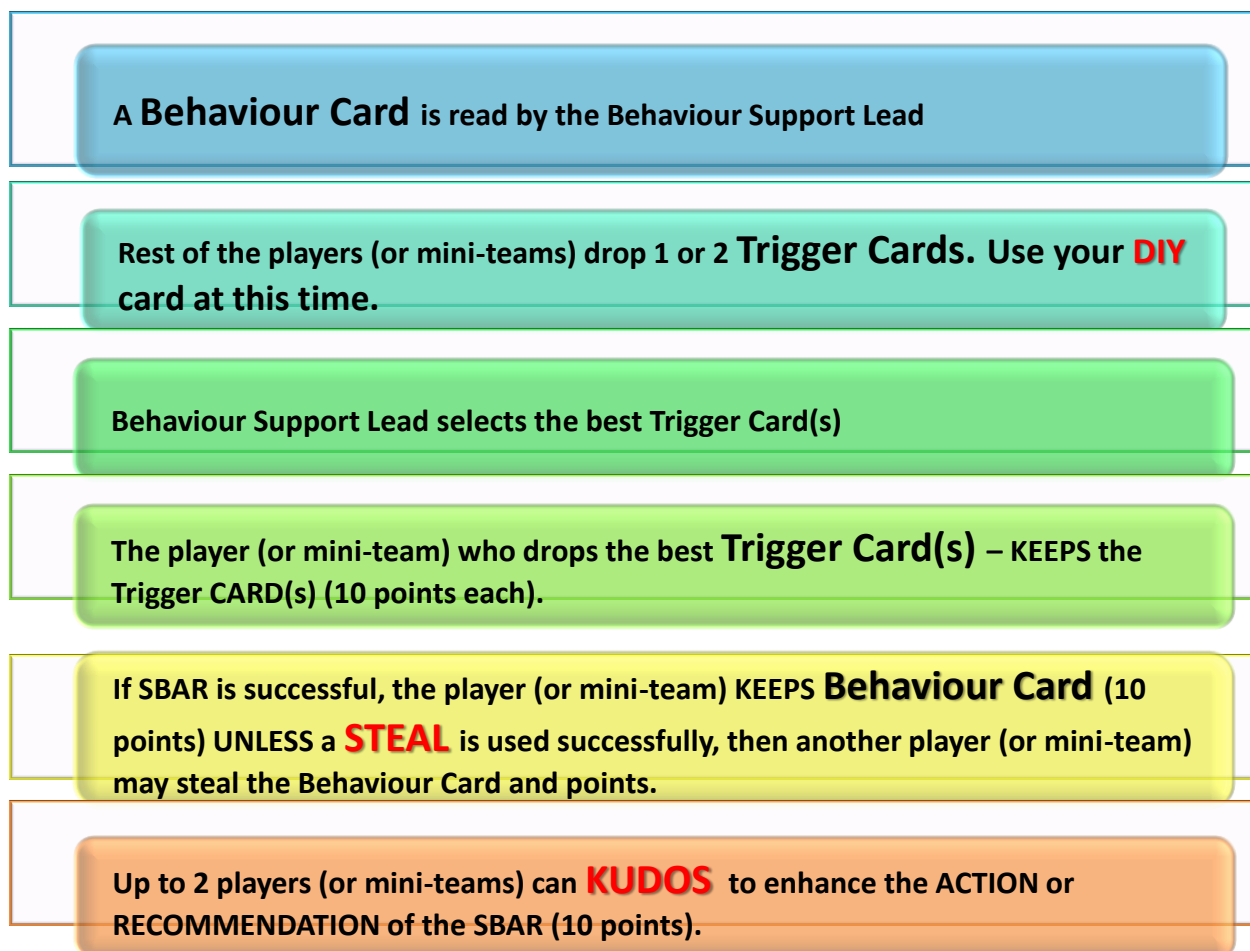
Winning the Game

There are multiple options to choose from. As a group, select one of the following:

- A. Race to the top!
 - 1. Set a number of points to reach (e.g. 250 points)
 - 2. The first player (or mini-team) to reach this number wins and the game ends!
- B. Trigger collector extraordinaire!
 - 1. Set a number of **Trigger Cards** to collect (e.g., 5 Trigger Cards)
 - 2. The game ends when a player (or mini-team) reaches the target
 - 3. At this point, the player (or mini-team) with the most points wins the game!

- C. Beat the clock!
 1. Set a time limit
 2. The player (or mini-team) with the most points (**Trigger**, **Behaviour** and **Kudos Cards**) wins!

Game Mechanic Flow Chart



Advice to Players & Mini-Teams

1. When you are playing a **Trigger Card**:
 - a. Though experience will guide your choice of triggers, play a trigger card that will push boundaries, expand creativity or catch the attention of the Behaviour Support Lead
 - b. If you are not able to select a trigger from your hand, discard your cards and collect new ones to reset your options.
2. When you are the Behaviour Support Lead:
 - a. Consider **Trigger Cards** that open up possibilities and new solutions, or pushes the boundaries of what you know
3. Consider collaboration! Dialogue and sharing of stories and narratives are encouraged throughout the game to hear the lived experience of others.
4. Use your Kudos cards to build on what other players have shared.
5. Maybe a success story will be appreciated by another player or mini-team who is working on a resident with a specific responsive behaviour
6. Compete! Opportunities to share your interventions may be gained even if your trigger did not get selected.

Scoring

Remember that each **Behaviour**, **Trigger** and **Kudos Card** is worth 10 points.

Steal Cards do not score points; however, they do allow a player (or mini-team) to steal the points for a **Behaviour Card**.

Example of Play

There are 4 players. Anna, Barry, Carly, Dave.

They choose race to the top as a mechanism to win. First player to earn 50 points wins.

Round 1

- Carly is selected by majority to be the behaviour support lead and selects a behaviour card from the **Behaviour Card** deck that requires 1 trigger card.
- Anna, Barry and Dave drop their **Trigger Card** selections.

- Carly selects Barry's **Trigger Card**, who receives the Trigger Card points (10) and keeps the card to track points.
- Anna uses her **Steal Card**, shares an SBAR on Barry's **Trigger Card** to receive the **Behaviour Card** points (10).
- Dave plays a **Kudos card** and receives 10 points.
- Barry plays a **Kudos card** and receives 10 points.
- Anna and Dave discard their used trigger cards. Anna discards her **Steal Card**. They each pick 2 cards from the **Trigger Card Deck** respectively.
- Barry keeps the winning **Trigger Card**. Dave and Barry keep the **Kudos Cards**.
- Anna keeps the **Behaviour Card**.

Scores at the end of round 1:

Anna – Steals and receives Behaviour points: 10

Barry – Wins Trigger points & Kudos: 20

Carly – Behaviour support lead:

Dave – Kudos points: 10

Round 2

- Anna is now the Behaviour Support Lead. She selects a card from the **Behaviour Card** pile, reads it out loud. The **behaviour card** requires 2 triggers.
- Barry, Carly and Dave drop 2 **Trigger Cards** each.
- Dave is selected to do the SBAR with 2 trigger cards (20 points), says SBAR, and wins the **Behaviour Card** (10).
- Carly uses a **Kudos Card** (10).
- Barry, Carly discards their used **Trigger Cards**. Carly discards the used Chance card. They receive 2 and 3 cards from the Trigger Deck respectively. Dave picks up 2.
- Dave keeps winning Trigger Cards and Behaviour Card in a separate pile.

Cumulative scores at the end of round 2:

Anna – Behaviour Support Lead: 10

Barry: 20

Carly – Kudos points: 10

Dave – 2 Trigger points & Behaviour points: 40

Round 3

- Dave is the Behaviour Support Lead, selects a card from the **Behaviour Card** pile, reads it out loud. 1 trigger is needed.
- Anna and Barry drop 1 **Trigger Card** each. Carly uses a **DIY card**, writes down her trigger and drops it into play on the table.
- Dave selects Carly to share an SBAR.
- Carly keeps 1 trigger cards (10 points), says SBAR, and wins the Behaviour Card (10). Anna and Barry discard their used **Trigger Card**. Anna, Barry, and Dave get 1 **Trigger Card** each to replenish their hold cards.

Cumulative scores at the end of round 3:

Anna: 10

Barry: 20

Carly: 30

Dave – Behaviour Support Lead: 40

Round 4

- Carly is the Behaviour support leads and pulls a card that requires 1 trigger.
- Anna and Dave use a DIY card each. Barry returns 2 Trigger cards to replenish them with new ones then drops a Trigger Card.
- Carly selects Barry to report the SBAR and Barry gains points for 1 **Trigger Card**.
- Dave steals and gets the Behaviour Points. Anna plays a **Kudos Card**.
- Anna and Dave discard their **Trigger Cards**. Anna gets 2 **Trigger Cards**.
- Barry and Dave replenish 1 **Trigger Card** each.
- Dave wins this round.

Cumulative scores at the end of round 4:

Anna: 20

Barry: 30

Carly: 30

Dave – Behaviour Support Lead: 50

Facilitation Considerations

Experience Level of Players

Consider the experience and comfort level of your players; if they're not familiar with SBAR, coach them through every element of the communication structure. As each round passes, encourage the player or mini-team to complete the SBAR more independently.

For more inexperienced players:

- Just in time education may happen on the spot, players who have no experience with responsive behaviours tend to seek out help as an action.
- Consider SBAR support

If you're team is experienced, consider:

- Adding clinical or pharmacological interventions specific to the trigger presented
- Requiring 2 or more interprofessional requests or recommendations
- Change the roles of the person performing an action.
- Limiting SBAR to 4 sentences or to report as concisely as possible.

Let us know what you come up with!

Uncertainty about Triggers

There may be moments when players are unable to select a trigger. They may choose this opportunity to discard their cards and gather new ones. The following prompts may help players to recall past experiences and share new learning:

- a) Is this a case that you've seen before?
 - i. What do you think may be done to help the client?
 - ii. What did you or the team do in those cases?
 - iii. Was it effective?
- b) What particular strategy can you apply to your work right now?
- c) Are the actions and recommendations associated with your trigger(s) available in your home?

Remind the players that the actions and recommendations may be a relational approach, a non-pharmacological or therapeutic intervention, a medication, consultation, or a diagnostic test. There are no limits to the possibilities.

Debriefing the Game & Creating a Culture of Learning

A structured debrief is a valuable and necessary tool to use for participants to explore and reflect on the game experience – not only what was learned, but how they learned from the game and from each other. This supports the development of a culture of learning. Supportive prompting from the facilitator is recommended.

An open-ended and conversational debriefing style that prompts positive experiences and points in the game that require further exploration may lead to a better understanding. This also maximizes players' input into the discussion.

A basic plus/delta technique may be used to gather the pros and cons of the game experience. Questions such as these may be used:

1. What was good about today's game?
2. What went well?
3. What was positive about the experience?
4. What would you change next time?
5. What would you do differently at work?
6. What was most important learning for you?

Trigger Match Evaluation Form

Role: _____ Date: _____

On a scale of 1-10, how much did this Gaming session

Not at all	A little bit	Quite a bit	Very much
a. Help you <i>gain more</i> confidence in using SBAR?			
1	2	3	4
5	6	7	8
9	10		
b. Provide you with ways to improve your SBAR?			
1	2	3	4
5	6	7	8
9	10		
c. Challenge you to come up with creative ways to intervene?			
1	2	3	4
5	6	7	8
9	10		
d. Help you learn <i>new ways from other players to support</i> a client with responsive behaviours?			
1	2	3	4
5	6	7	8
9	10		
e. Make you feel appreciated for your ideas?			
1	2	3	4
5	6	7	8
9	10		
f. Move too fast?			
1	2	3	4
5	6	7	8
9	10		
g. Produce fair scores?			
1	2	3	4
5	6	7	8
9	10		
h. Make you feel <i>excited</i> about learning?			
1	2	3	4
5	6	7	8
9	10		
i. Was the game <i>easy</i> to play?			
1	2	3	4
5	6	7	8
9	10		
What would you change?			
j. Were the cards (triggers and behaviours) easy to understand?			
1	2	3	4
5	6	7	8
9	10		
What would you change?			
k. Is this game of value to your practice?			
1	2	3	4
5	6	7	8
9	10		

Further comments? (Write on other side)

Game-Based Learning

Game-based learning is the use of game design in non-game settings and is increasingly employed by colleges and universities to engage students in learning in new ways. Many of us have played games throughout our lives; some examples are card games, board games, computer games, role-playing games and games for physical activity. Games can be played online and offline. There are many types of games such as word games, number games, strategy games, and so many more. Games cafés are increasingly popular. Games are prevalent in society because they meet many human needs such as competition, collaboration, socialization and even achievement.

All games are voluntary and require a goal, rule set, interactions, and feedback mechanism. Game based-learning harnesses game mechanics within a representation of reality to achieve learning objectives or to teach skills. This serious game kit offers an example of a “serious simulation game”, which has requires setting the game environment with an element of reality.

Educators are aware that sustained changes in knowledge, skills, values, attitudes and behaviours may often require continued review, guidance and renewal because, without practice and positive reinforcement, some competencies that are not used regularly may perish.

What is Serious Gaming?

Serious games are driven by an educational goal and not entertainment but there is a certain level of fun that can be drawn when playing the responsive behaviour game called *Trigger Match*.

4 Critical Elements

To be considered an educational simulation game, a game requires:

1. A simulation or a depiction of reality
2. Player interaction
3. A set of rules that defines actions
4. Educational character or roles that players take on while playing the game (Sauvé et al.)

What is Simulation?

Adapted from Dr. Bruce Ballon

Simulation is the imitation or emulation of some real thing, state of affairs or process. It is a methodology to help achieve educational goals. The most powerful and efficacious simulations are conducted based on strong educational principles, run by expert facilitators and within the context of the objectives of a curriculum.

Simulation used for healthcare encompasses a range of activities that share a broad, similar purpose: to improve the safety, effectiveness and efficiency of healthcare services.

Simulations can be created for individuals, teams and agencies to improve patient safety (e.g., creating scenarios that enhance communication, management skills and assessment abilities). Simulation can be geared to the learners' experience and the context of training. One can match the intensity and goals of a simulation for new students to seasoned, well trained teams of healthcare providers. Simulations can also guarantee that learners be exposed to certain healthcare situations that are rare and often would not come up during training, but may help them when they go into the field. Due to the multiple ways of observing a simulation, a rich wealth of feedback is available for learners to absorb and use in their development as healthcare providers.

Appendix A: Behaviour Cards

These behaviour cards were derived from the experience of the Baycrest Apotex Interprovider Learning Units, including the Transitional Behaviour Support Unit and Apotex 7. External staff stories were also documented, with permission and de-identified, from staff participating in Baycrest CLRI's educational session: *Team Essentials for Coordinating Care for Responsive Behaviours*. Scholarly resources were also scanned for presentations of responsive behaviours.

Verbal non-aggressive	Verbal aggressive
The cause of Mr. Jaques' moaning in the common room is _____.	Ms. Tran is screaming and yelling at the male PSW for she is _____.
Mrs. Ellison is inconsolable and has been crying for half the day in response to _____.	_____ causes Mrs. Hudson to be upset and swears at them
As a result of _____, Mr. Williams starts crying uncontrollably when reading the newspaper.	In response to _____, Mrs. McCall yells at staff telling them to "sit down" when they want to engage her in activity.
_____ causes Mr. Nichols to start singing loudly over the residents during morning exercises?	Mr. Marshall refuses to move and screams when staff tries to move him because he is _____.
Mrs. Fellows screams "don't kill me" when the nurse tries to give her medication because she is _____.	Mr. Bach is telling staff to "leave him alone" and swears at everyone at meal times due to _____.
You hear Mrs. Pritchett yelling and becoming restless in her wheelchair as a result of _____.	_____ is the reason why Mr. Parker is telling staff to "give it a tug" when they enter his room to get him ready in the morning.
	Mr. Hopkins is telling staff "I'll kill you" in response to _____.
	When talking to the PSWs, Mrs. Ross becomes verbally aggressive by swearing at staff as a result of _____.
Physical non-aggressive	Physical aggressive
Mr. Lewis usually sings and dances every morning but is now withdrawn and quiet because _____.	Mrs. Lipa is hitting the resident beside her when sitting in the common room due to _____.
Mr. Peters is constantly getting up and falling from his wheelchair because of _____ and _____.	_____ is the reason why Mrs. Petrie bit her PSW when receiving washroom assistance.
Ms. Brown is wandering into resident rooms and disturbing their night time routines due to _____.	The reason why Mrs. Fitzgerald is resistant to care when staff try and assist her with dressing is _____.

Verbal non-aggressive	Verbal aggressive
_____.	_____.
Mrs. Blaine's refusal to shower every shower day is due to _____.	Mr. Ziegler starts acting aggressively by pushing, hitting and pinching staff because of _____.
_____ causes Mrs. Dixon to keep wheeling herself in front of the exit.	Mr. Kleinfeld is grabbing on to whoever comes near him because he is _____.
When Mrs. Feldman starts becoming restless and picking at her sweater because she is _____.	Mr. Davis displaying sexual behaviour towards another resident is caused by _____.
The reason why Mr. Schmidt is rummaging through the garbage and putting items in his pockets is due to _____.	_____ is the reason Mrs. Evans is grabbing the PSW's arm and squeezing it tight during feeding?
_____ and _____ are the reasons why it is hard for Mr. Garcia to settle down for his nighttime routine.	Why is Mrs. Cross continues to spit at the staff who try and feed her because _____
Mr. Jenkins keeps collecting items from the nursing station, like kleenex, papers and pencils due to _____.	Ms. Coffey is hitting and kicking out at the people around her because she _____.
Mr. Cherry is voiding in the planter because _____.	

Appendix B: Trigger Cards & Chance Cards

These trigger cards were created with the same method listed in Appendix A. In addition, a bio-psychosocial model was integrated to ensure a more robust set of Trigger cards. The element of environment is also highlighted in a separate column to increase awareness of this category as a trigger.



Adobe Acrobat
Document

Click on this icon, to print a ready-to-print trigger and chance card deck.

BIO	Psycho	Social	Environment
can't share that s/he is uncomfortable in his/her position	doesn't remember what to do	lived in a warm place in his/her youth	sees something shiny
having difficulty swallowing	afraid to fall	used to sleep without clothes	it is crowded where the resident is right now
has not masturbated for a month	can't recognize the washroom sign	has a history of domestic violence	the TV is on CP24
was in bed all day	feels overwhelmed	providing intimate care to resident	co-resident was yelling all night
unable to hear	frustrated because s/he can't perform activity	does not like the taste	an announcement overhead
being moved without warning	complicated instructions provided	always walked when s/he was younger	room is dark
wet briefs	wants to know what the object does	not wearing favourite clothes	wheelchair is too tilted
did not sleep	hearing unfamiliar voice	newly admitted	new clothes are itchy
medication change	believes they are independent	doesn't trust the staff	loud noisy neighbours
experiencing leg cramps	unable to recognize anyone	was sexually abused	the door is left open
feels restless	thinks the PSW is	worked in an office	seeing pictures of war

BIO	Psycho	Social	Environment
	trying to hurt them.		
needs to void	does not understand what is happening	was a manager in earlier life	seeing staff and visitors leave the exit door.
experiencing pain from arthritis.	can't remember where to go	visitors have just left	the radio is on
is constipated.	thinks it is poison	seeing a new staff member	did not know where the toilet is
is unable to communicate that s/he needs to go to the bathroom	can't understand what is written	receiving care from a new private companion.	too bright in the room
can't see what the staff put in front of him/her	sexual disinhibition.	receiving care from a male PSW	A new coat was left hanging on the back of their door
is in pain	feels anxious.	Interacting with workers who look like their grandson	
thinks s/he is clean	can't recognize the objects' purpose	separation from their spouse who lives at home.	
is tired	feels threatened by people around him/her	The co-resident looks like their former spouse who they loved.	
increase in blood pressure medications	believes that they can do the task	A co-resident who looks like their abusive former spouse.	
does not like the food	Can't recognize the person in front of them	being separated from a friendly co-resident.	
has a toothache	does not know what a shower is	Seeing an attractive co-resident.	
a headache that has just started	thinks somebody is behind them.	A noisy co-resident who won't stop talking.	

BIO	Psycho	Social	Environment
feeding him/her too fast	thinks they don't need help.	female staff member is caring for resident	
is hungry	does not understand why s/he is in a wheelchair	was robbed in his youth.	
a painful pressure ulcer.	remembers that spouse died.	believing they are a school teacher	
	believes they saw the resident steal from another resident.	other person looks like a neighbour from the past	
	Doesn't know where to go	does not feel comfortable with a stranger	
		thinks s/he is checking in on his/her kids	
		wants to touch the ground	
		lived through the great depression	
		was a farmer in his younger years	
		does not feel included	
		offended by the music played.	
		was a holocaust survivor	
		thinks it's the Great Depression	
		woken up too early.	
		feels lonely	
		feels like s/he is left alone for too long	
		Thinking they are a lawyer.	

BIO	Psycho	Social	Environment
		is bored	
		thinks she is still a nurse	
		wants to be alone	
		Afraid of the dark	
		Previous phobia	
		Grew up in poverty	
		Feel unwanted	
		Has not been hugged in weeks	

Appendix C: Behaviours & Trigger Card Blank Templates

These templates are here to provide you with an opportunity to create your own deck. Please let us know what you come up with!

See Appendices [A](#) and [B](#) for the current Card Deck

Appendix D: Trigger Match Pocket Card/Cheat Sheet

The Trigger Match Pocket Card/Cheat Sheet is meant to be printed double-sided 6 slides of Page 1 and 6 slides on Page 2 on a 8.5 " x 11" sheet. This produces 6 cheat sheets per page.

Here are the images of the cheat sheet Page 1

What to include in your SBAR	
Situation	What behaviour is going on? What do you see? Risk Level? E.g. The Behaviour card
Background	What do I know about the resident? E.g. Trigger card
Action/ Assessment	<u>Non-Pharmacological or Relational</u> : distract, engage in activity, assist, redirect, verbal instruction, re-approach, reassure, comfort client, presence, <u>etc</u> <u>Clinical</u> : further observation, monitor, specific assessment, medication, treatment, blood work, consults, diagnostics, prepare for transfer, etc.
Recommendation/ Request	What do you recommend or need from the <u>Interprofesional</u> team? - specific action, DOS, ABC charting, further assessment and monitoring, delirium workup prepare for transfer, team or family referrals

Here is Page 2:

A Behaviour Card is dropped by the Behaviour Support Lead
Rest of the players (or mini-teams) drop 1 or 2 Trigger Cards . Use your DIY card at this time.
Behaviour Support Lead selects the best Trigger Card(s)
The player (or mini-team) who drops the best Trigger Card(s) – KEEPS the Trigger CARD(s) (10 points). A STEAL Card may be used before the SBAR
If SBAR is successful, the player (or mini-team) KEEPS Behaviour Card (10 points) UNLESS a STEAL is used successfully, then another player (or mini-team) may steal the Behaviour Card & 10 points.
Up to 2 players (or mini-teams) can KUDOS to enhance the ACTION or RECOMMENDATION of the SBAR (10 points). Think non-pharmacological & consider INTERPROFESSIONAL.
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Appendix E: Sample Presentation/Handout to Introduce the Game

If you have access to a projector, adapt this basic pptx to introduce the game. This can also be printed as handouts.

Here is an image of the presentation:

Trigger Match

Jennifer Reguindin
Interprofessional Educator, Baycrest CLRI
@jenreguindin

Welcome!

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Trigger Match Learning Objectives

Enhance:

1. **Creativity**
 - Choose from a vast array of potential triggers that contribute to responsive behaviours
2. **Critical thinking**
 - Select an appropriate action (in the moment)
3. **Teamwork**
 - Ensure recommendation includes the interprofessional team
4. **Communication**
 - Present the solution/idea in an SBAR format

Cards

Community Card: Behaviour Cards

Hold cards: (7 each *pick new ones as you use these*)

- a. Trigger Cards – put 1 or 2 down against behaviour cards
- b. DIY Cards – make your own trigger cards

Cards

Hold cards: (7 each *pick new ones as you use these*)

- a. Kudos – use this add to action & recommendation and gain points if your trigger card isn't selected
- b. Steal – use this to take someone's turn and take their points

What to include in your SBAR

Situation	What behaviour is going on? What do you see? Risk Level? E.g. The Behaviour card
Background	What do I know about the resident? E.g. Trigger card
Action/Assessment	Non-pharmacological, or functional: distract, engage in activity, assist, redirect, verbal instruction, re-approach, reassure, comfort client, presence, etc. Clinical: further observation, monitor, specific assessment, medication, treatment, blood work, consults, diagnostics, prepare for transfer, etc.
Recommendation/Request	What do you recommend or need from the interprofessional team? - specific action, DOE, ABC charting, further assessment and monitoring, delirium workshop, prepare for transfer, team or family referrals

Example

Framework	Putting it all together
Situation (Behaviour card)	A low risk behaviour with Mrs. Smith repeatedly asking to go the bus stop
Background (Trigger card)	Wants to go see her son, who is out of the country
Action/Assessment	Distract her by offering her juice
Recommendation/Request	Ask the team to arrange for a skype discussion

GAME ON!

1. A Behaviour Card is supported by the Behaviour Support Lead

2. Rest of the players (or interteams) draw 1 or 3 Trigger Cards.

3. Behaviour Support Lead selects the best Trigger Card(s).

4. The player (or interteam) who draws the best Trigger Card(s) – KUDOS the Trigger Card(s) (10 points). One year left to start the time.

5. If the player (or interteam) who draws the best Trigger Card(s) KUDOS the Trigger Card(s) (10 points) UNLESS a STEAL is used successfully, then another player (or interteam) may steal the Behaviour Card & points.

6. Up to 3 players (or interteams) can KUDOS to enhance the ACTION or RECOMMENDATION of the SBAR (10 points). These non-pharmacological & consider INTERPROFESSIONAL.

9. Mr. Mabel constantly calls out for help because _____

10. Mrs. Ingle bangs on the wall when you close her door at night _____

11. Mr. Rash urinates on the plant in the common room because _____

Appendix F: Risk Level

Here is an example of how risk level is prioritized when it comes to new or changed behaviour.

Risk Level: Low

Definition: risk to the patient or others, or rarely/sometimes socially disruptive

Example: anxiety, safe wandering, uncontrollable crying or laughing, repetitive questions about food

Risk Level: Medium

Definition: risk to the patient or others, or is often socially disruptive

Example: throwing food, taking another client's food, wandering unsafely into the kitchen, engaging in mild verbal abuse, going into the fridge, going into others' room, engaging in mild verbal abuse

Risk Level: High

Definition: risk to the individual or others, or is always socially disruptive or a **Sudden** extreme change

Example: defecating/urination in public, engaging in violence, or **sudden** (sudden confusion – delirium “fast & surprising change”)

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