FREE RESOURCES · 15-MIN TRAINING

Speaking Up for Safety *Workshop Toolkit*

Ready to use workshop resources designed to improve your teams skills in communicating for safety.

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FORMAT

Facilitator deck & resource pack

AUDIENCE

Clinical and support staff across nursing, medicine, allied health, and care services.

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WORKSHOP TOOLKIT · PART 1

Strategic overview

How to use this kit

This kit has everything you need to run a 30-minute in-service on speaking up for safety with your team. It is designed as a stand-alone session that you can deliver at the bedside or in a quick off-the-floor education session.

You'll find three parts to this document:

1. Strategic overview: how and why this workshop was designed and how it aligns to the NSQHS standards.
2. Workshop resources: facilitator guide, scenario cards, and bedside reference of the PACE framework.
3. A preview of what a broader speaking-up program could look like to help you shift culture over time.

Why clinicians need this training

Failure to speak up is repeatedly identified as a contributing factor in serious clinical incidents.[1,2,3,4] When staff see something that worries them, they may stay quiet because of hierarchy, uncertainty, or fear of damaging a working relationship.[2,4,5] Graded assertiveness is a proven method for improving speak-up and assertiveness behaviours in clinicians to protect patient safety.[1,2,6] It does this by teaching direct communication methods that reduce interpersonal conflict, starting with gentle curiosity and becoming more assertive as patient risk increases.[1] Speak-up training can also improve clinician confidence and well-being.[2]

> *"By fostering environments that support open communication, organisations can enhance patient safety and quality of care."*[4]

Learning outcomes

By the end of this session, participants will be able to:

1. Recognise six common situations where speaking up is needed but often avoided.
2. Use the PACE framework to graduate assertiveness appropriately to address safety concerns.
3. Identify the next step if a concern is dismissed or ignored.

Audience

Clinical and support staff across nursing, medical, allied health, and care services. Particularly valuable for graduate clinicians, casual or agency staff, and anyone working across power gradients.

Alignment to NSQHS Standards

- Standard 1: Clinical Governance
- Standard 5: Comprehensive Care
- Standard 6: Communicating for Safety

See Appendix 1 for the key governance and training actions that the workshop supports.

Recommended delivery

Format	In-service delivery, 15-30 minute (group size dependent)
Group size	4 – 12 people
Setting	Ward, unit, meeting room or staff station
Frequency	Once-off or repeat quarterly with rotated scenarios
Equipment needed	Printed PACE and scenario cards (1 per pair) Pens and paper available for notes

WORKSHOP TOOLKIT · PART 2

In-service resources

Facilitator guide

Time	Segment	What to do
0 – 2 min	Open	Ask: "Have you ever noticed something concerning at work and found it hard to speak up?" If you have an example, share it first to break the ice. Let one or two people share briefly – don't push.
2 – 5 min	Teach	Walk through the PACE framework using the bedside reference card. Emphasise that you start low and only escalate if needed.
6 – 12 min	Practice	Ask the group to split into pairs and hand out one scenario card per pair. Each pair reads it and thinks up/writes down one sentence for each pace level.
12 – 25 min	Debrief	Debrief 2 or more scenarios with the group. Use the debrief questions on page 8 to guide your discussion.
25 – 30 min	Close	Ask: "What is one thing you'll do differently the next time you see something concerning?" Confirm the local escalation pathway.

*This session can easily be extended by allowing more time for debriefing with a larger group. This adds more valuable discussion, and with a group of 10 or more can turn this 15-minute session into a 20–30-minute session.

PACE – bedside reference

The PACE framework is a graded assessment tool that helps clinicians raise concerns for patient safety. Graded assertiveness starts with gentle curiosity and escalates to direct instructions, helping staff to speak up when there is hierarchy, uncertainty, or fear of damaging working relationships.[1,2,3,4,7]

PACE	What it sounds like
Probe	Ask a question to clarify. **"Do you see that…?"** "Did you mean to…?" or "Did you realise that…?' *E.g., "Does this patient have any allergies?"*
Alert	State your concern clearly. **"I'm worried that…"** or "I think that…" *E.g., "This patient has a penicillin allergy."*
Challenge	Contest current actions to protect safety. **"Please don't…"** or "We should not.." *E.g., "Please don't give the amoxycillin."*
Emergency	Prevent the action and escalate. **"STOP! Do not…"** *E.g., "STOP! Don't give the amoxycillin."*

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Scenario cards

The scenario cards align with the phases of the patient journey in the NSQHS communicating for safety figure.[8] They are deliberately ambiguous and in most the speaker is uncertain, which is exactly the real-world condition under which people fail to speak up. Reassure participants that PACE is designed for uncertainty: probing with a question is always a safe initial action.

Card 1 – Registration and admission

NSQHS alignment: Standards 2.2, 2.5 (correct identification and procedure matching), 6.5, 6.6 (informed consent).

The situation: During admission, an elderly patient mentions they think they are "here for the scan" but the consent form and booking list say they are admitted for a minor surgical procedure. The staff member handing the paperwork says, "It's all correct, just get them settled." It is not clear the patient understands what is about to happen.

Your task Draft one sentence for each PACE level: Probe, Alert, Challenge, Emergency.

Card 2 – Planning care and providing treatment

NSQHS alignment: Standards 4.11 (medication information and risk), 5.13 (comprehensive care plan), 2.6, 2.7 (shared decision-making).

The situation: A patient with a known allergy has been prescribed a medication that appears to fall into the same drug class. The person who charted it is already moving on to the next patient, clearly under time pressure. You have a strong sense that something is wrong, but you're not certain about the cross-reactivity of the drug.

Your task: Draft one sentence for each PACE level: Probe, Alert, Challenge, Emergency.

Card 3 – Acute deterioration and escalating care

NSQHS alignment: Standards 8.5, 8.6, 8.8, 8.9 (recognising and responding to acute deterioration), 8.7 (escalation by patients and families).

The situation: A patient's observations have drifted into the escalation zone on the track-and-trigger chart over the last hour. The family is worried and has said so twice. Someone reviews the chart and says, "They always run like that, let's review them in the next round." You are concerned that the patient is genuinely deteriorating and that waiting is not safe.

Your task: Draft one sentence for each PACE level: Probe, Alert, Challenge, Emergency.

Card 4 – Transitions of care

NSQHS alignment: Standards 6.7, 6.8 (structured clinical handover), 4.6, 4.12 (medication reconciliation and medicines list at transitions).

The situation: A patient is being transferred between units. The handover is rushed, the medication list does not match what is documented in the notes, and the person handing over is already leaving, saying "It's all in the system – you'll be fine." Accountability for the patient is being passed across without a clear patient picture.

Your task: Draft one sentence for each PACE level: Probe, Alert, Challenge, Emergency.

Card 5 – Discharge home

NSQHS alignment: Standards 6.5, 6.6 (identification and matching), 5.13 (alignment with care plan), 4.12 (medications list to receiving clinicians).

The situation: A patient is being discharged today and there is pressure to free up the bed. The discharge summary does not include a recent change to their anticoagulant, and the patient seems unclear about what to take at home. Someone says the GP can sort out the details. There is a worry that the patient will go home and take the wrong dose.

Your task: Draft one sentence for each PACE level: Probe, Alert, Challenge, Emergency.

Card 6 – Follow-up communication

NSQHS alignment: Standards 6.9 (communicating critical information), 6.8 (transferring responsibility and accountability), 5.31, 5.32 (predicting, preventing, and managing self-harm).

The situation: A patient was discharged a week ago with an urgent outpatient referral and a safety plan after presenting with thoughts of self-harm. It emerges that the referral was never actioned and no follow-up call has been made. Someone says, "It's the patient's responsibility to chase it up now they're discharged." This seems to be a critical gap that should be addressed immediately.

Your task: Draft one sentence for each PACE level: Probe, Alert, Challenge, Emergency.

Debrief questions

What made it hard to speak up in the scenario?

- Did working relationships, uncertainty, or hierarchy have an impact?

What if your role changed?

- Would you have said something different if you were the most junior person in the room? What if you were the most senior?

Where did you naturally want to start?

- Why did you want to start at that point? What does that tell you?
- Are there are times when starting more assertively is appropriate?

Starting at Probe is usually more effective and easier to do, but if the patient is at immediate risk, Challenge or Emergency stages are appropriate.

Highlight that cards 3 and 6 involved genuine safety risk where escalation to Emergency is appropriate if lower levels fail.

What would make it easier to speak up?

- What would make it easier for you or your team members to feel safer in speaking up?

Who would you escalate to?

- If your concern is dismissed, who could you escalate the issue to?

Full speak-up program

The in-service education is the starting point. While a single session will grow some knowledge, skills, and start to shift learner perspectives, it is unlikely to result in lasting change. A complete program on speaking up would include the following components, designed and rolled out over 6-12 months.

Component 1 – Foundation training

- eLearning module (30 minutes) on graded assertiveness and escalation.
- Embedded into staff onboarding and refreshed annually.

Component 2 – Simulation and practice

- 30-minute simulation sessions using high-stakes scenarios with trained facilitators.
- Video-based libraries for self-directed practice.

Component 3 – Leader training

- 1 hour workshop for clinical leaders on receiving concerns without defensiveness.
- Coaching on closing the loop when staff speak up.

Component 4 – Embedded coaching and culture

- Speaking up champions in each unit.
- Story-sharing forums where resolved concerns are discussed.

Component 5 – Evaluation

- Kirkpatrick level 1-4 evaluation.
- Measurement via surveys, incident report trends, complaints data, and qualitative interviews.

Ready to build the full program?

This starter kit is a piece of a much bigger intervention for clinical safety culture. If your organisation is ready to design a speaking-up program that shifts behaviour, then let's talk.

I work with Australian healthcare organisations to design training that is grounded in instructional design best practice, aligned to the NSQHS Standards, and built for the realities of clinical teams.

Book a 30-minute discovery call

References

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Appendix 1

Standard	Required actions
Standard 1: Clinical Governance	*Action 1.01 states:* The governing body: a) provides leadership to develop a culture of safety and quality improvement and satisfies itself that this culture exists within the organisation.
	Action 1.06 states: Clinical leaders support clinicians to: a) understand and perform their delegated safety and quality roles and responsibilities. b) operate within the clinical governance framework to improve the safety and quality of health care for patients.
	Action 1.10 states: The health service organisation: c) acts to reduce risks
	Action 1.20 states: The health service organisation uses its training systems to: a) assess the competency and training needs of its workforce. c) provide access to training to meet its safety and quality training needs.
Standard 5: Comprehensive care	*Action 5.05 states:* The health service organisation has processes to: a) support multidisciplinary collaboration and teamwork.
	Action 5.06 states: Clinicians work collaboratively to plan and delivery comprehensive care.

Standard 6: Communicating for Safety	*Action 6.01 states:* Clinicians use the safety and quality systems from the Clinical Governance Standard when: b) managing risks associated with clinical communication c) Identifying training requirements for effective and coordinated clinical communication.
	Action 6.02 states: The health organisation applies the quality improvement system from the Clinical Governance Standard when: b) implementing strategies to improve clinical communication and associated processes.
	Action 6.04 states: The health service organisation has clinical communication processes to support effective communication when: c) critical information on a patient's care, including information on risks, emerges or changes.
	Action 6.09 states: Clinicians and multidisciplinary teams use clinical communication processes to effectively communication critical information, alerts or risks, in a timely way, when then emerge or change to: a) clinicians who make decisions about care.