2016 Roundtable Guidelines

ROUNDTABLE DISCUSSION GUIDELINES

What is a roundtable discussion?

The roundtable discussions are an opportunity for participants to get together in an informal session to examine issues as they related to pediatric surgical nursing. There is no formal agenda, but there are specific topics. The facilitator needs to be well versed on the topic and engage the group member in the discussion. **There is no projection available during these sessions.**

Format Options:

- Facilitators can have questions prepared in advance and provide it to the registered participants (the goal is to get at and discuss the issues surrounding this topic).
- Another format is to have the audience present questions to the roundtable participants. If you choose this option, please have questions sent to Kathy Leack, Program Chair, at programchair@apsna.org. These will be made available to the participants by April 1, 2016.
- A combination of these is also an option.

Qualities of Effective Roundtables:

- Time managed carefully
- Facilitator follows educational objectives identified for session
- Moderator well versed on topic and keeps focused
- Facilitator does as much prep work for discussion as possible

For the Preconference Workshop: There will be 4 roundtable/skills station sessions, each lasting 15 minutes. Participants will have the option to attend all of these sessions as they rotate every 15 minutes through the sessions.

For the Annual Conference: There will be 3 concurrent roundtable sessions. Participants will attend one session. Each roundtable session will have 5 sections/components. Each section/component will last 15 minutes. 75 total minutes have been allotted for the roundtable sessions.
Preparation Materials and Roundtable Discussion Issues

I. Background Information, Findings Publicized, and Other Key Facts about the topic to be discussed.

Provide as much information as possible to the roundtable participants. Any summary background information that is available, pertinent or pending legislation or regulatory requirements, web links, other references. Suggested presentation:

A. The central question/issue/problem you examined
B. Your findings
C. Your conclusions
D. Implications for policy, practice, and/or research
E. Questions for audience member

II. Roundtable Discussion Issues

One format for a roundtable is to have the questions prepared in advance and provided to the participants. If this is chosen methodology, identify the key topics the roundtable is to address. Then develop thought-provoking, open-ended questions to get at and discuss the issues surrounding these topics. Be detailed in the formation of the questions. Develop enough questions to completely explore the issues. You do not need to expect a specific answer to each individual question, the discussion can address multiple questions. The best source for topics and related questions are the people who will participate in the roundtable. Another format is to have the audience present questions to the roundtable participants for spontaneous response.

A combination of these two formats is also an option.

III. Suggestions for Roundtable Facilitation

The overriding goal of this type of event is participation and exchange by the participants. If this happens, you’ve achieved your objective. The following bullets are intended to help the facilitator get into the proper frame of mind to achieve this goal:

A. Re-familiarize yourself with your objectives, process, and deliverables in advance.
B. Review the process you will use (how they are going to get there) so the group will know what is to be covered now or later, when, for how long, etc.
C. Get participants to supply the responses to the questions.
D. Stay on point/issue/target with the group as much as possible.
E. Recognize your view is least important to the group.
F. Avoid answering your own questions.
G. Stay active, attentive, standing, engaged.
H. Maintain a positive, supportive, on-point attitude.
I. React to participant comments with patients and non-evaluative demeanor.
J. Focus on participant while speaking and paraphrase back for clarification as needed.
K. Demonstrate you know something (but not too much) about the area under discussion.
L. Recognize all who want to speak with attentiveness and a smile.
M. Maintain a posture of openness, interest, and interaction.
N. Appreciate people for their contributions to the discussion.
O. Move the discussion to the next point when interest wanes or overkill is evident.
P. Promise and deliver on the results they achieved.
Q. Do not allow any one participant to monopolize the roundtable.
R. Have a designated scribe and facilitator assistant available at the roundtable. The scribe should obtain feedback of member sentiment.

IV. Suggestions for Opening Comments / Introduction / Ground Rules

A. Facilitator self-introduction and welcoming of the group.
B. Explanation of facilitator’s role and process.
C. General expectations/objectives of roundtable.
D. Discuss schedule, timing, and ground rules. Review planned roundtable format (what? How? How long? Why? What’s in it for you?)
E. Participant introduction.
F. Gather preliminary discussion questions and record.
G. Reach consensus and summarize roundtable objectives and ground rules.

V. Suggestions for skills stations

A. Stations provide an overview of a procedure or skill, the desired outcome, step-by-step instructions, contraindications/complications, and information that should be communicated to families or other team members.
B. Stations allow participants a hands on activity to develop their skills.
C. Facilitator should determine time needed to demonstrate a skill and allow for return demonstration by participant. The facilitator will need to determine if time should be allowed for each (or only some) participant(s) to return demonstrate the skill.
D. Facilitator will need to provide enough equipment/material to allow for return demonstration.
E. Facilitator should consider the space of skills station. Will the participant become dirty from skill? Is there a place to clean up? Will the participant be required to be on floor? If any of these are expected, the station description should make note of this.
VI. Guidelines for discussion about specific products, brands, or companies

A. Roundtable and skills station sessions are intended to focus on the nursing care for a particular type of a patient (with a specific diagnosis, injury, surgical procedure and/or type of product/device).

B. Moderators are encouraged to speak generally to types of products/devices. If specific brands/companies are mentioned, moderators will be encouraged to mention more than one example in that same product line.

C. APSNA cannot and will not guarantee that any moderator will mention any product/company that is present in an onsite vendor area.

D. APSNA appreciates the collaborative relationship with its sponsors/vendors. Participants will have opportunity to visit with vendors before and after roundtable and skills station sessions.