

# Community Physician Health and Safety Program

## Operational Guide: De-Escalation Tools for Medical Office Staff



## **SWITCH BC's New De-Escalation Tools for Medical Office Staff**

The new tools developed by the **Community Physician Health and Safety (CPHS)** program, follow a simple, evidence-informed de-escalation framework. The tools are developed specifically for Medical Office Staff (MOS) working in community-based practices to help them manage escalated or potentially violent interactions, both in person and over the phone.

Designed to integrate seamlessly into daily clinical workflows, the tools can be implemented without disrupting operations. The tools emphasize practical, rapid techniques to defuse escalating situations, protect staff wellbeing, support patient-centred care, and decrease the administrative burdens associated with patient complaints.

### **Tools and Resources:**

- **HEARD+D Tool** (**In-Person** and **Phone** versions)- An easy-to-read flow chart designed for skill-building rather than in-the-moment use. Review regularly to build familiarity with the de-escalation techniques.
- **Quick Reference Card** (for workstation use)- Flash-card-style prompts to reinforce key de-escalation techniques and support confidence in the moment.
- **De-Escalation Tip Posters** (**In-Person** and **Phone** versions)- Dos and don'ts for phone and in-person communication to help prevent and reduce patient escalation. Review regularly and post at your workstation for easy reference.
- **Scenario-Based Examples** (written and audio)- Guided examples for employing the HEARD+D method and the dos and don'ts of communication in real-world situations.
- **Incident Documentation Guidance**- Resources to help staff accurately document incidents that caused or could have caused injury, supporting effective follow-up, health and safety improvements, and prevention efforts.

### **Who is it for?**

All medical office staff who interact with patients or the public in community clinics.

### **Benefits of Adopting the Tools:**

- Enhances staff health, safety, wellbeing, and confidence.
- Improves patient communication and experience, reducing patient complaints.
- Reduces burnout and emotional toll of difficult, compounding interactions.
- Provides a shared language and approach for handling escalation.
- Requires minimal training investment while increasing staff retention and job satisfaction.

### **Did you know?**

- Over 90% of users found the tools easy to use, non-disruptive, and relevant to their roles and duties.
- After 4 weeks of using the tools, users reported over 90% confidence in de-escalating patients as well as in documenting incidents.
- Users reported feeling more supported, empowered, and prepared.

## Training Requirements and Recommendations

For best use, the tools should be used as a learning resource by MOS to build skills in de-escalation.

Estimated Self-Directed Training Time: 90 minutes

1. Review the [Violence Prevention module](#) on the CPHS web portal including de-escalation tools for Medical Office Staff.
2. Review the two Tip Posters to build familiarity and reduce reliance during an incident. Print and place at your workstation where visible to you and not the patient.
3. Learn and practice the HEARD+D method. Practice responses to prepare for interactions with frustrated, angry, aggressive, or threatening patients.
4. Use the scenario-based examples (written and audio) to learn how to use the HEARD+D method.
5. Review incident reporting and documentation processes and discuss with your physician-employer how this applies to your clinic.

## Implementation Steps (Clinic Level)

Successful rollout of the de-escalation tools follows a three-phase process, which can be completed in approximately 2–4 weeks, depending on clinic size and staff availability.

Phase	Action	Estimated Time
<b>Preparation (Week 1)</b>	<ul style="list-style-type: none"><li>• Identify a point person (clinic lead, manager, or senior MOS).</li><li>• Introduce the tool at a team huddle or staff meeting. Set team expectations for practicing use.</li><li>• Schedule training time for all MOS and direct MOS to <a href="#">online modules</a>. (TIP: Each MOS can create an account to save their progress).</li><li>• Print/distribute <a href="#">materials</a>: HEARD+D tool for staff handouts, quick reference cards for workstations, tip posters for staff areas.</li></ul>	90 – 180 minutes
<b>Training and Practice (Week 2)</b>	<ul style="list-style-type: none"><li>• Allow time for self-directed training.</li><li>• Encourage team to begin practicing HEARD+D with <a href="#">scenario-based examples</a>.</li><li>• Assign low-pressure practice tasks (e.g., use tool with roleplay or less complex patient interactions).</li></ul>	90 minutes per MOS
<b>Operationalizing (Weeks 3-4)</b>	<ul style="list-style-type: none"><li>• Encourage continual review of HEARD+D tool and use of the tool in live situations.</li><li>• Schedule check-ins, team discussion, or peer feedback sessions to reinforce use.</li><li>• Encourage shared learning: “What went well? What could be improved?”</li></ul>	20 – 30 minutes per week

**Summary**

SWITCH BC's new de-escalation tools are quick to learn, easy to use, and highly adaptable for all community medical clinic environments. With just a few hours of training, clinic staff can build a healthier, safer, more prepared team culture that is better equipped to handle difficult patient situations with professionalism and compassion.

For support or to get started, visit the [CPHS web portal](#) or contact the CPHS team directly at [cphs@switchbc.ca](mailto:cphs@switchbc.ca).