

Group reviews for children under 5 with viral induced wheeze: the Whittington experience

“Group consultations are a big change in the way things have always been done, but it is something that, if done well, can be more efficient, effective and supportive to the patient, family and staff!”

1. The team’s challenge

Too many children with respiratory conditions in London are dying and have poor morbidity. In line with the NHS Long Term Plan, the Whittington asthma team is exploring new models of care that improve outcomes¹. Based on evidence in other long-term conditions, we hypothesised that group clinics would improve outcomes for our children and young people more than one to one care.

We focused initially on children who attend A&E or are admitted with viral induced wheeze (VIW), and do not require any intravenous drug therapy. They are reviewed by the Whittington Paediatric Respiratory Team within 4-6 weeks of presenting. The purpose of this review is to: educate families about risk factors, recognise and manage symptoms and develop preventative strategies to avoid future complications that could lead to the child needing A&E or a hospital admission.

In the 1:1 clinic, each child has a history taken, physical examination, followed by teaching and testing as required. Two members of staff see each child separately. This makes it difficult to join up care and support each other as a team.

The clinic is also very repetitive for both clinicians. Often patients do not attend, which means wasted clinic time waiting between appointments for both clinicians.

Clinics often overrun, which adds to the stress of the working day. 1:1 clinics take up a full half day session for two clinicians.

Furthermore in the winter especially, there is sometimes pressure on clinic times.

The team hypothesised that a group clinic with two clinicians seeing a group of five families together could:

- Improve outcomes
- Join up assessment and care planning

¹<https://www.rcplondon.ac.uk/projects/outputs/why-asthma-still-kills>

- Save and reduce clinic to two hours
- Reduce clinicians' wasted time when families do not attend (DNA)
- Stop clinics overrunning and reduce waiting list pressure, especially in the winter
- Reduce the very repetitive nature of consultations, and
- Re-energise clinicians.

2. What the team did

In 2018, following group consultations practice development training funded by Camden, Islington and Haringey Community Education Provider Networks (CEPNs), the Whittington Paediatric Respiratory Team ran group clinics for children who attend the Emergency Department or are admitted with viral induced wheeze, and who did not require any Intravenous Drug therapy.

The team was the first to run group clinics in the paediatric department at the Whittington. This meant the team had to change the electronic clinic templates used to generate appointment letters.

To support design and rehearse, the team ran 2 dummy runs, which included a parent advisor and student nurses' role playing. From this experience, the team changed their first draft clinic proforma to make it more succinct and introduced a questionnaire to elicit information about topics that clinicians were concerned parents may not be happy to talk about openly in the group e.g. smoking status; being supported by social worker.

Parents arrive and are welcomed by our clinic administrator. They are checked in and they complete any outstanding paperwork, which captures key information clinicians need to know about their home environment and symptom control. Children are heighted and weighted whilst the facilitator (Band Six asthma clinical nurse specialist) sets up the group consultation and asks the parents to set the agenda by sharing the questions want answered. The facilitator supports parents to answer each others' questions and where necessary, tops up with her clinical knowledge. After 'circle time', the Band Seven clinical nurse specialist in asthma joins the group and undertakes 1:1 consultations with the parents, focusing on prevention and treatment. This includes: a physical examination plus a birth history, history of symptoms and recent hospital attendances and of atopy (eczma, allergic rhinitis and food allergy – personal and family history). The facilitators supports note taking and creation of a Wheeze Plan. The clinician leaves and the facilitators closes the session. Any children who need testing for allergies are then tested

3. Evaluation methodology

Evaluation tools were provided as part of the practice development programme. To support evaluation, families ticked whether they agreed with a series of 1 Statements that described positive impacts of the group review on personal outcomes and experience of care.

They also responded to a number of open questions:

- What was the best thing about this consultation?
- What was the worst thing?
- What worked well?
- What can we improve?
- What is the one thing you would change?

Their responses provide quantitative and qualitative insight to support the teams' understanding the impact of the new consultation approach and areas for improvement. The full results of family evaluation are available at Appendix One. This report highlights key findings.

In addition to this family centred evaluation, clinicians have estimated the time taken to deliver group clinics compared to 1:1 appointments to assess whether there were any efficiency gains. They have also audited do not attend rates (DNA) at 1:1 and group clinics over 6 months.

4. Results: what changed?

To date, 24 families have experienced the service. All 24 completed an evaluation of their experience and personal outcomes survey, representing a 100% response rate.

4.1 Strengths and limitations of data

The sample size is sufficient for evaluation of this nature. The response rate is high.

There is no control Wheeze group so we do not know how families evaluate the experience and outcomes for one to one reviews. Data has been collected in 1:1 clinics with a different patient cohort to provide a baseline of 1:1 care. This will be analysed separately.

This is a 'one off intervention', which makes it challenging to follow up and track clinical outcomes. It is too early to measure the impact on A&E presentation and hospital admission; although it is hoped this can be audited in the months to come.

4.2 Personal outcomes

Quantitative data found the following positive impacts of the group review model:

- 21% reported the group review lifted their mood

- 58% reported they learnt something new from professionals
- 58% reported they learnt something new from their peers
- 50% reported they understood the health condition better
- 50% reported the review built their confidence to take control of their child's health condition
- 36% reported they feel more confident about managing their child's health condition

Qualitative feedback reinforced these findings, in particular that families understood more at the end of the consultation being held in a group; learnt from professionals and felt the session helped their child. It also revealed that families learnt more in the group setting because their peers asked questions they would not have thought of:

“Hearing other patients experiences flagged up things I wouldn't have thought of”

4.3 Experience of care

Quantitative data found the following positive impacts:

- 66% found the atmosphere relaxed and friendly
- 63% felt safe to talk about their concerns
- 54% felt the group talked about the things that mattered to them and that they had time to share individual concerns
- 33% shared their own and learnt from others' experiences
- 46% would recommend the group review to a friend

Qualitative data highlighted and reinforced the best things about the experience being that the clinic was relaxed and child friendly:

“Social, relaxed, informal settings good toys for distraction. My child enjoyed other children's company”

clinicians were engaging and explained things well:

“Thorough (review) and plenty of time to ask questions. Both staff, Ana and Mable were fantastic – helpful, knowledgeable and kind”

“The specialist was excellent in explaining things and prevention”

families enjoyed sharing and comparing:

“You are with people who understand the struggle and can relate. You also get to compare (your child) with others' symptoms”

families got time and personal attention:

“The time taken by staff to listen to my concerns”

the process was well designed, with quick referral and relevant information and advice provided that parents could take home and use:

“We got a fast appointment and a care plan”

“..we got expert advice”

“..(we are) taking the information they give us and using at home”

People also liked getting given a diagnosis.

Qualitative data also highlighted the worst things about the experience being the noise levels:

“Quite noisy and lengthy; hard for the very young ones”

“It was a little noisy as the children are playing in the same room”

“A bit noisy because of the kids (but that’s children for you)”

keeping children under 5 distracted for a lengthier session:

“As it was a longer session, managing my children’s behaviour was tricky”

“Trying to keep a child occupied for a long session”

the length of the clinic:

“It does take a long time, but it was good that everyone had individual attention they wanted.”

One parent mentioned not getting to socialise with other patients:

“(There was) not any socialising with other parents”

One mentioned privacy and confidentiality concerns:

“Having to discuss medical history in front of strangers who are not clinicians – it’s pretty concerning – we only stayed to ensure my son could be seen at all”

The parent who fed back this comment had not been briefed by his partner that it was a group session. This was a lesson learnt by the team who changed their briefing after this to ensure it did not happen again (see Improvement Feedback page 5).

One family had been wrongly referred to the clinic, which was the worst thing for them.

4.4 Efficiency gains

Efficiency gains were measured in two ways:

- Clinician time to complete clinic
- Do not attend (DNA) rates

Clinician time to complete clinic

At baseline, families had a 45-minute slot and spent approximately 15 minutes with the Band 6 nurse and 30 minutes with the Band 7 nurse. Both nurses needed to be present for the whole clinic time, which was scheduled as 270 minutes in total for 6 patients. During any downtime, the band 7 nurse dictated letters and update records.

In the group clinic, the time taken to see the same six families and do related administration was as follows:

Band 6 nurse: 150 minutes

Band 7 nurse: 90 minutes

Because of space issues during the pilot, the team spent time moving furniture and setting up the room; something that would be eliminated with the right premises, which the team has now found.

Getting patients to complete feedback forms for this evaluation has also added time. In the longer term, once full-scale pilot evaluation is scaled back to collecting routine improvement feedback, this will reduce, and could become an online feedback process.

The team estimates:

- Excluding room set up time, the reduction in Band 6 time is 270 - 150 minutes per clinic; a saving of 120 minutes = 45% clinician time efficiency saving and the clinician seeing the same number of families in just under half the clinic time
- Excluding set up time, the reduction in Band 7 time is 270 - 90 minutes per clinic; a saving of 180 minutes per clinic = 66% clinician time efficiency saving; other words, the band 7 nurse sees the same number of patients in a third of the old clinic time

Working in this new way frees up half a clinical session for each clinician. Furthermore, clinics more often run to time, leaving clinicians with time to do paperwork and get home earlier, which is good for morale.

DNA rates

Clinicians quickly recognised that a key benefit of a group clinic was that if patients do not attend, they are not left waiting and gain the time wasted in 1:1 clinics. This saves the trust money and overtime, will have a positive impact on waiting times because patients who DNA need to be re-booked, which increases waiting times for other families. The cost of a DNA in this clinic is £289².

The team audited DNA rates in its group clinics over 6 months and compared this with the DNA rate in its one to one clinic. The results are set out in the table one below.

This comparison shows that over the 6 months audited:

- DNA rates in 1:1 clinics are higher than group clinics; an average of 2 patients per clinic compared to 1 (nearest whole number). At this audited DNA rate, the current cost of DNAs in 1:1 clinics equates to 90 minutes of wasted time and a cost of £578 to Whittington NHS Trust. In group clinics the DNA rate is lower and there is no time wasted. In fact, the group clinic may finish slightly earlier for both patients and clinicians because fewer families attend, saving both parties time. This means that group clinics potentially save time and money
- On average, the DNA rate for group clinics is 11%. This compares with 16% for 1:1 clinics; a reduction of nearly one third - 5%.

Table one: 6 month comparison DNA rates group and 1:1 paediatric asthma outpatient clinics

Clinic Code	Month & Year	DNA Rate (%) and no of patients
JM2G1 Group Clinics	July 2018	0% (0 patients)
	August 2018	7.7% (1 patient)
	September 2018	16.7% (1 patient)
	October 2018	0% (0 patients)
	November 2018	31.3% (5 patients)
	December 2018	20% (2 patients)
	January 2019	0% (0 patients)
	AVERAGE NUMBER PATIENT WHO DNA GROUP CLINIC = $9/7 = 1$ patient (nearest whole number)	
	AVERAGE DNA RATE GROUP CLINIC = 11% (nearest whole number)	

² Whittington NHS Trust 2019

JM2WF 1:1 clinics	July 2018	11.1% (1 patient)
	August 2018	25% (4 patients)
	September 2018	50% (4 patients)
	October 2018	7.5% (3 patients)
	November 2018	0% (0 patients)
	December 2018	15% (3 patients)
	January 2019	0% (0 patients)
AVERAGE NUMBER PATIENTS DNA 1:1 CLINIC = $15/7 = 2$ patients (nearest whole number)		
AVERAGE DNA RATE 1:1 CLINIC: 16% (nearest whole number)		

4.5 Improvement feedback

Parents perceived the group clinic as child friendly, offering personalised, holistic care. Staff were perceived as friendly, helpful and knowledgeable. Parents enjoyed being part of a group. Parents offered a number of improvements, including:

- **Written communication in advance** to advise of the appointment's 'unorthodox method'; its length and when it is scheduled to finish; ideally by text or email rather than mail
- **Send out questionnaires in advance** so parents can bring them in completed
- **Have play support at the session;** someone to watch the kids
- **Shorten the session;** 'some of the introduction could be shortened; albeit it was informative'
- **Change timing;** the timing of the session was right over toddlers' lunch and nap time
- **Be able to prescribe**
- **Manage time better to support socialising;** 'a prompter start so there is more time to socialise'

Clinicians have captured their lessons learnt (see Appendix One) and identified improvements too; albeit through a different lens. They said:

- 'When calling parents, ensure that the parent that you speak to is asked to give the information discussed to the parent who is actually bringing the child to clinic. We had a dad say that what we were doing was unethical because mum had not told him about the process'

- ‘We learnt that noisy toys make it hard for conversation to be heard and therefore these should be removed from the play area to avoid the need to shout’
- ‘On the phone, it is difficult to assess whether or not a person is able to read and write in order to complete forms unless they are asked. We had numerous parents come who had been unable to complete forms. It meant that the consultation did not run on time as we were helping them complete forms in order to produce results board before starting’
- ‘You may think you know the STOP (session planning document) and have done the same thing many times before, but you don’t so keep it nearby at all times and refer to it so that things are not forgotten’
- ‘A parent starting crying during the consultation and facilitator comforted them and this meant that we as a team were split and this then appeared to lead to chaos as one did not know what the other was doing; always stick together’.

5. Discussion of findings

Based this evaluation, this small-scale pilot has been successful and offers promise and hope that group clinics can improve quality of care.

There is also room for improvement.

The clinic was perceived as child friendly, offering personalised, holistic care. Clinicians were perceived as friendly, helpful and knowledgeable. Patients enjoyed being part of a group; sharing and comparing experiences. Staff also enjoyed the experience and learnt from it.

Despite additional work during the initial set up phase to design and implement new clinic management processes, there are indications that the group review model potentially offers efficiency gains in clinician time long term. These come from the fact that clinicians see more patients in less time compared to one to one reviews; group reviews reduce repetition, and time is not wasted when patients do not attend and clinicians find themselves waiting with gaps. The reduction in DNA rates compared to 1:1 clinics was not anticipated. The reasons for this lower DNA rate could be explored through further research. However, this is not a unique finding. The ELC Programme is seeing this finding replicated in other clinic environments as well e.g. primary care. It is possible that lower DNA rates are an intrinsic benefit of the group clinic model.

In terms of outcomes, there are early indications that families may be learning more in a group clinic than one to one appointments because they can listen to questions others ask, and the majority report learning both from professionals and from their peers. This is an important outcome, especially as the purpose of this review is to educate families and

prevent future complications. It remains to be seen whether improved learning translates into reduced A&E visits and healthier children. Follow up could track this.

There is also an indication from this evaluation that group clinics may be improving patient experience, most especially because families enjoy hearing each others' experiences and being able to compare symptoms and shared concerns.

The key improvements that both families and clinicians identified were:

- Improving written communication prior to the session so that people know what to expect and how long the session will last
- Managing the group process and time more tightly so there is an opportunity for parents to socialise, connect and so the session ends promptly
- Having effective ways to distract and entertain the children so they play quietly and parents can focus on the group discussion.

Overcoming and managing the fact some parents turn up without questionnaire completed is also a challenge.

Parents ideally wanted a shorter session; one where the clinician can prescribe and for the clinic to be scheduled at a time that works better for toddlers' routine.

Clinicians recognised the need to strong facilitation, including using the STOP and other facilitator tools. There is also a need to adhere to best practice facilitation guidance, including when a parent becomes upset.

A further enhancement of group facilitation, there are indications from both the qualitative and quantitative feedback that parents could be more involved in setting the agenda and in group discussion.

In pre-natal group clinics, strong 'process fidelity' - the degree to which clinicians succeed in engaging and involving pregnant women in group clinic discussions - has been shown to correlate positively with improved parent and child outcomes³. In other words, the more skilfully the group is facilitated and the more families engage, support and solve each others' problems, the better the outcomes of the group consultation will be for both parents and the child.

This evaluation may suggest that there is room for improvement in clinicians' facilitation skills, which the lead clinician recognises:

³ <https://www.ncbi.nlm.nih.gov/pubmed/23524175>

“My next step is to continue to improve in the technique of group consultations so that I’m more efficient in what I am doing and feel confident that I’m going to get it right every time I walk into a clinic”

This will come with time and practice in group consultation facilitation and potentially further facilitator training.

Evaluation may also suggest that the current Wheeze group clinic design can be further tweaked to involve families more in setting the agenda and in peer led discussion.

All of the improvements needed are actionable and manageable.

Responding to this evaluation will ensure that the Whittington Wheeze Group Clinic improves and has even greater impact moving forward.

6. Next steps

The team’s next steps are planned as follows:

- To find suitable premises. This is now completed and a community site has been found for the clinic
- To extend group clinics to different age ranges so that eventually they are happening for teenagers
- To get additional support from volunteers to help with play and keeping the children entertained
- To expand evaluation of impact to inform the business case for this way of working
- To pass on its knowledge to other teams at the Whittington and support other specialities to give group consultations a go
- To write up what we have learnt as a team and publish widely. This is underway, with a case study submitted to NHS England’s Leading Change programme and an entry to Royal College of Nursing Innovation (RCNi) awards, as well as submission of abstracts being planned
- To share this evaluation widely.

As of February 2019, the team has:

- Made the group clinic its default model of care and is continuing to follow up and evaluate impact on clinical outcomes and service use
- Submitted a case study to *Leading Change. Adding Value* to ensure this work is showcased nationally as best practice by NHS England
- Been invited to present at the National Paediatric Respiratory and Allergy Nurses Group (NPRANG) 2019 conference
- Shared its formal evaluation through Healthy London Partnership’s virtual hub so others in London can benefit

- Shared its work internally, with presentations planned to The Childrens' Services Board and at Whittington's annual quality improvement day

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Appendix one: clinic evaluation

This appendix summarises the data generated from family evaluation forms and the lessons learnt by the clinic team.

It is divided into:

- Experience of care (quantitative)
- Experience of care (qualitative)
- Personal outcomes (quantitative)
- Personal outcomes (qualitative)
- Improvement feedback

1. Experience of care (quantitative)

Figure one summarises the I Statements related to experience of care

Figure one: I Statements (experience of care) n=24 families

I Statement	Number who voted	Positive experience
The atmosphere was friendly and relaxed	16	66%
I enjoyed comparing my results with others	6	25%
The group decided what to discuss with the clinician	2	8%
We talked about the things that matter to me	13	54%
I shared my own and learnt from others' experiences	8	33%
I had time to discuss my individual concerns	13	54%
I felt safe sharing my concerns	15	63%
Staff supported me to meet other patients	6	25%
I would recommend this kind of review to a friend	11	46%

2. Experience of care (qualitative)

Qualitative data found the best things about the group clinic model were:

The clinic was relaxed and child friendly

“Social, relaxed, informal settings good toys for distraction. My child enjoyed other children’s company”

Clinicians were engaging, responsive and explained things well

The clinicians were friendly, knowledgeable and gave clear explanations:

“Thorough and plenty of time to ask questions – both staff, Ana and Mable were fantastic – helpful, knowledgeable and kind”

“The specialist was excellent in explaining things and prevention”

“Ana was very clear and straight forward”

“The nurses explained things further and clearly”

“Very informative and appropriate staff, thank you”

One patient said:

“Once it was discovered I did not need to be here, the staff acted quickly and sent me home”

Families enjoyed sharing and comparing

Families liked meeting others who understood their struggles and had common concerns. They liked hearing other peoples’ experiences and symptoms:

“You are with people who understand the struggle and can relate. You also get to compare (your child) with others’ symptoms”

“It was great having other patients sharing experiences”

“The best thing was hearing other people’s experiences”

“Sharing symptoms and talking to others”

“Hearing about other patient’s experiences”

“Listening to other experiences”

“Comparing our experiences with those of other patients”

“Shared patient experiences”

“..common concerns were shared..”

Families felt staff gave them time

“The time taken by staff to listen to my concerns”

“The best thing was the detail and length of time”

“Not feeling rushed”

The process was well designed

Patients saw it as a ‘great consultation’ and especially appreciated short waiting time for the appointment:

“It was a quick referral”

“We got a fast appointment and a care plan”

They liked the detailed, relevant information they got:

“..we got expert advice”

“Taking the information they give us and using at home”

“The best thing was receiving relevant information”

They appreciated it when they got a diagnosis and review:

“Diagnosing a current problem”

“He was seen to again, and had his breathing and runny nose looked at”

Qualitative data found the worst things about the group clinic model were:

Noise levels

“Quite noisy and lengthy; hard for the very young ones”

“It was a little noisy as the children are playing in the same room”

“A bit noisy because of the kids (but that’s children for you)”

Distracting children

“As it was a longer session, managing my children’s behaviour was tricky”

“Trying to keep a child occupied for a long session”

The length of the clinic

“It took a bit long”

“Quite noisy and lengthy; hard for the very young ones”

“Long total consultation time”

“It does take a long time, but it was good that everyone had individual attention they wanted”

“It took a long time”

No time for socialising

“Not any socialising with other parents”

Privacy and confidentiality concerns

“Having to discuss medical history in front of strangers who are not clinicians – it’s pretty concerning – we only stayed to ensure my son could be seen at all”

Wrong referral

“My son had been referred to wrong clinic”

One parent said there was nothing bad.

3. Personal outcomes (quantitative)

Figure two summarises the I Statements related to personal outcomes

Figure two: I Statements (Personal Outcomes) n=24 families

I Statement	Number who voted	Percentage positive
I enjoyed getting out and socialising in the group	2	8%
The review lifted my mood	5	21%
I better understand what my numbers mean now	4	16%
I better understand my health condition now	12	50%
I learnt new things: got new information and advice about managing my conditions from professionals	14	58%
I learnt new things: got new information and advice about managing my conditions from peers	14	58%
I feel less alone now	3	12%
The review built my confidence to take control of my child's health issues	12	50%
I feel more confident now	9	36%

4. Personal outcomes (qualitative)

Families understood more:

“Understanding condition and how to manage it and prevent it getting worse”

Families learnt from professionals

“Learning new info from professionals”

“Advice about using blue inhaler at start of virus”

Families learnt more because they were with peers

“Hearing other patients experiences flagged up things I wouldn’t have thought of”

Families felt the session helped their child

“They did good by helping my child”

5. Improvement feedback

Parents reported the things that worked well about the review were:

Child friendly session

‘The play specialists helping with the children; the fact that there were only 2 families; more might have been overwhelming’

‘Children together are more relaxed; it was less intimidating for them’

‘Selection of toys was very helpful’

Personalised, holistic care

‘Individual plans were reviewed and revised’

‘A very holistic approach’

‘Spending time with each individual’

Being part of a group

‘Hearing other people’s stories’

‘I shared with others and learnt from them’

‘Sharing information’

‘Comparing notes and experiences with each other’

Friendly staff

‘The clinicians and staff were excellent’

‘Friendly caring staff as always’

‘Very good and informative’

Insightful experience

‘If I needed to be here, it would have been really insightful’

Families identified things that could be better next time were:

Written communication in advance

‘Write to us in advance to advise of the appointment to the unorthodox method’

‘Communication by text or email rather than mail would be a big help’

Inform parents how long the session is going to be

It would be good to know how long the session will be’

‘Understand what time it is supposed to finish’

Send out questionnaires in advance

‘Send out the questionnaires in advance so we can bring them in completed’

Have play support

‘Have someone watch the kids’

Shorten the session

‘Shorten the session a bit to avoid behaviour’

‘Some of the introduction could be shortened; albeit it was informative’

Change timing

‘Timing of the session right over toddlers’ lunch and nap time’

Be able to prescribe

‘Be able to prescribe’

Create time to socialise

‘Prompter start so there is more time to socialise’

Clinicians also reflected on improvements and lessons learnt. They shared:

- We had to overcome the system default that means we were unable being able to book more than one person into a clinic at the same time
- We created a space out of a large clinic room, but the Trust is now using this for another purpose. There was no other space big enough and available on site so we are now using a community space in a GP practice
- Our concerns about parent's acceptance of the length of the clinic and the sharing of confidential information were unfounded
- It's important when calling parents to ensure that the parent on the phone passes on the information to the parent bringing the child to clinic. A dad arrived unprepared for a group clinic, which meant the experience did not align with his expectations (he was the only parent who gave negative feedback)
- Whilst children under 5 like noisy toys, they make it hard to hear. They were removed from the play area!
- On the phone, it is difficult to assess literacy. Many parents were unable to complete forms, which delayed the consultation as we helped them
- The facilitation skills training, best practice guidance and tool kit provided were invaluable. For instance:
 - You may think you know the STOP and have done the same thing many times before, but you don't. As advised, keep it nearby at all times and refer to it so that things are not forgotten!
 - A parent starting crying during the consultation. The facilitator comforted them and this meant that as a team, we were split and this led to chaos as one did not know what the other was doing. This scenario was discussed at training and a strategy provided, which we did not follow
 - Always stick together as a facilitator team.