

2010

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**[APPRECIATIVE INQUIRY
FACILITATOR TRAINING
CERTIFICATION PROJECT]**

Appreciative Inquiry Facilitator Training Certification Project

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AIFT Training Dates and Location

February 10-13, 2010
Las Vegas, Nevada

Truman Medical Center is a multi-site hospital system serving the Kansas City area. TMC is a safety net hospital serving the urban core, and employs approximately 4,000 individuals. Truman Behavioral Health has approximately 400 employees, and provides a wide range of community mental health center services, as well as acute inpatient psychiatric care, and behavioral health crisis and emergency department services.

Prelude

Prior to beginning individual certification projects, we met with a core executive group to provide an executive level orientation to Appreciative Inquiry, and begin to generate ideas of how AI could be used to facilitate hospital wide change. This core group included to following individuals:

Chief Operating Officer, Behavioral Health
Associate Administrator, Community Based Behavioral Health Services
Director of Employee Wellness, TMC Human Resources.
Special Projects Coordinator, Truman Behavioral Health
Director of Service Integration, Truman Medical Center
Associate Chief Medical Officer, Truman Behavioral Health
Executive Vice President, COO, Truman Medical Center

We led this group through a two-hour orientation based on the outline provided in [Appreciative Inquiry Handbook](#). I have attached the presenters' agenda and the interview guide we used for the executive orientation (*EO_Interview_Guide_Summary_3-1-10.doc* and *Executive Overview AI Agenda Presenters.doc*).

The group was highly energized, and several members commented on the level of emotion the interview generated for them. As a group, they were able to identify a number of themes, including:

- Seeing through the patient's eyes, we can be the incredible place we want to be

- Valuing people is generative
- We impact people in unexpected ways
- Transparent communication generates positive energy
- TMC has great potential in collective passion
- Patient improvement is inspirational and energizing

There was enthusiastic discussion about potential applications within TMC. The Director of Employee Wellness expressed a strong desire to partner soon with AI facilitators to discuss how AI can be integrated into her planning. There was considerable discussion about the synergy between AI principles and ongoing TMC initiatives including patient and family centered care, as well as improving patient and employee satisfaction scores.

Certification Project

Core Group Composition

I decided that a good place to initiate the appreciative inquiry process was within my own department. I had already sat in a participated with one of my colleagues appreciative inquiry and witnessed first hand the energy generated from the process that getting my staff that lift could only result in positive outcomes for the clients we serve. Our state's current budget has been very grim and staff were feeling overwhelmed by all the negativity going around about the budget that I thought staff could use some experience where they could take out current financial situation and get some positive from it.

The Core Group for my certification project included staff from all disciplines of the department. The group included:

- Assistant Patient Care Manager for the Medication Clinic,
- Team Leader for the Intake staff,
- Licensed Qualified Mental Health Professional,
- Qualified Mental Health Professional, and
- Pharm D

This Core Group of five contained four “direct service” staff.

Identification of Positive Topic

I led the Core Group through an orientation to Appreciative Inquiry, similar to that used with the Executive Orientation group. The group then participated in a brainstorming exercise oriented around how we function as an organization when we are at our best.

We did a brief brainstorming exercise to generate ideas about what positive focus the group wanted to focus on during our inquiry.

The group listed out their ideas and then identified which generated the most enthusiasm and positive energy. They were specifically looking for the topic that would generate the most cohesiveness among the department. The reason they were looking for the cohesiveness theme is because our department is divided into essentially 4 sub departments and their paths do not cross as much as probably would be beneficial for our staff as well as the clients we serve. The group then decided on the following topic which they thought covered this area:

Creating a Clear and Shared Vision for the AIMS Department.

The group then made modifications to the interview guide, which is attached.

Once we modified the interview guide we then discussed how to do the process. It was decided that we would do a 1 day retreat. Because not all staff would be able to attend the group decided that interviews would take place with the staff who could not attend prior to the 1 day retreat. The core group members were assigned these staff.

One day retreat 04/09/2010

On the day of the retreat staff we divided in pairs and then put at 4 tables of 4 staff and 1 table of 6 staff. The paired staff were then given 25 minutes each to conduct their interviews with each other and then complete their summary sheet. Once back in their small groups they reviewed their stories as well as reviewing the stories of the staff who could not be present. Each group came out with several common themes. We then did a scatter gram where staff could identify individually which of the themes of life giving forces provided them with the most energy. The following is a list of the most common forces:

- Hope in our client's ability to change
- Personal growth
- Helping others
- The benefits of appreciating each other more
- Holistic and human services
- Having a wide and unique array of services
- Being there for the underserved, transient and ignored populations

- Collaboration of our services
- Creativity is fostered with working with our clients

From this the larger group got back in to their smaller groups and identified the one common theme they would carry forward, the one that created the most positive energy for them. They then created visual images. The groups were very diverse in what they created. One group wrote a song about how we serve the uninsured population (see attached), another group did a skit demonstrating respect, a group did an appreciation exercise with the entire group and 2 groups created picture images.

From this exercise they moved in to the creating the word image. The following are the Provocative Propositions they created:

- We foster change through mutual respect and empathy
- We create positive energy and better patient outcomes by always communicating to our colleagues
- Assessment, Intake and Medication Services (AIMS) department is a beacon of hope and support, unflinching in our determination to meet the needs of the underserved, transient and ignored people in our community
- As AIMS, we identify and implement client centered, comprehensive services to facilitate and support the client in accomplishing their goals
- We celebrate all successes for our clients and each other. We always focus our communication with clients and staff on positive achievements. The greatest gift we give our client's is HOPE in all aspects of well-being.

From this exercise we then went in to the design phase where people brainstormed ideas and ways they could take their provocative propositions and make them become a reality. The ideas generated from this are as follows:

We foster change through mutual respect and empathy

- we will address new clients by Mr.____ or Miss___ and ask older clients how they would like to be addressed
- We will talk with people at their eye level
- We will continue to ask our clients their opinions through the use of satisfaction surveys
- We will ask “is there anything else I can help you with today?” before the client leaves
- We will approach lost/confused people and ask “can I help you?”
- We will encourage all staff to acknowledge children brought in by clients by offering them activities to do that are age appropriate.

The above ideas were presented as wanting all the department verbalizing and somehow making the commitment to honor the above ideas.

We create positive energy and better patient outcomes by always communicating to our colleagues and clients

- Increase face to face communication
 - Less e-mail communication with staff located on the same floor
 - One day per week no e-mails day to our own department staff
- Face to face discussions with our clients about our intake process and requesting feedback from them about what we can do better
- Decrease wait time from front door to clinician to less than 45 minutes

AIMS department is a beacon of hope and support, unflinching in our determination to meet the needs of the underserved, transient and ignored people in our community

- “What can I do to help you today.” This group discussed the idea of changing that the way we do first visit can change so that we can better achieve client outcomes.

As AIMS, we identify and implement client centered, comprehensive services to facilitate and support the client in accomplishing their goals

- Focus on client centered treatment plans/ assess level of hope
- Set aside time in meetings to recognize clinical successes we have had with our clients

We celebrate all successes for our clients and each other. We always focus our communication with clients and staff on positive achievements. The greatest gift we give our client's is HOPE in all aspects of well-being.

- Include KUDOS/applause in departmental and organizational orientations
- Create a certificate of appreciation that can be filled out and presented to colleagues
- Include a time for recognitions at the start of shared governance and intake meetings

So after everyone presented the above ideas to the whole group we looked at what we wanted to do next to move forward. It was decided to form 5 subcommittees that staff could volunteer to serve on. Serving on a committee was not mandatory. Staff came up with the following subcommittees:

- Risk Assessment/First visit process
- KUDOS/Appreciation
- Beautification
- Communications
- Patient Centered Care

After some discussion it was decided to fold our Patient Centered Care subcommittee into the bigger organizational one that was currently going on (no need to re-create the wheel). Surprisingly everyone in the department volunteered to serve on one of the committees. Even the staff who were unable to attend the retreat volunteered to be on one of the committee-- this was very exciting to have everyone want to be on a committee and not pulling teeth to get people involve.

To date 04/23/2010 all the committees have met at least once, a couple of the committees have met a couple of times. I have heard people talking briefly in passing about their committee work and the progress they were making. Again exciting considering we only just met for the all day retreat on 04/09/2010. One group already has a draft new form they want to start using.

The group decided that the way we plan on keeping this going was to utilize the monthly shared governance meeting as the meeting where the groups would report back their progress and get feedback on their work. I would also be there to help support them and give them any administrative support they needed.

As far as my expectations for the inquiry, I truly just wanted to get through the day and be able to present myself as really knowing what I was doing. I can honestly say that I accomplished this and so much more. I was amazed at how well everything flowed from one step to the next. I had several “aha” moments when I was able to recall my own experience during my training with you and then understanding how it all fit.

My staff can be a tough audience sometimes—they are very verbal and I was concerned that they would not take to this process, thinking it was way too pollyannish. Even though I knew this not to be true I was really hoping that I did not convey it that way. Again it was amazing to watch everyone in the room get involved and get energized. There was one group that needed some additional support during the facilitation to move from a negative stuck place but after they did the visual image exercise I could see the

light bulbs starting to turn on and from that point forward they needed minimal assistance.

I believe as I do more of these sessions my ease with facilitation will get even better. There were a couple times during the sessions where I caught myself going down the usual problem solving road. It was helpful to have another facilitator in the room with me throughout the session to bounce things off of while staff were in there work groups or when the conversations were headed down a problem solving road. Both Barry Hughes and Terry Trafton were present for parts of the session. We were also able to discuss which groups may need additional support.

We have several more of these facilitation sessions scheduled in the next couple of months. The sessions will vary a little based on the audience and time allotted for us to be there. This is extremely exciting to see our organization take to the appreciative inquiry model with such support. I also look forward to facilitating with a group other than my staff. My staff were a safer group to start with so I did not meet with much resistance—not sure that this will be totally true of the other groups I will be facilitating. I am confident, that by utilizing the model and the activities that I have learned I should be able to meet and role with any resistance without too much difficulty.

TMC Behavioral Health ~ AIMS Core Group Planning Session: March 9, 2010

CORE GROUP WORKSHOP GOALS:

1. To experience, understand and feel comfortable with the approach for creating the outcomes identified above
2. Core group members understand the overall purpose and desired outcomes of the process
3. To agree upon the ongoing role of core group members
 The core group becomes the co-creators of the AI process
4. To have started developing a customized interview guide
5. To establish together a plan for what else needs to be done

Core Group Agenda:

- Review overall purpose of this process—5 min
- Clarify Goals & Agenda for this session – 5 min
- Introduce Appreciative Inquiry—clarify the differences between AI and traditional approaches to change—5 min
 - Is this approach right for us?
- Introduce Appreciative Inquiry principles and practices- power point
 - Overview of theory, research, & principles, The Five D model – 15 min
- Choose the focus of our inquiry – 10 min
 - What will the topic of our inquiry be?
 - How will we phrase this topic so that it focuses on the positive?
 - What elements do we have to have in place for this change to be successful
- Develop customized interview guide—15 min
- Plan next steps – 5 min

The AIMS Interview Guide

Creating a Clear and Shared Vision

Thank you for participating in this appreciative interview. We will be interviewing each other today so that we can learn more about what things are going well when we, the AIMS department, are at our best.

The questions on this interview guide are called appreciative questions. You will be asked about times when you have seen things working at their best, both in this organization and in other organizations you've known. Many times we try to ask questions about things that are not working well—the problems—so that we can fix them. In this case, we try to find out about the things that are working—the successes--- so we can do more of that.

The best thing you can do during this interview is to think about, remember and tell me details about the things you have seen, heard of or imagined – either here or in another organization--- that really worked well.

Best Experience:

Tell me a story about a time when you felt most successful at meeting the needs of the client. Looking at that experience, tell me what made you feel most involved, most excited and most empowered? What made it an exciting experience? What made it an empowering experience? Who was involved? Describe the event in detail

Values:

Let's talk for a moment about some things you value deeply; specifically, the things you value about yourself; about the nature of your work; and about this organization?

- a. Without being humble, what do you value most about yourself – as a person and as a member of TMC BH?
- b. When you are feeling best about work, what do you most value about it?
- c. What do you value about TMC BH?
- d. What is the single most important thing that TMC BH has contributed to your life? To the community?

Core Value:

What do you experience as the core value of TMC BH? Give some examples of how you experience those values?

Three Wishes:

What three wishes would you make to heighten the vitality and health of TMC BH?

Sharon Freese—Truman Medical Center Kansas City

AIMS song

Sung by Stephen Gray with acoustics by Dr. Patel, Ann Kaeding and Alex Raine

Come on up to AIMS young man
Let me take you by the figurative hand
I know you ain't been in this town too long
But I can show you how you can't go wrong
I get the leads on your resource needs
I got the power to get you a shower
Where you been sleeping? Do you need a bed?
How about some meds for the voices in your head
I got the time to help you sort things out
Being there is what we in AIMS is all about

We're here if you are suicidal
We're here if your just confused
Nothing to distract us
From getting the help you need

Being there--- is there anything more important?