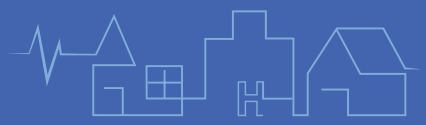
ICSI
Institute for Clinical Systems Improvement



Going Beyond Clinical Walls:

# Facilitating a Conversation

## A Practical Guide

October 2014

Robert Wood Johnson Foundation

## Preface

### About the Series

***Going Beyond Clinical Walls*** is a series of communications and resources—including white papers, videos, a table of examples and related tools—inviting clinicians, clinical staff and administrators to connect with community partners and resources for effective problem-solving in health care. The series is designed to support conversations that identify problems and opportunities, develop a shared vision for connections with community partners, and build practical next steps. The focus of the series will include:

- Engaging health care audiences to examine the benefits and possibilities of connecting with the community for solving complex problems;
- Identifying examples of current and potentially-available community resources;
- Sharing knowledge, using data and exploring mutual goals as a way to build common ground with community partners (available in 2015); and
- Exploring how health care leadership, including CEOs and boards of trustees, view the strategic and business reasons to engage with community partners (available in 2015).

*Companion pieces to this conversation guide include a paper, a table of examples, and a video, found at www.icsi.org/beyondclinicalwalls.*

*This series is funded through a grant from the Robert Wood Johnson Foundation.*

## Introduction

### About This Guide

This conversation guide is intended to be flexible and support a variety of conversations—some beginning just among clinicians, clinical staff and administrators and those beginning with broader community stakeholder involvement.

## Building a Conversation

### Participants, Scope and Purpose

**PARTICIPANTS**

One critical decision is whether your initial participants are clinical staff or clinical staff and community partners. Your past experiences, problems, opportunities and your current state of integration or connections with community partners will determine your first conversations.

**SCOPE**

The next important decision will be the scope of the conversations—whether your next step introduces the idea to staff, explores the topic in general, or explicitly identifies problems and opportunities to address. Some possibilities include:

- Using the white paper *Going Beyond Clinical Walls: Solving Complex Problems* as an idea paper to distribute among key staff to introduce the concept;
- Distributing the table *Going Beyond Clinical Walls: Building Community Relationships* at a staff meeting and asking staff which example(s) they believe would be most beneficial to explore;
- Watching the *Going Beyond Clinical Walls: Hats Matter* video at a staff meeting or retreat and creating small group exercises to identify problems and/or opportunities to explore; and
- Using a combination of the above with clinical staff *and* invited community partners.

#### PURPOSE

Your initial conversation will probably focus on three main purposes:

1. What problem(s) are we solving or what opportunity(ies) are we exploring?
2. Who in our health care organization and/or community might share a vision of connecting?
3. How do we create a safe, respectful and trusted place to foster conversations and build engagement?

#### OTHER FACTORS TO CONSIDER

- How does this conversation align with existing work and who else should be included?
- What are the potential concerns or challenges in connecting with community resources? Who may be champions? Who may be challengers? How will that affect our first conversations?
- How will we build shared language, understanding and trust? (*For those new to building community partnerships, refer to the Institute for Educational Leadership toolkit, referenced in Related Readings and Resources section on page 7. Even though written for developing relationships with faith communities, it has some great insights for developing new relationships.)*

## Facilitation

Decide if your conversation needs a formal facilitator. A facilitator is particularly important if different stakeholders will be involved and/or if the group will be more than a few people. Often the facilitator must balance interpersonal dynamics while achieving the purpose of the conversation within the allotted time. The facilitator is responsible for setting the tone and making sure all participants have a fair chance of being heard. He or she also keeps the conversation on track, summarizing relevant points and redirecting respectfully when the conversation moves quickly between interrelated topics. Finally, the facilitator is responsible for follow-through afterwards.

The facilitator or conversation leader is responsible for setting the tone and making sure all participants have a fair chance of being heard.

#### CHOOSE A NEUTRAL FACILITATOR (IF YOU ARE NOT IN THAT ROLE)

Especially if this topic is a new conversation for your group, the level of engagement is low, or some group members are powerful influencers who may dominate, do not underestimate the value of using a neutral facilitator. A neutral facilitator can foster participation and buy-in from all group members—both in the discussion and taking action.

Using two co-facilitators is an effective way to accomplish these complex tasks if the group is large. One facilitator moves the group through the content and monitors dynamics, and the other manages time, takes notes, summarizes and transitions to the next items on the agenda.

#### MAKE SURE THE ROOM AND FACILITATION ALIGN WITH YOUR PURPOSE

There are many ways to hold a meeting, and some are not conducive to fostering engagement. For instance, when tables are placed too far from each other, or rows or chairs are arranged classroom-style, participants often feel disconnected. Also, didactic, content-heavy presentations may give a presenter a feeling of control and may not foster a rich learning and discovery environment.

A designated seating arrangement can help maximize engagement. For example, if you are convening a group that includes community members and health care professionals, you may want to ensure each table has representatives from both groups.

## Example: Sample Conversation

Below are recommendations and a sample working agenda focused on facilitating a 50- to 60-minute face-to-face session with 10 to 20 participants. This could include just clinical staff inside a health care organization, or both health care professionals and community stakeholders.

- Consider what other materials from the series you intend to use. The following sample agenda allows for varying use of these or other materials.

## SAMPLE WORKING AGENDA WITH FACILITATION COMMENTS

### Welcome, Introductions and Purpose

(10 min)

Welcome and have leader(s) share briefly why you decided to explore this topic and what you hope to gain.

- Introductions and/or icebreaker questions:
  - How do you define 'community'? OR How do you define 'health' and how do you define 'health care'?
  - What words, phrases or pictures come to mind?

Have participants write the answers individually on 3x5 cards, then have a few share their responses (assuring them there is no right answer).

### Background

(10 min)

Give additional background about the topic:

- Show *Going Beyond Clinical Walls* video or review the paper, real-life examples, or specific information from your community needs assessments and/or clinical practice *(the last three should be shared in advance of the meeting)*.
  - Solicit reactions from the group

Give the group time to think about what they just saw in the video or read in the shared materials. Consider allowing people to verbalize what they experienced. Encouraging different viewpoints gives permission for the group to share perspectives beyond those they think the leader is looking for.

When it's time to transition, summarize in a way that again acknowledges that different views are valued, while directing the conversation to the next agenda item. For instance, "On the one hand I hear some reservations about…(x)…and we also heard some eagerness about... (y). This is all helpful discussion, thank you. Now let's turn to exploring what problems or opportunities might be important for us."

### Small Group Exercise and Discussion

(30 min)

(5 minutes for each question with 10 minutes for sharing; enough time for two questions)

- Break people into groups of three to five if your group is large, or pairs if your group is small.
- Ask them to explore together one or two of the following questions (from the *Going Beyond Clinical Walls: Solving Complex Problems* paper).

Usually it is best to have them explore one question, then come back together and share, then repeat the cycle with another question:

- When have we interacted with the community to solve a problem?
  *What factors made this possible? What would have made it better?*
- What are some current problems that would benefit from community involvement?
  *If we could start with one problem or opportunity, what would it be?*
- What needs does the community have that would benefit from our involvement?

- What relationships do we have with potential community partners, and how could we build on and/or create new relationships to be more effective in our work?
- Other? _____

_____

- Ask each small group to give a summary of their key responses.
- Record these so the group can see them (on a flipchart, projected on screen, etc.)

These questions are quite substantive. You will want to select or create one that both honors where the group is, as well as where you need them to go. Choosing only one or maybe two questions will allow time for consideration (although having an extra in your back pocket can be helpful in case one question is not a good fit).

Be sure to end the session with a question that will elicit possibilities and/or hope, rather than concerns. While it is helpful and important to raise and explore concerns during the session, ending with possibilities builds energy toward action.

## Closing

(10 min)

### NEXT STEPS

Based on your purpose and the questions you have explored, you should have ideas of next steps. "For next steps, I'm hearing the group is interested in exploring how to [example(s) of problem or opportunity]. The people we think we want to connect with are [x, y, z]. For next steps, does it make sense to convene a second meeting, this time focusing on understanding the factors behind [problem or opportunity], and ask [x, y, z] to join us? What else?" Or if you have convened a joint meeting of health care professionals and community stakeholders, you can describe what next steps the joint group wants to take. Also be sure to share your facilitator's next steps relating to this effort.

### EVALUATION

An evaluation of the meeting is recommended. Give enough instruction and time for completion, reminding participants that the results will be anonymous. The evaluation helps you gauge how the discussion and issues were received and can help you plan for next steps.

### SAMPLE QUESTIONS

(The first three can be answered with a Likert scale: strongly disagree, disagree, neither agree nor disagree, agree, strongly agree.)

1. I understand the reasons for going beyond clinical walls for problem-solving.
2. I can describe a practical example of when going beyond clinical walls helped solve a complex problem.
3. I gained ideas in this session about ways our organization could connect or consult with community and/or clinical organizations.
4. Please share any insights you gained from today's discussion.
5. Is there anything that we didn't talk about today that you would like to comment on?
6. How was this session overall? How can its facilitation be improved?

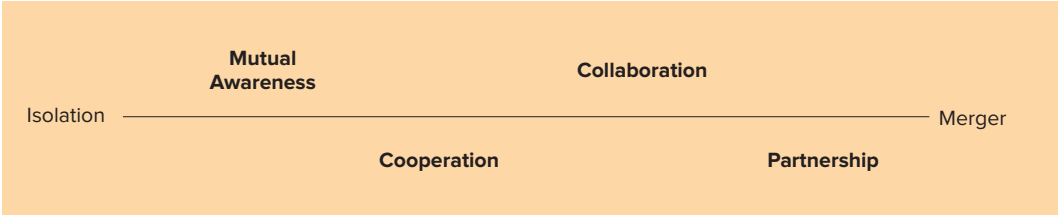
## Additional Closing Option

**IDENTIFY THE CURRENT STATE THROUGH ASSESSMENT**

Collectively identifying the status of your group in connecting with the community can be a useful exercise. Going from concrete details to stepping back for a broader look can be helpful when determining next steps. One way to identify the current status is to use a spectrum identified by the Institute of Medicine (IOM) (see figure below), which identifies degrees of interaction or integration from isolation to merger. While the IOM developed this tool with a specific audience in mind, we believe this scale is useful in assessing other types of community interactions.

| | |
|---|---|
| **Isolation** | Sectors work in separate silos |
| **Mutual awareness** | Primary care and community organization informed about each other and each other's activities |
| **Cooperation** | Some sharing of resources (space, data, or personnel) |
| **Collaboration** | Joint planning and execution, working together at multiple points to carry out a combined effort |

FIGURE: **Degrees of Primary Care and Public Health Integration**




*Source: IOM Report March 2012. Primary Care and Public Health: Exploring Integration to Improve Population Health*

| | |
|---|---|
| **Partnership** | Integration on a programmatic level, working so closely together that from the patient's/individual's perception there is no separation |
| **Merger** | A combination of two organizations into one |

## After the Session

**FOLLOW THROUGH FOR ACTION**

To strengthen ongoing participation, acknowledge the group's efforts within a couple days of the discussion. Provide summary notes to the group, and clearly define any action steps.

**About the Institute for Clinical Systems Improvement**

The Institute for Clinical Systems Improvement (ICSI) is a non-profit collaboration of medical groups, hospitals, non-profit health plans, purchasers and consumers with a mission to accelerate improvement in the value of health care delivered to the populations we serve. For more information visit www.icsi.org. Follow ICSI on Twitter @ICSIorg.

**About the Robert Wood Johnson Foundation**

For more than 40 years the Robert Wood Johnson Foundation has worked to improve the health and health care of all Americans. We are striving to build a national Culture of Health that will enable all Americans to live longer, healthier lives now and for generations to come. For more information, visit www.rwjf.org. Follow the Foundation on Twitter at www.rwjf.org/twitter or on Facebook at www.rwjf.org/facebook.

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