

## **Appreciative Inquiry Facilitator Certification Report**

Wendy Gain

Project Coordinator – Linkages, Decision Assist, Queensland University of Technology

[Wendy.gain@qut.edu.au](mailto:Wendy.gain@qut.edu.au)

+61 7 31380752

AIFT attended 1 – 4 November 2015, Las Vegas, Nevada

This is a report on a half day workshop based on AI principles and strength-based development in rural Australia.

The workshop group consisted of 6 selected members of one health organisation delivering acute, community based care and aged care. The group members were involved in a specific health project to improve the connection between aged care service providers and specialist palliative care service providers for Australian Aboriginal people within a residential aged care facility.

There were a small number of stakeholders, so the core group was restricted to two people - a member of the health service executive team (Director of Nursing) and the Project Officer who had been working across all sections of the stakeholders for the duration of the current project (6months).

The health service executive member chose the core group following initial conversations with AI Facilitator on possible workshop options for the stakeholder group. A note on language – a workshop is a recognised process within Australia to achieve specific outcomes. Attendees expect to inform and participate during a workshop. An awareness of the term 'inquiry' or 'summit' for conducting Appreciate Inquiry is not widely recognised across rural Australia at this time, so the term workshop was used to convey a common understanding of the event.

Definition - The preparation for the interview guide was conducted over the telephone due to large geographic distance between AI Facilitator and location of the health organisation. During the phone conversation, the Director of Nursing identified the purpose of the workshop and the proposed desired outcomes for the workshop. The Director of Nursing was keen to develop a partnership team relationship among the identified stakeholders to ensure sustainability of the connection/linkage of the aged and palliative care services. The group had a fractured history and had made little progress in forming a partnership, identifying mutual benefit, equity of members and building trust among themselves. While the group's history was difficult, the individuals had discussed moving forward and turning their negative past into a positive future. The individuals were attending the workshop of their own freewill and this was seen as 'buy-in' to the workshop from the participants. The Project Officer had an ongoing connection with the stakeholders once the project was finished so had an ongoing role to play as a stakeholder in the partnership.

The teleconference with the Director of Nursing and the Project Officer was scheduled for 4/12/2015, but on the day the Project Officer was on sick leave and the conversation continued without her specific input. The Director of Nursing had discussed several of the issues with the Project Officer before she left on sick leave and felt confident that she could convey the input from

the Project Officer accurately. A face-2-face meeting occurred in the morning prior to the workshop on 11/12/2015.

As the workshop planning meeting was a teleconference, there was no opportunity to read facial expression of the participants but an agenda for the teleconference was outlined in an email prior to the teleconference. The agenda was simple in nature – establishing purpose of the workshop and establishing the desired outcomes for the workshop. The stakeholders had already been invited and the timeframe for the workshop was set at 4 hours duration with a working lunch included. This was the maximum amount of time that was available in stakeholder's diaries.

The stakeholders were the Aboriginal Liaison Officer; Nurse Unit Manager Aged Care Facility; Quality Improvement Manager; Nurse Manager Community Services; Project Officer and Director of Nursing. The stakeholders were chosen by the Director of Nursing especially for their direct involvement and responsibility for the current project connecting aged care and specialist palliative care for Aboriginal people in the aged care facility on the health campus.

The Director of Nursing was the lead champion for the inquiry and the Project Officer was also a champion for the inquiry.

The affirmative (positive) topic identified for the workshop was *"Developing a Multidisciplinary aged and palliative care team"*.

During the teleconference when discussing the desired outcome for a better partnership type of relationship among the stakeholders, it was identified that a multidisciplinary team was the best description of a partnership that would resonate with the aged, Aboriginal and palliative care stakeholders.

Discovery - The workshop was held on Friday 11 December 2015 from 11am – 3pm onsite at the rural health facility. The venue was the boardroom of the health facility where there was a large table, adequate lighting, adequate air conditioning (it was 33 degrees Celsius outside!). Seating was not allocated and stakeholders simply chose their seat as they came into the boardroom.

Structure of workshop – the first part of the workshop was an overview of the current project and the process of building partnerships. The first part of the workshop took approx. 1 hour to complete. The 2<sup>nd</sup> part was an introduction to AI, the face-to-face interviews in pairs using the modified interview guide and identification of life-giving forces. The 3<sup>rd</sup> part of the workshop was the development of the provocative statement and action plan. The final component was measuring progress against recognised steps of partnership development.

Attached is the Power point presentation of the workshop.

The overview of the current project, the process for building partnerships and an introduction to Appreciative Inquiry was seen as the context for the interview statement and as such there was no specific statement read out to the stakeholders. With the limited time available to conduct the AI summit, questions specific to DREAM (3<sup>rd</sup> D) were included in the interview guide.

The interview questions:

- **BEST EXPERIENCE:** (9 mins) tell me a story about the best times that you have had as a team member. When have you really enjoyed your work within a multidisciplinary team and felt like you were having a positive impact? What are you proudest of having accomplished? Looking at your entire experience, recall a time when you felt most alive, most involved, or most excited about your involvement in the team. What made it an exciting experience? Who was involved? Describe this experience in detail.
- **VALUES:** (5 mins) Let's talk for a moment about some things you value deeply; specifically, the things you value about yourself.
  - Without being humble, what do you value most about yourself –as a person and as a team member?
  - When you are feeling best about being in a team, what do you value most about being in a team?
  - What do you most value about participating in a team environment?
- (3<sup>rd</sup> D - DREAM) Imagine the aged & palliative care multidisciplinary team as you most want it to be 2 years from now. What is it like? What do you see and hear? What skills will be critical for our team members? How do we get our work done?
- (3<sup>rd</sup> D - DREAM) What would have to be in place to support your image for the aged & palliative care multidisciplinary team's future?

All participants expressed a keenness for the interviews and there was no evidence of any resistance from any participants. Each interview was allocated 20 minutes and then sharing of the stories commenced. Interesting to note within Australian Aboriginal culture, sharing stories is highly valued and this processes was well received by the Aboriginal Liaison Officer in the group.

Each pair fed back on the story of their partner and there was great respect shown in the retelling of the stories. Each participant asked first for permission to share the story and then at the end, clarified that they had retold the story accurately.

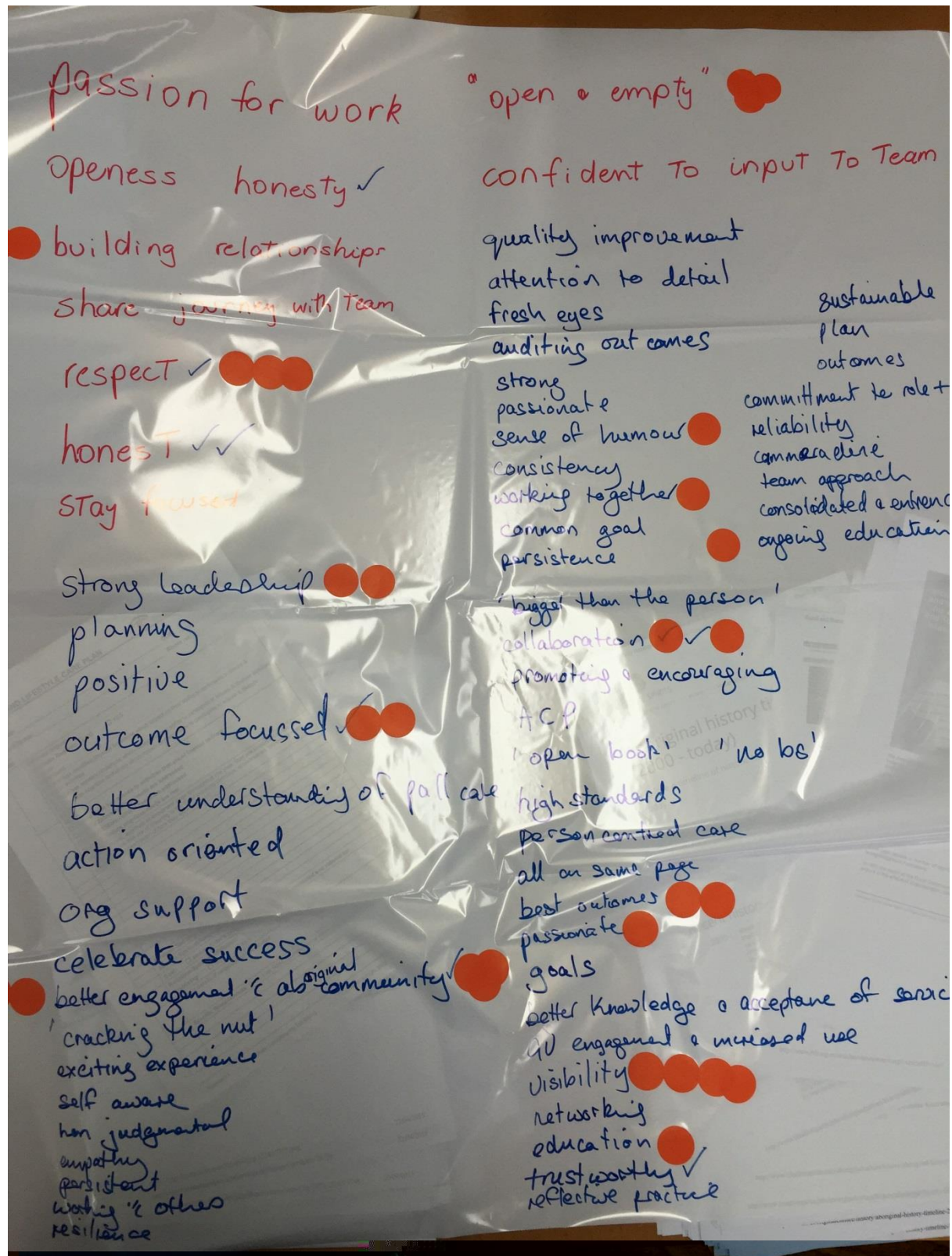
The life-giving forces were captured on large papers on the wall of the boardroom for all participants to see what was being recorded. Participants took turns at capturing the life-giving forces. Where a life-giving force was mentioned more than once, a tick was placed against the original annotation to show that it was a recurrent life-giving force. The group agreed that this was acceptable to them.

When all the life-giving forces had been captured, the participants were each given 5 same coloured sticky dots (there was no differentiation in colour for any participant) and asked to adhere a sticky dot on the themes which most resonated for them as individual participants. (See photo next page)

There were very few stand-alone themes identified – the vast majority of selected themes received several sticky dots per theme. There were 13 themes selected in total and of the 30 allocated sticky dots, only 4 themes received a single dot all the others had multiple dots. The participants did not discuss where they were placing their dots but conducted the exercise quietly and without reference to where others were placing their dots.

The group were very pensive as they viewed the paper containing the life-giving forces and the selected themes. The silence was a respectful silence while they considered what was in front of them.

Detailing the life- giving forces from the interviews:



## **Designing the word statement**

Australian Aboriginal people are viewed as the traditional owners of the land on which we meet and work and there are varying levels of acknowledgement that occur for events. Organisations have established protocols for the acknowledgement of the traditional owners in varying circumstances. The viewpoint of Aboriginal people is highly respected and sought after in organisations seeking to improve health outcomes for Aboriginal peoples. This health organisation has identified a desire to develop a Reconciliation Action Plan (RAP). The RAP is an organisation wide plan which involves all areas and all work of the organisation to achieve specified outcomes in becoming an organisation that is culturally aware and culturally appropriate to Aboriginal people and being recognised as an organisation where Aboriginal people would want to work and seek health care. One of the considerations for cultural awareness is Aboriginal art and artefacts as well as the use of language that is honest, respectful and understandable. This is aligned with the principles of health literacy.

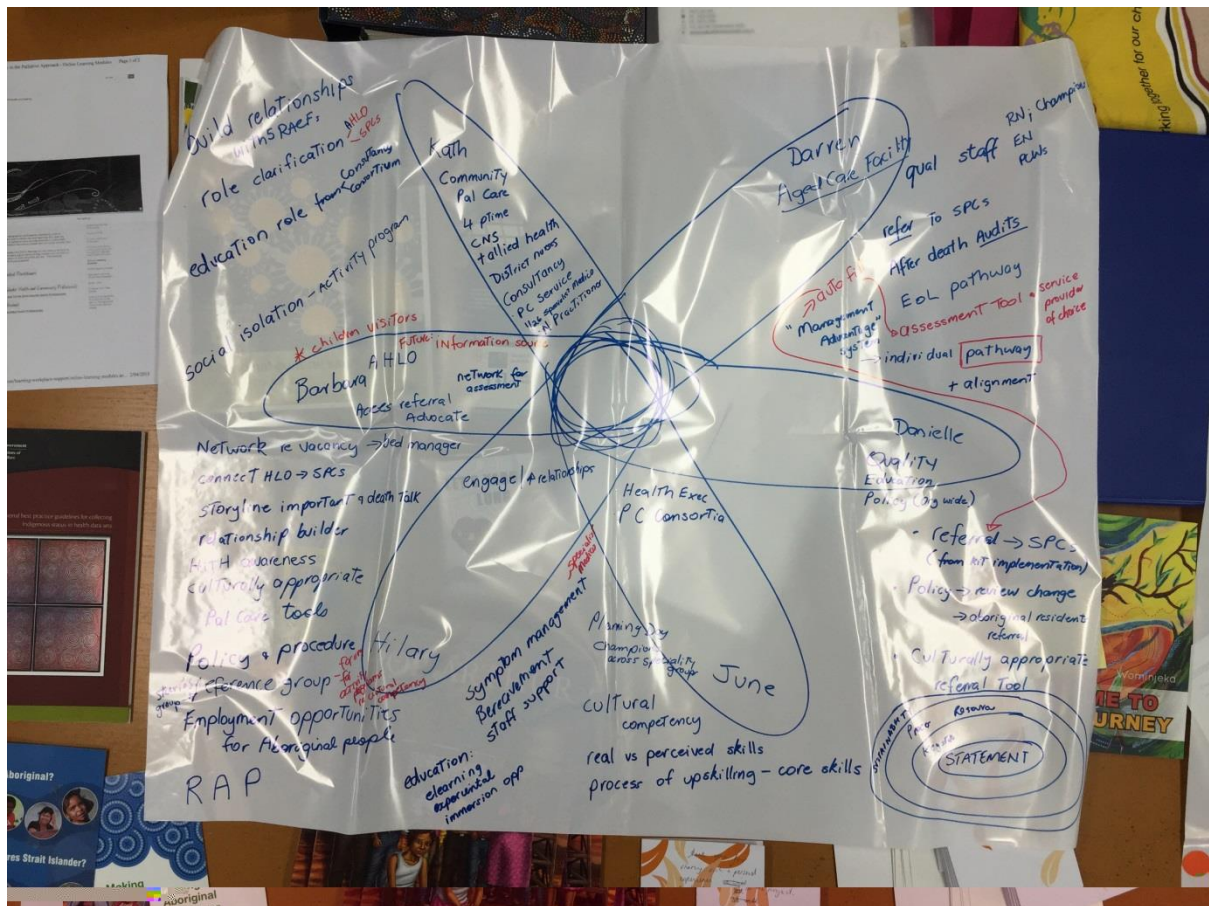
With this in mind, the group were mindful that when fashioning a provocative statement it would need to meet the needs of Aboriginal people and fit within the development of the RAP. The group discussed a few versions of provocative statements but the Aboriginal Liaison Officer found that these statements were not meeting the needs for Aboriginal people. The Aboriginal Liaison Officer then made a suggestion for a simplified provocative statement and the group were instantly in agreement for the simplified statement. The Aboriginal Liaison Officer then described the vision of the statement and linked the statement with the artwork recently installed into the foyer of the health facility. The artwork is reflective of the Aboriginal totems for the area and the significance to the journey of Aboriginal people. The group were unanimous in their acceptance of the provocative statement.

*“Palliative Care – In collaboration we walk this journey together.”*

## **Strategic intentions of group to realise provocative statement**

All participants identified their current role and responsibilities as well as their “wish list” of what they want to achieve in the future. This was achieved through the use of a daisy flower design on whiteboard. (See diagram below) Their common connection was aged and palliative care and this sat in the centre of the daisy flower. The strategic intentions of the group were captured in an Action Plan. All participants and actions were included into the Action Plan.





## Destiny/Delivery

In considering the Action Plan, the group felt that the plan would be greatly enhanced by discussing the Action Plan at a planning day being scheduled for the remaining staff of the specialist palliative care, Aboriginal Liaison Officers and aged care sections of the organisation. The Planning Day is scheduled for late January/early February 2016 and the Action Plan (containing provocative statement and strategic intentions) is the focus of the planning day is assigning specific tasks and activities as well as roles and responsibilities for the operationalisation of the Action Plan.

The development of the organisation wide RAP is a sustainability measure for progressing the project of connecting specialist palliative care and aged care for Aboriginal peoples in the residential aged care facility. The RAP will also support the Action Plan.

The Action Plan: (note timelines and measures of success will be identified at Planning Day)

## *Palliative Care – In collaboration we walk this journey together*

Activity	ALO	PO	NUM	QM	NUM	DoN
Build relationships with 5 RACFs in region		•			•	•
Clarify education role of Palliative Care Consultancy and Palliative Care Consortium					•	
Develop culturally appropriate referral tool for specialist palliative care (PA Toolkit as resource)	•		•	•		
Review Policy for palliative care referral for Aboriginal residents				•		
Staff Planning Day Identify Champions across speciality areas						•
Develop Recognition Action Plan (RAP) to include cultural competency for organisation Employment opportunities for Aboriginal people	•	•				•
Improve symptom management through use of specialist palliative care medical resources					•	
Identification of core skills/competencies across aged/palliative care and process for upskilling the core skills required.	•					•
Role clarification of specialist palliative care service					•	•
Role clarification of Aboriginal Health Liaison Officer	•					•
Information source potential of AHLO (Perhaps as part of role clarification?)	•					
Forum for activity programs re cultural competency (Perhaps as part of RAP development?)	•	•				•

As the AI Facilitator for this group I will be in regular contact with the organisation to support their endeavours to actualise the RAP and the Action Plan.

Opportunities to present at conferences are being identified and knowledge translation workshops are being organised for mid-2016 to showcase successes within projects and this project is included in the projects being showcased across Australia.

My wish for the inquiry was to bring together a fractured group of people to share their best experiences of being in teams and use these experiences to identify how they could build their multidisciplinary team.

I learnt that 4 hours goes really quickly when conducting an inquiry and you need to be very time conscious in order to achieve the inquiry within such a short timeframe. I also learnt that it is not always good to stop fruitful disclosure and discussion in the interests of time constraints.

My personal best moment was when I could acknowledge to the Aboriginal Liaison Officer that story telling was important to Aboriginal culture and we would use storytelling to achieve our objectives for the day. Relating an important cultural activity as the means to achieve our outcomes was a way of connecting to the traditional owners of the land. It was both humbling and connecting at the same time for me.

I was surprised at how little the stakeholders knew about each other and the work they do, but also how incredibly respectful they were to each other during the discovery process.

I would wish for more time so that I did not have to be so time conscious throughout the workshop.

**Do we have your permission to share your story with others? Yes**

**Permission to share from client? - Yes**

**Permission to share session materials with others? – Yes**

Wendy Gain travelled to Las Vegas as part of Decision Assist Linkages Project. Decision Assist is funded by the Australian Government.