“The Nature of Exceptional Collaborative Care”

Advanced Clinical Practice Fellowship Executive Report

Danica Wilson, RN, BScN (December 2015-March 2016)

Bluewater Health, Sarnia ON

Best Practice Guideline Implementation:

Developing and Sustaining Interprofessional Health Care

This fellowship spurs from a curiosity about the intricacies of relationships and how we (diverse teams) 'go on together' to collaborate with patients and families and second, an assumption of the impact that relationships have on wellness and healing. I am not only speaking about wellbeing for our patients and families, I include people and teams within our organization and extend this notion to include our community partners. What an extraordinary journey both personally and professionally, thank-you Registered Nurses Association of Ontario (RNAO). Each day is an invitation to reflect on the responsibility that I have in creating collaborative, positive and appreciative relational experiences with our patients, families and teams.

RNAO's six key domains of Interprofessional health care (care expertise, shared power, collaborative leadership, optimizing profession, role and scope, shared decision making and effective group functioning) are premised on constructs of relationship. Each domain emphasizes the explicit and implicit value of trust, mutual respect, diversity and inclusiveness, as well the structures (leadership, co-operation, communication) that support collaboration (RNAO, 2013). Stutsky and Spence Laschinger (2014, p. 2) herald "relational skills" a precursor to Interprofessional Collaborative Practice. My learning focuses on a lens of scholarship that concentrates on research and practice committed to understand the value of relational processes and their implication on social reality (Collaborative Models of Care).

The most important aspect of my fellowship centres on developing knowledge and skills to apply the theoretical underpinnings of Appreciative Inquiry (AI). Not only is my learning an attempt to ascertain the life centric forces of collaborative care with one unit in our hospital, I hope this collective experience is seen as a vital and inspiring "disruption" that holds promise for this small system to self-organize, embrace emergent change and create a future of collaborative care that is local and contextual in shared meaning and knowledge (Bushe, 2015, p. 1).

This report is an attempt to share my learnings from a different way of imagining how to implement and sustain collaborative care and discuss some of the high points, challenges, surprises and outputs from this learning. One of the biggest skepticisms or challenges with using AI as a methodology of inquiry and change is its iterative and generative stance "Whatever change that will occur has to be allowed to emerge from the process" (Bushe, 2015, p. 1). Even the most experienced AI practitioners admit this dilemma, the uncertainty of not really knowing what the end product will be, can steer leaders of organizations away. Especially in the normal traditions of a leader's role in planning strategies, creating visions, solving problems and establishing key performance indicators. Yet, fundamentally, "it is the very nature or emergence that makes AI so much more transformational over traditional change management strategies" (p. 1). Imagine a beginner let alone an expert speaking to this nuance, "I'm not really sure what the change will be, but it will be good" (p. 1). In retrospect, it is the 'experience of the experience' and learning about the research that will help smooth this ordeal.

This fellowship experience would not be possible without my relationship with my mentoring team or the many others that gave selflessly of their time. Maureen McKenna, a thought leader and expert facilitator in AI is a wonderful coach and mentor who brought this experiential learning to life. She nurtured, gently nudged and stretched me out of my comfort. I lost count of how many times she relieved my angst in this process. Maureen met our teams three times via web based technologies and on site visits and the two of us met weekly by teleconference. Lori Jennings, my primary mentor, thank you for supporting me in a journey that we both felt might have been a bit overzealous and completely outside of my scope of practice. Our weekly discussions on my progress have been instrumental in my growth as a leader and a learner. Thank you most for supporting Maureen to walk by my side. Jennifer Allison and Sue

Roger, thank you for opening your unit up to my learning (leaders of the Cognitively Complex Continuing Care Unit [CCCOG]). CCCOG is a unit close to my heart because of the specialized patient population. It is a rich area to learn about collaboration especially in light of changes in its care delivery model in the last year and because of our collaborative relations with our community partners (whom also deserve thanks for participating and sharing this journey). What a delight working with this team, thank you again for inviting and welcoming me.

Premises of Appreciative Inquiry

AI is premised on the idea that in every situation, community or organization, something works and those strengths can be the springboard for creating positive change. AI is the collaborative and systemic discovery (search) of "what is giving life" in a system when it is most alive and effective. It is a method of asking affirmative and powerful questions intended for discovering narratives of high point moments; stories about past and present achievements, and best practices (Cooperrider,Whitney & Stavros, 2008). The underlying principle is that organizations grow in the direction of what is studied; what is found becomes the basis of conversations and these dialogues (narrations, imaginations, and sense-making) become the soil that new co-constructed futures grow (Cooperrider & Barrett, 2001). AI denies traditional thought that organizations are problems to be solved and invites extensions of possibility. David Cooperrider (1978), the creator of AI describes organizations as "mysteries and miracles of human relatedness; they are living systems, alive and embedded in ever widening webs of infinite strength and limitless human imagination. Fundamentally, organizations are universes or centres of connected strengths" (As cited by Cooperrider & Godwin, 2010, p. 18). It mobilizes whole systems in their discovery of things that give life; the best of what is as a means to heighten collective imaginations of what might be.

Beyond problem solving to Appreciative Inquiry

AI is about changing conversations and mindsets from deficit problem solving approaches (see graph below) to more affirmative approaches in organizing for change. Imagine flipping a problem onto its head (be clear on issue); instead of asking why it exists; ask what is it that we want more of?

Problem Solving Approach	Strengths based Approach
➢ Identification of Problems ➢ Analysis of causes ➢ Analysis of Possible solutions ➢ Plan of Action (Treatment) Organizations are problems to be solved Mechanistic aspects of change	➢ Appreciating the best of what is ➢ Envisioning what might be ➢ Dialoging what should be ➢ Innovating what will be Organizations are mysteries to be embraced Reframed model to human side of change

One of the most interesting and unique aspects of AI from a change management perspective is its generative ability to link the past and present. The achievements, legacy, high point moments and most valued aspects of the past are pivotal in bringing people through to new imaginations of ideal of future states (McKenna, n.d.)

Its second premise is all about "wholes" of systems and ensuring all voices are in the room. What does the experience of wholeness do to people, teams and organizations? Others in the field comment on the concept of wholeness in large system gatherings using AI methodology: it

evokes trust, allows people to experience a purpose greater than their own, fosters a sense of connection, establishes credibility in outcomes when decisions are shared; the group engenders commitment and responsibility, it removes false assumptions about people from other areas as relationships develop; compassion overturns judgment, tension turns to enthusiasm, there is a sense of interconnectedness and apathy turns to inspired action. What matters most is not so much the number of people that attend, "it's the experience of wholeness that brings out the best in human systems, the constellation of the stars that align" (Cooperrider & McQuaid, 2012, p. 17). "When it comes to innovation and integration, there is nothing that brings out the best in human systems –faster, more consistently and more effectively than the power of the whole" (p.6).

My fellowship started on December, 3, 2015; within five days I invited a group to celebrate my "kick-off". To my surprise twenty people from hospital and community attended along with both mentors. The objectives for the first meeting were to introduce Appreciative Inquiry, facilitate a dialogue and small experience with AI and share my goals over the next three months. Within 15 minutes of opening, the group paired off in conversation around this question:

I'd like you to recall a time when you were part or witness to an especially wonderful example of Collaborative care in action: Who was there? What did they/you do that was out of the ordinary? What were the unique conditions that made the collaboration work? What was the result?

As I listened to the sharing of story in the room, I centred my own awareness to the experience; these were my initial observations thoughts and feelings:

▪ I heard a deep listening in the room

▪I felt a sense of community

▪I felt an energy- excitement and passion

▪ I heard shared meanings

▪I witnessed openness and trust

▪I saw freedom of expression

AI initiatives require an understanding of the following principles to fully appreciate its context and to internalize the basis of its 4-D cycle.

<u>Principle of Simultaneity</u>

▪this principle recognizes that the moment we ask a question, change begins

▪inquiry and change happen simultaneously-inquiry is intervention

▪ the first question we ask is fateful- it determines what we “find” and “discover”

▪the seeds of change are embedded in the first questions we ask

▪human systems move in the direction of what they most frequently and persistently ask questions about (What you study grows)

<u>Anticipatory</u>

▪The most important resource for generating organizational change or improvement is the collective images that we hold of the future

▪The more compelling the image before us, the more committed we are to action

Poetic Principle

▪Organizations are like open books

▪The important thing is organizations can study any topic

▪the choice of inquiry can focus on studying moments of low moral or high engagement experiences,

Constructivist Principle "words create worlds"

▪AI embodies Social Construction (SC) theory where social knowledge and destiny are interwoven

▪Social Construction is a philosophical stance that orients itself to relational and dialogical processes with 3 central assumptions:

▪ (1) the construction of knowledge is local and always has communal origins; what is real, claimed as truth, and meaningful is co-constructed through relationship.

▪ (2) the centrality of language; words and worlds gain there meanings through rule like patterns of people "going on together" in their language, their actions and traditions

▪ (3) Social Constructionists appreciate multiplicity (many voices) and alternate forms of knowledge beyond individuality, objectivity and empirical methods.

▪According to Ken Gergen, a widely known contributor to SC thought, "doing Social Constructionism basically means talking: talking from and with certain convictions, hopes and values" (Aceros, 2012, p. 1003).

Positive Principle

▪ Drawing on research from Positive Psychology, positive emotions draw people outward, expand their focus on possibility, increase solidarity with others and guide people to move in more altruistic and positive ways

▪Positive affect is just as contagious as negative affect-there is power in positive questions

▪Positive images evoke positive emotions and positive emotions move people to choose positive actions

▪Positive affect builds hope, optimism and resilience

▪ Positive energy is appreciated and celebrated so that it deepens and lasts
(Cooperrider, Whitney & Stravros, 2008)

The 4-D Cycle of Appreciative Inquiry

Appreciative Inquiry "The 4D Model"

(modified from Cooperrider & Whitney, www.positivechange.org)

The AI 4-D cycle includes (1) **discovery** (valuing past present and imagined futures- looking for meaningful stories, exciting images, inspirations, quotes; (2) **dream (**envisioning results- what is the whole world calling for? what it is that we want more of?); (3) **design (**what should be the ideal, what will make our dreams come alive? What is our strategy/plan to get there?); and (4) **destiny (**What are the collective actions to move us forward? What are our commitments? And how will we sustain this?). Note in the middle of the diagram is the affirmative topic choice—or positive core 'The nature of exceptional collaborative care' is at the heart of this inquiry.

My fellowship is inextricably linked to Bluewater Health's priority in developing "exceptional relationships" and builds on the notion of improving partnerships to enhance collaboration, improve quality of care and ensure safe transitions for patients and families every time. A commitment to develop a Collaborative Model of Care across the organization is planned over the next few years. It is my hope that this learning supports the organization (micro and macro) to develop participatory and inclusive ways for us to identify, understand and broaden our vision of collaborative care.

In keeping with the 4-D model, please see the milestones of learning that reflect the learning plan that I set out in my initial proposal.

Pre-Discovery Phase

December1-8

▪Define focus of Fellowship

▪Plan announcement for kick-off

▪Design agenda for AI kick-off meeting

▪Kick-off Meeting December 8, 2015 (20 participants)

December 10-January 10th

▪Initiate the creation of interview guides (December 10-18th)

▪Launch Core Group Meeting December 18, 2015 (10 participants)

▪Develop topic choices for interview with Core Group

▪Completion of two Interview Guides (1 for staff and 1 for patient/family/volunteers)

▪Test interview questions

▪Create SBAR briefing note for Bluewater Health's research and ethics committee

▪Confirmation that interview guides and consent forms satisfied criteria for research committee

Reflections from initial few weeks

I remember conversations with my mentors early on about the initial trepidation to bring such a "positive" approach to the organization. What if they are not open to this style of dialogue that can seemingly come off as Pollyannaish? How will I respond, especially with my limited knowledge? And where could these conversations go? Our current healthcare environment is experiencing turbulence, tension and ambiguity with new budget considerations being announced in the next few weeks. The unit that I am working with still mourns the shadows from last year's changes. The manifestations of change are real for this group. My confidence grew with a few nudges; choosing to recognize the excitement of learning through my nervousness and choosing courage to jump in and say "yes to the mess" ; as well a lingering voice, " trust in the process" and by the way "have fun with it". Part of this journey was reading and reflecting on Frank Barrett's book, *Say Yes to the Mess (2012)* and studying the principles of improvisation.

What I learned from Maureen most in this process is that AI is *not* all about the positive. It is a way of being mindful and appreciative to what is happening inside of me and to others. It's about a human touching another human and creating a safe space for 'what is' and helping others imagine what might be. AI is an emergent process that has structure "but there is mess to it" (McKenna, 2015). I think of it as an optimistic and hopeful tool to support conversations and reframe thinking. Instead of asking what's wrong? AI considers asking what do you want more of, and helps others to envision and act on what the future might be if the problem were gone.

Getting Clear-Developing the Interview Guides

"There is no greater power than a community discovering what it cares about. Ask 'what's possible'? Not what's wrong? Keep asking. Notice what you care about. Assume that many others share your dreams. Be brave enough to start a conversation that matters
Margaret Wheatley

My primary goal in my proposal was to learn more about AI, it wasn't until I started developing the interview guides that I became clearer about its application to collaborative care environments. This certainly isn't something I would have been able to articulate in the proposal writing process. Although my own intention/hope is to explore AI's efficacy as an idea or method to support the organization to embed collaboration among our health teams, this would not or could not be the intention of the inquiry or bases of questions. Designing questions allowed me the space to encounter collaborative care through an appreciative, relational and dialogical lens. The topic choice in AI is fateful because what you focus on determines what is discovered and what people may act on. At first I thought a good topic choice would be "strengthening our collaborative care environments", assuming that collaborative care is alive in the system; however when I apply a more affirming image of the core of collaborative care, "the nature of exceptional collaborative care environments" seems more fitting. At the end of developing the guides I remember having a new excitement and my own deep wish to see where this might take us.

Discovery Phase-To date myself and one other have completed forty interviews, see breakdown below between January 12th and February 22nd.

4 RN's	
11 RPN's	4 Family members
1 Unit Helper	1 Dietician
3 Volunteers	1 Environmental Services
2 Physicians	1Educator
2 Social Work	1 Leadership
1 Occupational Therapy	2 CCAC
1 Physio Therapy	3 Community Service Providers
1 Emergency Response Officer	
1 Pharmacist	

The Interviews

"Inquiry itself creates wonder. It is not the other way around. When we are really in a mode of inquiry, doorways into appreciative worlds open up everywhere. Entering into those worlds-those locked up conversations-would not have happened without the question… (Cooperrider & Barrett, 2001, p. 17).

I could have never prepared myself for the awe and wonder that emerged from my account of listening to over thirty five stories. Above all, this is the most humbling experience to date in almost twenty three years of nursing. As best I can describe, those "locked up" conversations are the relational infrastructure that give meaning and knowledge to caring and a collective wisdom of collaborative care. In all of the interviews, two striking themes are evident. First the giving and receiving of care is a renewable infinite source and restores our sense of worthiness; that critical piece that gives us access to love and belonging for both patients and care providers. Second, the best days and even the most challenging days are made meaningful because of responsive and compassionate teams carrying each other through times of joy and laughter; sorrow, despair and uncertainty. (Raboin & Uhlig, 2015). I prepared myself on some of the strategies to mitigate some potential negativity that may have come through in the interview process; however I was surprised how positive and inviting this exercise went (see attached interview guides)

Discovery continued

On March 2, 2016, on my last day of this fellowship, our internal and community team (along with my mentors) will complete a collaborative exercise in making sense of the data and work together through discovery, design and destiny. Post fellowship a detailed report of findings and outputs will be shared back with the team. Without having any formal knowledge of how to identify themes from qualitative data, I will attempt to share some of the main expressions that reoccur in the interviews. I have entered the interviews into Survey Monkey so that we can share copies of the interview responses to ensure meaning and themes are extracted collectively versus my own subjective account. The goal is to identify themes to discover how to do more of what works well. Hopefully the team finds meaning and understands the 'why' of collective strengths that are impactful in collaborative care environments and discover 'what' some of the core capabilities are when the team is functioning at its best. (Cooperrider, Whitney & Stravros, 2008).

Major Themes from questions 1 &2; A time that you felt really engaged and inspired at work and a time when the collective strengths of a team made an impact on outcomes

Authentic Presence

- expressions of kindness, love and laughter, dignity, appreciation of beauty, integrity, compassion, deep connection, inviting the voice of patients and families, humility, hugs, the patient as a person in their whole context NOT their illness, humour

Responsive to needs of each other

-expressions of belonging, welcoming, value each other's strengths, trust, humility, non-judging, inviting, supportive, a family, gratitude, community, reliable, accountable

Inspired-Alive

Expressions of devoted, positivity, gratitude, acknowledgment, reliable, purpose, persevere, out-side-the-box-thinking, advocacy, everyone willing to do their best, above and beyond, passion to improve quality of life, working towards a common goal, learning, celebration of life

Association of Equals

Learning moments, humility of reliance on each other's strengths, **all** voices, collaborative leaders, humour, story, respect, trust, share knowledge, non-judging

Unknowing-ambiguity

Expressions of changing perceptions, shifting-consciousness, growth, humility, unknow, personal transformation, awareness of pre-conceptions, tension, vulnerability

Question 3- The heart or essence of collaborative care- What is the most valued factor in teamwork and without, teamwork would not be possible

In order of repeated text

1). communication- feedback loops, consistency, not more but less

2). respect,

3). listening,

4). personalize care-treating people in their personhood, Quality of Life

5). slow down to see the whole on admission and transitions – invite community on admission, family voice

6). everyone engaged working towards a common goal, passion, never give up

7). out-side-the-box-thinking-focused on meaning and advocacy for families/patients,

Sustainability Plans

As mentioned earlier, the organization has already moved in its strategic direction to implement a Collaborative Model of Care. During my fellowship I was invited as a guest to the collaborative model of care steering community. I will be sharing my experience and findings with this group; with new skills in facilitation, I will ensure to invite participation at the outset with a small experiential exercise. This will be a great opportunity to illustrate AI's dynamic collaborative effects. I have been asked to continue meeting with this group to support the development of collaborative models of care across the organization. We will need to include my own Director in this decision.

I will be reporting as well to the Operational Leadership Team (CEO, Vice Presidents, Directors and Operational and Clinical Managers); Lori Jennings and I will discuss this further next week as well I will look for Maureen's suggestions on a design for this venue. We also have a bi-monthly Clinical Leadership Meeting (charge nurse group) that I will ask to present at to spread this learning. Last week Lori started to implement RN and RPN role clarity focus groups that I attended. It is my hope that I can continue to follow this important work. As a best practice champion, I presented a poster last week about AI and its application to Collaborative Models of care. I will be looking to support the implementation of this guideline as a champion. I will continue to explore ways of sharing this journey. As for the awesome team on CCCOG, I hope this experience too holds promise of sustainability, above all seeing in a new way by asking more appreciative questions "what is it that we want more of" and moving to action on the things that give life to the system. I am excited to see the response on Wednesday. One of the questions in the interviews was taking the time to recognize those who are already providing exceptional care across the organization. We have an outpouring of mission moments a sign of recognition

fanning out across the organization as this journey closes- It is my hope they/we continue to feel lasting relational effects of this learning.

The implications of this learning will be life lasting for me; I know it will be the springboard for new ideas and more learning at the graduate level. AI is not an exercise it is a way of being. I have learned new and skills to use the energy of individual differences to enhance the collective wisdom, to hold a conversational space premised on curiosity, appreciation and imagination that I can't wait to try as daily micro practices when I return to my role next week. I have some ideas on how we may try AI in a larger scale to help to improve hand-off processes across the organization. I have grown to be appreciatively aware, even in the face of contrary that good things are happening, or have happened sometime.

Appreciative Inquiry has opened my eyes to some new forms of scholarship. It embodies science from social constructionist theory, complexity theory, positive organizational scholarship and applied positive psychology. Above all, this learning has brought me back to my nursing roots; the humanity and vulnerability of caring in its most basic form. As a leader, utilizing relational processes such as AI holds promise to enhance energy, vitality and wellbeing within our system. Re-considering collaborative care as relational is an exciting and promising idea; it sensitizes the possibility of joint action on the collective images, hopes and values of ideal future states. Thank-you to my organization, my mentors, my peers and to the RNAO for this gift.

References

Barrett, F. *Yes to the Mess: Surprising Leadership Lessons from Jazz*. (2012).Boston, MA: Harvard Business Review Press.

Bushe, G. (2015). Working with Emergent Change: Applying AI to Adaptive Challenges. *AI Practitioner*.

Bushe, G. (2016). How has Appreciative Inquiry Lived up to its Promises and What Will its Future Look Like? *AI Practitioner*, 18:1, 30-34. doi: http://dx.doi.org/10.12781/978-1-907549-26-7-4

Bushe, G.R. (2013). Generative Process, Generative Outcome: The transformational potential of appreciative inquiry, in D.L. Coopperrider, D.P. Zandee, L.N. Godwin, M. Avital & B. Boland (eds.) *Organizational Generativity: The Appreciative Inquiry Summit and a Scholarship of Transformation (Advances in Appreciative Inquiry, Volume 4*), Emerald Group Publishing Limited, pp. 89-113.

Cooperrider, D.,Whitney,D. & Stravos, J. (2008). *Appreciative Inquiry Handbook. For Leaders of Change* (2nd ed). San Francisco, CA: Barrett-Koehler.

Cooperrider, D., & Whitney, D. (2000). The appreciative Inquiry Summit: An emerging methodology for whole system positive change. *Journal of Organizational Development Network*, 32, 13-26

Coopperrider, D., & McQuaid, M. (2013). *The Positive Arc of Systemic Strengths: How Appreciative Inquiry and Sustainable Designing Can Bring out the Best in Human Systems.* Journal of Corporate Citizenship, vol. 46, pp. 32.

McKenna, M. (n.d.). *Unleashing the Energy for Transformational Change: Appreciative Inquiry Foundations Workshop*. Mentoring with Momentum Ltd & AI unlimited: Toronto: ON

Raboin, E.W., Uhlig, P., & McNamee. S. (2013). Research Worlds in Healthcare. Research Gate.

Registered Nurses Association of Ontario. (2013). Developing anfd Sustaining Interprofessional Health Care: Optimizing patients/clients, organizational, and systems. Toronto, Canada. Registered Nurses Association of Ontario

Ryan, G.W. & Bernard, H.R. (2003). Techniques to indentify themes. Field Methods, 15; 85. DOI: 10.1177/1525822X02239569

Stutsky, BJ, Spence Laschinger, H. (2014). Development and Testing of a Conceptual Framework for Interprofessional Collaborative Practice 2 (2): eP1066. Available at http://dx.doi.org/http://dx.doi.org/10.7710/2159-1253.1066

Uhlig, P & Raboin, E. (2015). *Field Guide to Collaborative Care; Implementing the Future of Health Care*, Overland Park, Kansas; Oak Prairie Health Press: http://cca-home.org/field_guide_to_collaborative_care_uhlig_raboin_2015_oak_prairie_health_press_usa.pdf

Whitney, D. & Trosten-Bloom, A. *The Power of Appreciative Inquiry* (2nd ed). (2010). San Francisco, CA: Berrett-Koehler.