Community Stakeholder Dialogue Interviews

Purpose
The purpose of community stakeholder dialogue interview is to see your future or current work in health care from the perspective of your stakeholders (patients, colleagues, supporters). It answers the questions: What do my stakeholders want from me? What do they need me for?

Outcomes
- Enhanced clarity about how my work matters from the viewpoint of my stakeholders.
- An understanding of how my stakeholders assess the value that I create for them.
- Ideas for quickly improving that value.
- The identification of barriers and roadblocks that need to be removed.
- A better and deeper personal relationship with my key stakeholder.

Stakeholder interviews are not
- Opinion polls (“what do you think about this or what I am planning?”)
- An opportunity to sell specific activities (“don’t you think as well that this would be an important thing to do”)
- A place to ask “closed” questions (those with Yes or No responses)

Levels of listening
- In performing stakeholder dialogue interviews, we attempt to listen with an open mind (level 2), open heart (level 3), and if possible open will (level 4).
- Deep levels of listening create a dialogue through which an envisioned future can emerge.
- Relevance to medical education - Using deep levels of listening in dialogue is a core skill of medical care.

Figure: Four Levels of Listening
Tip
Stakeholder dialogue interviews work best when you are completely open and suspend all judgments. Only then can something new and unexpected emerge. Try to activate your Listening 2, 3, and 4 (see figure above).

Process
1. Make an appointment with your stakeholder (try to make it an in-person interview; if that is not possible, a phone interview is also fine); ask for 30-60 minutes.
2. Create interview questions (see sample questionnaire below).
3. Prepare and take 20-30 minutes prior to the interview to
   - focus on the purpose of the interview
   - imagine the best possible outcome of this conversation (both for you and for your interviewee)
   - visualize the future that you want to create—and think about how this conversation might be a small first step in that direction
4. During the interview, listen with your mind and heart wide open, take notes, and follow the principles below.
5. Immediately after the interview, take 5 minutes to reflect on key insights, capture your key thoughts in writing.
6. Close the feedback loop by immediately sending your interviewee a brief note to say thank you for the conversation. Use this one-paragraph note to say something about the most important insight you gleaned from the conversation.
7. During the Summer Institute, Cheryl Waldeck will collect your thank you notes, make de-identified copies for analysis of themes, and mail these to the stakeholders you interviewed.

Principles
1. **Intention**: “The most important hour of a generative interview is the hour before” (Jaworski)
2. **Initial contact**: Create transparency and trust about the purpose and the process of the interview; establish a personal connection through eye-to-eye (and heart-to-heart) contact early on; make observations in your interviewee’s office or return to themes that came up during the first moments of the conversation in order to establish a more personal connection.
3. **Suspend your voice of judgment** to see the situation through the eyes of your interviewee. What matters at this point is not whether you agree with what your interviewee is telling you. What matters now is that you learn to see the situation through the eyes of your stakeholder.
4. **Uncover your ignorance** (Level 2 listening - access your open mind): As the conversation unfolds, pay attention to and trust the questions that occur to you; don’t be afraid to ask simple questions or questions you think may reveal a lack of some basic knowledge. These often turn out to be the most effective questions.
5. **Access your appreciative listening** (Level 3 listening - access your open heart): Connect to your interviewee with your mind and heart wide open; thoroughly appreciate and enjoy the story that you hear unfolding; put yourself in your interviewee’s shoes.
6. **Access your listening from the future field** (Level 4 listening - access your open will): Try to focus on the best future possibility for your interviewee and the situation at hand. What would that best possible future look like?

7. **Ask questions spontaneously:** Feel free to deviate from your questionnaire if important questions occur to you. The questionnaire is designed to serve you and your work—not the other way around.

8. **Leverage the power of “presence” and silence:** One of the most effective interventions as an interviewer is to be fully present with the interviewee and the current situation—and not to interrupt a brief moment of silence. Moments of silence can serve as important trigger points for deepening the reflective level of a conversation. More often than not, these opportunities go unused because the interviewer feels compelled to jump in and ask the next question. Be courageous. Stay with the moment of silence.

9. **Reflection:** “Debrief” and crystallize right away; capture observations and insights in your journal; after the interview, don’t make phone calls or have conversations until you have recorded your thoughts and impressions; use a structured debriefing process if possible.

10. **Instant feedback:** Use email or voice mail to send a thank you note to your interviewee within 12 or 24 hours. Use this to articulate and highlight in a paragraph or so the most important insight you gained from the conversation.

**SAMPLE INTERVIEW QUESTIONS**

1. What is your most important objective regarding the health of the people and our community and how can the medical community help you realize it? (What do you need us for?)

2. What criteria will you use to assess whether the medical community’s contribution to your work has been successful?

3. If the medical community was able to change two things in our area of responsibility within the next six months, what two things would create the most value and benefit for you?

4. What, if any, historical tensions and/or conflicting demands have made it difficult for physicians and others working in health care to fulfill your requirements and expectations?

5. How can we more effectively keep creativity at the center of our work?

**Types of Conversation Methods and Their Relevance to Medical Interviewing**

The following figure displays C. Otto Scharmer’s description of four different levels of conversation in his book *Theory U* (2007). Many of our conversations are at level 1 called “downloading” in which we talk nice by speaking what we think others want or expect to hear from us. We use polite routines and empty phrases. Not much connection occurs here. In the medical interview, physicians employ level 1 interview technique when they follow memorized routines asking closed-ended questions, and as Joe Friday instructed, get “just the facts, only the facts.” Mistakenly, these physicians believe that such an interview approach is efficient; however,

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1 Adapted from the Presencing Institute www.presencing.com
it is not only less efficient it fails to establish a trusting relationship, increases risk of patient dissatisfaction, and leads to poor outcomes of care.

Level 2 conversation is called “debate” in which we talk tough by speaking what we think. We engage the other in divergent views by saying what we think and defending our point of view. In many ways, we identify our self with our point of view. For a health care provider, this level is not very therapeutic. Some medical conversations with patients, particularly around giving advice for making changes or choosing a particular treatment can use this approach.

Level 3 conversations are called “dialogue” and it involves reflective inquiry. It is also called “appreciative inquiry” (Cooperwriter). This is speaking from seeing my self from the whole and inquiring with appreciation and interest into differing viewpoints. Using level 3 in medical interviews turns them into therapeutic conversations. This is the conversation style recommended by most experts in medical communication with patients, it is not only more efficient at getting more information about the patient’s condition, but it establishes trusting relationships and providers greater satisfaction for both patient and physician.

Level 4 conversations Scharmer calls “presencing.” This is a coined word created by merging the words “presence” and “sensing”. These conversations permit a generative energy to flow between us. We speak from what seems to be moving through us, our whole self is engaged in the moment. These conversations involve stillness and collective creativity, a sense of discovery or a will to take action emerges. This level conversation in communication with patients is an essential part of the healing relationship that Suchman calls “connexion.” It is the experience for both the patient and the physician that provides deep personal rewards for practice.

Figure from Scharmer, OC. Theory U, 2008