Welcome to the OU School of Community Medicine Faculty Leadership Academy. This year-long faculty development course aims to hone faculty leadership and teaching skills while shaping the discipline of Community Medicine. The Academy brings together faculty across OU-Tulsa with College of Medicine faculty and TU faculty to explore the meaning and practice of community medicine as applied to improving human life and society.

The underlying principles of community medicine are relationship-centeredness, team-based systems-thinking, experiential and developmental learning. We use appreciative inquiry, social transformation through structured conversation, and positive psychology. Our discoveries arise from reflective practice, community-based participatory research, and emergent design. The Academy uses these concepts and their attendant attitudes and skills to help the OU-Tulsa faculty bring the vision of School of Community Medicine into being and its mission into action.

These ideas may be unfamiliar to many; however, by experiencing them in the Academy and the Summer Institute, they can become important elements of our academic practice. The curriculum that brings these ideas to life creates a “landing strip for the future” we call community medicine. The Academy aims to develop a University faculty that can “lead from the future” by co-creating a learning and healthcare ecosystem that does not repeat the past, but builds on current strengths, inspiration, and courage stirred by sensing the possibilities of the future.

Does the idea of “leading from the future” sound strange? Well it isn’t. There really isn’t any other way that a free society can grow robustly into its better future. We believe that the future ought not to be a state planned by an influential few and imposed on others – that could by tyranny. Rather, we believe that a free society brings a future state into being by amplifying and refining the core values, good ideas, and intentions that already exists in the diverse people making up our organizations in a free society.

By leading from the future, education and leadership cease to be telling or directing, and become listening to stories to discern values, inspiration, and possibility. We learn and lead by holding gatherings that encourage creation of policies, tools and approaches emerging from respecting our differences and understanding our essential interconnectedness.

In the Faculty Academy and Summer Institute we spend little time reading or listening to expert’s ideas about culture, society, community, and medicine – that would perpetuate our reliance on a few for our collective future. Instead we use an organic, self-organizing
approach that assembles interdisciplinary groups with individual differences and uses dialogue with many members of our community, particularly those whose voices are generally silent. These real-world experiences open our eyes, hearts, and minds to injustice, need, hope, and resilience. We then retreat to quiet reflection and become fully present to what stirs us to take action. We see, feel, and experience our community in new ways and crystallize these ideas and feelings into small examples for a better future. We prototype these ideas into models we can work with, describe to others, and get feedback from stakeholders. By working with prototypes of the future we begin to experience the future with our hands, not only our imagination. As they mature, the prototypes become the future born of our current best intentions and collective wisdom.

Welcome to an exciting learning experience that promises to transform the way you look at our community and its healthcare system and to give you some skills and tools that can transform your teaching, service, and contribution to a better future.

Dan Duffy
Dean
OU School of Community Medicine
July 13, 2012
We are at a crucial turning point in the US healthcare system. It is bankrupting our country and delivering poor outcomes for the price. The present healthcare system provides miracles of modern medicine for many, but not for all. It costs everyone too much and it is unsafe and wasteful. The vision of the OU School of Community medicine is to participate in transforming this low value, limited access, and unsafe system into a future system that provides the highest value possible. How might we do that?

Let’s look at two approaches. The first considers the challenge of transforming healthcare to be a technical problem like crafting a machine or engineering a bridge, or passing and enforcing a law. This approach researches the successes and failures of the past, assembles a group of experts to come up with a plan to solve the current problem. Technical experts execute the plan, using the building block we have at hand, and voila we have created an element that might change the way our healthcare system “thinks” and performs. Unfortunately we have limited that future to our pre-existing ideas and have built present limitations into the design. Moreover, the healthcare system is not a machine, but a social system that provides human and technical services always in a personal context. The technical approach to transformation won’t work.

An alternate approach, called emergent design, is a more organic paradigm, which mirrors biological growth and development. It posits that within each individual in a social system lies the possibility of a new system. That possibility remains dormant until many different parts of the system come together, think together, and act together to energize the transformation.

Instead of assembling a team of experts, the initiators of an organic social transformation engage in dialogue with the people most affected by current conditions. These small groups listen to the frontline people who are “the system,” especially to those whose voices are rarely heard. These frontline people become enlivened through the dialogue to consider an alternate future. Together, the participants in the social movement shed their old ideas and open their eyes, hearts, and minds to what each individual needs to change.

Retreating to safe groups, the initiators quietly reflect and listen to their collective imagination, moral conscience, and will to do their part in transforming the system. In a very real sense, the future begins to emerge from within their collective intention. After this inner shift to focusing on the core values of their “authentic selves,” few can remain satisfied with the present social condition. As the group ascends the U, it recognizes that each individual is partly responsible for both the current system and its transformation to a better one. Each person sees himself or herself as an individual agent in a huge ecosystem whose interdependent parts form the whole of today’s and tomorrow’s healthcare system.
The process of social transformation through emergent design was described by Otto Scharmer in *Theory U*. This model merges ideas of experiential learning, reflective practice, and open, honest dialogue to explain how we are changed to lead in social system transformation. Theory U provides a fresh approach to teaching, learning, research, and even thinking about the development of knowledge and skills. The theory describes a process whereby a small group of passionately committed people form a social movement that *co-creates the future*. It provides the organizing framework for the Summer Institute and Faculty Leadership Academy. It underpins the mission of the higher education programs of OU-Tulsa to develop leaders who will bring about better human conditions in our communities.

![Diagram of the U Journey](image)

The experiential learning in the Summer Institute is structured to take us through five steps of the U. The names of the steps are somewhat awkward, but you’ll soon get the idea of how this works. Importantly, notice the prefix “co-” before each step. We discover and create together, not as individual geniuses.

1. **Co-Initiating**: We come together as a community of learners who share a commitment to transform our community’s health and healthcare. We get to know each other in small groups comprised of students and faculty from different disciplines. We begin each day by listening to an anchoring lecture delivered by an interdisciplinary faculty to focus on some facts about the system we wish to transform. During the Summer Institute, faculty shed their usual teacher role becoming learners and peer discoverers with students. As fellow “explorers” journeying through the “U” to the better future, we appreciate the insight and wisdom each person brings, regardless of education, title, or life experiences.
(2) **Co-Sensing:** We go to the places of most potential for transformation by learning what resources exist in our community and how they might come together to transform our healthcare system. We use the following co-sensing activities:

a. **Community Interviews** – We use the dialogue technique called “appreciative inquiry,” to silence our voice of criticism, cynicism, and fear and open our minds and hearts to the experiences, views, and sensitivities of the stakeholders of the current system. We inquire with genuine interest into the experiences, ideas, and feelings of patients, frontline healthcare providers, healthcare services, social service agencies, and public service organizations that comprise our community’s “healthcare system.” We verbally appreciate the strength, resilience, and possibilities that emerge in the stories about people and their organizations when they function at their best. By appreciating the core goodness in these people and organizations we begin to see barriers as surmountable not impossible challenges.

b. **Poverty Simulation** - We experience in a simulation what it might be like to live four weeks in poverty and deal with those who try to be helpful. Although somewhat artificial, most participants experience the frustration, boredom, and creativity it takes to live in poverty in our community.

c. **Shadowing Free Clinic Patients** - We shadow real people who receive healthcare from the OU student-run Bedlam free clinics. Through appreciative inquiry dialogue with patients we begin to understand firsthand what our most vulnerable fellow Tulsans experience and what they would change to transform our healthcare system.

d. **PhotoVoice** - We dialogue with neighbors whose voice is usually silent in our community’s social system. We select people from diverse walks of life and different sectors of the community and invite them to photograph aspects of their world. Their photos capture where they lived, what they eat, where they buy food, how they get around, where they go when sick, a dangerous place in their neighborhood, and a place where they receive comfort and security. We use appreciate inquiry dialogue to understand the resilience, hopes, dreams, and frustrations our neighbors experience.

e. **World Café** – Daily, we harvest the essential emerging themes of our co-sensing across different experiences in structured iterative conversations. This process enables the whole to hear what everyone has learned about the strengths and gifts of people and organizations in the current system, and the unmet needs that transformation might meet.
We are changed by telling the story of our experience. Our stories express our emotional responses and how our preconceived ideas are shifting. Our conversation about the similarities and differences of our experiences begins to tell a new story about our individual and collective potential to bring better health and healthcare to our community.

After 20 minutes of conversation, “explorers” are invited to move to other tables and engage a different group in conversation about the themes that emerged during the first conversation. The table “host” remains behind, welcomes a new group of “explorers,” keeps notes from each conversation and weaves themes together to encourage emergence of new ideas. By the third round, themes converge to uncover the essential elements of a new system.

The world café permits a large group to have a single conversation in which every participant can fully engage, every experience be heard, and every idea contribute to a deep understanding of our community’s gifts and burdens. The world café exercise concludes with “hosts” reporting the essential themes for transformation which will shape the next steps in co-creating a new system. We begin to see what OU’s part in this system really is, and how we might commit our talents and energy to its transformation.

(3) (Co-Presencing) – We retreat to a quiet safe place and reflect together, with two community dialogue groups. With assurance of confidentiality, we engage in a Professional Meaning Conversation. This conversation helps us connect to our “authentic selves,” the source of our creativity and good intentions for action. Our authentic self is the source of our inner knowledge, moral conscience, and imagination. It is shy and comes forward only through deep, quiet reflection in the presence of trusted others. Empathic conversation helps us discover that deep part of us that is touched by the call to act in the future’s best interest. As we talk, our inner authentic self begins to merge with our outer or public self into an energy source of unimagined potential. It begins to crystallize a vision for a transformed community or system.

Using appreciative inquiry in our professional meaning conversation we let silence and honest empathic statements encourage our inner knowing to emerge. We empathize with how the personal experiences of our colleagues influence their perspectives and intentions. We avoid our tendency to teach, give advice, or explain why things are the way they are. We do not monopolize the conversation but genuinely seek to understand our authentic self and the core values and concerns of our colleagues. We value our differences as one of our greatest strengths. We appreciate the discomfort our co-sensing generated and begin to feel our moral responsibility for the current healthcare system. We begin to feel personal
responsibility for contributing to its transformation. Together we explore our inner knowledge about “who we are” and “what is our work” in co-creating a better future.

(4) (Co-Creating) – We bring small pieces of the future to life by building prototypes 0.8 of a microcosm of the new healthcare system so we may explore the future by doing.

a. Market Place of Ideas - Beginning on Wednesday afternoon of the Summer Institute, we allow our generative selves to propose an idea and join an affinity group to prototype a microcosm of the future healthcare system. About 12 participants become “Idea Vendors” by putting their proposal on a poster and displaying it in the marketplace where “idea buyers” select the one they wish to work on. The buzz of the marketplace generates energy and enthusiasm to take action for change.

b. Prototype 0.8 Development Group – Self-selected groups go off to create their prototype of solutions and innovations for the future healthcare system. The prototype may be a process improvement, a policy, a technique or a tool the use of which will be transformative in itself. The work group displays its prototype in a poster or model that can be reviewed, receive feedback, and be evaluated by others. The work product is called “Prototype 0.8” because it is not complete, and may not even work. The prototype just needs to be sufficiently detailed to permit honest feedback from colleagues about its worthiness to proceed with further development.

The prototypes allow us to direct the energy from the conflict between our current reality and the future healthcare system into creative energy. Prototyping lets us learn with our hands as we develop solutions. We work in the open with one another seeking repeated feedback. We remember to listen to each other in the process of building our prototypes as our new future emerges through others.

c. Prototype 0.8 Feedback – As the teams work on their prototypes, they get feedback from stakeholders to test out the ideas; they may repeat interviews and search out how others have tackled the same problem. This feedback continually improves the prototype. On the last day of the Summer Institute, each prototype group demonstrates or displays a poster showing its prototype 0.8. Feedback teams examine the prototypes and give structured feedback by asking questions of the developer, making suggestions, and evaluating the perceived impact of the prototype on solving the problems of the current system and bringing a better system into being. The evaluation will include a recommendation for incorporating the prototype into the programs of the School of Community Medicine.
(5) **(Co-Evolving)** - By the end of the week we begin to see that our actions are tied in relationship related to the actions of others. Our actions and the actions of others are synergistic and part of an interconnected innovation ecosystem that is continually and iteratively advancing the well-being of human society.

As we review and evaluate each other’s prototypes, we advance the emerging future by becoming part of an innovation ecosystem. We see that our work comes from a new emerging whole. We become energized by the creative synergy in our different approaches to bringing our imagined future into reality.

At the celebration luncheon, the summary of feedback on the prototypes is presented and the prototypes with the greatest promise are identified to move forward to improve OU’s part of the healthcare system. We commit our intention to remain connected to the source of emergence of the School of Community Medicine as we move forward in our respective work.

Where the Summer Institute leaves off, we continue with the Faculty Leadership Academy, the Community Based Participatory Research for first year medical students, and the projects of the School of Community Medicine. The future that emerges during the Summer Institute pushes itself into the present in our work throughout the year.

**F. Daniel Duffy and Cheryl A. Waldeck (July 2009, July 2010, July 2011)**

**SOURCE:**
Human organizations and communities are social systems structured by relationships and language. The people in the organization or community bring unique skills and aspirations to create social structures. The organization’s culture arises from the collective beliefs and memories about the past, present, and future held in the minds of the members of the organization. These beliefs are socially created through the language we use to tell the stories to each other about how our organization sees the world and our motivation to act collectively on these stories.

Appreciative Inquiry is an interview strategy that transforms teams, organizations, and communities through positive dialogue about what matters to the people involved. The dialogue focuses attention on an individual’s or group’s most positive core. This core is the beliefs that are the collective wisdom about the organization’s tangible and intangible strengths, capabilities, resources, and assets. Another’s inquiring about and appreciating these strengths and successes is transformational.\(^1\)

Our tendency in daily conversation is to focus on problems or mistakes rather than on our successes and best performance. Unfortunately focusing on problems or deficiencies strengthens them and creates a spirit of negativity, discouragement, and powerlessness. On the other hand, focusing on the positive core of strengths and gifts amplifies them and emboldens a source of energy and inspiration that creates a future in which the problems of the past cannot happen.\(^2\) Therefore appreciative inquiry is a very practical communication method for every organization. It changes perspective and beliefs and taps into the source of human creative energy.

**WHAT IS APPRECIATIVE INQUIRY?**

Appreciative Inquiry is a specific type of conversation that combines *appreciation* with *inquiry* to deliberately transform the way people act on their intentions, think about, talk about, and treat each other. It has the power to shape human organizations and systems.

*Appreciation* is both the act of recognition and the act of enhancing value. Appreciation recognizes the best in people and the world around us. It perceives those things which give life, health, vitality, and excellence to human systems. It affirms past and present strengths,

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successes, assets, and potentials. It increases value as in the appreciation of a securities investment.

Inquiry is an act of exploration and discovery. It is a quest for new possibilities. It is a state of unknowing wonder, a willingness to learn, and an openness to change. Inquiry is a core activity of a university. It asks questions, it studies, it searches, and it explores with the end of bringing innovations to improve life.

Inquiry is a learning process for organizations as well as individuals. The act of inquiry requires sincere curiosity and openness to new possibilities, new directions, and new understandings. When we engage in inquiry, we cannot know “all the answers,” “know what is right,” or “be certain.”

COMMUNITY DIALOGUES – APPRECIATIVE INQUIRY IN ACTION

The Summer Institute’s community dialogues use Appreciative Inquiry to open our minds and hearts to sense the positive core of community stakeholders. We avoid looking at problems, negativity, and solutions to problems in order to avoid becoming stuck in the present and recreating the failed solutions of the past.

Through community dialogues we begin to deeply understand the perspective of patients, the possibility for better health and cooperation across services, and appreciate the good work of those providing healthcare services. We change our beliefs about the value the OU School of Community Medicine can bring to healthcare in our community. We develop a deeper personal relationship with our key stakeholders.

It is important to understand that 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 that this would be an important thing to do?”), or a pitch to stake out our position by asking “closed” questions, those with Yes or No responses.

Process for Community Dialogues

- Community Dialogue Schedule - The organizers of the Summer Institute have scheduled appointments with key community stakeholders for an in-person 45 minute interview by teams of five or six faculty and students.

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4 Adapted from the Presencing Institute www.presencing.com
- **Community Dialogue Teams** - Participants in the Summer Institute have been divided into Community Dialogue Teams. These teams usually have two faculty members, one from the School of Community Medicine and one from another college, and three to four medical, physician assistant, nursing, social work, pharmacy, or other students. The teams will go to a patient’s home, a provider’s office, a social service agency, and health service organization, and a public service agency to conduct the community dialogue, using appreciative inquiry.

- **Car Conversations** - During the 15-20 minute drive to interviews, the team should prepare by focusing on the purpose of the dialogue, imagining the best possible outcome of the conversation for the team and the stakeholder, visualize how this stakeholder’s beliefs and actions might shape a future health care system, and consider how this conversation might be a small first step in that transformation.

- **Begin the Dialogue** - The team should ask a volunteer to begin the dialogue with questions such as these:
  - What unique strengths does your organization have?
  - What capacities do you or your organization have to bring something unique in healthcare into the world?
  - What is it about your organization that no one knows about?
  - What are you grateful for that has gone unspoken?
  - What promises are you willing to make to improve the health and healthcare of our community?\(^5\)

- **Listen and Engage** – During the interview listen with an open mind and heart, use empathic reflective statements, take notes and follow the principles for conducting an appreciative inquiry (on page 12).

- **Photograph** – ask one member of the team to photograph the interviewed stakeholder, the surroundings, and the neighborhood for signs of health and healthcare strengths and issues. Send these photos to an e-mail at the campus where they can be used in world-café conversations and in prototype development.

- **Reflect Afterwards** - Immediately after the interview, usually on the drive to the next appointment, take 15 minutes to reflect on key insights and capture the team’s first impressions about the stakeholder’s positive core and the future health care system that needs you and the stakeholder to emerge. Capture a compelling

quotation from the interview. As you enter and leave the neighborhood or area of your interview, be sure to also capture photographs of the setting.

- **Write a Thank-You Note** - Ask one of the members of the team to write a brief thank you note to the stakeholder stating the two or three most important insights the team gained about their positive core and its impact on our future healthcare system. Have each of the members of the group sign the note. At the campus give the sealed note to Summer Institute organizers for addressing and mailing.

**Performing Dialogue Conversations**

- **Initial contact**: Show up on time. Create a mood of transparency and trust about the purpose and the process of the interview. Establish a personal connection through eye-to-eye contact early on.

- **Suspend your voice of judgment**: Try to see the world 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 is that you learn to see the world through the stakeholder’s eyes.

- **Uncover your ignorance**: 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.

- **Listen with Appreciation**: 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.

- **Listen from the future field**: Try to focus on the best future healthcare possibility for your interviewee and the healthcare for Tulsans. What would that best possible future look like?

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

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

- **Reflection**: “Debrief” and crystallize right after the interview. 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.
TYPES OF CONVERSATION AND THEIR RELEVANCE TO MEDICAL INTERVIEWING

The figure below displays Otto Scharmer’s description of four different levels of conversation in his book *Theory U* (2007). We attempt to describe how each level of conversation might be used in the medical interview between clinician and patient.

![Figure from Scharmer, OC. Theory U, 2008](image)

**Level 1 – Downloading**
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. There is not much connection, understanding or relationship building here.

*In the medical interview, clinicians employ level 1 interview techniques when they follow memorized routines ask closed-ended questions, getting just the facts and only the facts. Mistakenly, these clinicians believe that such an interview approach is efficient. It is not only less efficient, but it fails to establish a trusting relationship, increases risk of patient dissatisfaction, and leads to poor outcomes of care.*

**Level 2 - Debate**
In debate, we talk tough by speaking what we think. We engage others’ 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.
In health care, this level of conversation is non-therapeutic. Some medical conversations, particularly giving advice for making changes or choosing a particular treatment may use this approach. Debate with a patient is usually very unsatisfying for both patient and clinician. Deeper levels of conversation are used in motivational interviewing and have been demonstrated to be effective in helping patients change unhealthy behaviors.

Level 3 – Dialogue
This conversation approach involves reflective or appreciative inquiry. This is speaking from the perspective of seeing myself from the whole and inquiring with appreciation and interest into differing viewpoints.

Dialogue when used in medical encounters is therapeutic in itself. Most experts in medical communication recommend this conversation style for communication with patients, Dialogue is more efficient in getting information about the patient’s condition, and it establishes trusting relationships providing greater satisfaction for both patient and clinician.

Level 4 – Presencing
Scharmer coined the word, “presencing,” to name the deepest level of conversation. This word merges “presence” and “sensing”. These conversations produce a generative energy flowing between us. We speak from what seems to be moving through us, our whole self is engaged in the flow. These conversations involve awe, stillness, and collective creativity. In an instant a sense of discovery and a will to take action emerges.

This level of conversation with patients is an essential part of healing relationships. Suchman calls the experience of Level 4 conversations “connexion.” It is the experience for both patient and clinician that provides deep personal rewards for practice, and transforms the patient’s future health possibilities, even when the predicted outcome may be poor.


SOURCES:


Presencing Institute [www.presencing.com](http://www.presencing.com).


The World Café ©
Conversations for Shared Discovery

A community’s culture is the collection of retold stories and daily conversations about the meaningful experiences spreading across the community. In the Summer Institute and Faculty Academy, we use a social technology called the World Café to create a living network of dialogues around questions that matter. These structured conversations are restorative, they value possibility and relatedness, and they permit our community to think together and harvest shared insight about meaningful questions.

Hosting travelers by offering food and shelter has long been a sacred obligation to both ensure survival and nourish the spirit. Travelers thanked their hosts by bringing their personal stories into their homes and hearts and by sharing discoveries from far away lands along with novel ideas. People have been meeting in this spirit of the World Café for centuries. In 1995, the methodology for group learning was formalized when Juanita Brown and David Isaacs developed the World Café as a compliment to David Cooperrider’s work in Appreciative Inquiry. In this café atmosphere large groups of individuals who have engaged in appreciative dialogues can efficiently share their discoveries and harvest common themes and insights learned by the entire group in this brief learning exercise.

The simple act of offering hospitality to a guest can welcome something new, unfamiliar and unknown into our lives and potentially expand our world. While this concept of hosting others is not new, what is novel is intentionally creating this environment for conversations at work.

Using clearly defined principles, World Café conversations invite participants to tell the stories of their experiences and through two or three iterations of appreciative dialogue at different tables of “travelers,” the community discovers the power of possibility through themes and ideas that bring meaning to our work.

SETTING THE CONTEXT

An Academy Explorers’ Café purposefully creates collaborative learning via its content. The room is set with small tables for four to eight in a setting that mimics a sidewalk café. We use colorful tablecloths and intimate bouquets to set the tone. Participants are asked to become explorers and play the role of traveler and host as each table becomes a warm and welcoming home. At each table, the “host” focuses the content of the dialogue by asking the travelers to consider a pre-determined, meaningful question. We do not focus our conversations on stories about the past that can limit our community, but on stories that are teaching parables and focus on the future. We expect each conversation to be different at every table. Everyone has the opportunity to actively contribute what they have seen and
learned with a sense of positive anticipation in the purpose and process of improving our health care system.

**CREATING A HOSPITABLE SPACE**

In setting up a world café conversation, we create a physical space that enables everyone to move around, to swap ideas and share insights with each other. The environment nurtures conversation and encourages everyone to participate. This creates the feeling of intimacy in conversations around small tables occurring within the din of conversations in a larger common space. This ensures that each table feels connected to the larger group and encourages a spirit of mutual hospitality and friendship. Moving from table to table in subsequent rounds encourages cross-pollinating ideas. We use paper tablecloths and encourage hosts and guests to use colorful markers for drawing key ideas and capture the themes and threads of the conversations.

**EXPLORING QUESTIONS THAT MATTER**

The café conversation is designed to discover meaningful ideas and answers. The “host” asks the “travelers” meaningful questions whose answers are not already known, but which invite creativity and call forth a future that is yet undiscovered.

The most difficult task of the café is developing relevant, powerful open-ended questions that encourage thoughtful response and open the door to deeper exploration. The questions engage “guests” in intimate ways, confront our freedoms, and invite us to co-create future the possibility of a new future together.

The best questions are ambiguous, personal, and anxiety evoking. They encourage considering assumptions embedded in the questions and consider whether these assumptions help or hinder exploration. Other questions generate hope, engagement and new thinking. We avoid questions that increase focus on past problems and obstacles. Good questions leave room for even deeper questions as the initial question is explored.

**ENCOURAGING EVERYONE’S CONTRIBUTION**

The Café creates the simultaneous experience of belonging to an intimate conversation group while participating in something larger that is experienced by the conversation din from the surrounding tables. This setting highlights our individual uniqueness and our accountability for that which we have had a hand in creating. By honoring each “guest’s” unique contribution, these Café conversations become more than a platform for each
individual to emphasize his or her opinions or sustain a particular position. Conversations, in the World Café, focus on the contribution, not the contributor; the conversation creates relationship.\(^6\) By focusing on the contribution, the message becomes clear that each individual has responsibility and opportunity to make a difference. Each individual becomes responsible for stimulating the interest of others in pursuing the conversation.

**CROSS-POLINATING AND CONNECTING DIVERSE PERSPECTIVES**

After about 20 minutes of conversation at one table, “guests” are invited to journey to a new country and stay with a new host, or move to another table occupied by different “guests.” “Hosts” remain at the table just as they would remain in their home to welcome a new group of “travelers.” With the move from one round of Café conversations to the next, excitement and energy spirals upward. As “guests” carry their own discoveries with those they have gleaned from other guests in their first conversation into the next conversation (or home), a more open and exploratory climate develops leading to the emergence of new insight. “Guests” are asked to bring the ideas of their whole table into the next conversation. This request keeps them from polarizing their focus or getting stuck in their own “position.” The conversations are not focused on solving a particular problem for an institution or community, but rather on the future itself. In the Summer Institute that future is the emerging health care system that will improve the health of Tulsans.

By stating new rounds of conversation with “guests” briefly reporting their previous table’s ideas and discovering how other groups made sense of the questions, the conversations advance to deeper levels of thinking. This process engages “guests” and “hosts” in a common conversation across the whole room.

In summary, each conversation is enriched by each “guest’s” contribution (not dominance) and is focused on discovering answers to questions that matter while leaving the past behind. New ideas build on everyone’s contribution of their own perspective. Sparks of insight emerge as people make new connections. The whole continues to evolve into greater coherence in the discovery of collective intelligence.

**LISTENING TOGETHER FOR PATTERNS, INSIGHTS, AND DEEPER QUESTIONS**

The World café can reveal a deeper intelligence than possessed by any individual or even a single group. The conversations across the groups create an emergent reality by drawing on differences and combining them to form a new meaningful whole.

When we ask people to quiet their voice of judgment, and refrain from presenting solutions, deeper themes and questions can be explored. Conversation guided by these rules is replaced by curiosity. Things slow down and attention is focused on what to listen for, instead of standing in opposition to each other or everyone looking in the same direction. By asking everyone to begin listening together as a group for the deeper assumptions and patterns of meaning that lie under their various perspectives, we help each other to clarify common assumptions and mindsets. Instead of surrendering our authentic self for the sake of belonging and conforming to group ideas that don’t fit us, we begin to find and value our uniqueness in these small groups.

Much like making an entry in the bed and breakfast guest book, “hosts” encourage “Guests” to write perspectives and draw patterns on the paper tablecloth as ideas emerge from listening and talking together over a meal. This act of writing, drawing and playing on the tablecloths at multiple café tables creates graphic evidence of the emerging network of shared spaces, shared listening, connected ideas and collaborative learning. By talking and listening together in this way, we learn how to replicate these deepening conversations in our everyday work environments understanding how we can bring a more positive future into being.

**HARVESTING AND SHARING COLLECTIVE DISCOVERIES**

Harvesting and sharing discoveries in multiple conversations, can both create and reveal people’s individual and collective insights. We harvest our thinking and acting together after Café conversations by touring our tablecloths and displaying key ideas that express the essence of what was important on a master display.


We attempt to refine the most important themes and creatively synthesize discoveries. The synthesis of Café conversations shows links between individual and collective intelligence and fosters more holistic understanding in a culture that is currently shaped by an individualistic mindset.

The synthesis of the café conversation creates a picture of an organic and emergent future. In the Academy, we believe that whatever the world demands of us, the people most involved in the situation have the collective wisdom to meet the demand. Using the World Café methodology, the people in the room discover and synthesize the collective wisdom to create a future where the problems of today will not exist.

Cheryl A. Waldeck and F. Daniel Duffy (July 2009, revised July 2010, July 2011, July 2012)

SOURCES:


Prototype 0.8

Creating a Landing Strip for the Emerging Future

Leading from a future that emerges through us is the aim of the OU School of Community Medicine. Our approach involves discovery and innovation by moving through the steps of the “U.” We use appreciative inquiry in community dialogues to learn what we are needed to do. We tell the stories of our diverse experiences and our language clarifies the potential for a better future. We retreat and reflect on how these experiences inspire our authentic selves to take altruistic action.

The action we take is Prototyping the Emergent Future. Prototypes 0.8 are small pieces or microcosms of a future healthcare system. Prototypes 0.8 are not research projects, they are not just bright ideas, and they are not “science fair” projects. Instead, they are hands-on innovations that let us work with a piece of the future that is emerging through us.

Prototypes of the future are appearing in healthcare every day. For example, the Harvard Business School professor, Clayton Christensen, in his book the Innovator’s Prescription, proposes that disruptive innovations are needed to transform the broken US health care system. By this he means the creation of cheaper, simpler, more convenient products or services that ultimately permit less expensive professionals to provide sophisticated services in affordable settings.

An example of a disruptive innovation is the CVS Pharmacies’ minute clinics. These in-pharmacy nurse-run clinics provide convenient, low-cost acute and prevention services for a limited number of conditions. Protocol-driven visits provide much less service than primary care clinicians provide in a doctor’s visit, but they are sufficient to meet some needs for some people. Another disruptive technology is the use of secure e-mail for electronic visits for the price of the insurance co-pay and the added value of not leaving work or home.

WHAT IS A PROTOTYPE 0.8?

A prototype is an experiential microcosm of future possibility. We use the term prototype 0.8 to indicate that it is a work in progress. It is neither final nor fully developed. Prototyping permits us to learn by doing. We can present our work and generate feedback from stakeholders about how the idea looks, feels, and connects with their goals, interpretations, and identities. We use this feedback to refine our assumptions and structure the prototype.

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Prototyping is different from performing pilots or traditional research projects. Prototyping is iterative. It is about failing often and succeeding early. It encourages learning quickly from early failures and making improvements. In contrast, pilots and research projects are designed to show success or to prove a hypothesis.

In Theory U, Otto Scharmer describes prototyping as “building a small version of the future that includes all core elements of your vision.” It requires confidence for us to move into action before we have figured out the entire plan. This approach runs counter to the usual “plan before acting” way of doing things. It requires that you trust your capacity to improvise and to connect to the right places and communities and through them to the right individual people.¹⁰

Prototyping is a social process of continuous learning from stakeholders and adapting the prototype to their input. We check-in with the team daily, report overnight insights, review and adapt the agenda for the day. Then we go to work on the prototype. At the end of the day, we check-in and share what has been learned.

Co-creating puts ideas on their feet through prototyping microcosms of the future. We use rapid-cycle learning, and continuously integrate feedback from stakeholders to improve our prototype. Co-creating involves these steps:

- **Focus our attention and energy** on the future that stays in need of us by crystallizing our vision and intent. Every profound innovation in science, business, and society starts with people giving freely everything they have and all they are to their essential project. The work makes a difference and brings meaning to the worker. Driven by a type of spiritual energy, the innovator commits freely everything that is needed to bring a better future into being.

- **Creative energy** is a tension between the future that is trying to emerge through us and the demands or limitations of our current reality. This tension can be disturbing and paralyzing or it can be energizing, depending on our attitude and how we use it. When we ask the question, “What do I want to create?” we are really asking a different question, “What future needs me to emerge?”

- The gap between our current reality with its limitations and our inspiration for a better future can be discouraging. However, within our current reality are the seeds of an emergent future. We can turn our tension from frustration to creative energy by imagining the seed sprouting and growing across the gap.

• **Invite a core group that** will build the prototype of a disruptive innovation. A committed group of people can become the instruments for creating a prototype of the future. As Margaret Mead has said, “A small group of committed people can change the world, if fact, nothing else ever has.” In the Summer Institute we invite others into our prototype group through the marketplace of ideas.

• **Demonstrate a strategic microcosm** for the emerging future that contains our understanding of the current situation the prototype will transcend. Then we describe the purpose of our design, its benefits to stakeholders, and the structure, milestones, and timeline for development. We always consider the sustainable business model for the prototype.

• **Build an innovation and feel it with our hands.** We seek the future with our hands by integrating our head, heart and hands. We do not just think about the prototype or analyze a problem; we build a solution and feel it. We interact with the prototype learning from the future it brings into being. We learn how our stakeholders respond to the prototype and make rapid changes in it to bring it more into alignment with their needs and intentions for it. When interacting with our prototype, stakeholders will experience a new reality.

• **Iterate, iterate, and iterate:** we create, adapt, and always stay in dialogue with the universe of stakeholders. We demonstrate the prototype to our stakeholders repeatedly getting feedback that drives our changes and adaptation of the design.

### Prototype 0.8 Development Exercise

During the Summer Institute we will commit approximately eight hours to prototyping a microcosm of the future healthcare system Tulsa needs the School of Community Medicine to bring into being. Here are the steps we shall take.

1. **DEVELOP A PROTOTYPE IDEA**

   • **What are you called to do?** - During the exploration, dialogue, and reflection parts of the Summer Institute, allow ideas for a better future to inspire you. Consider how the tension between the demands or limitations of current reality is keeping the full potential of a better health care system from being realized? What is the seed in the present reality of that possible future? Imagine the seed within the current reality growing into the future possibility and becoming the prototype of a disruptive innovation.

   • **Name the idea** of the future microcosm of the disruptive innovation.
• **Sketch or describe the idea** - Write, draw, or diagram a brief description of the idea for a prototype on a poster for display in the Marketplace of Ideas.

### 2. MARKETPLACE OF IDEAS

• **Select a Role** - The organizer of the marketplace will invite participants to be either “idea vendors” or “idea customers.” The number of vendors that may participate in the marketplace will be determined by the number of rooms available for small-group work. No one may choose to be a “watcher.”

• **Idea Display** - If you choose to be an “idea vendor,” you will sketch out your idea on one of the easels in the room, and set up your “idea stand.”

• **Announce the idea** - In turn, the organizer will invite you to announce in a single sentence your “idea for sale” and invite “idea customers” who are interested in working with you on prototyping this idea.

• **Shop for an Idea** - “Idea Customers” mill about the room, looking over the various ideas and select the idea for a prototype they are attracted to work on, by standing with the “Idea Vendor.” Work groups of should consist of six to twelve people with nine members being optimal.

• **Large Attractors** - If one “Idea Vendor” attracts a large number of customers, the group may divide into smaller groups.

• **Small Attractors** - If an “Idea Vendor” attracts no customers, the organizer will invite the vendor to join another group or try to merge the idea with another group.

• **Room Assignments** - When the groups have assembled, the organizer will assign each group to a work room with instructions to develop their prototype for demonstration and feedback at the appointed times.

### 3. ORGANIZING THE PROTOTYPE WORK

• **Introduction** - In their self-introduction, each participant describes the talents or gifts they bring to the prototype development, what they hope to learn from the prototype, and concerns they have about its feasibility.

• **Purpose** - The group will write the purpose of the prototype in a goal statement identifying measurable objectives of success from the perspective of stakeholders who will pay for and use the prototype.

• **Stakeholders** - the group lists the stakeholders who will benefit from the prototype and those that may be at risk for some loss.

• **Role of Stakeholders** - the group should identify areas of expertise they may need to build the prototype and which stakeholders should be involved in the prototype and which should not be involved.

### 4. ROLE OF FACULTY AND STUDENTS
• **Equal Partners** - Faculty and students are equal participants in the prototype 0.8 creation groups. Some participants may have more information or resources to bring to prototype creation than others.

• **Faculty Training** - Faculty participating in this exercise will have had a brief training experience (July orientation) in how to assure that the work group progresses well and that everyone has a chance to contribute.

• **Leaderless Group** - Faculty members are not designated leaders of the groups. In fact, these leaderless groups self-organize and determine roles, responsibilities, and tasks by volunteering according to interest, resources, or expertise.

• **Prototype 0.8 Champions** - Each group will need to name both a faculty and student Champion for their projects as well as identify a Community Partner. Over the 2012-2013 academic year, these individuals will serve as the nuclei of the nascent projects and be the points of contact regarding post-Institute Prototype 0.8 progress. Experience has shown that Champions are absolutely required for evolution of the Prototypes to occur. Of note, there are some administrative and compliance roles that only faculty can fulfill (e.g., principal investigator on subsequent IRB applications) thus a faculty champion will be necessary for continuance of projects.

5. **BUILDING THE PROTOTYPE 0.8**

• **Goal of Prototype 0.8** - The goal of the work process is to build a tangible microcosm of the future and display it so that stakeholders will understand it and be able to interact with it; the prototype should bring a future state into clear view to those who interact with it.

• **Prototype Work Product** - The prototype may be a story; it may be a policy, a procedure, a drawing or work flow process diagram, a demonstration, a tool, or an instrument. Remember, the prototype must stand on its own; the final feedback session does not permit a team member standing by the display to answer questions. The Prototype must contain within its design obvious answers to stakeholder questions. Posters are a convenient format for presentation; however the prototype could be a slide show, streaming video, or a working model. Use the feedback scoring sheet and definitions at the end of this section to make sure the format meets the evaluation criteria.

• **Discovery Process** - The group should crystallize its vision for the prototype of the disruptive innovation through the group conversation about the current reality and the future possibility. Then quickly move to building, drawing, or creating the prototype in another form. The group then uses or tests the prototype first among the stakeholders in the group, consultants, and then with others to get continuous feedback that improves the prototype.

• **Participation** - All members in the group should be active participants in creating the prototype.
- **Time** - The group will have six to eight hours over Wednesday afternoon and Thursday to create a prototype 0.8.

- **Resources** - It is likely that the group will need to research background information, facts or data to develop its prototype; text and internet resources will be available in the Schusterman library. Poster-board, color printers, color markers, construction paper, glue and tape are available for your use.

- **Consultants** - Research specialists, process quality improvement experts, librarians, and media support staff will visit the prototype groups and respond via social media to assist in Prototype development. Each group will have contact information for consultants they might need at a particular point in time.

- **Communication and Broadcasting** - Among the roles assumed in the workgroups, at least one member should be designated as the primary social media intermediary. We are encouraging the use of Twitter as a meta-communication tool to both facilitate cross-pollination amongst the various Prototypes, but also as a linkage to the wider community we serve.

- **Final Outcome of Prototype 0.8s** - We anticipate that many of the Prototype 0.8s will evolve into quality improvement events tested in rapid cycle test of change, or evolve into action research projects that will be conducted over the coming months. Five of them will be used in the Community Medicine Enrichment course taken by first-year medical students.

6. **FEEDBACK ON THE PROTOTYPE 0.8**

- **Prototype 0.8 First Iteration Evaluation and Feedback** - At the end of Wednesday afternoon, each Prototyping group will be asked to present a three-slide, five minute PowerPoint presentation for their project following a provided template. The PowerPoint presentations should address the envisioned future state of the issue in question, the current condition and the intervention or bridge (i.e., the Prototype 0.8 project) to move us from the current reality to the desired future condition. Presentations will be made to the entire Institute then immediately evaluated for perceived mission and budget alignment as well as a “Wow!” factor score.

- **Feedback from Community** - An abstract describing the Prototype is also due from each group at the end of Wednesday afternoon. These documents will serve as overtures to community members who may participate in the co-creation process on Thursday.

- **Prototype Display** - On Friday morning of the Summer Institute, each prototype group will be assigned a location where they will display their Prototype 0.8 for review, feedback, and evaluation.

- **Feedback Group Roles** - Each Prototype work group will evaluate all other prototypes (but not their own). Members of the feedback group will volunteer for the following roles:
  - **Facilitator** - leads the feedback discussion
“Post-it Writer” - has good hand writing and records group’s post-it
questions and suggestions
Recorder - encodes group’s feedback on evaluation sheet

Review Sequence - Each feedback group will stand at their assigned poster, and on
signal, will begin their 10 minute review. At the organizer’s signal, the groups will
move to the next display.

Feedback Process - The feedback group will read, use, handle, or interact with the
display of the prototype. The group will use the following tools to provide feedback
to the prototype development team:

- “Green Dot” = great idea or clear message
- “Red Dot” = unclear or doesn’t work for me
- “Post-its” = ask questions, give suggestions

Prototype Evaluation Form - Participants will utilize the Prototype Inception
Evaluator methodology (in and of itself a Prototype) to evaluate Prototypes. Participants will have transparent sheets with a template survey sheet
underneath. Small sticky dots will be provided to place on the scales. Each
evaluation group will evaluate all other Prototypes using this instrument. At
the end of the feedback session, all sheets for each Prototype 0.8 project will
stacked, scanned and assessed to rank projects.

Goal of Feedback - is to identify the prototypes with the greatest potential and bring
them into operation. Three prototypes will be selected for presentation at the
celebration luncheon and will receive funding to move them forward.

Final Prototype 0.8 Evaluation Criteria

- Mission -- how aligned is it with the mission of the School of
  Community Medicine?
- Budget -- what is the perceived budgetary impact? (project predicted
to increase revenue or decrease costs = positive budget alignment)
- Innovation -- to what degree does the project fulfill the three drivers
  of innovation (desirability, feasibility, viability)?
  (http://www.ideo.com/about/)
- Is it relevant -- does it matter to all the key stakeholders at all involved
  levels: individually (for the person involved), institutionally (for the
  organizations involved), and socially (for the communities involved).
  Very often, the relevance for each stakeholder is framed in a quite
different language and way.
- Is it revolutionary -- is it new? Could it change the game? Does it
  change (some of) the root issues in the system?
- Is it rapid -- can you do it quickly? You must be able to develop
  experiments right away, in order to have enough time to get feedback
  and adapt (and thus avoid analysis paralysis)
- Is it right -- can you see the whole in the microcosm that is focused on?
  Get the dimensions of the problem or project definition right. In a
prototype you put the spotlight on a few selected details. Select the right ones that address some of the root causes (rather than symptoms). For example, ignoring the patients’ perspective in a health project, the consumers in a sustainable food project or the students in a school project misses the point.

- Is it **relationally** effective--does it leverage the strengths, competencies and possibilities of the existing networks and communities at hand?
- Is it **rough**-can you do it on a small scale? Can you do it locally? Let the local context teach you how to get it right. Trust that the right helpers and collaborators will show up when you issue the right kinds of invitations “to the universe”.
- Is it **replicable**--can you scale it? Any innovation in business or society hinges upon its replicability, whether or not it can grow to scale. In the context of prototyping, this criterion favors approaches that activate local participation and ownership and excludes those that depend on massive infusions of external knowledge, capital, and ownership.

(www.presencing.com/tools/prototyping)
- **Wow! Score**--How exciting is the project? Does the project draw in and engage the target audience?

- **Learning from Prototypes** - At a minimum, the participants will have learned interdisciplinary group problem solving and the application of some of the principles of action research applied to quality improvement in health care.
PROTOTYPE EVALUATION FORM

Place a single dot within each of the graphs on the left and a dot on each scale above to represent your assessment of the project under consideration.
F. Daniel Duffy (July 2009, Revised July 2011), C. Justin Van De Wiele (Revision July 2012)

SOURCES:

**Professional Meaning Conversations**  
**Connecting with Our Authentic Self**

Our source of inspiration, compassion, and creativity comes from connection with our *authentic self*. Within each of us lives a self in touch with truth, generosity, and love. Our experiences in life, however, shape a public self that often masks our authentic self, thinking it more acceptable to show a partial version of our true selves, often hiding our shortcomings, fears, and disappointments in our relationships with each other. We lose enormous capacity as a community when we hide our authentic selves from each other.

Sages throughout time have taught that we can find our authentic self when we seek a place of quiet reflection to assess our inner qualities and speak our own truth in the presence of compassionate others. Our clarity of purpose and the courage to carry it out emerge when we quietly confront our conflicts by listening receptively to the truth of others. We listen receptively by asking open and honest questions instead of giving counsel, and by offering each other the healing and empowering gifts of silence and laughter.

Reflective practice brings peace and fulfillment through connecting to our authenticity and integrity, and it can bring truth and generosity to our work. These qualities are particularly important in our community of helping professionals whose work seeks to improve the health care in our communities.

For this reason, one of the most important disciplines we practice in the Summer Institute and develop in the Faculty Academy is setting aside time for small group conversations that permits us to connect authentically in a healing community. We call these groups “Professional Meaning Conversations.” They perform the social task that Otto Scharmer calls *presencing* in Theory U. This word fuses the concept of being fully present and sensing the inner truth of our authentic selves.

These quiet conversations honor our inner truth and invite us to appreciate the better side of our nature by listening to the insights, conflicts, and strength of others having similar experiences. Because a conversation such as this is generally counter-cultural and certainly foreign to our work settings, it is important that we understand its importance in developing our professional community.

**CHOOSING THE AUTHENTIC LIFE**

The realities with which we live often conflict with what we know to be humanly possible. For example, we realize that health care is not available to everyone, while we know it can be. Most troubling is our realization that we are participants in this conflict. As leaders we must cultivate the capacity to stand in these “tragic gaps” (11) with open, steady hearts,
acknowledging both what is and working for what could be without becoming overwhelmed or cynical. This is not easy to manage alone; we need trustworthy communities for support and meaning-making. We can more easily face our uncertainties and fears when we are supported by a community that helps us move through fear to courage. By allowing ourselves to journey down the “U” in our professional meaning conversations, we will discover authenticity and courage together.

Another example of the gap between current reality and future possibility is the violence that riddles our culture. Not all violence is the physical savagery reported in the daily news. The more common violence is assault on the human spirit, such as the violence done when parents insult children, teachers demean students, supervisors treat employees as disposable means to economic ends, and when physicians treat patients as objects or customers buying a service. Like physical violence, spiritual violence robs us of trust in others, of risk-taking in pursuit of creativity, and of commitment to the common good. In short, the spiritual violence we commit, the spiritual violence we witness, and the spiritual violence done to us diminish our capacity for authenticity, courage and optimism.

By choosing life guided by conversations in which we open our hearts, minds and wills, we begin to rediscover our authentic self by honoring our souls’ integrity, and seeing that our small part in life is about the choices we make and stories we tell. In Summer Institute and Faculty Academy professional meaning groups we will experience nonviolence as the tacit curriculum and turn to wonder as we witness the remarkable things that can happen when we relate to each other in a life-affirming and generous way. Instead of allowing our hearts to break into pieces under the burden of our broken world, we will encourage our hearts to break open and realize our larger capacity, new possibilities and our life-giving potential.

*note: many of the ideas in the above section are adapted from the writing of Parker Palmer (11)

**PRESENCING CONVERSATION**

A Professional Meaning Conversation has no agenda other than supporting the inner journey of the members of the group. We are invited to listen to each other’s points of view. We resist the natural urge to leap to fix, save, give advice, or set another person straight, but rather we hold this tendency in check and give that person space to hear his or her own inner voice.  

We become open to metaphorical questions that stimulate lateral thinking, such as “What color is this issue for you, and why?” We ask questions that focus on the person as well as the struggle, and rather than trying to persuade or dissuade one another, allow exploration to take us to a deeper level of truth. We check and balance each other by helping each other explore unease rather than satisfying our own curiosity. We acknowledge that we are

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the only person we can change in our journey and seek answers to ensure the path we tread is true to our intent.

GUIDELINES FOR PRESENCEING CONVERSATIONS
(Practices that optimize our time together and help create a trustworthy community)

- We allow each person to speak without interruption, while listening respectfully;
- All participants will be openly invited and encouraged, but not required, to speak
- We are mindful not to dominate the conversation so that each individual has ample time to learn aloud.
- Participation is by free order, with no forced marches around the room.
- Silence and quiet are respected as important ways of learning together.
- After all have spoken, the group will appreciatively reflect together on common elements in stories, shared insights, and observations.
- We will encourage each other to journal before, during and after our time together - not on what is said, but on the words that arise within us, whether we choose to speak them or not.

OPEN AND HONEST QUESTIONS

In the journey of discovering our authenticity and integrity, we cannot know what is best for another person. Yet it is profoundly useful to ask open and honest questions that can help the other reach deeper and find his or her own answers.

This is counter to our training! In the healthcare professions we are taught to give answers, to fix or advise others and to be expert problem solvers. In our daily discourse, it is uncommon for us to ask open, honest, and non-self-serving or advice-giving questions. Doing so requires us to drop personal agendas and trust in the process. Asking truly open, honest questions requires discipline and practice. Challenging as it is, this form of interaction is vital to discovery and helping others hear their own voice, free from the static we create by imposing our values or judgments on each other.

By asking open honest questions, we purposefully lay our own wisdom or our need for being the expert aside, and learn to listen intently. By listening in this way, we create an alternate reality that allows everyone involved to assess the voice within. The process allows us to begin to hear that there is more in common that we thought at first blush and allows us to build mutual understanding.

For example:
- “What did you mean when you said you felt sad?” is an open, honest question.
- “Didn’t you also feel angry?” is not.
• “What did you learn from this experience?”
• “What would it be like if you did know?” and
• “What are you going to do to effect change?” are honest and open questions.

• “You wouldn’t do that, would you?” and
• “Have you ever thought about seeing a therapist?” are not

Questions that come too fast may feel aggressive and interfere with reflection, so it helps to mindfully to slow the pace of our questions and listen quietly between the last answer and the next question. It also helps to avoid questions that call for a “yes-no” or “right-wrong” answers and remember that the best questions are often simple and straightforward.  

Being human, we may slip occasionally into the diagnostic habits we’ve learned as clinicians or “fixing” habits that feel like being a good friend. In these cases we need forgiveness, both from others and from ourselves. Open and honest questions will help us to remember to respect all opinions, statements, and perceptions and to simply support one another as we help each other listen to our inner voice.

ALLOWING INNER WORK TO CHANGE OUR PROFESSIONAL WORK

Taking the practice of meaningful conversations into our daily lives does not require creating special programs or going on a retreat. Rather, this practice can be as simple as going about what we already are doing in new ways. In business meetings, we can ask open and honest questions in an effort to understand each other’s viewpoints. By resisting the urge to simply object to what others say because we are at cross purposes, we can listen more deeply and learn to ask questions to understand the deeper issue in balance with sharing diverse viewpoints. We can also learn to respond to others’ answers with curiosity rather than judgment.

By engaging in conversations aimed at freeing our authentic self, we invite others to do likewise and co-create a future possibility. In the words of Peter Block, “As an authentic citizen we hold ourselves accountable for the well-being of the larger community and choose to own and exercise power rather than defer or delegate it to others.”

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In every situation, when we learn to ask ourselves first if our words and actions are enhancing or undermining trust, we will be reclaiming integrity and honoring those with whom we live and work. We will become intentional about what we say and do. When we allow our inner work to change our outer work, we will experience an infusion of new life and trust in our groups and institutions, and in the individuals in our group. In this space of trusting relationships, we are creating a human landing strip to the future.

Cheryl A. Waldeck and F. Daniel Duffy (June 2009, July 2010, July 2011)
Penny Williamson and Bryan Touchet (Revision July 2012).

SOURCES:


