What Are Discovery & Action Dialogues?

Discovery and Action Dialogues (D&As) are repeated lightly facilitated conversations with front-line staff designed to:

1. *Engage staff in short, lively conversations to discover the existing solutions they already know and to create new ideas to eliminate and prevent MRSA.*

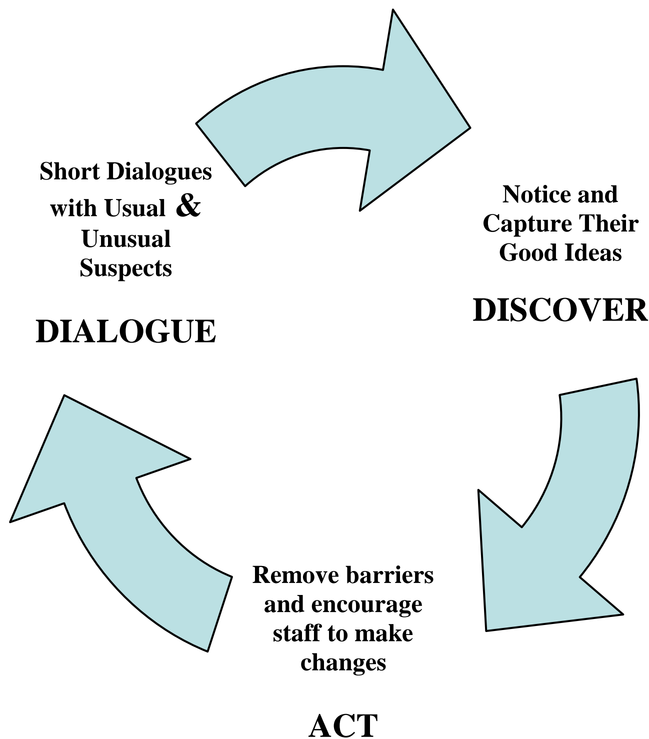
2. *Identify volunteers among this group to act on solutions and ideas.*

3. *Provide the facilitators and the PD resource team the opportunity to listen to staff and remove barriers.*

4. *Build capacity- create networks of staff at all levels that foster peer-to-peer sharing of solutions. The PD's should serve as resource people to the learning people (those whose behavior needs to change). Self-discovery and emergence begin to supplant roll outs.*

Discovery and Action Dialogues (D&As) are one of the essentials of PD and we're beginning with D&As because getting busy and conducting a few Discovery & Action Dialogues with your staff is the very best way to understand what PD is all about.

Basically Discovery & Action Dialogues are a cyclical process and often go approximately like this:



> *"How is the PD process different?*
>
> *It involves everyone*
> *its messy*
> *1,000 conversations*
> *It's frustrating and time-consuming AND IT WORKS!"*
>
> *Nancy Iversen, Billings Clinic*

Getting Started – Holding Your First Discovery and Action Dialogue

WHAT	Discovery & Action Dialogues are repeated conversations that you organize and conduct with front-line staff about what they are doing to prevent MRSA and what keeps them from doing it all the time. D&As must involve both usual and unusual suspects – participants should include both the obvious and the not-so-obvious – nurses would be a good example of "usual suspects" and environmental service staff might be a good example of "unusual suspects."
THE SIX KEY QUESTIONS IN EARLY D&As	**1. How do you know if your patient has MRSA or carries the MRSA germ?** **2. In your own practice – what do you do to prevent spreading MRSA to other patients or staff?** **3. What prevents you from doing these things all the time?** **4. Is there anyone who has a way of doing things that helps them overcome these barriers?** **5. Do you have any ideas?** **6. What can we do now – any volunteers?**
HOW LONG SHOULD A D&A TAKE?	D&As should take 15-20 minutes – sometimes they go longer but the hope is that these will be high-energy/high-engagement conversations that staff look forward to
WHO SHOULD BE INVITED?	If you know that there are staff particularly interested in MRSA issues, this is a good place to start – we call it paying attention to and following the energy of the group! Use natural gatherings that are already occurring Stand-up briefings at nursing stations, the break room, etc. Remember to repetitively ask "WHO else should be in this conversation?" How could we invite them?
WHEN CAN D&As BE CONDUCTED?	You may want to test a variety of times per shift to see what times are most productive – you'll want to be sure to inquire about when participants would like to have the next conversation.
WHERE SHOULD THEY BE HELD?	Because you want to "sit at the feet of the staff" and learn from them, you'll want to go to the staff, not vice versa. Choose an informal, convenient and comfortable setting for staff. Hallways, nurses stations, break rooms, supply rooms, entrance to a unit, unusual locations may help you uncover unusual suspects, unsuspected barriers, etc.

HOW TO FACILITATE A GREAT D&A	It works best if you have two facilitators – one to convene the meeting and one to be the silent scribe who will take notes and help capture important ideas. The scribe's job after the meeting is to give the facilitator good peer feedback. We've provided some sample questions to get you started on that process in the Appendix.
MATERIALS	You will want to make your D&As fun, exciting and interesting. What props, prompts, materials will help staff connect and engage as you introduce MRSA and a new way of thinking about how to change behavior? You will want to have a way of taking notes, probably a flip chart. We suggest that you take a digital camera to capture key moments, document the process and create excitement.

Holding Subsequent D&As

Now, that you've gotten started, keep going! Your first few D&A set the stage for your next D&As because you've only just started the conversation – your next D&As will provide you and the participating staff with an opportunity to continue exploring the conversation and after the first few D&As staff who have volunteered to follow-up on specific actions will begin to have noteworthy items to report.

Tips For Facilitators

<table>
<tr><td>NON-VERBAL BEHAVIOR</td><td>Most importantly be your authentic, best self. You are there to invite staff into an important conversation and you are there to listen. You don't have to know all the answers; you are there to ask questions and listen!

As you become more experienced you will also begin to feel more confident, relaxed, prepared but in your first few D&As don't worry if you're feeling anxious.

Here are a few tips that we think will help you in your early D&As

• Maintain eye contact with people in the group as you speak
• Practice active listening: nodding, smiling, showing interest. Listen carefully and show interest in participants' responses and exchange
• Be observant and notice participants' level of comfort or discomfort
• Sit in the group, not higher or away from the group</td></tr>
<tr><td>VERBAL BEHAVIOR</td><td>• <u>Be sure participants talk more than you do and exchange among themselves</u>
• Refrain from making suggestions, or giving advice, unless specifically asked
• Ask open-ended questions with "What, how, what if, "
• Invite participants to tell their story or share their experience with the issue at hand
• Share relevant personal experience with participants to make them feel comfortable and develop trust by evoking feelings, beliefs, needs and your own vulnerability
• Let the conversation guide the group
• When you ask a question, pause at least 20 seconds to allow people in the group time to respond</td></tr>
<tr><td>ENCOURAGE EVERYONE TO PARTICIPATE IN THE DISCUSSION BY:</td><td>• Authentically acknowledging an individual's willingness to talk, even if the statement is incorrect or beside the point, by saying: "this is interesting….I never thought of it this way..."
• Asking other participants to answer questions that come up during the discussion – in this way you can often avoid answering these questions yourself.
• If one person dominates the conversation, acknowledging that person's contribution to the group but stress the need to learn and hear from EVERYONE</td></tr>
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Quote participants' ideas, remarks and opinion to:	• Single out ideas from participants • Summarize ideas, opinion from the group • Broaden the discussion • Let people know that you listened carefully to what they said

A Sample Discovery & Action Agenda

The next four pages provide a sample of how an actual D&A might unfold. This is only a sample and what actually happens in your D&As will differ.

1. Introduce yourself and make sure everyone in the group introduces themselves.

Remember, people aren't involved in a conversation until their voice has been heard by the group. Always ask participants in a D&A to introduce themselves.

If, this is a group with which you are unfamiliar, you may want to start with some kind of very short ice-breaker. You may already know and use ice-breakers and if so, that's great – adapt one you already know and like for your D&As, just as you would for any other meeting. If you don't already use ice-breakers, do not worry. During training you will hear several ideas about possible ice-breakers but if none of these seem relevant, or if you want a little more help, this is a great question to raise with your coach.

2. Once everyone has introduced themselves, here are some preliminary questions to get into a PD "mode" now that the stage has been set for a congenial and trusting conversation

What do you do that helps prevent the spread of MRSA? (Start with this question especially when you are holding a D&A on a clinical unit)

What do you know about MRSA?
Or,
Have you heard about MRSA? (Use these questions when meeting with ancillary departments such as Environment, Supplies, Dietary, Pastoral Care, volunteers, Transports, etc…) (If the answer is "No" be prepared to provide some basic facts and knowledge on the spot)

What prevents you from practicing these behaviors 100% of the time? (Here staff will begin the naming of issues...)

3. Questions for eliciting existing uncommon successful strategies to overcome a specific barrier or issue

Select one of the common barriers (lack of time…lack of access to supplies) and ask:

Is there anyone here (or on the unit) who has overcome this barrier successfully?

Who has been successful at doing X or Y?

- ❖ If the group has a positive response – especially, if the named individual is present in the room – then you can ask:

Would you mind sharing what you do about…..?

What does everybody think about what <insert name> shared with us?

Is there anything we can learn from that and apply tomorrow?

How?

How can we practice these new behaviors that we've identified together?

Note 1: PD is about enabling people to practice new behaviors that work, so what are the ways we can practice these new behaviors that we've identified together?

Note 2: Usually this type of question will result in the group deciding to investigate more (via observations, trials, search for info, etc).

It is important, then and there, to identify who is going to do what!

- If the group says that there are other individuals or groups **not in the room**, or if people in other units are described as PDs, then you can ask:

  Who is he/she? Who are they?

  What does this individual or team do to overcome the named barrier?

  How can we involve that person or group /unit?

  How can we learn from that person or group/unit?

- If the group has NO suggestions about PD individuals or behaviors, you should ask: "**So, *nobody* in your unit or in the hospital is able to…..?**

  Example: "So, NO doctor in the hospital washes his/her hands consistently?"

  Note: usually the answer is "Of course not"…which you should respond to with the following questions:

Who are they?
How are you going to find out what he/she/they do?
What do you want to do to find out?

Note: some individual usually volunteers to observe, or go and talk informally with the person/unit in question

Do you have any ideas about how to overcome this barrier/obstacle? (gowning, hand washing, etc...)?/

3. Questions to generate ACTION on new IDEAS and latent solutions
(Note: latent solutions are solutions that are not quite consciously known but are just waiting to be discovered….latent solutions are often "recognized as soon as a brave soul articulates them)

(Direct) -What are some ideas that you have in mind to address this problem?

(Inclusive)- What can we do now or how can we start doing things differently tomorrow?

(Direct) - Who could help us accomplish ______________?

(Neutral) What would it take to get these ideas and existing solutions implemented? What needs to be done to make it happen?

The group may come up with a "to do" list with different individuals within the unit. Facilitators or ID people can assign themselves to specific tasks as requested or needed.

4. Sample questions for next steps

Follow-up:

When do you want all of us, plus others, to meet or/and communicate again?

Expanding networks (horizontally) questions to be raised within units, departments, and the resource team:

Who else needs to be in this conversation?

How can we involve them?

What is the first step, who is going to contact this person/ them? And when?

How can we expand our network?

Do we need a contact person in the unit? What for?

Who wants to volunteer to be a MRSA prevention point person for the unit, department, clinic, etc…?

How can we address MRSA issues between departments (transports, inpatient clinics, etc.)?

5. Closure

Ask a participant to summarize what has been decided upon, action plan (what, who, when,).

Decide when to do the follow-up on actions

This sample form may give you some good ideas about what information you and your silent scribe will want to capture during your D&As and how you might want to organize your notes.

<table>
<tr><td colspan="3">DISCOVERY AND ACTION DIALOGUE GROUP MEETING SUMMARY

Area: Date: Facilitators:</td></tr>
<tr><td colspan="3">Those Present:</td></tr>
<tr><td>1. How do you know who has MRSA? Who carries MRSA?</td><td colspan="2"></td></tr>
<tr><td>2. What are YOU doing to prevent the spread of MRSA?</td><td colspan="2"></td></tr>
<tr><td>3. What keeps you from doing it all of the time?</td><td colspan="2"></td></tr>
<tr><td>4. Do you know of anyone who always does what is recommended to prevent the spread of MRSA?</td><td colspan="2"></td></tr>
<tr><td rowspan="2">5. Do you have any ideas to prevent the spread of MRSA?</td><td>IDEA</td><td>ACTION PLAN
WHO-WHAT-WHERE-WHEN-HOW</td></tr>
<tr><td></td><td></td></tr>
<tr><td>6. Would anyone from this group volunteer to help with the next steps?</td><td colspan="2"></td></tr>
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