



## DIALOGUE-BASED FORUMS FOR HEALTHCARE ORGANIZATIONS

BY MANOJ PAWAR

**A**lthough people in most industries can fall prey to organizational dynamics based on advocacy, power and control, personal agendas, and blame, nowhere is this more the case than in healthcare. Many factors contribute to the barriers to organizational learning in healthcare, especially the training that physicians, nurses, and other skilled healthcare professionals receive. The environment in which they complete their training tends to be hierarchical, discourages creative inquiry, and inhibits the exploration of new concepts and approaches.

The decision-making styles that evolve in the fast-paced setting in which potentially life-threatening clinical outcomes are at stake have significant value. They let team members assess large amounts of data in a rigorous manner while acting quickly. But when transferred to other settings, such as hospital boards and committees, this particular approach to conversation and decision-making can be problematic.

Given their backgrounds, healthcare professionals generally expect that their roles in meetings of teams, boards, or committees will involve advocating for their constituencies and mandating solutions to problems. While more directive approaches play an important role when decisions must be made or actions taken, in other contexts, they can undermine team learning. In addressing issues of organizational strategy, long-term planning, and creative problem solving, generative dialogue has proven more effective than one-way communication. Failure to shift to dialogue-based forms of communication will

ultimately have a negative impact on an organization's ability to rapidly adapt to changing market trends and to truly explore the questions involved in reducing medical errors and improving outcomes.

### One Organization's Challenges

The governing board of one healthcare organization was typical of many in the industry. Physicians attended meetings with the expectation of advocating for their constituencies. Managers learned to fear these meetings, as interactions often focused on criticism of the existing situation or proposed solution. The group rarely

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explored the challenges through healthy dialogue.

To help determine the board's future role, board members and other stakeholders participated in a retreat. The following perceptions surfaced:

- Physicians and managers believed that there was value in meeting together regularly.
- Both groups felt that the organization needed to address certain strategic themes.
- Managers understood that they

needed to collaborate with physicians to elicit the full range of possible approaches to these issues.

- Physicians wanted to help create ways to approach these themes, but wondered if they would have the power and control to make policies and decisions.
- Both groups had difficulty seeing beyond the current board structure, envisioning that the same struggles and limitations would continue to arise.
- Others in the organization were passionate about participating in the process, although they had not previously been invited to do so.

### The Compass Group

The consensus from the retreat was that merely tweaking the existing board structure would be inadequate; nothing short of a complete destruction of the structure, norms, and paradigms would provide the organization with the freedom to explore new paths to achieve its stated goals. With this understanding in mind, the board dissolved its existing structure in favor of a dialogue-based forum that was organized around the stated organizational imperatives of customer service, employee satisfaction, strong physician relationships, and financial stewardship.

This forum came to be called the "Compass Group," because the group felt that these strategic themes were analogous to the directions on a compass. The Compass Group was seen as a risky endeavor. Much of this fear was based on the uncertainty of where dialogue around these concepts might lead. The organization, however, was able to understand that any

learning involves some degree of risk.

### “Uncoupling” Old Norms

Cultural and conversational norms had been a major barrier to true learning within the organization. Many feared that the old ways would carry forward into the current efforts. A number of important steps were needed to ultimately “uncouple” the organization from existing ways of interacting, thus allowing for new ways to emerge and thrive.

**Associating Pain with the Status Quo.** A critical event during the retreat involved discussing aspects of the meetings that board members disliked. Surfacing these feelings markedly raised the group’s level of discomfort with the status quo. This discomfort created a compelling need to move the initiative forward.

**Incorporating New Perspectives.** The group felt strongly that the constancy of the board’s membership over the past several years had contributed to some degree of stagnation. Understanding that many others in the medical group had expressed an interest in participating, members agreed to open the group up to others who possessed fresh perspectives.

**Eliciting Desired Norms and Expectations.** During the retreat, board members mentioned rewarding and fulfilling experiences that they had enjoyed in other meetings and committees. Common among these experiences were being heard, contributing proactively, understanding one another, practicing mutual respect, and building upon collective contributions to generate creative

approaches. By listing these desired norms and expectations, the group was eventually able to develop momentum for change.

### Generating “Buzz.”

Through reports from the retreat, others in the organization became aware that the Compass Group was no ordinary board or committee. The communications were lively, genuine, and informal; they carried with them a feeling of realism, openness, and innovation that was not typical of standard emails and memoranda. This “buzz” was instrumental in generating interest among others who might not have been comfortable in the traditional board setting, and in creating expectations that helped to overturn the norms of the past.

### Setting the Stage for Dialogue

Because of the risk inherent in any team process, a great deal of planning went into the initial dialogue session. The goal was for people to relax, engage in collaborative dialogue, and explore creative possibilities for action. The Compass Group followed some of the principles used in developing a World Café (see “Framing Questions and Guidelines”).

**Establish a Clear Purpose.** Unless the group had a clearly defined purpose and objectives, along with concrete outcomes, participants wouldn’t perceive significant value. For the first of the Compass Group sessions, the

management team chose to focus on the strategic theme of customer service. With this theme in mind, participants addressed a series of questions that ultimately led to greater insight and collective shared knowledge on the topic (see “First Compass Group Session” on p. 9).

### Invite Great Guests.

The management team decided to invite all interested physicians, nurse practitioners, and physician assistants. In doing so, they conveyed the sense that the Compass Group was “no ordinary board meeting”; this innovative forum would truly make a difference.

**Plan for a Safe and Welcoming Environment.** In planning the session, organizers paid close attention to creating a physical space that would be perceived as inviting, hospitable, and intimate. The goal was for participants to feel a high degree of psychological safety. The creation of a welcoming environment began with the invitations themselves. Rather than relying on email, organizers selected stationary and fonts with earth tones to convey the message that this experience would be different.

**Form Powerful Questions.** Well-structured, open-ended questions hold tremendous value. These questions are the most important determinant of a successful dialogue session. Because the theme of the first Compass Group session centered on customer service, questions related to service and to recent internal efforts in measuring service perceptions were developed in a logical progression of discovery.

**Facilitate for Success.** The facilitator’s role was (1) to model the process for internal facilitators in the future, (2) to provide a structure for the evening by facilitating between rounds of dialogue, and (3) to provide some training around the skills involved in dialogue, with a heavy emphasis on inquiry. Members of the management team had already received some training in hosting a dialogue session and in facilitating smaller conversations, mainly by encouraging a balance of inquiry



## FRAMING QUESTIONS AND GUIDELINES

### Dialogue

During this dialogue activity, share answers to:

- How did you respond to the re-enacted service experiences in the video?
- What is your experience with customer service in your facility?
- How might these results best be used for improving service across all facilities?

Let one person comment, then use inquiry skills:

- Seek first to understand completely.
- “What leads you to . . . ?”
- “Tell me more about . . .”
- “How did you . . . ?”

and advocacy. To leverage these skills, one management team member served as a facilitator at each table. The other members at each table were carefully distributed to ensure sufficient diversity of conversations.

The session opened with a time for attendees to arrive, get oriented, and enjoy food and beverages while conversing with colleagues. Participants wrote the answer to the question, “What is the location of your most memorable service experience?” on their name tags. They were encouraged to use this memory as a starting point for conversation with others.

The session began with an overview of the evening and a brief session on dialogue. Each round of dialogue was structured around a series of questions. In this particular case, a review of the organization’s patient satisfaction data and video reenactments of actual patient experiences were used as the starting point for forming questions. During the rounds of dialogue, the facilitators at each table helped to encourage effective inquiry and to surface hidden or underlying assumptions. In addition, they recorded the predominant themes that emerged.

Between each round, the tables shared their discoveries and insights with the larger group. In addition, they commented on their success with using dialogue skills. As one of the goals of the Compass Group was to provide an opportunity to share best practices, the group used a separate flip chart to capture these ideas. In addition, items that warranted action, follow-up, or future dialogue were documented on another flip chart.

### After the Session

The feedback from post-session surveys was overwhelmingly positive. Participants reported that they had achieved a high level of shared understanding and accomplished a great deal. They also felt passionate about continuing the conversations.

The themes and best practices that emerged from the table dialogues were distributed to all members of

## Service Excellence and Patient Satisfaction

### Learning Objectives:

*By the end of this session, participants should be able to:*

- Describe the strategic importance of customer service and patient satisfaction.
- Describe the process by which the most recent patient satisfaction surveys were developed, implemented, and analyzed.
- Use inquiry skills to engage in more revealing dialogue with providers, staff, and patients regarding service.

### Action-Oriented Goals:

*As a result of this session, the following action can be expected:*

- Participants will share their views on patient satisfaction, as well as their “best practices” in the context of their service-related plans at their sites.
- The “best practices” flip chart maintained during the session will be communicated to all providers and staff.
- The management team will assimilate observations in this forum with those of other stakeholders to potentially modify the survey content, questions, and process in the future.
- The frequency and method of monitoring satisfaction on an ongoing basis will be refined.
- The “action items list” maintained during the session will be delegated and acted upon.
- Interested provider-participants will be invited to work on this project with administrative project leaders in the future.

### Pre-Work:

- **Participants will be expected to be familiar with the patient satisfaction survey results for their own sites and should have already had discussed with their managers and directors regarding their action plans based on these results.**

the organization, along with a clear plan for future dialogue sessions on the other strategic directions defined by the compass. In addition, efforts to continue the discussion around service were implemented by providing weekly questions for each manager, physician, and department to use with their staff.

As in other industries, healthcare organizations tend to depend heavily on one-way communication, debate, and criticism. Unfortunately, these dynamics present a barrier to learning and to developing organizations that are able to innovate and adapt effectively to tumultuous market conditions, a necessity in today’s marketplace. Dialogue, specifically the skills of understanding mental models and balancing advocacy with inquiry, is essential for building organizations that

learn effectively. By challenging the assumption that committees and boards must always be structured in the traditional manner, organizations may be more likely to explore formats that are more conducive to dialogue. Shifting to dialogue-based forums focused on strategic imperatives can be one approach that fosters learning in all kinds of organizations. ■

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