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NQC Training of Quality Leaders Guide

Facilitator Manual to Build Capacity of HIV Providers to Lead Quality Management Activities

New York State Department of Health AIDS Institute
Health Resources and Services Administration HIV/AIDS Bureau



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of HIV Providers to Lead Quality
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New York State Department of Health
AIDS Institute Health Resources and
Services Administration HIV/AIDS Bureau

Developed by the New York State Department of Health AIDS Institute
National Quality Center

For the U.S. Department of Health and Human Services
Health Resources and Services Administration HIV/AIDS Bureau

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Introduction



Overview of the NQC TQL Program

The Ryan White HIV/AIDS Treatment Modernization Act of 2006 was enacted by Congress to address the need to reduce the unmet health needs of persons living with HIV. Often referred to as the “payor of last resort,” it provides primary health care and support services to those who cannot access them on their own or through other social programs.

Twelve years after its inception, Congress reauthorized the Act and added an emphasis on quality improvement. It was evident that there was a need for quality improvement activities and capacity building of HIV services nationwide. The Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention sponsored an investigation by the Institute of Medicine to examine how various aspects of the Ryan White Program impact funding allocations, program planning, and efforts to improve access to care and the quality of service received by people living with HIV.

The report, *“Measuring What Matters,”* focusing on the allocation, planning, and quality assessment of the Ryan White Program, was released in 2003. It recognized HRSA HIV/AIDS Bureau’s efforts in the area of quality management, and noted that Ryan White Program-funded agencies were, in some ways, more sophisticated than general medical facilities in their approach to quality management. However, it went on to state that more could be done to measure and improve the quality of care provided by Ryan White Program grantees. While noting that quality management

programs have been developed and that many providers are assessing their attempts to improve care, the report recommended that more effort should be made to assess the level of patient satisfaction with the care they receive and to measure quality at a broader population level.

With these goals in mind, the HRSA HIV/AIDS Bureau created the National Quality Center (NQC) in 2004. The National Quality Center has emerged as a source of innovation, leadership and support in quality improvement for these grantees and in HIV care nationwide.

NQC has learned that grantees face many challenges in developing quality management programs, including unfamiliarity with quality improvement concepts, lack of staff resources, and organizational barriers. The NQC Training of Quality Leaders (TQL) Program targets leaders of quality management programs, medical directors, quality coordinators, and public health officials.

It is clear that simply knowing quality management well is not sufficient for effective leadership in quality management. Grantees face challenges in leading quality management activities programs including staff resistance to engage in quality improvement projects and lack of team facilitation skills. The TQL Program aims to build the individual capacity of quality managers and, for those directing quality management programs, to effectively lead such programs and facilitate quality improvement team activities. It

provides participating HIV providers the ability to enhance their own expertise in quality management, the skills needed to work as facilitators to guide the development of sound quality management programs and/or quality improvement projects with impact on patient health outcomes.

This Program helps the National Quality Center meet its goal of expanding the capacity for quality improvement among those who lead quality-related activities and of building regional and grantee-wide capacity for quality improvement. NQC hopes to enrich the work of participants by linking them with quality improvement experts and peers facing similar challenges.

Designed with the demands of HIV providers in mind, a significant portion of the TQL Program has been organized into “Pre-work,” a format that allows participants the flexibility to determine when they do their assignments. It includes online learning, readings of available quality publications, and conference calls, which amount to approximately ten hours in total. It is our hope that the Pre-work will ensure that all TQL participants enter their trainings with similar levels of knowledge and expectations for the depth and utility of the TQL session.

As the purpose of the TQL Program aims to build capacity, NQC expects participants to conduct a number of activities after their training, including; assessing their agency’s quality management program, facilitating at least one quality improvement team activity, and reporting their activities via a dedicated online survey tool.

Furthermore, the TQL Program aims to create a network among individuals working in quality management in Ryan White Program-funded environments. Participants have the opportunity to network extensively with other peers and draw on the knowledge of a larger body of experience through their participation in this Program.

NQC hopes that the materials provided in this NQC TQL Guide will provide the reader with a conceptual framework of how to best facilitate quality improvement activities and

how to lead quality management activities effectively.

Program Goals

Participants in the TQL Program will achieve:

- Increased confidence in leading quality improvement teams, understanding of team member roles, and how to address team barriers
- Increased mastery of facilitation methods, the ability to manage team dynamics, the ability to lead quality improvement projects, and the ability to manage change and staff resistance
- Enhanced skill in identifying leadership behaviors to direct quality improvement activities and application in current work environments
- Advanced skill in leading a quality management committee and understanding its role and responsibility within the agency
- Improved ability to assess an HIV-specific quality management program using standardized assessment tools and to provide appropriate recommendations and develop individualized interventions

Guide Use

This Guide is designed as a tool for those who participate in the TQL Program and for those who strive to lead activities to improve HIV care. It contains detailed descriptions of all Pre-work activities and assignments, faculty notes for each module during the 3-day TQL session, and links to available quality improvement resources.

Acknowledgments

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Frequently Asked Questions

What is the National Quality Center?

The National Quality Center (NQC) provides state-of-the-art technical assistance on quality management to Ryan White Program grantees in order to nationally advance the quality of care and services for all people living with HIV. NQC is funded through a cooperative agreement with the HRSA HIV/AIDS Bureau and managed by the New York State Department of Health AIDS Institute.

Why has NQC developed this Program?

Those who lead quality management activities face many challenges to effectively managing quality management programs, including unfamiliarity with quality improvement concepts, staff resistance to engage in quality improvement projects, and lack of team facilitation skills. NQC aims to build the individual capacity of quality managers and, for those who direct quality management programs to effectively lead and facilitate quality improvement activities.

What are the TQL Program's learning objectives?

NQC intends that participants who successfully complete the TQL Program reach the following training objectives:

- Increased confidence in leading quality improvement teams, understanding of team member roles, and how to address team barriers
- Increased mastery of facilitation methods, the ability to manage of team dynamics, the ability to lead quality improvement projects, and the ability to manage change and staff resistance
- Enhanced skill in identifying leadership behaviors to direct quality improvement activities and application in current work environments
- Advanced skill in leading a quality management committee and understanding its role and responsibility within the agency
- Improved ability to assess an HIV-specific quality management program using standardized assessment tools and to provide appropriate recommendations and develop individualized interventions

What is the time commitment to participate in this program and related follow-up activities?

The time associated with this Program is estimated at a minimum of 30 hours. This includes:

- Time to complete the application for the TQL Program participation, including the initial competency assessment (1 hour)
- Participation in orientation conference calls (3-4 hours)
- Completion of required Pre-work reading and/or review of on-line Quality Academy tutorials (3 hours)
- Participation in the 3-day face-to-face TQL session and related travel (4 – 5 days)
- Participation in post-TQL session feedback (1 hour)

- Reporting of facilitation activities (1 – 2 hours)
- Participation in routine TQL sharing activities (listserv, conference/webinar calls) (variable)

Who should participate in the TQL Program?

NQC will periodically offer TQL sessions to individuals responsible for supporting quality management programs in the Ryan White Program arena and who have the capacity and ability to lead and facilitate quality improvement activities. The TQL Program is designed for those individuals who:

- Are interested in improving HIV care
- Are grantees of Ryan White Program funds
- Have a fundamental knowledge of quality improvement principles and a familiarity with the HRSA HIV/AIDS Bureau quality mandate
- Have successful prior facilitation experience
- Are required as part of their job responsibility to build and support quality management programs
- Are prepared to facilitate and support other grantees and/or sub-grantees in understanding and implementing quality improvement activities
- Are able to fully participate in all TQL activities, including pre-work, TQL sessions, and ongoing TQL support activities

NQC will screen all applicants for their qualifications and to ensure appropriate geographic and Part-specific representation. Specifically, this Program will target representatives of Ryan White grantees who are:

- Leaders of quality management programs, including medical directors and/or public health senior officials
- Quality managers of Ryan White-funded grantees
- Quality managers of larger health care systems (City and State Departments of Health) or networks of HIV ambulatory care clinics

Prospective participants are qualitatively and quantitatively assessed based on their quality improvement literacy, using standardized assessment tools and future potential of implementing key TQL content areas.

Who will conduct the face-to-face TQL session?

The TQL faculty is comprised of NQC staff and consultants. Our NQC consultants are physicians, nurses, or specialists with proven expertise in teaching and practicing quality improvement in HIV care.

How is the TQL session structured?

The face-to-face TQL session is a rigorous 3-day consecutively scheduled learning experience. The schedule for Day 1 and Day 2 is 8:00am to 6:00pm with Day 3 running from 8:00am to 4:00pm. Breaks are scheduled throughout the day with a 60 minute lunch. Each day is a blend of small and large group discussions, group activities, individual activities, role plays, short lectures, demonstrations, and presentations. Each participant receives a facilitator guide, a CD containing all TQL PowerPoint slides, and a certificate of successful participation.

How do I enroll in the TQL Program?

For each TQL session, NQC will enroll a maximum of 40 participants. Those who successfully complete this full course will receive a TQL certificate from NQC.

Those who wish to enroll in the TQL Program need to complete the registration request form available from NQC. The online application form can be accessed at NationalQualityCenter.org/TQL. NQC will screen nominations for their potential to fulfill the expectations of this Program and to ensure appropriate geographic and Part-specific representation. If enrollment is oversubscribed, additional applicants will be placed on a waiting list in case of cancellations.

How many people at my organization can take the course?

Registration for the TQL Program will initially be limited to two participants per grantee. Additional participants can apply and join the NQC waiting list.

Where can I get more information about the TQL Program?

Please contact the National Quality Center for more information:

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National Quality Center

New York State Department of Health

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New York, NY 10007-2919

Work: 212.417.4541

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Pre-Work

Pre-Work

Purpose

During the application process all potential TQL participants are asked to complete the online NQC application form, which includes relevant demographic information and a screening tool to assess quality improvement knowledge, prior facilitation skills, and ability to lead quality improvement activities.

After NQC screens all applications, TQL candidates are informed about their participation and asked to complete their Pre-work assignments. This TQL Pre-work includes participation in Pre-TQL conference calls and webinar sessions to review TQL learning objectives, meeting logistics, and completion of provided planning tools. This section of the TQL Guide outlines all Pre-work expectations and provides samples of the documents necessary to successfully participate in this Program.

Timetable

Pre-work activities are divided into three major stages and occur at approximately 30 days, 10 days, and 3 to 5 days prior to the TQL session.

TQL Pre-Work Study Guide

WHEN	WHAT	MIN
Before the first TQL Pre-work conference call	<p>Read 'Meeting Management Guide'</p> <ul style="list-style-type: none"> • Identify facilitation concerns • Think about what facilitation techniques you have employed <p>Read 'Adult Learning Guide'</p> <p>Review the 'Talent Pool Form'</p>	<p>60 min</p> <p>60 min</p>
First TQL Pre-work conference call (30 days before the TQL session)	<p>Kick-off conference call with TQL faculty and participants</p> <p>Discuss logistics for face-to-face TQL session</p> <p>Review first reading assignments:</p> <ul style="list-style-type: none"> • Discuss facilitation concerns as well as ideas on what facilitation techniques you have experienced • Answer questions on 'Adult Learning Guide' • Introduce 'Talent Pool Form' and discuss next steps <p>Review next reading assignments:</p> <ul style="list-style-type: none"> • 'Ten Creative Myths' • 'Tips for Problem Solving' 	60 min
Before the second TQL Pre-work conference call	<p>Read 'Ten Creative Myths'</p> <ul style="list-style-type: none"> • Which of those creative myths especially resonate with your experience? <p>Read 'Tips for Problem Solving'</p> <ul style="list-style-type: none"> • Think about tips or advice you have for problem solving 	<p>60 min</p> <p>60 min</p>
Second TQL Pre-work conference call (10 days before the TQL session)	<p>Discussion on creativity:</p> <ul style="list-style-type: none"> • Which of those creative myths especially resonate with your experience? What specific methods have you found to be successful in helping groups be more creative? <p>Discussion on solving problems:</p> <ul style="list-style-type: none"> • What tips or advice do you have for problem solving? <p>Invite participants to bring sample agendas used in their QI meetings to the TQL</p>	60 min

TQL Pre-Work Study Guide (continued)

WHEN	WHAT	MIN
Second TQL Pre-work conference call (10 days before the TQL session) (continued)	Solicit volunteers for mini-presentations at the face-to-face TQL session Final Logistic Questions	
Third TQL Pre-work conference call/ webinar (3 days before the TQL session)	Participate in webinar on NQC resources and consumer involvement in quality improvement efforts	90 min

Pre-work Conference Call I – Agenda

	TOPIC	MIN	NOTES/OBJECTIVES
A	Opening Comments and Welcome	10 min	<ul style="list-style-type: none"> • Welcome participants to the TQL Program • Introduce the TQL Program and its overall objectives to participants • Review conference call ground rules
B	Agenda Overview/Faculty Introductions	5 min	<ul style="list-style-type: none"> • Understand goals of this TQL pre-work conference call • Allow faculty to introduce themselves • Clarify the roles of the faculty members
C	Introductions of Participants	10 min	<ul style="list-style-type: none"> • Allow participants to introduce themselves
D	Logistics Discussion	10 min	<ul style="list-style-type: none"> • Clarify logistical issues regarding the upcoming TQL session • Specify contact persons
E	Pre-work Assignments: <ul style="list-style-type: none"> • 'Meeting Management Guide' • 'Adult Learning Guide' • 'Talent Pool Form' 	20 min	<ul style="list-style-type: none"> • Discuss 'Meeting Management Guide' reading assignment: (a) identify facilitation concerns, (b) identify what facilitation techniques they have experienced • Discuss 'Adult Learning Guide' reading assignment and engage in an open discussion • Introduce the 'Talent Pool Form' • Review upcoming pre-work assignments
F	Wrap up/Conclusion <ul style="list-style-type: none"> • Announce next pre-work conference call date and time • Review next pre-call participant agenda 	5 min	<ul style="list-style-type: none"> • Understand pre-work assignments to be completed before the next conference call

Pre-work Conference Call I – Facilitator Notes

Length of Conference Call:

60 min

Materials Needed:

Pre-work Conference Call I Agenda; contact list of participants; TQL objectives; TQL Pre-work Study Guide; Meeting Management Guide; Adult Learning Guide; Talent Pool Form

Overview of Activity – 60 min:

- Opening Comments and Welcome
- Agenda Overview and Faculty Introductions
- Introductions of Participants
- Logistics Discussion
- Review Pre-work Assignments
- Wrap up/Conclusion

Purpose and Key Lessons Learned:

- Familiarize the participants with TQL objectives and fellow participants
- Introduce and clarify pre-work assignments and TQL logistics

Detailed Instructions:

Opening Comments and Welcome

1. Extend an enthusiastic and warm welcome to participants as they sign onto the conference call
2. Let participants know that the call moderator will

facilitate a self-introduction by all participants after everyone has joined in and has reviewed the objectives and agenda for the call

3. Explain you will briefly introduce the faculty and welcome latecomers as they join the call
4. Review overall TQL Program objectives as stated in the TQL Guide; highlight participants' role in making this a successful experience and emphasize peer learning opportunities
5. Review good conference call ground rules, including full participation for the next 60 min; muting the phones when not speaking up; not putting phones lines on hold

Agenda Overview and Faculty Introductions

6. Thank participants for joining the first of three TQL pre-work calls
7. Review the purpose and goals of this first TQL pre-work call
8. Quickly review the agenda for this call
9. Introduce call facilitator and NQC staff involved in the TQL Program; explain each person's role throughout the TQL process

Introductions of Participants

10. Facilitate participant self introductions; stress that the participants should quickly state their name and organization; monitor time appropriately

Logistics Discussion

11. Clarify any meeting logistics, such as meeting location and times; lodging and travel arrangements
12. Mention appropriate contact persons for TQL questions
13. Remind participants of the dates for the next pre-work calls

Review Pre-work Assignments

14. Confirm that participants have received the pre-work materials
15. Discuss the Meeting Management Guide reading assignment and start with the following discussion: (a) identify facilitation concerns, (b) identify what facilitation techniques participants have found to work very well
16. Review the Adult Learning reading assignment and open the floor for any questions
17. Explain the 'Talent Pool Form' and its role at the TQL session

Wrap up/Conclusion

18. Ask participants if they have any remaining questions
19. Clarify the second pre-work call assignment and agenda
20. Thank participants for their time

Pre-work Conference Call II – Agenda

	TOPIC	MIN	NOTES/OBJECTIVES
A	Opening Comments and Welcome	10 min	Objectives: <ul style="list-style-type: none"> • Answer logistical questions about the pre-work • Engage participants • Answer any questions concerning Pre-work assigned from first call
B	Discussion: <p>a. Creativity</p> <ul style="list-style-type: none"> • Refer to Ten Creative Myths • Ask Framing Question <p>b. Tips for Problem Solving</p> <ul style="list-style-type: none"> • Ask Framing Question 	40 min	Framing Questions: <ul style="list-style-type: none"> • Which of those creative myths especially resonated with your experience? • What specific methods have you found to be successful in helping groups be more creative? Framing Question: <ul style="list-style-type: none"> • What additional tips or advice do you have for problem solving?
C	Sample Agendas	5 min	Ask participants to bring actual agendas from past QM committee and QI team meetings since they will be used during the face-to-face TQL session
D	Identify five volunteers for mini-presentations on first day of TQL session	5 min	Volunteers will be asked to present on issues related to leading quality improvement activities; present participants a list of potential ideas for mini-presentations and identify five volunteers
E	Final logistical questions	Post-call	Clarify logistical issues

Pre-work Conference Call II – Facilitator Notes

Length of Conference Call:

60 min

Materials Needed:

Pre-work Conference Call II Agenda; Participant Contact List; Pre-work Study Guide; Ten Creative Myths; Tips for Problem Solving

Overview of Activity – 60min:

- Welcome and Introductions
- Discussion on Creativity and Problem Solving
- Invite participants to bring sample agendas used in their QI meetings
- Identify five volunteers for mini-presentations at the TQL session
- Final Logistical Q & A

Purpose and Key Lessons Learned:

- Discuss and develop methods to help individuals and groups be more creative
- Develop new ideas in problem solving
- Further foster a community of TQL learners

Detailed Instructions:

Welcome and Introductions

1. Welcome participants as they sign onto the conference call and thank them for joining; briefly review the purpose of the call

2. Ask participants to quickly introduce themselves
3. Introduce call facilitator and other faculty or support persons
4. Quickly review the agenda for this call
5. Answer any questions concerning Pre-work assigned from first call

Discussion on Creativity

6. Refer participants to the pre-call reading assignment ‘Ten Creative Myths’
7. Ask participants to discuss which of the ten creative myths resonate with their experience
8. Lead a subsequent discussion based on the framing question: ‘What specific methods have you found to be successful in helping groups be more creative?’

Discussion on Problem Solving

9. Refer participants to the pre-call reading assignment ‘Tips for Problem Solving’
10. Lead a discussion based on the framing question: ‘What additional advice do you have for problem solving?’

Invite participants to bring sample agendas used in their QI meetings

11. Ask participants to bring sample meeting agendas; agendas are important to meeting effectiveness and time management and this is a good peer learning opportunity

Identify volunteers for mini-presentations on Day 1 of the TQL Session

12. Ask for volunteers on the call to participate in mini-presentations during Day 1
13. Explain that the presentations should center around leading quality improvement activities; present some potential ideas
14. Record the names of the five volunteers

Final logistical questions

15. Event coordinator should answer questions on logistical matters

Pre-work Conference Call III – Agenda

	TOPIC	MIN	NOTES/OBJECTIVES
A	Welcome and Introductions	10 min	<ul style="list-style-type: none"> • Welcome participants to the webinar • Review webinar ground rules and overview of how to interact during the webinar • Review agenda items
B	Presentation on Consumer Involvement	35 min	<ul style="list-style-type: none"> • Clarify roles that consumers can play in quality improvement • Provide “real-world” learning examples
C	Presentation on NQC Services and QI Resources	35 min	<ul style="list-style-type: none"> • Allow participants to understand the breath of NQC resources available • Discuss creative ways to use those resources • Show participants how to access documents on website
D	Final Q & A	10 min	<ul style="list-style-type: none"> • Clarify remaining questions

Pre-work Conference Call III – Facilitator Notes

Length of Conference Call:

90 min

Materials Needed:

Pre-work Conference Call III Agenda; Participant Contact List; TQL Pre-work Study Guide; Presentation slides on consumer involvement and NQC resources

Overview of Activity – 90 min:

- Welcome and Introductions
- Presentation on Consumer Involvement
- Presentation on NQC Services and QI Resources
- Final Q & A

Purpose and Key Lessons Learned:

- Understand the importance of having consumers involved in quality improvement efforts
- Review NQC resources available, their uses and potential benefits to quality improvement efforts

Detailed Instructions:

Welcome and Introductions

1. Welcome participants as they sign onto the conference call and thank them for joining; briefly review the purpose of the webinar
2. Ask participants to quickly introduce themselves
3. Introduce call facilitator and other faculty or support persons

4. Explain to participants how to interact with presenter, e.g. how to raise hand if a question arises during presentation and/or how to use the chat room effectively
5. Quickly review the agenda for this webinar

Presentation on Consumer Involvement

6. Review the presentation slides on consumer involvement
7. Engage participants in discussions about their effective strategies to involve consumers

Presentation on NQC Services and QI Resources

8. Present slides on NQC services and key QI resources
9. Ask participants whether they have accessed these resources and how they have done so

Final Q & A

10. Solicit final questions from participants
11. Remind them that they can contact the presenters if new questions arise; restate presenters email addresses
12. Thank participants for joining the webinar

Talent Pool Form

Name: _____

“What special quality improvement talents do you bring to the group from which other HIV programs can learn?”

Please identify up to unique 5 talents and we will ask you to share these talent(s) at the face-to-face TQL session. All talents will be grouped and posted for participants to review over the 3-day TQL session. Thanks in advance for contributing your knowledge, expertise, and experience to benefit others in the session - you are truly playing a key role in building a learning community.

1.
2.
3.
4.
5.

Meeting Management Guide – ‘The New Compleat Facilitator’ by Howick Associates

A. Managing Meetings

Facilitating Meetings

Your responsibilities in facilitating a meeting are to:

- Ensure the room is set up to accommodate the group’s needs.
- Open the meeting with a check-in.
- Review the agenda and process.
- Assign meeting tasks.
- Establish or review ground rules.
- Help the group work through the agenda.
- Provide and solicit feedback along the way.
- Plan the next meeting’s agenda.
- Close the meeting with a check-out.

Setting up the Room

Meeting day has arrived! Get there early enough—before the meeting participants—to make sure:

- There are enough chairs and tables.
- The chairs and tables are set up correctly.
- All of your equipment is set up and you know how to use it.
- All of the markers are in good shape.
- There are plenty of notepads, sticky notes, and pens.
- You know where restrooms, phones, etc. are.

B. Opening the Meeting

Start on time

One of your group’s ground rules should be that meetings begin on time. It’s a rule that shows respect for everyone’s time and sets the tone for a productive meeting that stays on track.

When group members agree to a “begin on time” ground rule, they should also agree on a ground rule for late comers. Rather than holding up the meeting or rehashing earlier decisions, ask them to meet with you or another group member during a break or after the meeting.

Open with a check-in

A check-in is a very useful introductory activity that can enhance the value of a meeting. The process of asking all participants to “check-in” with the group helps everybody to understand the mood and tone of the participants...where they are “coming from.” It also provides the participants an opportunity to let go of their “stuff” so they can be more fully present. The facilitator develops an opening question and asks each group member to respond. The nature and composition of the group will determine the type of question.

Examples of Check-ins

How is everyone feeling? Share some highlights of your day/week. Describe your mood as a weather forecast (i.e. sunny, partly cloudy). What is your most significant accomplishment since we last met? Tell us about an interesting project you are involved in right now. Holiday appropriate check-ins. What is your favorite Valentine memory?

Reviewing the Agenda and the Process

Review the agenda with the group, noting who is taking the lead for each item. This is the group's opportunity to ask questions or suggest changes. Resist the temptation to begin discussing any of the agenda items themselves!

Set the stage for the meeting by briefly reviewing the processes and techniques (idea-generation, decision-making by consensus) you'll be using to help the group attain the objectives in the agenda. Use this time to answer questions, not to begin working on the agenda items. At this point, you're only reviewing the game plan, not playing the game.

Assigning Responsibilities

Responsibilities that aid facilitation are recording and time-keeping. Assign them to group members, rather than doing them yourself.

The **recorder** captures ideas, discussion points, and action items on the flip chart or board. This information can be used to create a written document, sometimes known as "minutes." The facilitator can help by:

- Paraphrasing and summarizing what's been said so the words accurately capture the intended meaning.
- Identifying the key points which should be included in the "minutes." At a minimum, they should contain all decisions that were made, future action items, due dates, and the individual responsible for each.

The Power of the Pen

Capturing and writing down ideas as they whiz through the air is a powerful responsibility. The facilitator and recorder need to always make certain that they accurately

summarize each idea into a few words. They need to ensure that they aren't inadvertently changing the intended meaning of the idea, even if their rewording "sounds better" or "makes more sense." The content of the meeting belongs to the whole group. Note-takers should record information the way it is offered by the participants so that it won't be misinterpreted later on.

Tips for making sure what is written down captures the intended meaning:

- If discussion is moving too rapidly for the recorder, ask people to slow down, back up, or repeat what they've said.
- Ask the recorder to read aloud what they have written down.
- Have the recorder ask the contributor of the idea if he or she captured it the way the contributor would like it captured.
- If an item needs to be shortened, have the recorder paraphrase it aloud for the group before the recorder writes it down.
- Bring a tape recorder to the meeting. Don't use it in place of note-taking, but as a back-up in case the recorder needs to check something later.
- Create a ground rule: One person speaks at a time.
- Create another ground rule: Spelling amnesty.

The **timekeeper** keeps track of time during meetings and lets the group know when the time allocated for discussion of an item is running out. The timekeeper's job is to remind the group of the limits it has set for itself so that adjustments can be made, if necessary, and to occasionally ask the group for a "time check." You will need to make sure that the timekeeper's focus on time doesn't drive the meeting. Participants who take on these responsibilities should be able to do these tasks and still participate fully in the group's activities. If you notice that the timekeeper is so pre-occupied with watching the clock that he/she isn't involved in the discussion, give the job to someone else, rotate it around the group, or break it into more "bite-sized" pieces so the group won't lose the benefit of that person's contributions.

Creating Ground Rules

Creating ground rules should be a primary objective for your group's first meeting. At subsequent meetings, review the ground rules at the same time that you review the agenda and meeting processes.

The group's best protection against being derailed by unproductive behavior is through agreeing on expectations at the beginning of the process for how group members will work together, actively making decisions, assigning work, and handling disagreements as they arise. One of the most effective ways to facilitate the formation of ground rules is to present one of the areas (e.g., attendance) and ask the group to suggest specific rules for each area.

The group also needs to agree upon how the ground rules will be used and what happens when they are not followed. For example, if the group decides to always start meetings on time, what will happen if someone comes late? What will be the group's response if members don't come prepared to meetings or follow up on assignments?

The facilitator should participate in the framing of ground rules, but he/she should resist the urge to take responsibility for enforcement. The ground rules belong to the group and need to be monitored by the group. The agreed upon ground rules should be posted and visible to all group members.

Ground Rules to Consider

Attendance

What are the expectations for attendance?

Sample ground rules:

- A member who is going to miss a meeting should contact James 24 hours in advance.
- The minimum number of meetings that everybody attends is...
- Three-quarters of the group must be present in order to hold a meeting.

Promptness

Sample ground rules:

- Meetings start and end on time.
- Latecomers and early-leavers are responsible for catching up on what they missed without disrupting the meeting.

Conversational courtesies

How will the group manage itself while exchanging ideas?

Sample ground rules:

- One person speaks at a time.
- No personal comments or sarcasm.
- All ideas will be listened to respectfully.
- Don't "filibuster the airspace" (45 second rule).
- Check your title at the door.
- No side conversations.

Interruptions

How will the group respond to beeping pagers, ringing cell phones, and knocks on the door during meetings?

Sample ground rules:

- *Pagers and cell phones will be turned off during meetings.*

Ground Rules to Consider (continued)

Confidentiality

How will the group treat information that is proprietary, dangerous, painful, or embarrassing?

Sample ground rules:

- Personal information shared during a meeting does not leave the room.
- A member who wishes to share information with someone outside the group must clear it with the group first.
- Group members will apprise one another of discussions they have outside of meetings to keep everyone in the loop.

Routine tasks

How will the group take responsibility for note-taking, report-writing, time-keeping, room reserving, donut-bringing...?

Sample ground rules:

- Everyone in the group will take a turn doing each job.
- If someone is not able to do his/her job, he/she will find a substitute.

Decision-making

How will decisions be made?

Sample ground rules:

- Decisions will be made by consensus.
- Highest-ranking members speak last.

Preparedness

How should participants prepare themselves for a meeting?

Sample ground rules:

- Read preparation materials before the meeting.
- Preparation materials will be distributed three days before each meeting.

Assignments

What are the expectations for tasks which need to be completed outside scheduled meeting times?

Sample ground rules:

- Complete assignments before meetings.
- No assignment should be so big that it can't be completed before the next meeting

New members

How will new members be assimilated into the group?

Sample ground rules:

- Group leader will bring new members up to speed before their first meeting.
- Build a getting-to-know-you check-in in to the new members' first meeting.

Ground rule effectiveness

How will the group ensure the effectiveness of the ground rules?

Sample ground rules:

- The whole group takes responsibility for following and enforcing ground rules.
- Ground rules will be reviewed at the start of every meeting and revised as the group sees appropriate.
- Anyone who breaks the same ground rule three times in one meeting has to bring the donuts for the next meeting but doesn't get to eat any of them.

Working together to develop ground rules requires members to articulate their values and to set norms for ways of communicating and working with one another. The members begin to feel like a group because the rules came from them, not from the organization, the group leader, or the facilitator. The group becomes more cohesive as individuals take responsibility for upholding their rules with one another.

C. Keeping the Group Focused and Moving Forward

Because one of the things groups do is to meet, an important aspect of the facilitator's job is helping members work together in meetings. A meeting that keeps moving and stays focused is a meeting that is productive, effective, and fun. Keep yours on track by...

...Observing

- "There seems to be concern about..."
- "Perhaps it's time to move on..."
- "Is this something we should continue next week, when...?"

...Clarifying

- "What I hear you saying is..."
- "Let's see if we can clear up the confusion..."
- "If I understand correctly..."
- "Is there anything about this that is still unclear?"
- "Let's review where we are..."

...Focusing

- "Getting back to the agenda..."
- "Can we park this issue for now and get back to the topic we've been discussing?"
- "Let's get back to our flip chart..."
- "The point currently under discussion is..."

...Stimulating

- "What ideas can we come up with...?"
- "How could we approach this question from a different angle?"

- "What might be other reasons for this situation?"
- "Is this a good place to do some idea generation?"
- "What do you think about...?"
- "For example, has anyone ever...?"

...Balancing

- "Does anyone else have another viewpoint?"
- "Any other ideas?"
- "Beth, what else do you think might work?"

...Summarizing

- "To review the key points we've heard today..."
- "Let's look again at the decisions we've made..."
- "Before we move to the next item let's record the key points from the discussion..."
- "In summary, we are going to..."
- "Sam will follow up on..."

How To Deal With Issues: The Parking Lot

When issues come up that need to be dealt with later, you can keep the discussion on track while ensuring that the participant offering the input is heard and his/her input isn't lost.

Hang a sheet of paper on the wall and call it 'Parking Lot.' Park side issues there until the end of the meeting. The recorder can jot them down as they arise or participants can write them on sticky notes you've placed around the table. Ask the group how it wants to work with the issues that haven't yet been addressed, for example, by adding them to the next meeting agenda or by assigning them to the appropriate person to tackle.

Managing the agenda

Handle one item at a time. Introduce the item and the person responsible for bringing that item to the group. Review the objective for the item.

Maintain focus throughout the meeting. Stick to the agenda. Create a 'Parking Lot' to capture items that come up and deserve attention at some other time.

Facilitate the process of achieving the objective for each item before moving on. If the objective has been achieved, clarify agreements, next steps, and individual group members' responsibilities for next steps. If the group is going to need more time to achieve the objective, help it to identify what further work needs to be done, and decide whether that work will be done in this meeting—in which case the agenda needs to be adjusted—or put on the agenda for the next meeting.

Summarize agreements and check for consensus before moving on to the next item.

Making decisions

A common mistake that groups make is thinking that, because they have come to the end of the time allotted for an agenda item, they have done their job. When a group “does time” instead of doing work, it runs the risk of having unresolved agenda items come up again and again. If you've ever felt that your group has the same meeting over and over again, it's probably because it hasn't made the decisions it needs to make. If your group is unable to complete a decision-making process in the session, make a note of where you are in the process and save the flip charts.

Providing and soliciting feedback

The group needs your help to remain focused, on track, and productive. Because you are committed to remaining neutral regarding the content of its discussions, you are in a good position to observe and to provide feedback on how the group is doing.

This is tricky business. Sometimes people hear fault-finding where none is intended. The most innocent clarifying question can be misinterpreted as a confrontation, especially when discussing a topic one feels strongly about.

The key to providing constructive feedback is to focus on those behaviors that are helping the group move toward its goals – and those that are slowing it down. This means offer-

ing both affirmative and critical feedback. It means talking about specific behavior, not personalities.

It definitely does not mean reading into someone's behavior what you think his/her motives, attitudes, or psychological profile might be. Don't make sweeping general statements: “You always...” or “You never...” Don't be judgmental or use labels.

Suggested phrases

- Be specific: “These cell phone calls are distracting to our discussion.”
- Use constructive feedback = descriptive + prescriptive (describe what is happening and how to improve it)
- Be kind: If feedback would embarrass someone in front of the group, provide it privately during a break.
- Invite people to offer suggestions: “How can we reduce the interruptions to our meeting?”
- Let people know what they can do to help the meeting run more effectively: “Minimizing distractions will help us have a more productive meeting.”
- Show appreciation for behavior that helps move the group's work forward. “Thank you for turning off your cell phone when you came into the meeting.”

Review decisions and action items

Before you close the meeting, make sure that the recorder has accurately captured all of the decisions the group has made. These include the next steps, who will be responsible for them, and the date by which tasks will be completed. List these on the flip chart and in the meeting minutes.

D. Closing the Meeting

Planning the next agenda

Review the decisions of the group to ensure that everyone is clear about what actions are being taken and by whom. Make a list of items participants think should be on the next meeting's agenda, the objectives, and the name of the person responsible for taking the lead on each one. Use this list when you work with the group leader to plan the next meeting.

Check-out

Briefly go around the room and ask for input regarding how the meeting went. What were some notable accomplishments today? Where did we struggle? What were the highlights of today's meeting? What should we do differently next time? Use this feedback to help you plan for the next meeting.

Tips for conference calls

- Build the agenda before the meeting.
- Be sure all participants are aware of any time zone differences.
- Make sure everyone gets a copy of the agenda ahead of time.
- Have all materials labeled and identified by different colors.
- Make sure phone and video equipment are working.
- Plan processes that don't require physical cues or interaction, such as round robin discussions, rather than idea generation.
- Establish "one at a time" as a ground rule for discussion, making sure people wait to comment on a topic until the speaker is finished.
- Call on each participant by name.
- Ask participants to identify themselves by name before speaking.
- Periodically update the person(s) on the phone as to what's going on in the room. This is particularly helpful when there is silence.
- Rein in ambient noises, such as crumbling paper, clattering dishes, side conversations, pencils tapping on the table, etc.
- Plan for a "bio break" if the call exceeds 1 1/2–2 hrs. Be clear about the length of the break and the procedure for reconnecting to the call.
- Use humor. Tell people what you are not seeing is Jack scratching his head or Tom staring into space.

Reasons I love teleconferencing...

1. I can wear my favorite sweats and sit in my easy chair.
2. No one knows if I am having a bad hair day.
3. My facial expressions don't have to be censored.
4. (Put your favorite reason here...)

What If Scenarios...

WHAT IF...	TRY...
...a key decision-maker is late or absent?	<p>...asking the group if this person's absence/tardiness hinders the group's process. If the answer is yes, agree to reschedule or delay the meeting.</p> <p>...seeing if there is a way you can reorder the agenda to take this into consideration.</p>
...someone comes in late and wants to be caught up?	<p>...offering to brief the latecomer during the break. ...providing a brief explanation as to where the group is with the agenda.</p> <p>...establishing a ground rule that addresses the issue for future meetings.</p>
...our group seems too large for a check-in?	<p>...asking an open-ended question and inviting people to respond to it. Give the group an appropriate amount of time to answer (not everyone is required to respond).</p>
...group members want to change course once the meeting starts?	<p>...asking, "What has changed since we put this plan in place?" and adapt, if appropriate.</p>
...participants object to the process or parts of it.	<p>...asking the others if they share this concern. If so, ask the group for alternative approaches.</p>
...the group wants me to take a participant role?	<p>...determining why the group feels it is important for you to participate. Discuss your concerns about doing both.</p>
...the group is engaged in a meaningful discussion but time is running out?	<p>...bringing the situation to the group's attention by sharing your perception ("this is a very meaningful discussion") and discuss how to proceed—extend the meeting? schedule additional time? reconfigure the agenda? etc.</p>
...the group expects me to enforce the ground rules?	<p>...reminding the group that the ground rules are the <i>group's</i> rules, so they are a shared responsibility.</p> <p>... checking with the group in regards to whether the ground rules they don't want to enforce should be removed from their list.</p>
...one person consistently breaks the ground rules?	<p>...meeting with the individual outside the meeting, providing feedback about the effect his/her behavior is having on the group's effectiveness, and asking for cooperation.</p>
...the group leader dominates discussion, tries to control decisions, or won't follow the same rules as everyone else?	<p>...meeting with the individual outside the meeting, providing feedback about the effect his/her behavior is having on the group's effectiveness, and asking for cooperation.</p>

What If Scenarios... (continued)

WHAT IF...	TRY...
...I suddenly realize I don't have enough time to get through the agenda?	<p>...asking the group, "What should we focus on for the rest of the meeting?"</p> <p>...determining, "How should the remaining items be addressed?"</p> <p>...asking for volunteers to work outside the meeting on agenda items the group didn't have time to cover in this meeting.</p>
...the group members are uncomfortable with giving and receiving feedback.	...using a variety of questions: "What went well?" "Where did we struggle?" "Next time we should..."
...I am uncomfortable with how things are going?	...sharing your views with the group. Check if members feel the same way. (Your discomfort with the process may not be shared by the group.)

Pitfalls to Avoid

- Underestimating the importance of introductory activities (ground rules, etc.). These activities help participants feel comfortable and get the meeting off to a productive start.
- Not allowing enough "prep" time to ensure that the facilities and equipment are working properly.
- Abusing the "power of the pen" by not accurately recording what is discussed.
- Neglecting to agree in advance on how decision-making will happen.
- Assuming things are going well if nobody is complaining. No news is NOT necessarily good news to a facilitator.
- Getting so involved in the meeting content that you do not observe how the group team dynamics are functioning.

10 Creative Myths – Article by Jeffrey Baumgartner

Over the years, I have heard a lot of people say a lot of daft things about creativity. Some of those things, I hear again and again. What's worse, a lot these daft notions – or myths – about creativity are detrimental to the creative process. So, let's end this once and for all. Below are 10 creative myths. If you share these with everyone in the world, these myths will go away.

1. “I am not creative.”

I have heard a lot of people say precisely that: “I am not creative.” The truth, of course, is that we are all creative. That's what differentiates us from parrots who can say clever things but couldn't have a creative idea if their lives depended upon it. The truth is we are all creative. And while some people are naturally more creative than others, we can all have very creative ideas. The problem is, as we grow older, most of us learn to inhibit our creativity for reasons relating to work, acceptable behavior and just the notion of being a grown-up.

2. “That's a stupid idea.”

People say this kind of thing to colleagues, family and even to themselves. Indeed, this is one reason why people believe they are not creative: they have gotten into such a habit of censoring their creative ideas, by telling themselves that their ideas are stupid, that they no longer feel creative. Next time you have an idea you think is stupid, don't censor it. Rather, ask yourself how you could improve the idea.

3. “Creative people always have great ideas.”

Rubbish! Creative people always have ideas. Whether they like it or not, they are having ideas and sharing those ideas (often with people who tell them their ideas are stupid, no less!) every waking hour of the day. Of those ideas, a precious few are great. Many are good, many are mediocre, and a precious few really are stupid ideas. Over time, we tend to forget creative people's weak ideas and remember their great ideas.

4. “Constructive criticism will help my colleague improve her idea.”

Yeah, and tripping a child when she is learning to walk will help her improve her walking skills. Nonsense! Criticism, whether constructive or destructive (as most criticism truly is), squelches creative thinking and teaches your colleague to keep her ideas to herself. Likewise, other colleagues will see what happens when ideas are shared and will also learn to keep their ideas to themselves. Fresh ideas are fragile. They need nurturing, not kicking. Instead of criticizing a colleague's new idea, challenge her to improve the idea by asking her how she could get over the idea's weakness.

5. “We need some new marketing ideas for the upcoming product launch. Let's get the marketing people together and brainstorm ideas.”

This is a sure recipe for coming up with the same kind of marketing ideas you have had in the past: i.e., uncreative.

Brainstorming, as well as ideas campaigns and other group ideation events get the most creative results with the widest variety of participants. Want marketing ideas? Then bring in sales, accounting, human resources, financial, administrative, production, design, research, legal, and other people into the brainstorming event. Such a wide range of knowledge, experience, and backgrounds will encourage a wide range of ideas. And that results in more creative ideas.

6. “In order for our innovation strategy to be a success, we need a system of review processes for screening ideas and determining which ideas to implement.”

In fact, the review process is very often about eroding creativity by removing risk from ideas. The most important component for corporate innovation is a method of soliciting and capturing focused business ideas. The ideas campaign approach – where you challenge employees to submit ideas on specific business issues, such as “in what ways might we improve product X?” is the best way to focus innovation. A transparent tool that allows employees to submit, read, and collaborate on ideas is the best way to focus creative thinking. And, framing your challenges effectively is arguably one of the most important aspects of successful corporate innovation. (see <http://www.jpib.com/ideamanagement/> for more information on the ideas campaign approach to innovation). Yes, reviewing ideas is important, but first you need to be generating the creative ideas so that they may be reviewed.

7. “That’s a good idea. Let’s run with it.”

When we are looking for ideas, we have a tendency to stop looking and start implementing with the first good idea that comes to mind. Unfortunately, that means that any great ideas you might have had, had you spent more time thinking, are lost. Moreover, good ideas can often be developed into significantly better ideas with a little creative thought. So, don’t think of a good idea as an end – rather think of it as a beginning of the second stage of creative thought.

8. “Drugs will help me be more creative.”

The 1960s drug culture and glamour of musicians and artists

getting high and being creative led to this myth. And, possibly a little bit of drugs or alcohol will loosen your inhibitions to the extent that you do not criticize your ideas as much as you might had your inhibitions not been loosened. A lot of drugs or alcohol, however, will alter your mind and may very likely make you believe you are being more creative, but to people watching you, you will just seem like someone who is very high.

9. “If it ain’t broke, don’t fix it.”

Just the other day I was at a workshop where some people were complaining about a colleague who always had ideas. Worse, he wanted to use those ideas to change processes that were working perfectly well. Sadly, too many of us (but not you, of course) are like the complainers. If something works well as it is, whether it is a machine or a process, we often feel there is no need to change the way it works. Fortunately, Dr. Hans von Ohain and Sir Frank Whittle didn’t think like that – or we’d still be flying in propeller airplanes. Bear in mind that propeller airplanes were working perfectly fine when the two gentlemen in question individually invented the jet engine.

10. “I don’t need a notebook. I always remember my ideas.”

Maybe. But I doubt it. When we are inspired by an idea, that idea is very often out of context with what we are doing. Perhaps a dream we had upon waking inspires us with the solution to a problem. But, then we wake up, get the children up, have breakfast, run through in our minds an important presentation we’ll be giving in the morning, panic that the kids will miss their bus, run for the train, flirt with an attractive young thing on the train, etc - until late afternoon when you finally have time to think about the problem. How likely are you really to remember the idea you had upon wakening?

Tips for Problem Solver – www.SolutionsCreative.com

Tip 1: Sketch to encourage thinking without words

When something new is created it doesn't usually have a name. As an example, the pioneering anthropologist Margaret Mead said, "When the early letters were written, we did not even have a name for what we were doing, except the general term 'field work'." To limit yourself to thinking in words is to limit yourself to what has already been conceived and named. A useful way to promote thinking without words is to sketch. But, in contrast to sketching as taught in art classes, don't waste time trying to create pictures that other people can easily recognize. For instance, instead of drawing a realistic person you can draw a circle and write an appropriate word or two inside the circle to indicate, to yourself, who that person is. Rectangles and crudely outlined objects can likewise be used to represent things such as houses, equipment, and information. Arrows, which can be labeled if necessary, are useful for indicating actions and links. It is the process of creating a sketch, not the sketch itself, that is of value. Whether you sketch a situation as it is now or how you would like it to be, creating the sketch forces you to be specific. In turn, being specific leads you to a clearer understanding of the situation and forces you to make important, but easily overlooked, design decisions. After you have created a new solution on paper, you may discover that what you have created is difficult to translate into words. This is when you will appreciate the value of sketching to take you where words cannot go.

Tip 2: Learn from true experts

When you face a problem that involves what you don't fully understand, it's useful to learn from an expert. Managers at an automobile manufacturing plant tried to figure out why some of the windshields on one car model often leaked. Unable to solve the problem themselves, the managers hired consultants to help them. The consultants also couldn't figure out why the windshields leaked, but they did notice that the windshields installed during one of the shifts didn't leak. They watched the windshields installed during that shift and saw that the windshields were installed differently. When they asked the person in charge why the windshields weren't installed according to the instructions, he said "If we did it that way, they would leak." Instead of choosing an expert primarily based on titles, salaries, attire, and diplomas, it's wise to judge expertise according to how clearly the person understands the situation you want to improve. If you were looking for an expert in losing weight, who would you turn to? Someone who is thin, and has always been that way? Someone who has lots of experience with diets and exercise programs, but is still overweight? Or someone who has successfully lost weight? This example emphasizes that an expert should have experience in making the transition you want to make. It's not enough that the person has faced the same problem you face. When you go to an expert, it is best not to depend on the expert for advice because that puts you in the role of explaining the details of your situation, leaving little time for learning what the expert can

teach you. Instead, it's better to spend your time seeking a clearer understanding of what you don't yet clearly understand. The better you understand your situation, the better able you will be to solve the problem you face. When seeking an expert from whom to learn, keep in mind that going to an expert to learn includes going to a library or bookstore to read what an expert has written. Suppose public education were to be improved by attracting to the teaching profession college students who would normally choose to pursue high-paying jobs in law, medicine, and business management. Part of such a solution would require paying excellent teachers more than average teachers, and paying average teachers more than mediocre teachers. What experts would you turn to in order to determine the level of excellence of each teacher in a school? An easily overlooked group of experts are the teachers themselves. Nearly any teacher in a school knows which other teachers in the school are excellent and which ones are mediocre. (Of course creating a way to financially reward honesty and cooperation and discourage cliquishness would be an additional component of improving public education through this approach.) When trying to create a solution to a problem you face, seek out a true expert who, through spoken words or written material, can lead you to a clearer understanding of what you don't yet clearly understand.

Tip 3: Use electronic conferencing for some group problem-solving sessions

A popular way to do creative problem solving is to gather people together in a room for a group problem-solving session. Now that electronic mail is widely available, such group sessions can be conducted without everyone being in a specific place at a specific time. An obvious advantage of electronic conferencing is that the participants can be in widespread locations such as in different offices within a large corporation. A less obvious advantage of electronic conferencing is that the slowness of a written discussion matches the slow process of creating effective solutions to especially challenging problems. Specifically, there are opportunities to access subconscious thinking while doing activities such as commuting, going for a walk, showering,

and washing dishes (as explained in Tip number 1). As in face-to-face meetings, creativity can be enhanced by using strategies that reduce judgmental criticism. (Incidentally, in electronic conferences, criticisms are commonly called "flames.") To avoid wasting participants' time, electronic messages should be limited to the following types of messages (although their type need not be specified):

- Suggested solutions, including modifications and combinations of earlier-suggested solutions
- Advantages of suggested solutions
- Briefly-explained non-obvious disadvantages of suggested solutions
- Outlines of possible solutions
- Dimensions and matrices, explanations of which won't fit here

Notice that these categories exclude judgmental criticisms ("This is a bad idea"), wishing things were different than they are ("If only so-and-so hadn't done such-and-such"), ego strokes ("I was the person who came up with that idea"), and other comments that fail to bring the group closer to solving the problem. (By the way, claiming "ownership" of ideas is additionally unnecessary because the messages can be saved and later analyzed to reveal how a valuable solution emerged.) It wasn't too long ago that we learned how to talk to answering machines. Now, many people are learning how to participate in weeks-long written exchanges with other people they never see or hear. Such electronic conferencing nicely matches some of the needs of creative problem solving.

Tip 4: Solve a problem at its root

When trying to solve a problem, it's useful to identify the root of the problem. Once the root of the problem is fully understood, creative solutions arise more easily. Consider the problem of drug abuse. It might appear that the root of the problem is the availability of illegal drugs. If that were true, cutting off a user's supply of drugs would solve the problem. But if a person's supply of illegal drugs were cut off, the person would simply shift to using legal drugs, such as alcohol. If the supply of all mind-altering drugs

were cut off, the person's problem would probably shift to a different kind of inappropriate, obsessive behavior. If your idea for solving a problem simply shifts the problem to different symptoms, you haven't identified the root of the problem. After all, the goal of solving problems is to make the problem disappear, not simply shift it to a different form. Continuing with the problem of drug abuse, what is the root of the problem? In a sense it's the person's desire to take the drugs. If the person's desire to take drugs were eliminated, a person could be surrounded by a huge supply of drugs and not take any. Until you have identified specific actions that can solve the problem, you have not yet identified the root of a problem. In the drug abuse example, we need to ask: "Why does the person have a desire to take drugs?" Different drug users have different reasons. In some cases, the reason is a desire to escape their awareness of misery. In other cases, a person might lack social skills which could be overcome by having something to talk about (drugs), having something to do (take drugs), and providing the camaraderie that comes from having a common enemy (those who fight drug use). Another motivation can come from accepting drug use as an acceptable excuse to get out of doing disliked chores. And, of course, taking drugs fits into the lifestyle of someone who earns their living selling drugs. For each of these motivations, ideas for creative solutions to drug abuse easily arise. For example, if the reason is to escape misery, reducing the misery would reduce the motivation to take drugs. If a drug user lacks social skills, the person could be taught social skills (such as interpersonal communication and how to let go of anger constructively) that foster healthy relationships. If a drug user sells drugs, the person could be helped to find a more productive profession. In all cases, a drug user could be taught a creative activity or skill such as gardening, playing sports, understanding technical equipment (including automobiles or electronic devices), singing, playing music, reading interesting books, telling stories, or dancing. Such activities not only provide an alternative use of time and a topic of conversation in social situations, but provide joy to balance misery and work. These are not easy solutions to the problem of drug abuse, but they would reduce the problem (and reduce other problems too). More importantly, these ideas provide examples of actions that become apparent

by identifying the root of a problem. Creative ideas for solving a problem arise naturally by identifying the root of the problem. However, identifying who to blame for the problem and what caused the problem are not the same as identifying the root of the problem. Finally, remember that you haven't identified the root of the problem until you have identified specific actions that will lead to improvement.

Tip 5: When experimenting, don't limit yourself to the kinds of experimenting done in science classes and corporate R&D labs

An experiment can be worth doing to gain a clearer understanding of a topic that might lead to an insight that, in turn, makes a solution easy to see. But don't limit your experimenting to the kinds of experiments done in science classes and corporate research and development labs. The "science experiments" done in classrooms were truly experiments when they were first done. But, by the time they appear in a classroom, they have become demonstrations or measurements. In a demonstration, there is almost no uncertainty about what the outcome should be. There might be uncertainty in the minds of students and viewers, but not in the mind of the person who creates the "experiment." In contrast, there is uncertainty about the outcome of a true experiment. After all, the whole point of a true experiment is to find out what will happen. When a "science experiment" is a measurement project, the uncertainty is about the numbers that will be produced, but there isn't usually uncertainty as to whether the project will produce numbers. (Of course, there can be additional uncertainty about whether the numbers are correct and what the numbers mean.) The experimenting done in research and development labs sometimes involves uncertainty in the outcome, but there's a limit to the adventurousness of such experimenting. That's partly because experimental projects are less likely to be funded if they involve too much uncertainty in the results. Also, the best creative people are often not attracted to work for corporations as employees—because such creative people commonly aren't willing to conform to case-insensitive rules and the scheduled 2,000 hours per year that corporations typically require. (As a word of caution, it would be a mistake to conclude that rebellious

people are typically creative. Ideally, a usefully creative person knows when to conform and when to be adventurous and creative.) Although adventurous experimenting can be valuable for arriving at important insights, experimenting should not involve uncertainty about possible damage. As an extreme example taken from history, a number of people died finding out that attaching an engine and propeller to a glider doesn't work. Safety should be assured in every experiment. Not just coincidentally, some of the best models of experimenting have been the experiments that have produced historic innovations. A prime example is the experimenting done by Wilbur and Orville Wright. They experimented with wing cross-sections ("airfoils") in a wind tunnel, flew gliders as kites to test their ideas about control mechanisms, and did many other adventurous — yet safe — experiments to gain a clearer understanding of flight. When they tried their first airplane, it worked on the first try — because they had used safe experimenting to eliminate the many uncertainties involved. Perhaps you've been assuming that experimenting is just for people working in the areas of science and technology. Yet turning down the heat to see if anyone complains is an experiment. These too are experiments that have unpredictable and (in normal cases) safe outcomes. As the title of this tip says, don't limit yourself to the kinds of experimenting done in science classes and corporate R&D labs.

Tip 6: Appreciate humor

Especially at times when you're confronted by lots of problems, it's useful to appreciate moments of humor. In addition to providing welcome relief from the heaviness of a situation, humor provides an opportunity to experience the kind of thinking that's similar to the thinking that occurs at moments of creative insight. To see this similarity, let's look at a specific creative insight and a specific joke. Architects used to regard buildings primarily as collections of walls, floors, and ceilings. This way of thinking makes sense because walls, floors, and ceilings are what people see and what construction workers build. Later, innovations in architecture arose when architects, including Frank Lloyd Wright, realized that buildings could also be regarded as spaces whose boundaries are formed by walls, floors, and ceilings.

This way of thinking also makes sense because people move around inside of spaces. This example illustrates that the basis of creative thinking is a shift from a traditional way of thinking to a new and unexpected way of thinking. Now, compare that shift in thinking with the shift that occurs in the punch line of the following joke: A drunken man wandered into an alley and slumped down against a building. A few minutes later, a pig came along and sat down beside him. Another few minutes later, a well-dressed man walked by and remarked, "You can judge someone by the company he keeps." With that, the pig got up and left. As this joke and the architectural insight illustrate, the basis of both humor and creative thinking is a sudden and unexpected shift in thinking. People who resist shifts in thinking that occur at the end of jokes may also tend to resist shifts in thinking that could lead to useful creative ideas. In case you need more reasons to appreciate humor, here are two more:

- The goal of both humor and creative problem solving is the same: to make life more enjoyable.
- Laughter helps to clear the mind, and creative problem solving becomes easier when it's done with a clear mind.

Adult Learning Guide

Learning Objectives

The learning objective are:

- Understand basic principles of adult learning
- Understand how these principles relate to designing learning experiences
- Increase participants' confidence in designing learning experiences

Framing Question

Why would learning how to design and facilitate learning experiences be important for...

You?

Your organization?

Patients served by your organization?

Discussion Starters

Describe the most positive learning experience in workshop settings you have had in the last five (5) years.

What aspects of training others will be the most difficult for you?

Learning Defined...

“A Change in Behavior Due to Experience or Continued Practice.”

Learning = Change

- Learning is adaptation to the environment, allowing survival
- Humans have a huge capacity for learning
- The ability to learn varies by individual
- Your job is to facilitate change through learning for individuals

Foundation for Learning

- Ability: Innate, and differs by individual
- Prior Knowledge: differs by individual
- Motivation: differs and can be influenced and impacted by:
 - Perceived value
 - Confidence in our ability
 - Mood when we are learning

Contemporary Historical Roots of Adult Learning

Since the 1970s, adult learning theory has offered a framework for educators and trainers whose job it is to train adults. Malcolm S. Knowles (1973) was among the first pro-

ponents of this approach. In his book, *“The Adult Learner: A Neglected Species,”* he resurrected the word “andragogy” a term popular in German education circles in the early 1800s, and used it to label his attempt to create a unified theory of adult learning. Knowles’ contentions were based on four assumptions:

1. As individuals mature, they tend to prefer self-direction. The role of the instructor is to engage in a process of inquiry, analysis, and decision-making with adult learners, rather than to transmit knowledge.
2. Adults’ experiences are a rich resource for learning. Active participation in planned experiences—such as discussions or problem solving exercises, an analysis of those experiences, and their application to work or life situations—should be the core methodology for training adults. Adults learn and retain information more easily if they can relate it to their reservoir of past experiences.
3. Adults are aware of specific learning needs generated by real-life events such as marriage, divorce, parenting, taking a new job, losing a job, and so on. Adult learners’ needs and interests are the starting points and serve as guideposts for training activities.
4. Adults are competency-based learners, meaning that they want to learn a skill or acquire knowledge that they can apply pragmatically to their immediate circumstances. Life or work-related situations present a more appropriate framework for adult learning than academic or theoretical approaches.

Adult Learning Theory

Adults are people who:

1. have a good deal of firsthand experience
2. have relatively large bodies subject to gravitation
3. have set habits
4. have pride
5. have very tangible things to lose
6. have developed an opinion about authority
7. have decisions to make and problems to solve
8. have a great many preoccupation's outside a learning situation
9. have many options
10. have developed group behaviors consistent with their needs
11. have established emotional frameworks
12. have developed selective stimuli filters
13. respond to reinforcements
14. need a vacation
15. are supposed to appear in control
16. have strong feelings about learning situations
17. are secretly afraid of falling behind and being replaced
18. can skip certain basics
19. more than once find the foundations of their lives stripped away
20. can change
21. have a past
22. have ideas to contribute

Therefore...

I Learn Best When...

COLUMN A	COLUMN B
<ul style="list-style-type: none"> • Someone who knows something I don't explains and describes it to me. 	<ul style="list-style-type: none"> • I dialogue and discuss with someone who knows something I don't.
<ul style="list-style-type: none"> • I observe a demonstration. 	<ul style="list-style-type: none"> • I get involved and try things out during a demonstration.
<ul style="list-style-type: none"> • I attend lectures in which an instructor presents information to me. 	<ul style="list-style-type: none"> • I attend a session in which an instructor engages me in a two-way interaction.
<ul style="list-style-type: none"> • I see what's in it for the organization. 	<ul style="list-style-type: none"> • I see what's in it for me.
<ul style="list-style-type: none"> • There is a lot of detailed content. 	<ul style="list-style-type: none"> • There is minimal and meaningful content.
<ul style="list-style-type: none"> • What is presented to me is organized according to the logic of the content. 	<ul style="list-style-type: none"> • What is presented to me is organized according to the logic of how I learn.
<ul style="list-style-type: none"> • I am shown how things are done. 	<ul style="list-style-type: none"> • I get to try things for myself.
<ul style="list-style-type: none"> • I attend long learning sessions. 	<ul style="list-style-type: none"> • I attend short learning sessions.
<ul style="list-style-type: none"> • I am in a formal instructional setting. 	<ul style="list-style-type: none"> • I am in an informal work and learning setting.
<ul style="list-style-type: none"> • I am told how things work. 	<ul style="list-style-type: none"> • I experience how things work.

Source: Telling Ain't Training, ASTD, Harold Stolovitch, Erica Keeps, 2006

Assumptions, Conclusions, and Applications of Adult Learning

ASSUMPTIONS	CONCLUSIONS	APPLICATIONS
1. Adults enter a learning activity with an image of themselves as self-directing, responsible grown-ups, not as immature, dependent learners.	Adults resist situations in which they are not treated with respect.	If adults help to identify their needs, plan, conduct, and evaluate their own learning experiences, they will learn more than if they are passive recipients.
2. Adults enter a learning activity with more experience than younger individuals.	Adults have more to contribute to the learning activity and have a broader basis of experience to relate to new learning.	Methods which build on and make use of the experience of learners will produce the greatest learning.
3. Adults enter a learning activity with more intention to apply learning to life problems than do those who are younger.	Adults prefer practical results from learning.	Learning experiences focused on life problems are perceived by adults as being more relevant than those organized around subject topics.
4. An adult's "readiness" to learn is based on their role in society (e.g., parent, spouse, worker).	The content of what an adult learns and the most "teachable moments" are determined by an adult's needs and interests. Adult needs and interests change along with the change in their social roles.	Determine adult needs and interests and then develop content for learning. Schedule what is learned according to when it is most needed.
5. Adults learn, although the speed of learning changes as adulthood progresses; conceptual learning changes as adulthood progresses.	Adults decline physically, may decline in auditory and visual acuity; increase ease of conceptual learning, depth and speed of applying "principles" of subject to problem solving.	Pay attention to such things as time allotted for solving problems, lower energy level, visual acuity, speed, and reaction.
6. Adults enter learning situations with concern for their status in new group; fear of failure. There are specific conditions which are conducive to adult.	Adults will strive to their best when they enter into a situation in which they feel physically comfortable and free from psychological threat.	Learning climate should provide for mutual respect, support, friendliness, cooperation, trust, and responsibility. Physical climate allows for ease in learning.
7. Adult learning is an internal process and is motivated through curiosity and internal incentives.	Adults learn to the degree that they feel the need to learn and that they perceive a personal goal.	Provide opportunities for adults to recognize their needs and interests. Encourage them to set goals and structure a plan for achievement of goals.

Adult Learning Styles

In adult learning theory, several approaches to learning style have been developed and are prominently used in training and educational programs. These include learning styles based on the senses that are involved in processing information; theories of intelligence, including emotional intelligence and “multiple intelligences;” and preferences for learning conditions, i.e., the environment in which learning takes place. In order to provide a framework for a discussion on adult learning style differences, each of these approaches is briefly discussed.

Differing aptitudes, abilities, and experiences have caused individuals to develop a preference for sending and receiving information through one sense over another. Most often people prefer auditory or visual input; however, some people have a preference for kinesthetic learning, i.e. learning that involves movement. A preference for one type of learning over another may be seen in the following ways:

Visual learners prefer, enjoy, or require: graphic illustrations such as bar graphs or crosstabs to explain data; color codes to highlight salient information; maps to find their way on the subway or while driving in a new city; written material to study new concepts; wall charts that display points to be remembered; written outlines; drawings or designs to illustrate overhead presentations; sitting “up close” in a presentation in order to see the presenter’s face, gestures, or visuals; taking notes during a lecture; instructors to repeat verbal directions.

Auditory learners prefer, enjoy, or require: a verbal presentation of new information, such as a lecture; group discussions to hear other points of view or practices; fast-paced verbal exchanges of ideas; a good joke or story that they can repeat for others; verbal cues or pneumonic devices to help them remember information; music at the beginning or during transitions in a training setting; words to accompany a cartoon; oral reports of working groups.

Kinesthetic learners prefer, enjoy, or require: movement, such as rocking or shaking a leg during a lecture; hands-on experience to learn a task; gestures while making a point; role play exercises over discussion groups; shaking hands when meeting or greeting people; trying new things without a lengthy explanation of the activity; frequent breaks; regular opportunities to change seating or room arrangement; “just doing it” rather than talking about it.

While it is thought that people have developed a preference for or have greater skill in processing one type of input over others, most people simultaneously process information through multiple senses. In fact, the retention of learned material is enhanced if the learner is asked to process information using more than one sense. Presentations that are multisensory (using visual and auditory components) in combination with interactive activities will increase learning and retention for most adults.

Lecture

“When the instructor’s notes become the student’s notes without passing through the minds of either of them!”

Source: Telling Ain’t Training, ASTD, Harold Stolovitch, Erica Keeps, 2006

Short Term Memory

- Information that passes our filters needs to be stored and organized
- Left untreated, information disappears in 15 seconds or less (why can’t you remember names you don’t practice?)
- Research suggest 5-9 “chunks” of information can be stored in Short Term Memory

Key Question:

What are the implications?

Long Term Memory

- Long Term memory is virtually limitless in capacity
- How distinct and unique the memory is determines its accessibility: The less distinct, the more it tends to blend and blur with other memories
- Small Group Activity: picture a childhood friend or favorite toy you have not thought of in over 5 years. What stands out? How long ago did that occur? Why does it stand out?

How We Learn: Senses and Memory

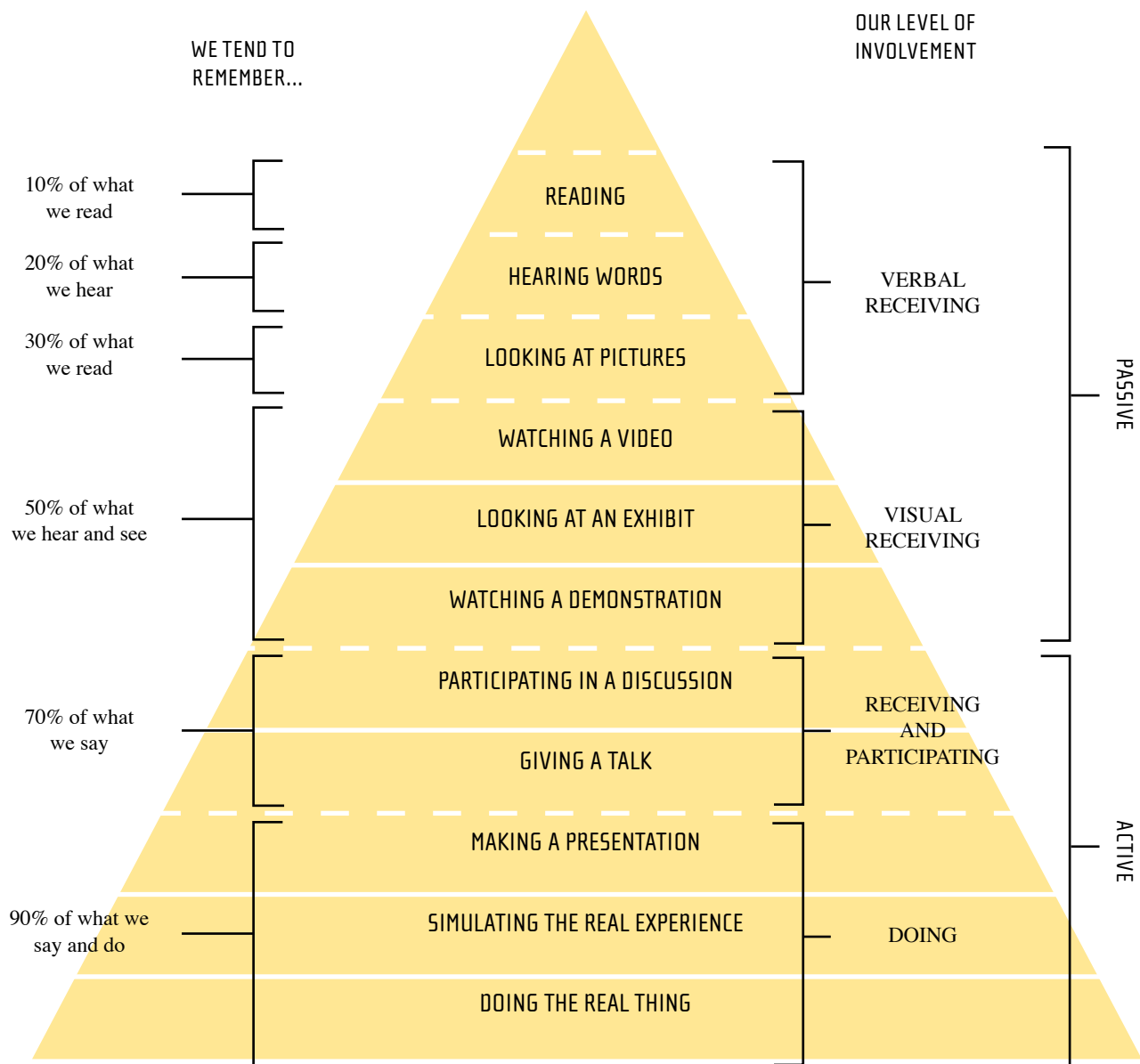
What proportion of information do we gather from each sense?

a. Sight	
b. Hearing	
c. Smell	
d. Touch	
e. Taste	

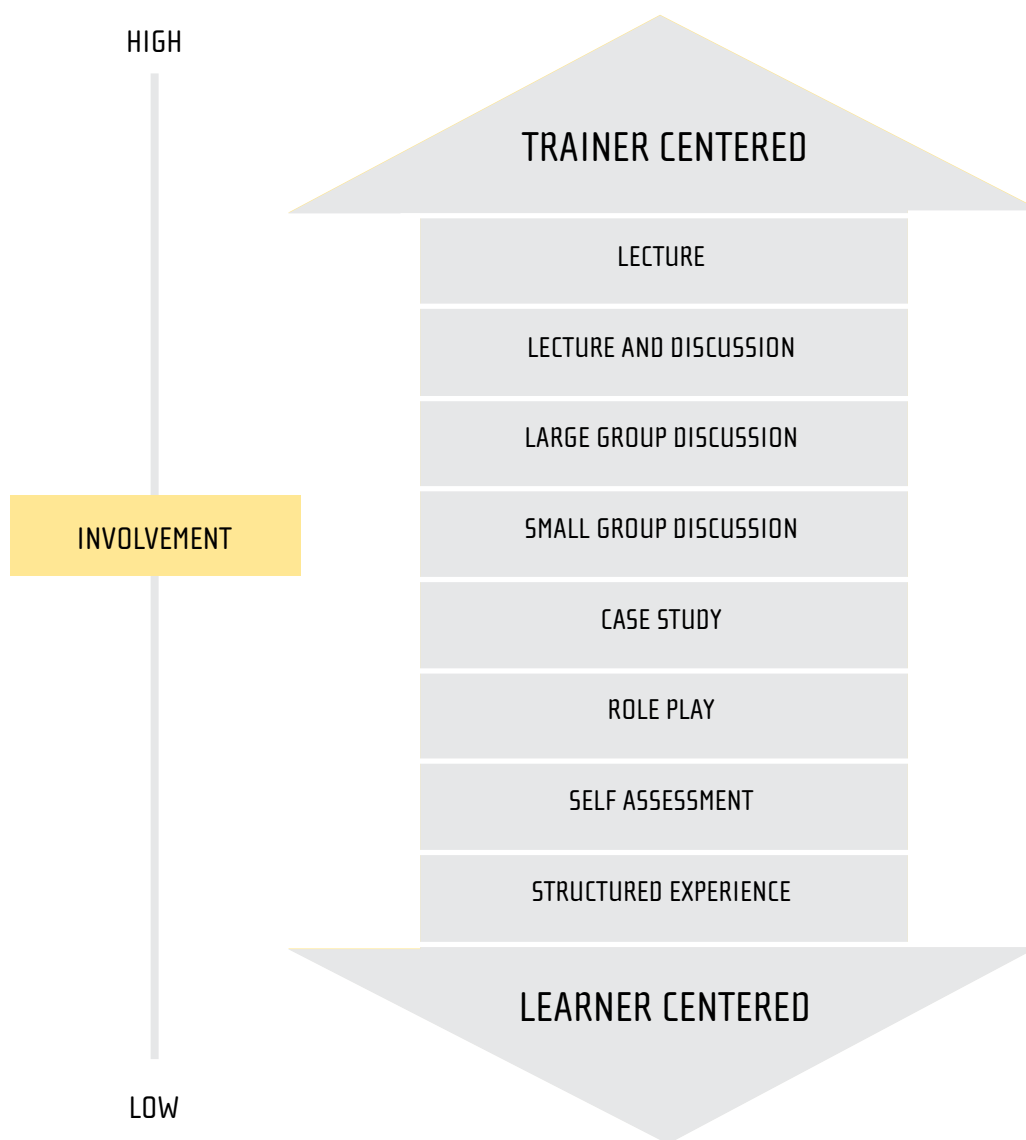
Key Question:

What are the implications for teaching adults?

Experience and Learning



The Level of Involvement



Discussion Questions

How does this resonate with your experience?

What are the implications for teaching adults?

Questioning as a Method to Keep Learners Involved

A standard method for keeping students engaged in training is to ask questions. Questions can help you determine the needs and expectations of the students, their skill levels, and connect you to your audience. They help you make sure of their understanding before moving forward. Questions increase learner participation, reinforce key learning points, and correct misunderstandings. The key to getting the most out of your questions is to use them effectively. If you ask a question, you must give adequate time for a response, even if that feels uncomfortable. This increases the likelihood that your question will generate an answer.

Consider your instructional goals and use questions that reinforce them. The questions you ask will help students see what topics you consider important. You can use questions to signal a change of topic or direction in the presentation, use “probing questions” to seek information, or ask follow up questions that will encourage participants to expand, clarify, or justify the answer. They can be used to wrap up a discussion. Questions can link concepts, help you explore the knowledge base of your participants, and encourage independent thinking, exploration, invention and intuitive navigation.

It is most useful to develop questions in advance of the training. This ensures that you reinforce key learning points in your design, and that you stay on track. Be aware that there are closed ended questions (answered with a simple yes / no

or other simple phrases) and open ended questions (i.e., How would you apply this? or What are all the implications?).

Both have their place and purpose although open ended questions will typically provide you with more information about what your learners understand.

Adult Preferences Regarding a Learning Environment

The physical environment in which instruction takes place and the structure of the activities in the course can also affect learning positively or negatively. People react differently to such factors as room temperature, arrangement of the room (e.g., closeness of seats), time of day (early morning versus late in the day), brightness of the lighting, and sound (e.g., noise distractions from nearby construction or talking among participants). In addition, adults differ with regard to whether they prefer to work alone or in groups. Sharon Fisher (1989) has combined all of these factors to depict the various types of preferences that adults may have when they enter the learning environment:

An instructor must recognize that adults’ preferences in these areas may affect their responsiveness in the session. Efforts should be made to accommodate differences by providing a variety of learning activities in which participants may feel comfortable.

The ultimate educator delivers instruction in a stimulating, rich, and diverse environment through a variety of instructional methods to appeal to adult participants’ learning styles and preferences.

PHYSICAL FACTORS	EMOTIONAL FACTORS	LEARNING FACTORS
<i>Learning Setting:</i> Noise Level Lighting Temperature Structure Time of Day	<i>Social Needs:</i> Learn Alone Learn with Others	<i>Learning Styles:</i> Auditory Visual Kinesthetic
	<i>Motivation:</i> Extrinsic Intrinsic	

Definition

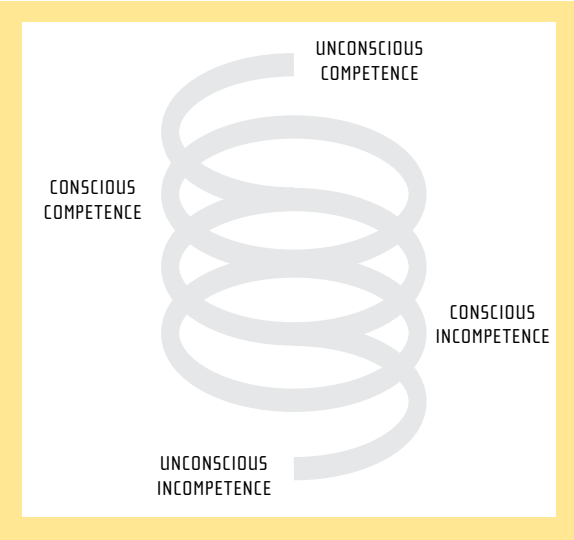
Technique

The ability to perform a task or series of tasks in a consistent manner.

Skill

The ability to successfully perform a technique in any given situation.

Skill Development Progression



Stages Of Knowledge

1. You do not know what you do not know. (unconscious incompetent)
 2. You know what you do not know. (conscious incompetent)
 3. You know what you know. (conscious competent)
 4. You do not know what you know. (unconscious competent)
- Mr. House - Hewlett Packard© 1993 Total Quality Learning, Inc.

Notes

Part A Quality Management Program Assessment Tool

A] QUALITY MANAGEMENT PLAN

A.1. Is a comprehensive HIV-specific, EMA-wide quality management plan in place with clear definitions of leadership, Part A roles, resources and accountability?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	Part A program has no or minimal written quality plan in place; if any in existence, written plan does not reflect current day-to-day operations.				
SCORE 1	Part A program has only loosely outlined a quality management plan; written plan reflects only in part current day-to-day operations.				
SCORE 2					
SCORE 3	A written EMA-wide quality management plan is developed describing the quality infrastructure, frequency of meetings, indication of leadership and objectives; the quality plan is shared with staff; the quality plan is reviewed and revised at least annually; some areas of detail and integration are not present.				
SCORE 4					
SCORE 5	A comprehensive and detailed HIV-specific, citywide quality management plan is developed/refined, with a clear indication of responsibilities and accountability, quality committee infrastructure, outline of performance measurement strategies, and elaboration of processes for ongoing evaluation and assessment; engagement of other department representatives is described; quality plan fits within the framework of other citywide QI/QA activities; staff and providers are aware of the plan and are involved in reviewing and updating the plan.				
COMMENTS:					

A.2. Are appropriate performance and outcome measures selected, and methods outlined to collect and analyze EMA performance data?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	No appropriate performance or outcome measures are selected; methods to collect and analyze EMA-wide performance data are not outlined.				
SCORE 1	Only those indicators are selected that are minimally required; no process takes place to annually review and update indicators and its definitions; methods to collect data are not described.				
SCORE 2					
SCORE 3	Selection of indicators is based on results of past performance data and some input of Part A representatives; indicators include appropriate clinical or support service measures; indicators reflect accepted standards of care; indicator information is shared with EMA staff and providers; processes are outlined to measure and analyze EMA-wide performance data.				

Part A Quality Management Program Assessment Tool...Continued

SCORE 4	
SCORE 5	Portfolio includes clinical and support service indicators with written indicator descriptions; measures are annually reviewed, prioritized and aligned with EMA quality goals; all indicators are operationally defined, and augmented with specific targets or target ranges, including desired health outcome; EMA performance measurement activities include partnering with other data sources such as Medicaid and Epidemiology data; Program Assessment Rating Tool (PART) measures and unmet need are integrated; statewide data collection plans are clearly outlined and strategies to analyze data are detailed.
COMMENTS:	

A.3. Does the work plan specify timelines and accountabilities for the implementation of the EMA-wide quality of care program?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	No work plan is specified for the implementation of the Title I quality of care program.				
SCORE 1	A work plan is only loosely outlined; no specific timelines for the implementation of the quality of care program are established; no formal process to assign timelines and responsibilities; follow-up of quality issues only as needed.				
SCORE 2					
SCORE 3	A written, annual work plan which outlines the implementation is in place; timetable is shared with appropriate staff; updates in the work plan are discussed in quality committee(s); quality activities are planned before execution.				
SCORE 4					
SCORE 5	A process to assign timelines and responsibilities for quality activities is in place and clearly described; annual plan for resources is established; EMA staff are aware of timelines and responsibilities; quality committees are routinely updated and consulted on the implementation of the EMA-wide quality program.				
COMMENTS:					

B) ORGANIZATIONAL INFRASTRUCTURE

B.1. Does the Part A program have an organizational structure in place to oversee planning, assessment and communication about quality?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	No quality structure is in place to oversee planning, assessment and communication about quality.				

Part A Quality Management Program Assessment Tool...Continued

SCORE 1	Only a loose quality structure is in place; a few representatives are involved; knowledge of quality structure among staff is limited.
SCORE 2	
SCORE 3	Senior EMA representative heads the HIV quality program; provider representatives are represented in the HIV quality structure; findings and performance data results are shared; staff for the quality program are identified; resources for the quality program are made available.
SCORE 4	
SCORE 5	Senior leaders actively support the program infrastructure and planned activities; key staff are identified and supported with adequate resources to initiate and sustain quality improvement activities at the EMA program as well as the provider level; Part A staff are routinely trained on quality improvement tools and methodologies; findings and performance data results are frequently shared internally and externally.
COMMENTS:	

B.2. Is a quality management committee with appropriate membership established to solicit quality priorities and recommendations for quality activities?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	No Part A quality management committee is established to solicit quality priorities and recommendations for quality activities.				
SCORE 1	Quality meetings are held with only a few EMA representatives and/or provider representatives; ad hoc meetings are only used to discuss immediate issues.				
SCORE 2					
SCORE 3	Quality committee is established that engages various representatives; routine quality committee meetings are held to solicit quality priorities and recommendations for quality activities; reporting of committee updates in place.				
SCORE 4					
SCORE 5	Senior leader, key Part A providers and consumer representatives are actively involved in quality committee(s) to establish priorities and solicit recommendations for current and future quality activities; membership is reviewed and updated annually; HIV quality meetings include written minutes and reporting mechanisms.				
COMMENTS:					

Part A Quality Management Program Assessment Tool...Continued

B.3. Does the Part A quality program involve providers, consumers and representatives from other Ryan White Program Parts?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	Part A quality program does not involve providers, consumers and representatives from other Ryan White Program Parts.				
SCORE 1	Part A quality program includes only internal EMA staff, with limited input from other groups; neither Part A providers nor consumers are involved.				
SCORE 2					
SCORE 3	Part A providers and at least one consumer representative are participating in quality committee meetings; other Ryan White Parts are involved.				
SCORE 4					
SCORE 5	Part A providers and consumers are actively engaged in the EMA-wide quality of care; representatives from other Ryan White Parts are structurally integrated in the quality program.				
COMMENTS:					

B.4. Are processes established to evaluate, assess and follow up on HIV quality findings and data being used to identify gaps?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	Processes are not established to evaluate, assess and follow up on HIV quality findings.				
SCORE 1	No processes are established to evaluate the HIV quality program; quality infrastructure and its activities are only reviewed only if necessary; when establishing/updating the annual work plan, past performance is not considered; quality of care program does not learn from past successes and failures.				
SCORE 2					
SCORE 3	Review process is in place to evaluate the Part A quality infrastructure, and assess the performance data; findings are generated for follow up and used to plan ahead; summary of findings are documented.				
SCORE 4					
SCORE 5	Process to annually assess effectiveness of HIV quality program; data findings are used to identify gaps in care and service delivery; staff are actively involved; assessments and follow ups are documented; HIV leadership is well aware and involved in evaluation of HIV quality program; findings and past performance scores are used to facilitate and shape Part A quality program.				

Part A Quality Management Program Assessment Tool...Continued

COMMENTS:	
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C) IMPLEMENTATION OF QUALITY PLAN AND CAPACITY PLANNING

C.1. Are appropriate performance data collected to assess the quality of HIV care and services EMA-wide?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	No performance data are collected to assess the quality of HIV care and services EMA-wide.				
SCORE 1	Basic performance measurement systems are in place; only utilization data are collected; no process established to share data or only used for punitive purposes; data are not collected EMA-wide.				
SCORE 2					
SCORE 3	A system to measure key quality aspects among Part A providers is established; data are collected, analyzed and routinely disseminated to providers; data are collected from most providers in the EMA.				
SCORE 4					
SCORE 5	The quality, including clinical and support services across the EMA, is measured by selected process and include outcome measures; organizational assessments of Part A provider quality infrastructures are conducted; results and findings are routinely shared with providers to inform and foster quality improvement activities; data are collected from all Part A providers.				
COMMENTS:					

C. 2. Does the Part A quality program conduct quality improvement projects to improve systems and/or quality of care issues?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	The Part A quality program does not conduct quality improvement projects to improve internal systems and/or quality of care issues.				
SCORE 1	Quality improvement activities focus on individual cases or incidents only; projects are primarily used for inspection; selection of quality activities is done by single person.				
SCORE 2					
SCORE 3	A few staff members have input in the selection of quality projects; quality improvement activities focus on issues related to structures and processes only; at least one quality project was conducted in the last 12 months to improve systems and/or quality of care issues; internal Part A quality improvement activities are tracked.				

Part A Quality Management Program Assessment Tool...Continued

SCORE 4	
SCORE 5	Structured process of selection and prioritization of quality projects is in place; quality improvement projects are informed by the data and are outcome related; staff is involved in quality improvement projects; findings are routinely shared with entire staff, presented to the quality committee, and used to inform subsequent projects.
COMMENTS:	

C.3. Does HIV quality program offer QI training and technical assistance on quality improvement to Part A providers?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	The quality program does not offer QI training and/or technical assistance on quality improvement to Part A providers.				
SCORE 1	No structured process in place to train Part A providers on quality improvement; limited technical assistance resources available for Part A providers to build capacity for quality improvement.				
SCORE 2					
SCORE 3	Capacity to train Part A providers and provide technical assistance on quality improvement is available; process in place to triage TA requests from individual providers; some resources are available and mostly used in response to TA requests.				
SCORE 4					
SCORE 5	A quality workshop program is established to routinely train clinical and service providers on quality improvement priorities, tools and methodologies; an annual training schedule is developed with quality topics based on needs assessment including input by providers; trainings are well attended and evaluations are routinely kept and analyzed and used to improve future training; technical assistance is provided to clinical and service providers through on-site visits by quality experts.				
COMMENTS:					

Part B Quality Management Program Assessment Tool

A) Quality Management Plan

A.1. Is a comprehensive HIV-specific, statewide quality management plan in place with clear definitions of leadership, Part B roles, resources and accountability?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	Part B program has no or minimal written quality plan in place; if any in existence, written plan does not reflect current day-to-day operations.				
SCORE 1	Part B program has only loosely outlined a quality management plan; written plan reflects only in part current day-to-day operations.				
SCORE 2					
SCORE 3	A written statewide quality management plan is developed describing the quality infrastructure, frequency of meetings, indication of leadership and objectives; the quality plan is shared with staff; the quality plan is reviewed and revised at least annually; some areas of detail and integration are not present.				
SCORE 4					
SCORE 5	A comprehensive and detailed HIV-specific, statewide quality management plan is developed/refined, with a clear indication of responsibilities and accountability across DOH, quality committee infrastructure, outline of performance measurement strategies, and elaboration of processes for ongoing evaluation and assessment; engagement of other DOH department representatives is described; quality plan fits within the framework of other statewide QI/QA activities; staff and providers are aware of the plan and are involved in reviewing and updating the plan.				
COMMENTS:					

A.2. Are appropriate performance and outcome measures selected, and methods outlined to collect and analyze statewide performance data?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	No appropriate performance or outcome measures are selected; methods to collect and analyze statewide performance data are not outlined.				
SCORE 1	Only those indicators are selected that are minimally required; no process takes place to annually review and update indicators and its definitions; methods to collect data are not described.				
SCORE 2					
SCORE 3	Selection of indicators is based on results of past performance data and some input of Part B representatives; indicators include appropriate clinical or support service measures; indicators reflect accepted standards of care; indicator information is shared with DOH staff; processes are outlined to measure and analyze statewide performance data.				

Part B Quality Management Program Assessment Tool...Continued

SCORE 4	
SCORE 5	Portfolio includes clinical and support service indicators with written indicator descriptions; measures are annually reviewed, prioritized and aligned with DOH quality goals; all indicators are operationally defined, and augmented with specific targets or target ranges, including desired health outcome; DOH performance measurement activities include partnering with other data sources such as Medicaid and Epidemiology data; Program Assessment Rating Tool (PART) measures and unmet need are integrated; statewide data collection plans are clearly outlined and strategies to analyze data are detailed.
COMMENTS:	

A.3. Does the work plan specify timelines and accountabilities for the implementation of the statewide quality of care program?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	No work plan is specified for the implementation of the statewide quality of care program.				
SCORE 1	A work plan is only loosely outlined; no specific timelines for the implementation of the statewide quality of care program are established; no formal process to assign timelines and responsibilities; follow-up of quality issues only as needed.				
SCORE 2					
SCORE 3	A written, annual work plan which outlines the implementation is in place; timetable is shared with appropriate DOH staff; updates in the work plan are discussed in quality committee(s); quality activities are planned before execution.				
SCORE 4					
SCORE 5	A process to assign timelines and responsibilities for quality activities is in place and clearly described; annual plan for resources is established; DOH staff are aware of timelines and responsibilities; quality committees are routinely updated and consulted on the implementation of the statewide quality program.				
COMMENTS:					

B) Organizational Infrastructure

B.1. Does the Part B program have an organizational structure in place to oversee planning, assessment and communication about quality?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	No quality structure is in place to oversee planning, assessment and communication about quality.				

Part B Quality Management Program Assessment Tool...Continued

SCORE 1	Only a loose quality structure is in place; a few DOH representatives are involved; knowledge of quality structure among staff is limited.
SCORE 2	
SCORE 3	Senior DOH representative heads the HIV quality program; DOH representatives from some internal departments are represented in the HIV quality structure; findings and performance data results are shared; staff for the quality program are identified; resources for the quality program are made available.
SCORE 4	
SCORE 5	Senior DOH leaders actively support the program infrastructure and planned activities; key staff are identified and supported with adequate resources to initiate and sustain quality improvement activities at the DOH program as well as the provider level; Part B staff are routinely trained on quality improvement tools and methodologies; findings and performance data results are frequently shared internally and externally.
COMMENTS:	

B.2. Is a quality management committee with appropriate membership established to solicit quality priorities and recommendations for quality activities?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	No Part B quality management committee is established to solicit quality priorities and recommendations for quality activities.				
SCORE 1	Quality meetings are held with only a few DOH representatives and/or provider representatives; ad hoc meetings are only used to discuss immediate issues.				
SCORE 2					
SCORE 3	Quality committee is established that engages various representatives; routine quality committee meetings are held to solicit quality priorities and recommendations for quality activities; reporting of committee updates in place.				
SCORE 4					
SCORE 5	Senior DOH leader, key Part B providers and consumer representatives are actively involved in quality committee(s) to establish priorities and solicit recommendations for current and future quality activities; membership is reviewed and updated annually; HIV quality meetings include written minutes and reporting mechanisms.				
COMMENTS:					

Part B Quality Management Program Assessment Tool...Continued

B.3. Does the Part B quality program involve providers, consumers and representatives, such as ADAP, Medicaid, Epidemiology and from other Ryan White Program Parts?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	Part B quality program does not involve providers, consumers and representatives, such as ADAP, Medicaid Epidemiology and from other Ryan White Program Parts.				
SCORE 1	Part B quality program includes only internal DOH staff, with limited input from other departments; neither Part B providers nor consumers are involved.				
SCORE 2					
SCORE 3	Representatives from a few DOH departments, Part B providers and at least one consumer representative are participating in quality committee meetings; other Ryan White Parts are involved.				
SCORE 4					
SCORE 5	Representatives from all appropriate internal DOH offices, including ADAP, Medicaid, and Epidemiology; Part B providers and consumers are actively engaged in the statewide quality of care; representatives from other Ryan White Parts are structurally integrated in the quality program.				
COMMENTS:					

B.4. Are processes established to evaluate, assess and follow up on HIV quality findings and data being used to identify gaps?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	Processes are not established to evaluate, assess and follow up on HIV quality findings.				
SCORE 1	No processes are established to evaluate the HIV quality program; quality infrastructure and its activities are reviewed only if necessary; when establishing/updating the annual work plan, past performance is not considered; quality of care program does not learn from past successes and failures.				
SCORE 2					
SCORE 3	Review process is in place to evaluate the Part B quality infrastructure, and assess the performance data; findings are generated for follow up and used to plan ahead; summary of findings are documented.				
SCORE 4					
SCORE 5	Process to annually assess effectiveness of HIV quality program; data findings are used to identify gaps in care and service delivery; DOH staff are actively involved; assessments and follow ups are documented; HIV leadership is well aware and involved in evaluation of HIV quality program; findings and past performance scores are used to facilitate and shape Part B quality program.				
COMMENTS:					

Part B Quality Management Program Assessment Tool...Continued

C) IMPLEMENTATION OF QUALITY PLAN AND CAPACITY PLANNING

C.1. Are appropriate performance data collected to assess the quality of HIV care and services statewide?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	No performance data are collected to assess the quality of HIV care and services statewide.				
SCORE 1	Basic performance measurement systems are in place; only utilization data are collected; no process established to share data or only used for punitive purposes; data are not collected statewide.				
SCORE 2					
SCORE 3	A system to measure key quality aspects among Part B providers is established; data are collected, analyzed and routinely disseminated to providers; data are collected from most providers around the state.				
SCORE 4					
SCORE 5	The quality, including clinical and support services across the state, is measured by selected process and include outcome measures; organizational assessments of Part B provider quality infrastructures are conducted; results and findings are routinely shared with providers to inform and foster quality improvement activities; data are collected from the entire state.				
COMMENTS:					

C. 2. Does the Part B quality program conduct quality improvement projects to improve DOH systems and/or quality of care issues?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	The Part B quality program does not conduct quality improvement projects to improve DOH systems and/or quality of care issues.				
SCORE 1	Quality improvement activities focus on individual cases or incidents only; projects are primarily used for inspection; selection of quality activities is done by single person.				
SCORE 2					
SCORE 3	A few DOH staff members have input in the selection of quality projects; quality improvement activities focus on issues related to structures and processes only; at least one quality project was conducted in the last 12 months to improve DOH systems and/or quality of care issues; DOH internal Part B quality improvement activities are tracked.				
SCORE 4					
SCORE 5	Structured process of selection and prioritization of quality projects is in place; quality improvement projects are informed by the data and are outcome related; DOH staff across several departments is involved in quality improvement projects; findings are routinely shared with entire DOH staff, presented to the quality committee, and used to inform subsequent projects.				
COMMENTS:					

Part B Quality Management Program Assessment Tool...Continued

C.3. Does HIV quality program offer QI training and technical assistance on quality improvement to Part B providers?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	The quality program does not offer QI training and/or technical assistance on quality improvement to Part B providers.				
SCORE 1	No structured process in place to train Part B providers on quality improvement; limited technical assistance resources available for Part B providers to build capacity for quality improvement.				
SCORE 2					
SCORE 3	Capacity to train Part B providers and provide technical assistance on quality improvement is available; process in place to triage TA requests from individual providers; some resources are available and mostly used in response to TA requests.				
SCORE 4					
SCORE 5	A quality workshop program is established to routinely train clinical and service providers on quality improvement priorities, tools and methodologies; an annual training schedule is developed with quality topics based on needs assessment including input by providers; trainings are well attended and evaluations are routinely kept and analyzed and used to improve future training; technical assistance is provided to clinical and service providers through on-site visits by quality experts.				
COMMENTS:					

Part C and Part D Quality Management Program Assessment Tool

A] QUALITY STRUCTURE

A.1. Does the HIV program have an organizational structure in place to plan, assess and improve the quality of care?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	No structure in place				
SCORE 1	Quality structure is only loosely in place; a few quality meetings of some HIV staff; knowledge of quality structure is limited to only a few people in HIV program; meetings are only used to discuss individual cases or problems.				
SCORE 2					
SCORE 3	Senior HIV clinician/manager leads the HIV quality committee; at least 4 quality meetings a year; multidisciplinary team members are represented in HIV quality structure; routine reporting to external governing body; staff knows about quality committee meetings; minutes are kept; some links to external stakeholders.				
SCORE 4					
SCORE 5	Senior HIV medical clinician/senior management is actively involved in quality committees; HIV quality meetings include written minutes and written follow-up; understanding of entire staff about quality structure and reporting mechanism; active support by overall agency; strong links to external stakeholders; structured input from consumers or consumer advisory board.				
COMMENTS:					

A.2. Have adequate resources been committed to fully support the HIV quality program?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	No resources are committed.				
SCORE 1	Only senior HIV clinician or designated quality coordinator is responsible to coordinate quality efforts; quality is not part of staff's job expectations; quality work is done in addition to daily work loads; little resources have been made available for information systems.				
SCORE 2					
SCORE 3	Key staff members have time allotted for quality activities; half-time position is available for quality manager; moderate resources for information systems.				
SCORE 4					
SCORE 5	Most staff members have quality in their job descriptions and expectations; Full-time position of quality manager is available; resources are committed for information systems; MIS staff is responsive to program's needs or requests for assistance.				

Part C and Part D Quality Management Program Assessment Tool...Continued

COMMENTS:					
A.3. Did the HIV leadership support the HIV quality program?					
SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	No leadership support.				
SCORE 1	HIV program leadership reviews quality data; support for QI is not consistent and regularized; involvement is only active if needed; HIV leadership has limited experience in QI activities; link to institution's overall quality program is only by reporting data.				
SCORE 2					
SCORE 3	HIV program leadership supports QI and sees quality improvement as a priority; HIV leadership has established program commitment to quality; HIV leadership supports staff and quality activities if needed; HIV leadership involved in setting quality priorities; institution's overall quality program encourages interdepartmental cooperation.				
SCORE 4					
SCORE 5	HIV program leadership stresses being proactive; quality and patient focus are build into new programs and initiatives; HIV program leadership advocates for QI with the rest of the organization; HIV leadership is actively involved in ongoing education about quality; HIV leadership uses every opportunity to promote quality improvement; quality and improvement issues are discussed at top staff meetings at overall organization.				
COMMENTS:					

B) QUALITY PLANNING

B.1. Does the HIV program have a comprehensive quality improvement/management plan?					
SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	No QI/QM plan in place.				
SCORE 1	HIV quality program has only a loosely outline of a structured quality plan; a written plan does not reflect current day-to-day operations; goals for the quality program are not established.				
SCORE 2					
SCORE 3	The quality plan is reviewed and updated annually; the quality plan describes the quality committee structure and its frequency of meetings; key quality principles and objectives are outlined; annual goals have been discussed and agreed on by HIV quality committee; the quality plan is shared with staff.				

Part C and Part D Quality Management Program Assessment Tool...Continued

SCORE 4	
SCORE 5	The written quality infrastructure includes a multidisciplinary membership and its reporting mechanism; the link to the institution's overall quality program is described; the quality committee oversees and provides feedback to quality improvement projects; staff is aware of the plan; staff is actively involved in review and update of the quality plan; annual goals are actively communicated and understood by staff; selection and prioritization process is clearly defined; staff is actively involved in selection process.
COMMENTS:	

B.2. Does the HIV program have clearly described roles and responsibilities for the HIV quality program?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	No roles are described.				
SCORE 1	Roles and responsibilities are not described for quality structure; staff has vague idea about involvement in quality program; no written documentation.				
SCORE 2					
SCORE 3	Key roles for quality program are clearly described; leadership and governance is established; staff is informed about different roles; QI team roles are described; follow-up for quality activities are unclear.				
SCORE 4					
SCORE 5	The staffs' roles and responsibilities are clearly described regarding involvement in HIV committee structure, performance measurements, and quality activities; description of accountability is routinely reviewed and updated at least annually; staff is involved in design of roles and responsibilities; structure in place to monitor progress of quality activities.				
COMMENTS:					

B.3. Does the work plan specify timelines and accountabilities for the implementation of the HIV quality program?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	No work plan exists.				
SCORE 1	No specific timelines and accountabilities have been established; no formal process to assign timelines for quality projects; follow-up of quality findings only as needed.				
SCORE 2					

Part C and Part D Quality Management Program Assessment Tool...Continued

SCORE 3	Quality activities are somewhat planned for the near future; workplan specified annual cycle of review for goal statements; quality committee is aware of timetable; findings of quality activities are routinely discussed in quality committee; staff is not assigned to be accountable for the implementation of certain quality activities.
SCORE 4	
SCORE 5	Process to assign timelines for all quality reviews and improvement projects is clearly described; annual plan for resources is established; most of staff are aware of timelines; structure to discuss update of all quality activities at each quality committee meeting; staff members have clearly assigned roles and expectations for projects; staff are held accountable.
COMMENTS:	

C) QUALITY PERFORMANCE MEASUREMENT

C.1. Are appropriate outcome and process quality indicators selected in the HIV quality program?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	No indicators are selected.				
SCORE 1	Only those indicators have been selected that were required; no process takes place to annually review and update indicators; selection of indicators was done by senior HIV clinician or by quality coordinator.				
SCORE 2					
SCORE 3	Selection of indicators was based on results of internal quality initiatives and external audits; indicators have written definitions and frequencies of review; staff is aware of indicators; indicators reflect standards of care.				
SCORE 4					
SCORE 5	Annual process to update indicators; required and non-required outcome and process indicators have been selected; all indicators definitions include outcome and steps for follow-up; staff is involved in development of indicators; most staff knows indicators and their definitions.				
COMMENTS:					

C.2. Does the HIV program regularly measure the quality of care?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	Quality of HIV care is not measured.				

Part C and Part D Quality Management Program Assessment Tool...Continued

SCORE 1	Program measures only what is required; only few staff members are involved in measurement process; no description of review process.
SCORE 2	
SCORE 3	Process in place to measure performance; performance reviews and implementation steps have defined timetables; most staff is involved in measurement process; results are reviewed in quality committee.
SCORE 4	
SCORE 5	Process to evaluate and measure performance clearly described; monthly performance reviews; quality results are regularly reviewed by the organization's leadership and action is taken on the results; HIV staff is actively involved in measurement process; staff is trained in review process.
COMMENTS:	

C.3. Are processes established to evaluate, assess and follow up on HIV quality data?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	No process in place to follow-up on quality data.				
SCORE 1	Only senior leadership receives quality reports. Results are not shared with other staff routinely, unless there is a problem. Reporting of quality outcomes and results often feels punitive. Sporadic reporting of results and no process in place to respond to results.				
SCORE 2					
SCORE 3	Quality reports are shared with senior leadership team and quality committee. Periodic quality changes and interventions attempted. No consistent process to act on results; no routine follow-up on all quality data reports; some staff receive the information.				
SCORE 4					
SCORE 5	All staff receive appropriate quality reports and results. Quality results are regularly reviewed by staff and action is taken on the results; HIV staff is actively involved in staff meetings in discussing results and proposing improvement activities; staff is trained on how to use results to initiate improvement activities and how to communicate with quality committee. Innovation, within a clearly defined quality planning process, is encouraged and rewarded.				
COMMENTS:					

Part C and Part D Quality Management Program Assessment Tool...Continued

D) Quality Improvement Activities

D.1. Does the HIV program conduct specific quality activities and projects to improve the quality of care?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	No quality activities are taking place.				
SCORE 1	Quality improvement activities focused on individual cases without any analysis of underlying cause; reviews are primarily used for inspection/compliance; selection of project is done by single person.				
SCORE 2					
SCORE 3	A few staff members have input in selection of quality initiatives; quality improvement activities focused on processes; projects are conducted based on performance data results; findings are presented to quality committee; QI principles (consumer focus, staff involvement, teams) were applied.				
SCORE 4					
SCORE 5	Structured process of selection and prioritization; routine identification of customer needs and input in quality improvements; majority of staff involved in quality improvement projects; findings are shared with entire HIV staff.				
COMMENTS:					

D.2. Are quality improvement teams formed for specific projects?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	No teams are formed.				
SCORE 1	A group of staff meets to discuss improvements; mostly the same staff members are involved; methodologies for quality improvement teams are not used.				
SCORE 2					
SCORE 3	One or two QI teams had been introduced; basic staff knowledge about QI team; multidisciplinary team approach; QI approach is used to address quality projects; results are presented at quality committee; QI teams use established methodologies.				
SCORE 4					
SCORE 5	One or two QI teams had been introduced; basic staff knowledge about QI team; multidisciplinary team approach; QI approach is used to address quality projects; results are presented at quality committee; QI teams use established methodologies.				

Part C and Part D Quality Management Program Assessment Tool...Continued

COMMENTS:	
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D.3. Are systems in place to sustain quality improvements?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5

SCORE 0	No systems to sustain QI in place.
SCORE 1	Quality improvement activities result in minimal change in delivery system; no training for staff is required; only some providers are impacted; efforts to improve the health of patients has only minimal impact; improvements are only short-term; minimal involvement by staff.
SCORE 2	
SCORE 3	Some short and long-term benefits for some clients; process in place to continue to monitor change; some staff educated about changes; some job descriptions are altered.
SCORE 4	
SCORE 5	Quality improvement activities result in a fundamental change of delivery system; improvements require staff to be trained; impact is measured and related to improved outcome; sustainable success for all intended clients; HIV program demonstrated culture of support of learning and improvement; staff is actively involved in process.

COMMENTS:	
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E) STAFF INVOLVEMENT

E.1. Is the staff routinely educated about the HIV program's quality program?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5

SCORE 0	No staff training in place.
SCORE 1	Only a few people have access to training opportunities; one or two journals or books are available about quality; no additional resources for quality training are available.
SCORE 2	
SCORE 3	No formal process in place to train all HIV staff routinely about quality principles; some HIV staff members can attend external quality training; some HIV staff can order books and journals about quality.

Part C and Part D Quality Management Program Assessment Tool...Continued

SCORE 4	
SCORE 5	Almost all HIV staff members attend an annual quality training; staff knows about QI principles; quality articles are routinely shared and forwarded among staff; many journals and books are available for HIV staff; content of quality conferences and recent developments are routinely communicated among staff.
COMMENTS:	

E.2. Does the HIV program routinely engage all levels of staff in quality program activities?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	No involvement of different staff levels.				
SCORE 1	Results of quality activities are not routinely shared with HIV staff; feedback is limited; staff can list only one quality indicators of HIV program; no formal process in place.				
SCORE 2					
SCORE 3	Findings of quality activities are routinely shared with HIV staff; staff can list some quality indicators of HIV program; HIV staff knows some findings of HIV quality reviews; updates about quality initiatives are given to committee members and key staff.				
SCORE 4					
SCORE 5	Process in place to update staff about results of quality activities; staff is well aware of HIV quality program goals; entire staff meets to discuss updates about quality improvement activities; staff is actively involved; results of quality activities are communicated with patients and key stake holders.				
COMMENTS:					

E.3. Are consumers involved in quality-related activities?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	No consumers are involved in quality-related activities.				
SCORE 1	Client concerns are only discussed as they arise; clients' satisfaction is not measured routinely; no structure in place to gather patients' feedback.				
SCORE 2					

Part C and Part D Quality Management Program Assessment Tool...Continued

SCORE 3	Client needs and/or satisfaction are assessed; feedback of clients is discussed in quality committees; a client centered quality activity is launched.
SCORE 4	
SCORE 5	Findings of consumer assessments are routinely integrated into the quality program; structured input from consumers such as clients, family members, advocates, etc.; consumer advisory board in place; consumer feedback is incorporated in setting quality goals; results of quality activities are routinely communicated with clients and other consumers.
COMMENTS:	

F) EVALUATION OF QUALITY PROGRAM

F.1. Is a process in place to evaluate the HIV quality program?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	No process in place.				
SCORE 1	No formal process is established to evaluate the HIV quality program; quality activities are only reviewed if necessary; no review of quality workplan; no annual review of quality goals and infrastructure.				
SCORE 2					
SCORE 3	Review of ongoing quality activities by HIV quality committee; quality committee routinely evaluates improvements achieved by quality improvement team(s); some evaluations are used to internally and externally (success stories, etc.) promote the HIV quality program.				
SCORE 4					
SCORE 5	Process to assess effectiveness of HIV quality program including workplan, goals, and infrastructure; HIV staff is actively involved; assessments are documented; HIV leadership is well aware and involved in evaluation of HIV quality program; quality awards for HIV staff are given based on evaluations.				
COMMENTS:					

F.2. Does the quality program integrate findings into future planning?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	No integration of findings into future planning.				

Part C and Part D Quality Management Program Assessment Tool...Continued

SCORE 1	Program does not learn from past successes and failures; when annual work plan is established, past performance is not really considered.
SCORE 2	
SCORE 3	Results from evaluations are somewhat used to plan ahead; summary of findings are documented.
SCORE 4	
SCORE 5	Structure in place to use evaluations to facilitate future planning for quality, including identification of improvement opportunities; past performance of performance measurements is used to update work plan, annual goals, and timelines; HIV staff is involved in process; evaluations are used to annually review the quality infrastructure; improvements are spread into wider system, if indicated.
COMMENTS:	

F.3. Does the HIV program have an information/data system in place to track patient care and measure quality indicators?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	No information system in place.				
SCORE 1	Has no information system to track patient care; no or very basic medical/client record system.				
SCORE 2	Has basic information system to track client care but no specific HIV program information; limited capacity to expand to meet HIV program needs.				
SCORE 3	Has functional information system to track client care, and some (not all) minimal components of HIV program information system, but no specific quality information.				
SCORE 4	Has fully functional information system to track client care as well as track all minimal components of HIV program information; limited capacity to easily manage quality with system.				
SCORE 5	Has fully functional information system to track client care, track core components of HIV program, and produce useful quality of care information.				
COMMENTS:					

Agenda

TQL Agenda – Day 1

TIME	MODULE	AGENDA ITEM
8:00 – 8:45	1	Welcome and Introduction Day 1
8:45 – 9:30	2	Game: Survive on the Moon
9:30 – 10:00	3	Communication Style Assessment
10:00 – 10:30		Break
10:30 – 12:00	4	Effective Leadership Strategies
12:00 – 1:00		Lunch
1:00 – 2:00	5	Facilitation Skills
2:00 – 3:00	6	Meeting Effectiveness
3:00 – 3:30		Break
3:30 – 5:00	7	Managing a Quality Management Committee
5:00 – 5:30	8	Mini- Presentations: Quality Improvement Leadership
5.30 – 6:00	9	Aha! Moments & Evaluations

TQL Agenda – Day 2

TIME	MODULE	AGENDA ITEM
8:00 – 8:40	10	Welcome Day 2
8:40 – 9:15	11	Game: Win as Much as You Can
9:15 – 10:45	12	Building Effective Quality Improvement Teams
10:45 – 11:15		Break
11:15 – 12:45	13	Successfully Planning & Managing QI Projects
12:45 – 1:45		Lunch
1:45 – 4:15	14	Quality Management Program Assessment and Development of Action Plan Break
4:15 – 5:00	15	Action Planning
5:00 – 5:30	16	Mini- Presentations: Facilitation
5:30 – 6:00	17	Aha! Moments & Evaluation

TQL Agenda – Day 3

TIME	MODULE	AGENDA ITEM
8:00 – 8:15	18	Welcome Day 3
8:15 – 10:00	19	Executing Changes for Improvement and Managing Resistance
10:00 – 10:30		Break
10:30 – 11:30	20	Spreading and Holding Gains of Improvements
11:30 – 12:30	21	Generating and Maintaining Organizational Support/Enthusiasm for QI
12:30 – 1:30		Lunch
1:30 – 2:00	22	Next Steps
2:00 – 3:00	23	Aha! Moments, Evaluation & Celebration

Facilitator Biographies

Clemens Steinböck, MBA, has more than fifteen years of national and international experience in the field of quality improvement (QI), centering on improving the quality of HIV care. Mr. Steinböck is currently the Director of Quality Initiatives at the New York State Department of Health AIDS Institute. In this capacity, he oversees the statewide Quality of Care Program to ensure the development of effective adult & pediatric quality programs in more than 170 primary care sites. Since 2004, Mr. Steinböck has served as the National Quality Center (NQC) Director, and has led NQC to become the premiere TA resource to advance the quality of HIV care. In the last five years, Mr. Steinböck has worked extensively internationally to build and support national quality management (QM) programs through HIVQUAL International. Mr. Steinböck is an expert in QI with regular teaching and speaking assignments, both nationally and internationally, has served as faculty member in QI collaboratives, and has authored over ten QI books in addition to numerous QI training curricula.

Virginia (Ginna) Leigh Hamilton Crowe, RN, EdD, has over 25 years experience in many areas and multiple levels of health care, ranging from front line care delivery, to management and international consulting. This experience, combined with education in nursing, business, and adult and organizational learning, provides a unique perspective that serves her well as a QM consultant. Dr.

Crowe founded Hamilton Consulting, LLC in 2001. Her practice centers on facilitating learning and improvement for organizations, teams, and individuals. She has worked with multiple organizations who desire to improve the delivery, efficiency, and experience of health care for both patients and staff.

Barbara S. Boushon, RN, BSN, serves in multiple roles to improve health care. Through Mark Murray and Associates, she works with health care organizations across North America to improve access to primary and specialty care, medical office flow and efficiency, and hospital flow. At the Institute for Healthcare Improvement (IHI), she led learning collaboratives to improve care for patients with chronic conditions. For NQC, she directed Collaboratives to improve care for people living with HIV/AIDS (PLWH), and serves as faculty for the Training-of-Trainers (TOT) and Training of Quality Leaders (TQL) Programs. Within the Veterans Administration (VA), she serves as co-director for the VA National Transitioning Levels of Care Collaborative.

Kathleen Clanon, MD, FACP, has worked since 1988 as an HIV clinician, educator, program director, and QI leader specializing in improving care of low-income people with HIV. She is the Clinical Director of the East Bay AIDS Education and Training Center (AETC) since 2001 with responsibility for developing and delivering curricula

for clinicians on HIV care and on QM. She has extensive hands-on experience with Ryan White Program (RWP) grantees, having established and maintained multidisciplinary HIV prevention and care programs serving thousands of people in Alameda County, CA. Since 1992, she has designed and led QM programs for multi service RWP-funded programs including Part A, C, and D networks, and has consulted on QM for NQC and HIVQUAL, including assisting many clinical sites, and more recently, the Health Ministries of Thailand, Haiti, and Guyana.

Day 1

Module 1: Welcome & Introduction

Day One:

8:00 – 8:45 am (45 min)

Type of Activity:

Presentation with PowerPoint slides; Group Exercise at Small Group Tables

Materials Needed:

Presentation slides ('M1 Welcome and Introduction'); copies of Talent Pool handout ('M1 Talent Pool'); copies of aggregated results from Pre-work assessments; prepared flip charts; NQC remotes; Post-it notes

Overview of Activity – 40 min:

- 15 min: Participant Welcome – 'Setting the Stage'
- 05 min: Faculty Introductions
- 10 min: Participant Introductions at Small Tables
- 10 min: Warm-up Activity
- 05 min: Overview of Pre-Work Assessment

Purpose and Key Lessons Learned:

- Orient participants to the training program, agenda, instructors, and each other so they feel comfortable enough to engage in the program learning activities
- Learn about key strengths and gaps of participant skills as indicated by the Pre-work assessment
- Show how the pre-TQL assessment influences the development of the Program

Detailed Instructions:

Preparation

1. Before beginning the session:
 - a. Ensure that the group tables are set up appropriately
 - b. Place any training materials on participants' table
 - c. Make sure name tents are available and placed on tables
 - d. Create a flip chart for Ground Rules (suggested rules are: Start and end modules on time; Cell phones and pagers off or silent; Embrace diversity of opinions; Promote peer learning --offer your talents; '45 second rule' --no monologues; Agree on what important words mean-- ask for clarifications; Test assumptions --not individuals; Whole group enforces ground rules)
 - e. Create a 'Parking Lot' flip chart
 - f. Test equipment, sound system and NQC remotes
 - g. Place Post-it notes on each table
 - h. Create 4 'Talent Pool' flip charts with the following headers: Quality Improvement Infrastructure, Performance Measurement, Quality Improvement Activities, QI Capacity Building
 - i. Prepare flip charts for the Warm-up activities and place them in the four corners of the room

2. Begin the session promptly at the start time out of respect for those ready to begin

Participant Welcome – ‘Setting the Stage’ – 15 min

3. Begin program with enthusiastic welcome to participants; present the appropriate slides (‘M1 Welcome and Introduction’) emphasize, at the beginning, the benefits for participants and their organizations to participate in this program; make sure to cover:
 - a. Program Objectives
 - b. Program Method
 - c. Walk participants through brief quiz to set stage for QI in HIV care
 - d. Detailed agenda for Day 1 and general agenda for Days 2 & 3
4. Explain the underlying concept of the ‘Talent Pool;’ encourage participants to write down their QI talents on the provided Post-it notes so others can learn from them; remind individuals to identify talents in the room and to promote sharing of successes
5. Ground rules for working together; you should suggest a few (on flip chart) and ask the group for both input and agreement to abide by the ground rules
6. Explain the ‘Parking Lot’ and its function as a holding area for issues or topics that are tangential to the topic being discussed
7. Introduce and orient participants to the TQL Guide
8. Hand out available contact list and ask participants to review their contact information and update accordingly; mention that changes will be made to the list and the list will be redistributed on Day 3
9. Remind the 5 volunteers to present their mini presentations at the end of Day 1

Faculty Introductions – 5 min

10. Ask each faculty member to introduce her/himself

Participant Introductions – 10 min

11. Ask each participant to quickly introduce her/himself to the large audience by stating her/his name and where she/he is from; pass the microphone around

12. In advance, create a flip chart for this activity; list ‘Name, Agency, Hopes and Concerns, What talents do you bring to this training?’
13. Have participants introduce themselves at their tables; refer them to the flip chart you created:
 - a. Name and agency
 - b. Hopes and concerns for this session
 - c. What talents do you bring to this training?
14. Provide the groups a one minute warning and ensure that all members at tables have introduced themselves
15. Using the Pre-TQL assessment data slides (‘M1 Welcome and Introduction’), highlight some of the group strengths as well as gaps and areas for development; demonstrate how the use of data has influenced the design of the training

Warm--up Activity: Meet and Greet – 10 min

16. Introduce the Warm-up Activity to participants; identify the four corners of the room with the prepared signs:
 - a. Funding: Part A/B/C/D
 - b. Background: Clinical Provider/Administrator/QM Manager/Case Manager-Social Worker
 - c. QI Competency: Beginner/Novice/Advanced/Expert
17. Ask participants to walk to the appropriate corner of the room based on the following criteria and pose 3 sets of questions; encourage participants to meet and greet fellow training participants and share their responses:
 - a. Funding: Part A/B/C/D - ‘What is your favorite movie/TV show?’
 - b. Background: Clinical Provider/Administrator/QM Manager/Case Manager-Social Worker – ‘Where was your favorite vacation spot?’
 - c. QI Competency: Beginner/Novice/Advanced/Expert – ‘What talent do you bring to the training?’
18. Allow for enough time to enable a brief introduction of participants
19. Conclude this exercise by ‘What did you learn from your fellow participants?’; ask participants to return to their seats after the warm-up activity

Module 1 Tool: Talent Pool Form

“What special quality improvement talents do you bring to the group from which other HIV programs can learn?”

Please identify up to 5 unique QI talents. Write each talent on a separate Post-it note and put each note on the most appropriate flip chart paper. If additional talents are identified throughout the training, post additional notes. Routinely check the flip charts and see what others contribute – if you find a relevant QI competency, meet up with the person within the next 3 days.

1.
2.
3.
4.
5.



Module 1 Tool: Participant Introduction

Hopes & Concerns:

Identify 1-2 hopes you have for this learning experience:

Identify 1-2 concerns you have about this learning experience:

Improvement Story:

Identify a personal, meaningful story to illustrate how quality improvement has affected the HIV care you provide:

Module 2: Game: Survive on the Moon

Day One:

8:45 – 9:30 am (45 min)

Type of Activity:

Interactive Game

Materials Needed:

Presentation Slides ('M2 Survive on the Moon'); copies of handout ('M2 Survive on the Moon'); flip chart

Overview of Activity – 45 min:

- 05 min: Introduction to Group Activity
- 20 min: Small Group Discussions
- 20 min: Debrief and Key Points

Purpose and Key Lessons Learned:

- Reinforce that groups typically make better problem solving choices than individuals when confronted with complex issues
- Illustrate group dynamics based on interactive exercise
- Practice hands-on facilitation, recorder and reporter skills

Detailed Instructions:

Introduction to Group Activity – 5 min

1. Start the game by asking, "Who in the room has spent some time on the moon?;" set the context for the game by explaining that the next activity is to help partici-

pants experience how groups can perform better than individuals and appreciate the importance of good group dynamics to resolve a complex problem

2. Review the scenario with group; set an enthusiastic and creative tone
3. Distribute the handout ('M2 Survive on the Moon') to participants instruct each group member to rank the items individually first (use column A) within the next 3 minutes

Group Discussions – 20 min

4. Assign groups of 68 individuals and identify one facilitator for each group; clarify the role of the facilitator (to keep the group on task and to ensure participation by all); identify an observer (to watch group dynamics) and a recorder (to keep the official group scoring)
5. Direct the groups to find consensus on the ranking and to record findings on the handout (column B); tell the group they will have 20 minutes for this activity

Debrief and Key Points – 20 min

6. Provide the correct answers via slide and ask all participants to calculate their individual (column A) and group (column B) score
7. Compare individual and group rankings by asking all participants to share by a show of hands who has a higher group score than individual score
8. Start the debriefing by asking the following questions:

How many are better off? Why did more survive? What were the factors for higher group survival?

9. Ask each observer to debrief about the team dynamics: How did the group work together? Why did the group work well (or not)? What were the group dynamics that positively contributed to a higher survival?
10. Close this activity with the following questions: What are the lessons learned from this game? How can a group reach a common goal? Be sure that the following points come out in group discussion:
 - a. Teamwork can produce better results than individual work, especially when faced with complex issues
 - b. Healthy team dynamics are critical to teamwork and development; the role of the group leaders/facilitators is important
 - c. It is important to take the time to obtain all team members' views and perspectives
 - d. A benefit of teamwork is often the diversity in culture, opinion and experience

Module 2 Tool: Game: Survive on the Moon

A. Scenario

You are a member of a space crew originally scheduled to rendezvous with a mother ship on the lighted surface of the moon. However, due to mechanical difficulties, your ship was forced to land at a spot some 200 miles from the rendezvous point. During reentry and landing, much of the equipment aboard was damaged and, since survival depends on reaching the mother ship, the most critical items available must be chosen for the 200-mile trip. Below are listed the 15 items left intact and undamaged after landing. Your task is to rank them in the order of their importance to your crew in allowing them to reach the rendezvous point.

B. Ranking

Place the number 1 by the most important item, the number 2 by the second most important, and so on through number 15 for the least important item.

ITEM	INDIVIDUAL RANKING (A)	GROUP RANKING (B)	CORRECT ANSWER (C)	SCORE A: (C-A)	SCORE B: (C-B)
Box of matches					
Food concentrate					
50 feet of nylon rope					
Parachute (silk)					
Portable heating unit					
Two .45 caliber pistols					
One case of dehydrated milk					
Two 100 lb. tanks of oxygen					
Stellar map					
Self-inflating life raft					
Magnetic compass					
Five gallons of water					
Signal flares					
First aid kit, including injection needle					
Solar-powered FM receiver-transmitter					
TOTAL SCORE					

Module 3: Communication Style Assessment

Day One:

9:30 - 10:00 am (30 min)

Type of Activity:

Individual Assessment; Presentation with PowerPoint slides;
Group Activity

Materials Needed:

Presentation slides ('M3 Communications Styles Assessment'); copies of handout ('M3 Behavior Style Inventory Form' and 'M3 Behavior Style Inventory Graph'); flip chart; masking tape

Overview of Activity – 30 min:

- 02 min: Setting the Context/Instructions
- 03 min: Individual Styles Assessment
- 15 min: Facilitator Presentation
- 10 min: Small Group Discussion

Purpose and Key Lessons Learned:

- Allow individuals an opportunity to gain insights into how others see them
- Give insights into communications style, building trust, and issues which disrupt group effectiveness and trust
- Help participants identify ways to adapt to others in order to build more effective relationships

Detailed Instructions:

Setting the Context for Styles – 2 min

1. Kick-off this module by saying, “Significant research suggests we turn off about half the people we communicate with. This discussion will help you identify which half and what you can do to improve your personal communication effectiveness”

Individual Self Assessment – 3 min

2. Tell participants they will have three minutes to complete the worksheet ('M3 Behavior Style Inventory Form'); finish this by saying, “when confronted with interpersonal communication issues, come back to this material for diagnostic purposes”
3. Ask participants to complete the Styles Inventory by placing a circle around the word that best describes them at work for each of the 15 lines
4. Tell participants the quicker they work, the more accurate the assessment
5. Demonstrate on a flip chart how to convert the tally section to the graph in their handout and how to identify their primary quadrant; 'M3 Behavior Style Inventory Graph'

Facilitator Presentation – 15 min

6. Identify each quadrant as a style and a key word for each; Controlling (to win), Analytical (data), Promoting (ideas) and Facilitating (people); see 'M3 Communication Styles'
7. Instruct participants to read the brief description of their primary style and to briefly review the other 3 styles
8. Review the summary points and transition to trust
9. Introduce trust by explaining that each style has both a strength and a weakness as it relates to building trust with others; identify for participants the 4 elements of building trust:
 - Candor/Congruence (what I say and what I mean are the same)
 - Reliability (what I say and what I do are the same)
 - Openness (I am an open book and very transparent)
 - Acceptance (I will not try to change you to be more like me)
10. Complete for participants the strengths/weakness table around trust on a flip chart, see 'M3 Communication Styles and Trust'
 - Candor/Congruence: strength of Controlling, weakness of Facilitating
 - Reliability: strength of Analytical, weakness of Promoting
 - Openness: strength of Promoting, weakness of Analytical
 - Acceptance: strength of Facilitating, weakness of Controlling
11. Discuss how people can improve relationships by understanding other people's style and adapting their approach when communicating with others

Small Group Discussion – 10 min

12. Ask participants to break into a group of two or three people and discuss, "how will you use the information discussed in this module going forward to improve your interactions with key QI stakeholders?"

Module 3 Tool: Behavior Style Inventory Form

DESCRIPTIVE WORD GROUPS

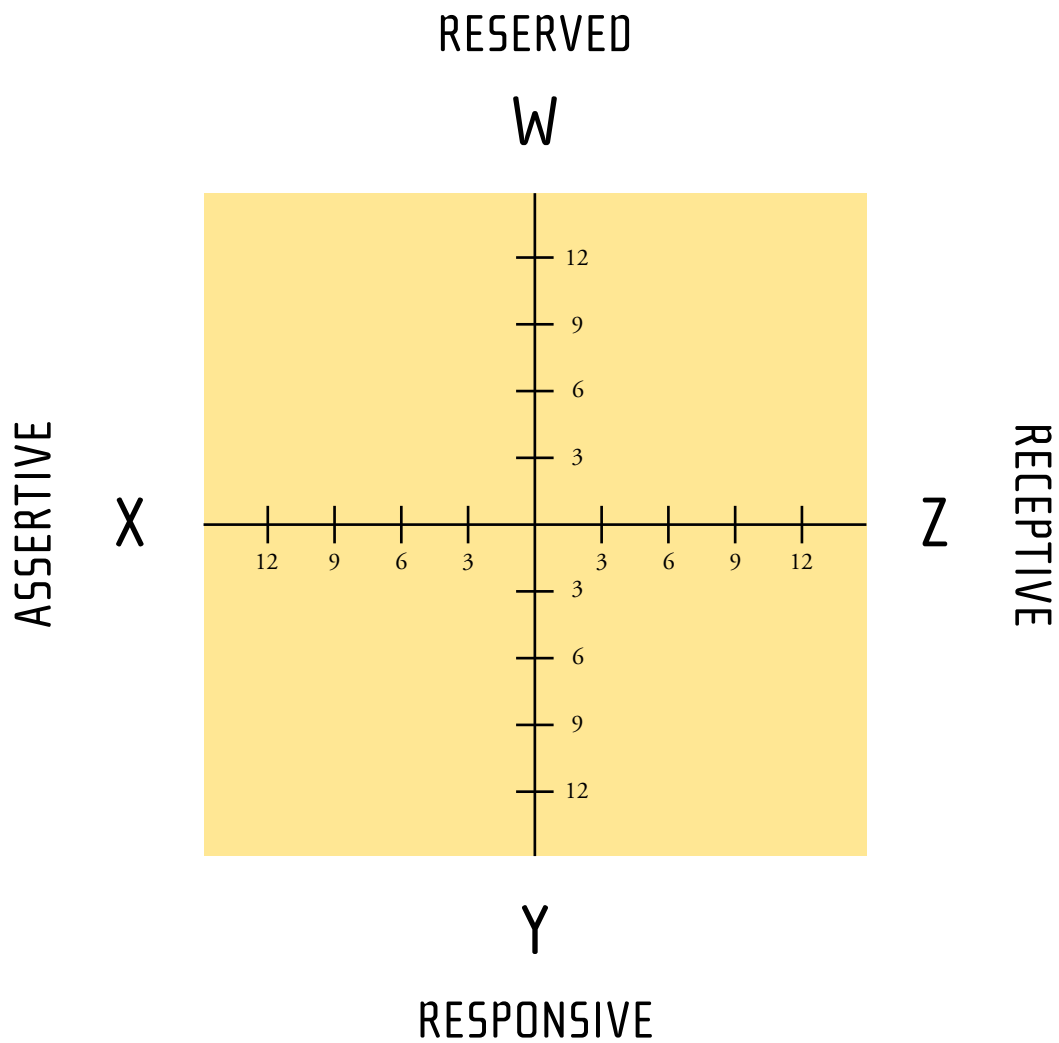
	W	X	Y	Z
1	All-business	Bold	Personable	Deliberate
2	Organized	Telling	Courteous	Listening
3	Industrious	Independent	Companionable	Cooperative
4	No-nonsense	Decided	Talkative	Reflective
5	Serious	Resolute	Warm	Careful
6	To-the-point	Risk-taker	Amiable	Moderate
7	Practical	Aggressive	Empathetic	Non-assertive
8	Self-controlled	Authoritative	Shows Emotions	Thorough
9	Goal-directed	Assertive	Gregarious	Patient
10	Methodical	Definite	Sincere	Prudent
11	Business-like	Unhesitating	Sociable	Precise
12	Diligent	Firm	Demonstrative	Particular
13	Systematic	Strong-minded	Sense-of-humor	Thinking
14	Formal	Confident	Expressive	Hesitant
15	Persevering	Forceful	Trusting	Restrained

TALLY SECTION

NUMBER OF W'S	NUMBER OF X'S	NUMBER OF Y'S	NUMBER OF Z'S



Module 3 Tool: Behavior Style Inventory Graph



Module 3 Tool: Communication Styles

Controlling

Key Characteristics:

- “I know what I want and go after it”
- Motivated to get immediate results
- Tendency to make decisions quickly
- Often adventurous, even daring
- Actively competitive, “on the move”
- May openly question the way things are done

Personal Preferences:

- “I enjoy taking charge of situations”
- “I like to take on new challenges in areas of interest that are a real ‘test’ to me”
- Prefers opportunities for their own personal accomplishment or advancement
- Likes varied and new activities

This person’s *tendencies* include:

- getting immediate results
- causing action
- accepting challenges

This person desires an *environment* which includes:

- power and authority
- prestige and challenge
- opportunity for individual accomplishments

This person needs *others* who:

- weigh pros and cons
- calculate risks

To be *more effective*, this person needs:

- difficult assignments
- to understand that she/he needs others

Analytical

Key characteristics:

- “I need to do things correctly since I’m uncomfortable making mistakes”
- Motivated to be thorough, accurate
- Tends to be attentive to conditions around her/him, including clues about important expectations or standards
- Often demonstrates caution, curiosity
- May become critical of the quality of work actually performed—her/his own or others

Personal Preferences:

- “I prefer to be careful, quiet and observant when I am around other people”
- “I like situations where I have the freedom to concentrate on perfecting ideas and work on things that are important to me, without interruption”
- Prefers assurances that identified and agreed-upon standards or objectives will not be changed, or sacrificed

- Likes personal responsiveness and support for her/his efforts, especially those involving desired resources to achieve their own standards

This person's *tendencies*

include:

- attention to key directives and standards
- concentrating on key details
- working under known circumstances

This person desires an *environment* which

includes:

- security assurances
- standard operating procedures
- sheltered environment

This person needs *others* who:

- desire to expand authority
- delegate important tasks

To be *more effective*, this person needs:

- precision work
- opportunity for careful planning

Advocating

Key Characteristics:

- "I make new friends easily, even with strangers"
- Tendency to be warm, trusting of others
- Open about her/his own feelings
- Motivated to impress others, be included
- Enthusiastic, talkative, interactive

Personal Preferences:

- "I like to be recognized by others"
- "I really enjoy entertaining people"
- Likes the freedom to express self—including being free of entanglements, complications
- Prefers more favorable, casual relationships and working conditions

This person's *tendencies*

include:

- contacting people
- making a favorable impression
- verbalizing with articulateness

This person desires an *environment* which

includes:

- popularity, social recognition
- public recognition of ability
- freedom of expression

This person needs *others* who:

- concentrate on the task
- seek facts

To be *more effective*, this person needs:

- time management skills
- objectivity in decision-making

Facilitative

Key Characteristics:

- "I'm most comfortable when I know what others expect of me, including how to do those things"
- Tends to be more low-key and easy-going
- Finds it easy to get along well and work with different types of people
- Motivated to concentrate on tasks, enjoys repeatedly doing similar kinds of things
- Is more comfortable as a listener and participator in a group rather than the spokesperson or director

Personal Preferences:

- "I prefer it when things go smoothly and especially when there is not a lot of change"
- "I like the satisfaction I get from working with others on projects, from being part of a collective effort to achieve specific results"

-
- Prefers known procedures and the stability gained from a defined, proven way of doing things
 - Likes sincere appreciation from others who are important, including more subtle or quiet recognition

This person's *tendencies*

include:

- performing an accepted work pattern
- sitting or staying in one place
- demonstrating patience

This person desires an *environment* which

includes:

- safe and routine surroundings
- status quo unless given reasons for change

This person needs *others* who:

- react quickly to unexpected change
- stretch toward the challenges of an accepted task

To be *more effective*, this person needs:

- conditioning prior to change
- validation of self-worth

Styles Summary

In learning about communication style, keep the following points in mind:

- We all exhibit some characteristics of each style.
- We all tend to favor one style over others.
- No one style is better or worse than another, only different.
- There is no correlation between style and likelihood of success.
- We each tend to like our own style; we believe our approach to life is appropriate and productive.
- We often forget that different people have different perceptions of the world.
- Differences between styles can cause communication and relationship difficulties.

Module 3 Tool: Communication Styles and Trust

CONTROLLING	ANALYTICAL
Strength: Needs to Develop:	Strength: Needs to Develop:
PROMOTING	FACILITATING
Strength: Needs to Develop:	Strength: Needs to Develop:

Module 4: Effective Leadership Strategies to Improve HIV Care

Day One:

10:30 – 12:00 pm (90 min)

Type of Activity:

Small and Large Group Discussions; Short Presentations; Individual and Other Assessments

Materials Needed:

Presentation Slides ('M4 Leadership'); copies of handouts ('M4 Moments of Truth'; 'M4 Leader Behaviors Self Assessment'); flip chart

Overview of Activity – 90 min:

- 25 min: Introductory Comments & Discussion
- 10 min: Leader as Direction Setter, Educator and Facilitator
- 25 min: Group Brainstorm of Leadership Behaviors Which Really Matter
- 25 min: Assessment Activity
- 05 min: Moments of Truth

Purpose and Key Lessons Learned:

- Understand the leadership functions that really matter to the improvement of HIV care
- Learn about different effective frameworks for looking at leadership
- Explore ideas about what leaders in a quality environment can do

- Investigate ideas on how to influence the leadership behaviors of other leaders, regardless of position

Detailed Instructions:

Introductory Comments & Discussion – 25 min

1. Begin the module by saying, “Our next discussion will examine a number of ideas on leadership in a quality environment and equip you with several approaches to improve leadership in your organization”
2. Review session objectives
3. Introduce the concept of a leader managing their “moments of truth” by asking participants to read ‘M4 Moments of Truth’
4. Ask participants to spend a few minutes to reflect on a critical incident in which others learned about their leadership practices and to complete the corresponding worksheet ('M4 Moments of Truth Worksheet – Leadership Challenges')
5. Engage the group in a discussion using the framing question, “Does leadership really matter in improving HIV care?”
6. Discuss with participants the difference between Leaders and Leadership

Leader as Direction Setter, Educator, and Facilitator – 10 min

7. Transition to the next content area, focusing on the three functions of leaders
8. Discuss the framework in the slide set

*Group Brainstorm of Leadership Behaviors**Which Really Matter – 25 min*

9. Ask participants to brainstorm at their tables a list of behaviors that really matter and to be prepared to offer some ideas to the large group
10. Facilitate a report back by groups and make notes on a flip chart of key behaviors

Assessment Activity – 25 min

11. Ask participants to spend five minutes to conduct the self assessment on behaviors they will further and those they will avoid going forward; 'M4 Leadership Behaviors Self Assessment'
12. Ask participants to spend five minutes identifying behaviors that both other leaders and other employees need to further and those they need to avoid going forward
13. Ask people to spend ten minutes, in a group of three people, discussing how they would use the self assessment tool to positively influence others in improving leadership behaviors in their organizations and to be prepared to discuss one strategy
14. Use the remaining five minutes to allow each group to briefly present one strategy
15. Note strategies on a flip chart for participants' reflection throughout the session

Moment of Truth – 5 min

16. Ask participants to review their Moments of Truth worksheet ('M4 Moments of Truth Worksheet – Leadership Challenges') and to identify what they would do differently with that type of incident going forward, should something similar occur again
17. Conclude the module with the Berwick quote slide

Module 4 Tool: Moments of Truth

The moment of truth: *“any episode in which other people come into contact with any aspect of your leadership practices and form an impression from them*

- How do you respond when an employee makes a mistake?
- How do you solve quality problems?

A “moment of truth” for a leader is any aspect of his/her routine that signals “that’s the way we do things around here.” For leaders, every interaction with another individual, or group, becomes a moment of truth.

The message about what really counts in the organization is delivered, demonstrated, pointed out, and emphasized by the leader’s moments of truth and how well these moments are managed. We suggest that you respond to moments of truth in ways that support the values, beliefs and aspirations of your organization surrounding quality improvement.

The most typical moments of truth center on:

- How do you spend your time? And on what?
- What kinds of questions do you ask?
- How do you represent your organization when with others?
- What effort do you put into developing your leadership effectiveness?
- How do you demonstrate process literacy?
- How do you respond to employee questions about improvement?
- How do you react/respond to consumer complaints?

CRITICAL INCIDENT, MY MOMENT OF TRUTH (DESCRIBE WHAT HAPPENED)

LEADERSHIP RESPONSE OR BEHAVIOR

What did you do?

Why did you respond that way?

LEADERSHIP RESPONSE OR BEHAVIOR

What would I do differently next time?

Why would I respond this way?

Module 4 Tool: Leader Behaviors Self Assessment

1. Check off the behaviors that you need to further
2. Check off the behaviors you need to avoid

BEHAVIORS TO FURTHER

- Model the QI behavior you want to see.
- Be accessible. Check in often with people.
- Communicate information in a timely way.
- Hold structured meetings to provide information.
- Allow venting – acknowledge people’s feelings.
- Ask for feedback and keep up with the issues.
- Listen and probe for issues behind questions people ask.
- Take care of yourself.
- Minimize additional sources of stress in workplace.
- Acknowledge feelings – help draw them out.
- Learn to recognize symptoms of stress.
- Share the quality data and plans with employees.
- Don’t discount the past – show that you value it.
- Facilitate symbolic closure – mark what is ending.
- Encourage people to focus on collaboration.
- Reinforce improvement as a normal part of work.
- Create opportunities for early successes.
- Encourage people to seek the support they need.
- Provide context for QI – explain the big picture.
- Continue to clarify QI vision and desired outcomes.
- Begin talking about new roles and responsibilities.
- Tell people what they can stop doing.
- Inform people on how they can help with improvement.

BEHAVIORS TO AVOID

- Not allotting time for improvement matters.
- Ignoring or discounting people’s feelings.
- Sharing your own speculations with others.
- Participating in the rumor mill.
- Offering false optimism about an improvement.
- Making promises you can’t keep.
- Waiting to act until you have all the answers.
- Relying only on rational explanations of process or people problems.
- Trying to “fix” people who are upset with a new way of doing things.
- Expressing your own lack of confidence in improve decisions or QI pilots.
- Becoming defensive about improvement suggestions.
- Lashing out at employees because of your own stress.
- Adopting employees’ feelings.
- Trying to control the outcome of a QI project.
- Punishing people who make mistakes.
- Blaming senior leadership for all problems/issues.
- Ignoring obvious process problems.
- Ignoring data and fact based decision making.
- Giving hollow pep talks in support of QI.
- Romanticizing or demeaning past process performance.

(continued)

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|--|--|
| <ul style="list-style-type: none"><input type="checkbox"/> Help people find the personal benefits of QI.<input type="checkbox"/> Share your own sense of excitement with improvements.<input type="checkbox"/> Reinforce signs of cooperation and participation.<input type="checkbox"/> Constantly ask for ideas on how to make things better.<input type="checkbox"/> Keep people informed of new developments.<input type="checkbox"/> Encourage participation in decision making.<input type="checkbox"/> Support the development of future-oriented skills.<input type="checkbox"/> Celebrate successes visibly and with enthusiasm. | <ul style="list-style-type: none"><input type="checkbox"/> Forgetting the skills and practices that were effective in the past.<input type="checkbox"/> Degrading employees still working through early stages of an improvement.<input type="checkbox"/> Resisting an improvement because you were or are the process owner.<input type="checkbox"/> Discounting process improvement as not “real” work. |
|--|--|

Module 5: Facilitation Skills

Day One:

1:00 – 2:00 pm (60 min)

Type of Activity:

Presentation with PowerPoint slides; Group Exercises;
Group Discussion

Materials Needed:

Presentation slides ('M5 Facilitation Skills'); copies of handouts ('M5 How to Deal with Specific Types of Participants'; 'M5 Traffic Cop'; 'M5 Dealing with Difficult Behavior'; 'M5 What If Scenarios'); flip chart; Post-it notes

Overview of Activity – 60 min:

- 20 min: Facilitation Presentation
- 15 min: Small Group Exercise: Types of Participants
- 10 min: Facilitation Presentation
- 15 min: Small Group Exercise: 'What If' Scenarios

Purpose and Key Lessons Learned:

- Produce better outcomes due to the time spent in meetings
- Understand the importance of planning and designing effective meetings
- Understand the role of the team leader vs. the facilitator, and how to balance the two
- Balance and increase participation in meetings
- Prevent and manage challenging behavior in meetings

- Increase accountability and follow-through on action items

Detailed Instructions:

Facilitation Presentation – 20 min

1. Kick-off the session on facilitation skills by asking the audience, "How many of you are comfortable facilitating quality improvement-related team meetings?;" discuss that excellence in facilitation occurs when we continue to practice and expose ourselves to an increasing number of facilitation opportunities
2. Introduce the module learning objectives and emphasize that this segment is about developing and planning effective meetings
3. Explain that different individuals at each table will assume the facilitator role throughout this module and throughout the TQL session to allow for more opportunities to practice facilitation skills
4. Ask the large group to identify behaviors of successful facilitators that participants have experienced and record key behaviors on the flip chart
5. Review the slides, 'M5 Facilitation Skills,' on the definition and purpose of facilitation, key facilitation skills, and the importance of planning in advance
6. Present the four different types of facilitators (Coach, Teacher, Conductor and Catalyst) and engage participants in a discussion about with which of the facilitator types are they most comfortable
7. Continue to review the slides, 'M5 Facilitation Skills,'

Module 5 Tool: How to Deal with Specific Types of Participants

Ramblers

- Avoid discouraging talker, encourage the others to participate more
- Interrupt the person with a question directed to someone else
- Acknowledge the comment and involve others: “Joe, that was an interesting insight... Barbara, what are your views on this issue?”
- Say, “Please take 10 seconds to complete your thought and then we will hear from others.”
- Before the meeting or during a break, enlist the help of the excessive talker in encouraging the silent participants to open up
- Establish ground rules to ensure equal participation by all members; encourage participants to help monitor
- Give the participants equal numbers of poker chips, each worth 30 seconds of talking time

Flounders

- Reiterate the goals and timetable of the group
- Revisit the group charter
- Focus on a concrete action plan with explicit roles and responsibilities
- Ask, “What are the barriers to moving forward?”
- Set clear time expectations for decision making
- Re-examine past unfinished business
- Assign individuals agenda items and action items

Complainers and Pessimists

- Listen even though it may be difficult
- Acknowledge by paraphrasing the complaints
- Refocus the discussion on the possible solutions, rather than on the problems.
- Do NOT agree with the complaints/comments
- Avoid getting drawn into their attitude
- Be prepared to interrupt and take control of the situation (these guys love to ramble)
- Ask the group, “Does anyone else feel as strongly about this issue?”
- Use limiting responses that pin the complainer to specifics
- Be patient
- Be prepared to take on the project with support from others
- If needed, meet with person outside of group activities to clarify mission of group and explore ways to constructively work together
- Use humor when appropriate
- Ask them to give at least one solution for each “problem” they identify

Indecisives/Silent-unresponsives

- Don't place them in an uncomfortable situation
- Allow for enough time to process information
- Pause for long periods, inviting them to fill the void

- Bring issues out in the open and make it easy for them to be direct
- Use small group activities to help them in solving problems or ask all participants to answer questions
- Watch for signs that the pressure to make a decision may be overwhelming them
- Reinforce commitment to hear from all participants
- Discuss with person one-on-one after the meeting in order to gather her/his input

Super-agreeables

- Ask them to explain their reasoning
- Make honesty non-threatening; they sometimes don't agree, but are afraid to tell you
- Don't allow them to make unrealistic commitments that they can't fulfill
- Re-emphasize the ground rule to allow for disagreement
- Break down into small groups or one-on-one exercises

Hostile-aggressive

- Stay positive
- Acknowledge what you have heard
- Don't make it personal, even if you are personally attacked
- Stand up for yourself, without being threatening
- Speak from your point of view
- Reiterate the goals and objectives of the meeting
- Initiate a post meeting conversation in order to engage the person and better understand her/his concerns

Module 5 Tool: “Traffic Cop”

The role of the facilitator can often be that of a “traffic cop.” The traffic cop is responsible for group learning and does so by exhibiting the following behaviors (which also have sentence stems attached to each behavior):

Observing:

- “There seems to be concern about...”
- “Perhaps it’s time to move on...”
- “Is this something we should continue next week, when...?”
- What else might be occurring right now?

Clarifying:

- “What I hear you saying is...”
- “Let’s see if we can clear up the confusion...”
- “If I understand correctly...”
- “Is there anything about this that is still unclear?”

Focusing:

- “Getting back to the agenda...”
- “Can we park this issue for now and get back to the topic we’ve been discussing?”
- “Let’s get back to our flip chart...”
- “The point currently under discussion is...”

Stimulating:

- “What ideas can we come up with...?”
- “How could we approach this question from a different angle?”
- “What might be other reasons for this situation?”
- “Is this a good place to do some idea generation?”
- “What do you think about...?”

Balancing:

- “Does anyone else have another viewpoint?”
- “Any other ideas?”
- “Beth, what else do you think might work?”
- “Have we missed any important cultural considerations here?”

Summarizing:

- “To review the key points we’ve heard today...”
- “Let’s look again at the decisions we’ve made...”
- “Before we move to the next item let’s record the key points from the discussion...”
- “In summary, we are going to...”

Module 5 Tool: Dealing With Difficult Behavior

Learning is about change, and sometimes occasions will arise in which participants or group dynamics create difficult behavioral situations. These behaviors could be a result of resistance to change, misunderstanding, different styles between participants or the faculty, or other factors. The following steps are often effective in dealing with difficult behaviors.

Prevention

Work done before a group or workshop convenes and work done during the first session can prevent many problems from ever occurring. Talk with participants before the first session and address problems which you think might occur. Build ground rules at the first session to define appropriate group norms and learning behavior. Remind participants that they are responsible for upholding and enforcing the ground rules.

Non-intervention

Usually, when someone is acting in a difficult way, the first step you should take is not to intervene at all. Pause a moment and see if other participants handle the situation. Oftentimes, participants will bring others into line by referring to the Ground Rules, or by simply asking them to stop what they are doing.

If the behavior continues and no one else steps in, you might have to intervene. If the behavior is destructive, like a personal attack, intervene immediately. Use your judgment

about when it is appropriate to intervene. Intervening too frequently can inhibit learning and problem solving among adults.

Low-level intervention

Relatively non-threatening techniques designed to short circuit the difficult behavior will frequently take care of the problem. A reference back to the ground rules may be all that is needed. Something as simple as a shift in eye contact or asking for input from another learner may stop the behavior.

Medium-level Intervention

If the problem behavior is chronic, you may choose to talk with the individual between modules or at a break and to offer constructive feedback. Your goal is to create an informal contract in which the person agrees to desired behaviors. This may require you to offer certain agreements, too. For example, "I will try to avoid teaming you with Mary on assignments again, but you need to agree to stop arguing with her during the session."

If the participant does not respond to your feedback or suggestions, a more assertive intervention may be called for.

High-level Intervention

If all else fails, you may have to deal with the offending behaviors in the presence of other participants. This is not a step to be taken lightly. A great deal of thought and

preparation has to precede such a confrontation. Avoid blaming. Use constructive feedback and focus on problem solving. Stay focused on the behavior. Keep personalities and stereotypes out of it. This is a high-risk intervention. It can alienate others, even though they may agree with you. It can, however, be very effective in halting problematic behaviors.

Module 5 Tool: 'What If...' Scenarios

Discuss with the group the following scenarios and develop strategies to overcome these facilitation barriers.

	WHAT IF...	TRY...
1	Individuals who take on responsibilities for the group are not the best for the job...	
2	The facilitator has strong feelings about the outcome of the group discussion...	
3	The group is progressing, but the facilitator noticed that one participant is a 'broken record'; it is not clear whether this person speaks for him/herself or for the entire group...	
4	A group is formed, but the sponsoring agency does not seem to have clear expectations...	
5	The group continues to bring up irrelevant issues...	
6	Key group members are consistently absent or late...	
7	The facilitator does not know anything about the project on which the group is working...	

Module 5 Tool: 'What If...' Scenarios (continued)

	WHAT IF...	TRY...
8	The facilitator does not have time to develop agenda and meeting objectives in advance...	
9	The group has a history of hostility towards facilitators...	
10	Group members want to change course once the meeting starts...	
11	The group is engaged in a meaningful discussion, but time runs out...	
12	The facilitator is uncomfortable with how things are going...	
13	A medical director dominates the discussion and tries to control the decisions...	
14	The facilitator asks for feedback but no one wants to answer...	
15	The group cannot agree on an issue...	

Module 6: Meeting Effectiveness

Day One:

2:00 - 3:00 pm (60 min)

Type of Activity:

Presentation with PowerPoint slides; Group Exercises;
Group Discussion

Materials Needed:

Presentation slides ('M6 Meeting Effectiveness'); flip chart;
Post-it notes

Overview of Activity – 60 min:

- 05 min: Introduction
- 25 min: Effective Meeting Management
- 30 min: Agenda Exercise and Debriefing

Purpose and Key Lessons Learned:

- Produce better outcomes from the time spent in meetings
- Understand the importance of planning and designing effective meetings
- Learn about tools to improve meeting effectiveness
- Understand the importance of a well-designed agenda and experience the process of designing a meeting agenda
- Consider how environmental issues impact meeting planning
- Increase accountability and follow-through on action items using the action register

Detailed Instructions:

Introduction - 5 min

1. Introduce the module learning objectives and emphasize that this segment is about planning effective meetings and developing an agenda
2. Point out the shift from facilitation to effective meeting management

Effective Meeting Management - 25 min

3. Review the module slide set, 'M6 Meeting Effectiveness,' on planning and preparing meetings, meeting tools (such as icebreakers), ground rules and the 'parking lot'

Agenda Exercise and Debriefing - 30 min

4. Review the relevant slides and introduce the '6-Step Agenda Process'
5. Introduce the group exercise and review the provided scenarios, 'M6 Agenda Scenarios'
6. Identify a different facilitator for each table; ask each table to decide on one scenario
7. Allow each team to spend 25 minutes to complete the form 'M6 Agenda Development Handout'
8. After 25 minutes, ask each group to present their agenda to the other groups

Meeting 6 Tool: Agenda Scenarios

Scenario 1: Adding Disparities to the Quality Agenda

New Rock City EMA's Quality Committee decided at their last meeting to look at the EMA's HAB performance measure results, broken down by race and ethnicity, to see if there is any evidence of disparities. The data show African American patients have significantly lower rates of retention in care and of prescription of HAART than white or Latino patients.

The Quality Committee, which has 25 members representing all service types and a strong consumer group, has decided to devote their entire 90-minute monthly meeting to looking at the data results, analyzing likely causes, and deciding whether to add Disparities Reduction as a specific project in their QM portfolio.

You are in charge of developing the agenda for the meeting.

Scenario 2: Consumers and the Part C Quality Committee

The St. Elsewhere HIV Care Network (SEHIVCN) is a 7-clinic Part C grantee. The SEHIVCN has a Community Advisory Board (CAB) and the CAB has asked that two consumers be added to the Network's Quality Committee.

The Quality Committee currently has 15 members, including MDs, RNs, other clinic staff and administrators. Several current members have said that they oppose adding

consumers to the Quality Committee membership, citing concerns that consumers will slow down the meetings or dilute its usefulness.

You are asked to prepare the agenda for a one-hour special meeting of the Quality Committee to consider and decide on this question.

Scenario 3: Part D Staff Mutiny

The Family Support Network of Arcadia (FSNA) is made up of eleven agencies providing five services, including medical care, substance abuse treatment, case management, mental health, and legal services. The Network is using the HAB Group 1 and 2 measures as its indicators. At a Network quality meeting, many staff from the non-medical agencies go on record saying they don't think they should have to participate in QM because it's all clinical and it doesn't have to do with measuring their work. They propose that the quality work should be done only by the medical providers.

A yearly all day all-staff meeting is coming up, to be attended by all 50 FSNA-funded staff. FSNA decides to devote two hours to a discussion and the development of recommendations on this topic. You are assigned to develop the agenda.

Module 6 Tool: Agenda Development Handout

Name of Meeting: _____

Proposed Date/Time: _____ Duration: _____

Meeting Location/Address: _____

Meeting Leader/Facilitator: _____

Meeting Recorder/Timekeeper: _____

Meeting Participants: _____

Meeting Objectives: 1. _____

2. _____

3. _____

4. _____

(continued on next page)

Module 6 Tool: Agenda Development Handout (continued)

Meeting Handouts:

- Agenda
- Sign-in Sheet
- Contact/Address List
- Other _____
- Other _____

Equipment Needs:

- Computer/Laptop
- LCD Projector
- Screen
- Conference Phone
- TV/VCR
- Flip Chart
- Extension Cord
- Microphone
- Other _____
- Other _____
- Other _____
- Other _____

Room Setup:

- Chairs Only
- U-Shaped
- Half-Circle
- Classroom Style
- Chevron
- Theater Style
- Hollow/Solid Square
- Other _____

Other Meeting Needs:

- Catering
- Registration Process
- Security Clearance/Access

Meeting Agenda Draft (continued):

FORMAT	MATERIALS	COMMENTS

Module 6 Tool: 6-Step Meeting Agenda

(adapted from the 7 Step Meeting process – Executive Learning, Inc.)

Team Name: _____

Date: _____

Approximate duration of meeting: _____

AGENDA ITEM	RESPONSIBILITY	TIME
<p>Purpose of the meeting: This is a brief but accurate description of the overall purpose of the meeting and also includes a very brief review of the agenda items (below). It is meant to orient everyone and to put the meeting in context.</p> <p>Roles in the meeting: This is the time when you designate or acknowledge the recorder and time keeper of the meeting. Also, introduce the facilitator and make a distinction between the leader and the facilitator. Might tell the group how the leader and facilitator work together at this time. Clarify the following roles:</p> <ul style="list-style-type: none"> • Leader • Time Keeper • Recorder • Facilitator <p>Agenda Items: This is the time when you work through each agenda item. The person leading the agenda item takes the lead. Time keeper helps them stay on track, but the group makes the decision to manage the time if it runs out.</p>		

Module 6 Tool: 6-Step Meeting Agenda (continued)

AGENDA ITEM	RESPONSIBILITY	TIME
<p>Plan next steps: If an action planning form is used during the meeting, then this would be a review of the action planning form and the identification of anything that was left out that needed to be done. If an action planning form is not used, then this is the time to focus on what assignments have been made, to capture and to date them.</p> <p>Plan next meeting agenda: This is the time when ideas are collected for the next meeting. What do we need to put on the agenda? Who will be accountable for the next steps?</p> <p>Assess Meeting: What worked? What didn't work?</p>		

Module 7: Managing a Quality Management Committee

Day One:

3:30 - 5:00 pm (90 min)

Type of Activity:

Presentation; Individual Assessment; Small Group Discussion; Action Planning Activity

Materials Needed:

Presentation Slides ('M7 Managing a Quality Management Committee'); copies of handouts ('M7 Quality Management Committee Assessment Tool'; 'M7 Quality Management Action Plan Handout')

Overview of Activity – 90 min:

- 05 min: Introduction and Instructions
- 25 min: Quality Management Committee Fundamentals
- 05 min: Individual Assessment
- 30 min: Small Group Discussion
- 15 min: Debrief Assessment
- 10 min: Development of Individual Action Plans

Purpose and Key Lessons Learned:

- Learn more about the key functions of the quality management committee to build an infrastructure for quality improvement
- Assess your organization's quality management committee and identify opportunities for improvement
- Learn proven strategies to improve the effectiveness of a quality management committee

- Increase confidence in supporting and improving the effectiveness of your quality management committee
- Move theory to action through the development of an action plan

Detailed Instructions:

Introduction and Instructions – 5 min

1. Introduce this module by saying, "Let's spend some time in this next module discussing a critical piece to building the necessary infrastructure to sustain quality improvement activities over time, the quality management committee"
2. Review module objectives

Quality Management Committee Fundamentals – 25 min

3. Transition to review the functions of the quality management committee
4. Review relevant slides, 'M7 Managing a Quality Management Committee'

Individual Assessment – 5 min

5. Distribute the 'M7 Quality Management Committee Assessment Tool'
6. Remind participants they have five minutes to complete the self assessment

Small Group Discussion – 30 min

7. Designate tables for each Ryan White Part (including multiple tables where necessary to keep group sizes ten

- or under). Ask participants to join a table most closely representing their Part funding
8. Identify a facilitator for each table; this individual will report back briefly to the large group; tell participants that they can spend the next 30 minutes at their tables identifying and discussing strategies to improve the effectiveness of their quality management committees
 9. Review the following framing questions to help with the discussion:
 - What strategies do you use in your organization to successfully support your quality management committee?
 - Why do you believe these strategies work particularly well?
 - What isn't working well? Where have you struggled?
 - What improvements to your quality management committee are you considering making?
 - What pitfalls would you suggest others avoid when organizing and facilitating their quality management committee?
 10. Remind the tables when there are five minutes left in the discussion and ask the tables to identify highlights and themes from their discussion to report to the large group

Debrief Assessment – 15 min

11. Begin the debriefing process by asking participants to listen for similar action items as well as more unique items
12. Move through the debriefing process asking the designated facilitator at each table to report highlights and themes from their discussion (about two minutes per table)

Development of Individual Action Plans – 10 min

13. Distribute the 'M7 Action Planning Template', and ask participants to spend the next ten minutes individually developing an action plan to improve the effectiveness of their quality management committee

Reference Materials:

- 'HIVQUAL Workbook': A guide for HIV providers to learn about quality management and quality improvement. A publication of the New York State Department of Health, AIDS Institute, 2006; the Guide can be downloaded at NationalQualityCenter.org
- Quality Management Program Assessment Tools for each Ryan White Part; these tools can be downloaded at NationalQualityCenter.org

Module 7 Tool: Quality Management (QM) Committee Assessment Tool

Scale: 1=strongly disagree; 5=strongly agree

- | | |
|--|--|
| 1. Do you have the appropriate cross-functional membership in your QM Committee? | |
| 2. Is the attendance of members sufficient to meet the Committee goals? | |
| 3. Does the Committee effectively engage and include external stakeholders, such as consumers? | |
| 4. Does the QM Committee have appropriate annual goals? | |
| 5. Did your quality program make progress toward its goals last year? | |
| 6. Does the group dynamic help to achieve the Committee goals? | |
| 7. Does the frequency of meetings support the achievement of the group's goals? | |
| 8. Does the Committee foster collaborative decision making processes? | |
| 9. Are the Committee membership roles clearly defined? | |
| 10. Do all Committee members show high quality improvement competency? | |
| 11. Do you routinely develop meeting agendas in advance? | |
| 12. Does your Committee use a work plan or a timeline to organize your quality program activities? | |

Module 7 Tool: Quality Management (QM) Committee Assessment Tool (continued)

13. Are summary notes taken at each meeting?	
14. Are summary notes used to follow-up on Committee activities?	
15. Are the summary notes actively shared with all staff?	
TOTAL:	

What are the strengths of your QM Committee?

What are the major barriers to the effectiveness of your QM Committee?

Module 7 Tool: Quality Management (QM) Committee Assessment Tool

ITEM #	ACTION ITEM	START	END	TASK OWNER
1				
2				
3				
4				
5				

Module 8: Mini-Presentations – Leaders and Leadership

Day One:

5:00 - 5:30 pm (30 min)

Type of Activity:

Presentations by Participants

Materials Needed:

Presentation Slides ('M8 Mini-Presentations QI Leadership')

Overview of Activity – 30 min:

- 05 min: Introduction of Presentations
- 25 min: Mini-Presentations

Purpose and Key Lessons Learned:

- Create a forum for participants to discuss their personal experiences of quality leadership
- Develop ideas about how middle level leaders can work through roadblocks or resistance created by formal leaders
- Reinforce that great learning and personal improvement comes from experiences
- Increase the participants' confidence in facilitating groups and quality improvement teams

Detailed Instructions:

Introduction of Presentations - 5 min

1. Introduce this session by stating that all of us have experienced leadership as leaders, as the led, and as observers and that we experience challenges and learn lessons in each of these roles
2. Ask the individuals who volunteered to present a leadership story to come to the front of the room and tell the group their names when they start to present
3. Ask which of the five would like to begin
4. Ask one person from the group to serve as timekeeper; ask that person to give you a warning at the 2.5 and 5 minute marks for each presentation
5. Faculty member acts as facilitator, unless a volunteer facilitator is identified in advance

Individual Presentations – 25 min

6. Working with the timekeeper, keep presentations on time through gentle reminders to the presenter
7. After each presentation, have the group show appreciation with a round of applause and ask for one or two brief comments about take-away lessons from the story

Module 9: Sharing of Aha! Moments & Day 1 Evaluation

Day One:

5:30 - 6:00 pm (30 min)

Type of Activity:

Group Feedback

Materials Needed:

Evaluation slides ('M9 Day 1 Evaluation Slides'); NQC remotes; flip chart

Overview of Activity – 30min:

- 20 min: Sharing of Aha! Moments
- 10 min: Day 1 Evaluation

Purpose and Key Lessons Learned:

- Identify concepts that made an impression in the minds of participants
- Receive positive and constructive feedback and identify mid-course corrections, if any

Detailed Instructions:

Sharing of Aha! Moments - 20 min

1. Transition to this segment by saying, "Let's spend a few minutes discussing some of your personal highlights or an Aha! Moment from today's session. I'll give you two minutes to think about today and we'll begin with a volunteer. We'll hear from as many of you as we can in the next 15 minutes"

2. After two minutes, ask for a volunteer; listen to each contribution and simply thank each person for sharing
3. Transition to the evaluative section by saying, "Let's get some feedback from you on today's session so that we can assess the training so far"

Day 1 Evaluation - 10 min

4. Hand out NQC remotes
5. Present Day 1 evaluation slides ('M9 Day 1 Evaluation Slides') and collect the feedback using the automated response system
6. Discuss, if appropriate, any aggregate results
7. Divide a flip chart into two columns labeled 'Went Well' and 'Do Differently'
8. Ask the group to respond to two questions:
 - a. 'What is one thing you thought went well today?'
 - b. 'What is one thing you would suggest we do differently next time?'
9. Remind group to post any last-minute 'parking lot' ideas on the appropriate flip chart
10. Identify five volunteers for Mini-Presentations on Day 2; ask these individuals to meet you after today's session and explain their assignment – "think about your facilitation experiences and give a five minute presentation for the group tomorrow
11. Remind participants of the starting time for Day 2

Day 2

Module 10: Welcome to Day 2

Day Two:

8:00 - 8:40 am (40 min)

Type of Activity:

Group Activity; Group Discussion

Materials Needed:

Presentation Slides ('Mod 10 Welcome Day 2')

Overview of Activity – 40 min:

- 05 min: Review Training Objectives for Day 2
- 10 min: Icebreaker: Two Truths and a Lie
- 25 min: Parking Lot

Purpose and Key Lessons Learned:

- Clarify the aim for the day and how Day 2 fits into the overall context of the training
- Respond to issues identified by participants in the Parking Lot

Detailed Instructions:

Review Training Objectives for Day 2 – 5 min

1. Welcome the group and prompt the audience with the following question, “Any quick questions from yesterday before we jump into the agenda for today?”
2. Review the Day 2 agenda and the training objectives for this day

Icebreaker: 2 Truths and a Lie – 10 min

3. Tell individuals the icebreaker for today involves writing down three facts about themselves on a slip of paper; two facts must be the truth, one is a lie; tell them they have one minute write down their three statements
4. After one minute, ask for volunteers to present which of their “truths” is not true; ask for as many individuals as possible; to get started you might want to offer to begin

Parking Lot Discussion - 25 min

5. Review the ‘Parking Lot’ items and provide concrete answers; engage the group in this discussion

Module 11: Win as Much as You Can

Day Two:

8:40 - 9:15 am (35 min)

Type of Activity:

Game

Materials Needed:

Copies of Participant Handout ('M11 Win as Much as You Can Tally Sheet'); copy of NQC Game Guide

Overview of Activity – 35 min:

- 05 min: Explanation and Set-up
- 20 min: Conduct the Game
- 10 min: Debrief of the Activity

Purpose and Key Lessons Learned:

- Model use of a game to reinforce key quality principles
- Familiarize participants with systems and cooperation concepts: systems – being able to understand the processes of a system and their interactions; cooperation – being able to understand that system performance is closely tied to interaction and interdependence, being able to foster this interdependence and support teamwork and collaboration
- Familiarize participants with the NQC Game Guide

Detailed Instructions:

Explanation and Set-up - 5 min

1. Transition to this activity by saying, "Let's use a game activity to learn more about systems and cooperation"
2. Ask for a volunteer to co-present this activity
3. Explain the following basic rules:
 - a) Break the room up into up to four equal groups
 - b) The objective of the game is to 'Win as Much as You Can'
 - c) You'll be given a short amount of time in your group to reach a relatively simple decision (to select an X or Y for each round)
 - d) There are six rounds and we'll go one at a time
 - e) Review the instructions on the 'M11 Win as Much as You Can' Tally Sheet

Conduct the Game Activity – 20 min

4. Maintain a brisk pace throughout the activity; variation: tell participants that no discussion can occur between groups until after the 5th round

Debrief of the Activity – 10 min

5. Utilize the suggested debrief from the NQC Game Guide

6. Key points:

- Data should give you the answers to useful questions
- Displaying these data graphically makes them easier to understand
- A good data tool will also tell you about the distribution of the data you have collected

Reference Materials:

- 'NQC Game Guide - Interactive Exercises for Trainers to Teach Quality Improvement in HIV Care' - Facilitator Game Guide by the New York State Department of Health, AIDS Institute, National Quality Center; 2006

Module 11 Tool: Win as Much as You Can

INSTRUCTIONS

For six consecutive rounds, you and your partner will choose either an X or a Y, and each of the other partnerships in your group will make the same choice. The payoff for each round depends on the pattern of choices made by your group. Confer with your partner in each round, make a joint decision, and mark the scorecard accordingly. After each round, track the groups' choices and the payoff.

PAYOFF SCHEDULE

4 X's	Lose \$1.00 each
3 X's	Win \$1.00 each
1 Y	Lose \$3.00
2 X's	Win \$2.00 each
2 Y's	Lose \$2.00 each
1 X	Win 3.00
3 Y's	Lose \$1.00 each
4 Y's	Win \$1.00 each

ROUND	YOUR CHOICE (CIRCLE)	GROUP'S CHOICE	PAYOFF	BALANCE
1	X Y	X_ Y_		
2	X Y	X_ Y_		
3	X Y	X_ Y_		
4	X Y	X_ Y_		
5	X Y	X_ Y_		
6	X Y	X_ Y_		

Module 12: Building Effective Quality Improvement Teams

Day Two:

9:15 - 10:45 am (90 min)

Type of Activity:

Presentation with PowerPoint slides; Small Group Exercises;
Group Activity

Materials Needed:

Presentation slides ('M12 Building Effective QI Teams'); copies of participant assessment ('M12 Task, Team and Individual Model Assessment'); copies of GRPI handouts ('M12 GRPI Introduction'; 'M12 GRPI Handout'); copies of Traffic Jam handouts ('M12 Traffic Jam – Review Sheet'; 'M12 Traffic Jam – Facilitator Notes'; Traffic Jam Answer Key); copies of 'M12 Stages of Team Development'; flip chart; masking tape

Overview of Activity – 90 min:

- 05 min: Setting the Context for Teams
- 10 min: Task, Team, Individual Model
- 05 min: Characteristics of High Performing Teams
- 05 min: Support from the Top
- 05 min: Work Across Disciplines
- 15 min: Team Roles & Responsibilities
- 05 min: Listening
- 40 min: Traffic Jam and Team Dynamics

Purpose and Key Lessons Learned:

- Show how teams can improve HIV care and clarify roles and responsibilities of those who are participating in teams
- Explore promising practices of high performing teams
- Learn how to respond when team effectiveness is disrupted
- Introduce tips for how teams can best work together

Detailed Instructions:

Setting the Context for Teams – 5 min

1. Kick-off this module by asking the audience, “Why are teams fundamentally important to QI efforts?” “How many of you have struggled with team related issues in your QI work?”
2. Introduce the module’s learning objectives and present the initial slides, setting the context for teams

Task, Team and Individual Model – 10 min

3. Introduce the Task, Team and Individual model and present the Points to Ponder slides ('M12 Building Effective QI Teams')
4. Distribute the assessment statements, 'M12 Task, Team and Individual Model Assessment'; give participants five minutes to complete the tool; finish this segment by saying, “When confronted with team issues, come back to this basic model for diagnostic purposes”

Characteristics of High Performing Teams – 5 min

5. Ask the group to identify characteristics of high performing teams; write ideas on a flip chart as they are provided; have them compare the list they produced with the provided slides; do a brief compare/contrast

Support from the Top – 5 min

6. Introduce this segment by asking, “Is support from the top needed for teams to function well in an organization? If so, why?”; review the frustration slide and finish segment with a quick brainstorm by asking, “What can leaders do to help create more effective QI teams in organizations?”; write the ideas on a flip chart and post in the room

Work across Disciplines – 5 min

7. Present the slide, “Who really knows.....”, and then ask the group, “What challenges does working across disciplines create?”; write the ideas on a flip chart and post in the room

Team Roles & Responsibilities – 15 min

8. Discuss the various roles in QI teams
9. Introduce the group to the Accountability Matrix in the slide deck and the GRPI concept, ‘M12 Team Goals, Roles, Processes and Interpersonal Relationships (GRPI)’; both tools promote clarity around expectations and roles

Listening – 5 min

10. Conduct the “listening” test (“You are a bus driver...”) and review the slides on listening

Traffic Jam and Team Dynamics Handout – 40 min

11. Facilitate the Traffic Jam activity; see ‘M12 Traffic Jam – Facilitator Notes’ for detailed instructions
12. Conduct the debrief after participants have completed the participant handout, ‘M12 Traffic Jam – Review Sheet’
13. Transition through last few slides and give the group an opportunity to answer the test question on the last slide; refer to ‘M12 Stages of Team Development’


Module 12 Tool: Task, Team and Individual Model Assessment

Identify a QI team with whom you work regularly and provide a letter grade (A, B, C, D, or F) rating for each of the following questions. Be prepared to discuss a rough “grade point average” for each of the Task, Team & Individual dimensions.

PAYOFF SCHEDULE	
Is the team clear about its mission? Has the team designed a work plan to accomplish our mission?	
Does the team appropriately divide up work assignments?	
Does the work get done?	
Does the team have adequate resources?	
Does the team follow its time line?	
TEAM	
How cohesive is this team?	
Does everyone have an opportunity to participate?	
Are all ideas being heard?	
Is the team climate open and trusting?	
How are decisions being made?	
How does the team deal with conflict?	
INDIVIDUAL	
Each individual effectively participates in the team?	
Do team members have adequate time and support for participation in the team?	
To what extent does each team member buy into the results the team wants to achieve?	
Do team members practice effective team communication and participation skills?	

Module 12 Tool: Team Goals, Roles, Processes and Interpersonal Relationships (GRPI)

Introduction

PURPOSE	<ul style="list-style-type: none"> • This tool challenges the team to consider four critical and interrelated aspects of teamwork – Goals, Roles, Processes and Interpersonal Relationships. It can help the group function effectively as a team. • This tool can be used at one of the first team meetings to help the team define the vision/mission for its change initiative or project; and then it can be used throughout the change process, or the life of the project, as an assessment of team progress.
DESCRIPTION	<ul style="list-style-type: none"> • Introduce checklist to team members. • Distribute copies prior to team meetings to allow team members to reflect on the team function. • Tabulate scores. • Discuss and review those areas where the team has low scores or where there are large differences in scores.
POTENTIAL USES	<ul style="list-style-type: none"> • An excellent assessment tool for newly-formed teams. • Assessment for teams that have been underway for a while and need to review their teamwork collectively, as well as individual roles and responsibilities.
LEVEL(S) OF THE ENGAGEMENT PYRAMID	<ul style="list-style-type: none"> • Commitment • Belief • Understanding • Awareness 

How to Use this Tool

Provide a quick overview of the tool

This tool can be used when a team first meets and then as a monitoring or “process check” from time-to-time. Team members “vote” on each of the four dimensions, using a fist-to-five technique (five fingers = great; a fist = zero progress). In early meetings, this process can take 30-60 minutes, so plan accordingly.

Set up the exercise

This tool can help us to function better as a team. We need to keep each other informed about our progress and/or challenges as a team. We can use this as a check as often as we think it is necessary. We will ask each of you to consider four critical aspects of teamwork, and rate our performance in each of those areas.

Step 1:

Distribute copies of the checklist to each team member at the initial team meeting and familiarize everyone with the format and intended use of the checklist.

Step 2:

Ask participants to rate the team’s performance.

Step 3:

Tabulate the scores of team member votes on each dimension of the tool.

Step 4:

Discuss and review those areas where the team has low scores or where there are large differences in scores (where one person rates an area as a 1 or 2, and another team member rates the same area as a 9 or 10).

Step 5:

Try to reach a consensus rating for each statement.

Tip:

An alternative to open voting is to have team members vote silently with dots on where they feel the team is for each statement on an enlarged “wall chart.” The team leader can provide the group with previous charts so the team can see where they have progressed/digressed from last the last process check.

Module 12 Tool: Team Goals, Roles, Processes and Interpersonal Relationships (GRPI) Handout

How would you rate your team on the following Goals, Roles, Processes, and Interpersonal Elements?

		0%	50%	100%	Comments
G	Purpose & Outcomes We understand our mission and desired outcomes				
	Customer & Needs We know who our stakeholders are, and what they require				
	Goals & Deliverables We have identified specific, measurable, and prioritized goals.				
R	Roles & Responsibilities We have agreed on our roles, responsibilities, and the tasks needed to meet our goals				
p	Critical Success Factors We are focusing on the key factors and tasks needed to meet our goals				
	Monitoring & Measures We have an effective monitoring process, and metrics, linked to progress				
	Schedule & Milestones We have defined our schedule and know what the key milestones are				
I	Operating Agreement We have shared and agreed on how our team will work and communicate				
	Interpersonal/Team We have the necessary trust, openness, and participation for a productive team				

Module 12 Tool: Traffic Jam – Facilitator Notes

Overview:

- Time: 30-40 minutes
- Participants: 8-16
- Materials Needed: Duct Tape

Purpose:

- Practice cycle time reduction
- To explore leadership issues within the group/team
- Group/team building
- Get group/team to think “in process steps”
- Sensitize the team/group to communication issues

Learning Points:

- Teamwork and communication are essential to understanding complex processes
- Teams can make significant process improvements in a short period of time by drawing on the expertise of all the team members

Process:

- Use the duct tape (or masking tape) to make a starting pattern on the floor
- Have the participants stand in the boxes of the pattern: half of the group faces right, half of the group faces left
- Explain the task: Using only legal rules, people on the left side must end up on the right side and the people on

the right must end up on the left

Legal Moves:

- A person may move into an empty space in front of them
- A person may move around a person who is facing them into an empty space

You CANNOT:

- Move backwards
- Move around someone facing the same way you are
- Make any move which involves two people moving at once
- After the task is completed, ask the team/group if they can complete it again in half the time

Module 12 Tool: Traffic Jam – Review Sheet

1. What behaviors helped the group to complete the task?

2. What behaviors hindered the group's effectiveness?

3. What could the group have done differently to improve their performance?

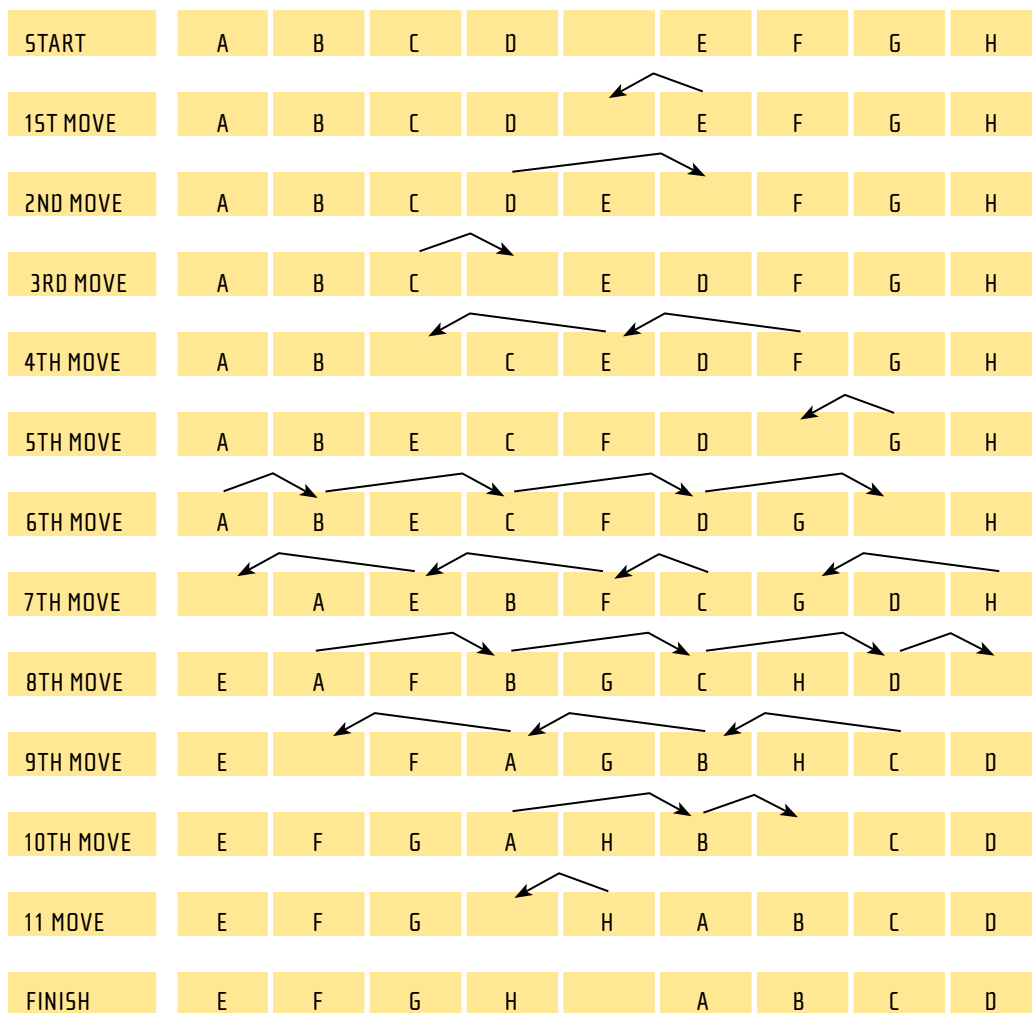
4. How does this experience relate to your work with QI teams? What can we learn?

Module 12 Tool: Stage of Team Development

I. FORMING	<p>Everyone is getting oriented to one another, to the purpose for being together, and exploring relationships.</p> <p>The team feels confused and anxious about assignment; how to proceed.</p>	<p>Polite! A little superficial. Interactions are tentative as individuals explore relationships while holding on to concerns about how involved or dependent they want to be; deciding with whom to align.</p> <p>Uncertainties about “my role, abilities, place in the group.”</p>
III. STORMING	<p>Ideas are criticized; speakers are interrupted; behaviors tend to be rude; members are argumentative.</p> <p>Disputes over procedures.</p> <p>Cliques form and/or individuals compete for “air time”.</p>	<p>Dissatisfaction with others; the environment feels hostile; one can observe conflict and sense tension.</p>
III. NORMING	<p>Team gains understanding of task and of each other. Members support one another; agreement about rules, norms, and behaviors.</p> <p>Members openly disagree about issues vs. “your idea” or “mine.”</p> <p>Creative ideas are being generated.</p>	<p>A harmonious working environment; cohesion among members.</p> <p>Trusting and supportive.</p> <p>Structured.</p> <p>Communication feels open and spontaneous.</p>
IV. PERFORMING	<p>Focus is on achievement; problems are being solved; decisions made.</p> <p>Emphasis is on performance and productivity.</p>	<p>High degree of intensity around task completion.</p> <p>A cooperative environment in which interdependencies are accepted.</p> <p>Emotional tensions and conflict are rare.</p>
V. ADJOURNING	<p>Assessments of the teams’ accomplishments.</p> <p>Possible minor crisis created by the ending of the team.</p> <p>Team strives for closure and positive reinforcement.</p>	<p>Unsure how to wrap up the process.</p> <p>Apprehension about breaking up the team.</p> <p>Feedback influences performance, judgments, and motivation for future teams.</p>

Adapted from: B.W. Tuckman and M.A.C. Jensen’s Five Stages of Group Development.

Module 12 Tool: Traffic Jam – Answer Key



Module 13: Successfully Managing Quality Improvement Projects

Day Two:

11:15 - 12:45 pm (90 min)

Type of Activity:

Presentation with PowerPoint slides; Group Exercises; Group Discussion

Materials Needed:

Presentation Slides ('M13 Successfully Managing Quality Improvement Projects'); copies of group handouts ('M13 Team Charter - Group Exercise 1'; 'M13 Tasks and Responsibilities - Group Exercise 2'; 'M13 Estimating - Group Exercise 3'); flip chart; Post-it notes

Overview of Activity – 90 min:

- 15 min: Presentation of Project Management Fundamentals
- 25 min: Project Scope: Presentation and Group Exercise 1
- 25 min: Tasks & Responsibilities: Presentation and Group Exercise 2
- 15 min: Estimating: Presentation and Group Exercise 3
- 5 min: Risk Analysis
- 5 min: Project Execution and Closure

Purpose and Key Lessons Learned:

- Understand the fundamental elements of project management, including key phases for every project

- Learn about applications in individual project work and understand why these elements are necessary for quality improvement project success
- Identify steps to initiate a project, including how to define the project scope using a team charter
- Understand the importance of roles and responsibilities for each project, task assignments and risk analysis
- Learn steps to perform project monitoring and project closure

Detailed Instructions:

Presentation of Project Management Fundamentals - 15 min

1. Kick-off this module on project management by asking the audience, "How many of you have heard if you don't know where you're going, any road can take you there?"; "How many of you have felt that a QI project in which you were a participant was out of control?"
2. Introduce the module learning objectives and emphasize that the fundamental concepts of more effectively managing projects can be applied to QI projects
3. Review the presentation slides ('M13 Successfully Managing Quality Improvement Projects')
4. Engage the audience in a facilitated discussion around 3 questions: a) "What are your definitions for project and project management?"; b) "What challenges do your QI projects face?"; c) "What is a team member's role in managing QI projects?"; document key points on flip chart if needed

- Review the following key points in the group discussion:

Project: finite endeavor composed of sequential tasks designed to accomplish a particular result, with a defined scope, schedule, team and budget

Project Management: set of techniques and tools used to ensure an efficient and successful realization of the project outcome

Possible Team Member Roles: help clarify the project outcomes and project scope, identify tasks associated with the project, participate in estimating effort and task duration, help create a realistic schedule, identify risks associated with the project, participate in decision making, complete tasks as assigned within the agreed upon timeframe

Project Scope: Presentation and Group Exercise 1 - 25 min

- Continue with presentation slides, focusing on how to initiate a project
- Introduce the group exercise and distribute relevant handouts ('M13 Team Charter - Group Exercise 1'); engage the audience and set a positive and creative tone; review the group expectations, include a report back by a few groups
- Assign groups of 6-8, using individuals from each table, and allow for 15 min to complete this exercise
- Introduce the case scenario and, if needed, clarify any questions
- If time permits, select one or two tables to read to the larger group the highlights of their Project Team Charter; conclude the activity by asking the entire group, "What are the benefits of having a clear, concise Team Charter for your QI project?"

Tasks & Responsibilities: Presentation and Group

Exercise 2 - 25 min

- Continue with presentation slides, focusing on tasks and responsibilities
- Introduce the next step in the group exercise and distribute relevant handouts ('M13 Tasks and Responsibilities - Group Exercise 2'); make Post-It notes available to individuals; maintain the same groups

- If time permits, select one or two groups to read to the large group the highlights of their Responsibility Grid; conclude the activity by asking the entire group, "What are the benefits of having a clear, concise list of tasks and responsibilities for your QI project?"

Estimating: Presentation and Group Exercise 3 - 15 min

- Continue with presentation slides, focusing on estimating the duration of tasks
- Introduce the next step in the group exercise and distribute relevant handouts ('M13 Estimating - Group Exercise 3'); maintain the same groups
- If time permits, select one or two groups to read to the large group the highlights of their Estimation Table; conclude the activity by asking the entire group, "What are the benefits of having identified how much time major project tasks for your QI project will take?"

Risk Analysis - 5 min

- Continue with presentation slides, focusing on risk analysis by saying, "How do you presently manage the inherent risks that your QI projects may fail or not bring about the desired outcome?"

Project Execution and Closure - 5 min

- Continue with presentation slides, focusing on project monitoring, lessons learned, and post implementation evaluation
- Thank participants for their contributions

Reference Materials:

- NQC Quality Academy – Online training courses on quality improvement in HIV care; 2006; selected Tutorials:
 - Tutorial 11: Using Teams to Improve Quality
 - Tutorial 12: How to Get Started with Quality Improvement Teams
 - Tutorial 14: Useful Quality Improvement Tools
- 'NQC Action Planning Guide: Strategies to Implement your HIV Quality Improvement Activities' – Publication by the New York State Department of Health AIDS Institute; 2008

- 'HIVQUAL Workbook: Guide for Quality Improvement in HIV Care' – Book by the New York State Department of Health AIDS Institute; updated 2006
- The Team Handbook. Scholtes, Peter R., Joiner, Brian L. and Streibel, Barbara J. Joiner Associates Inc., 1996

Module 13 Tool: Project Scope - Group Exercise 1

This exercise involves using the Team Charter Template as a framework for articulating a high-level overview of the project. This includes clarifying the objectives and assumptions about planning the vacation, as well as the constraints, risks, success criteria, and deliverables.

Step 1:

In your group, choose a facilitator, and brainstorm and record answers to the following questions:

- What is this project trying to accomplish?
- Why is this project being undertaken?
- Who should be involved in this project?
- What are some measurable goals for this project?
- When must this project be complete?

Step 2:

Input your ideas into the Team Charter Template

Step 3:

Be prepared to share your ideas with the rest of the group

Team Charter Template

Date: _____

Title of Project: _____

Problem Statement:

Goal Statement:

Team Members:

Other (Constraints, Ground Rules)

Module 13 Tool: Tasks and Responsibilities - Group Exercise 2

This Group Exercise requires all group members to begin brainstorming and defining all of the activities associated with accomplishing the goal in the Team Charter. The Responsibility Grid assists the team in assigning responsibility for accomplishing those tasks.

In your group, choose a different facilitator and work together to accomplish the following tasks:

Step 1:

Brainstorm the activities and tasks associated with accomplishing your goal, as stated on the presentation slide. Capture the tasks and activities individually on Post-it notes and arrange them in sequential order as a group

Step 2:

Once your group has identified a list of activities clarify the roles and responsibilities of the team members relative to the list of activities and tasks

Step 3:

Input the task data into the Responsibility Grid and identify which member of your team will be assigned to each task

Responsibility Grid

PROJECT ACTIVITIES AND TASKS	NAMES						

Module 13 Tool: Estimating - Group Exercise 3

The Group Exercise 3 focuses on creating realistic estimates of the time and effort involved in some specific activities associated with accomplishing the overall project goal. In your small groups, choose a different facilitator, and work together to accomplish the following tasks:

Step 1:

Estimate, to the best of your abilities, how long it will take your project team to accomplish the initial steps of your project

Step 2:

Make a list of all the assumptions associated with your estimates about the time and effort it will take; capture the assumptions on the worksheet provided

Step 3:

Be prepared to share the time estimate and assumptions with other groups

Estimation Table

PROJECT ACTIVITIES AND TASKS	TIME ESTIMATION	ASSUMPTIONS

Module 14: Quality Management Program Assessment

Day Two:

1:45 – 4:15 pm (150 min)

Type of Activity:

Paired Assessment Process; Small Group Discussions; Individual Action Planning; Short Presentations

Materials Needed:

Presentation Slides ('M14 Quality Management Program Assessment/Action Plan'); copies of Part A/B/C/D Organizational Assessment Forms; flip chart

Overview of Activity – 150 min:

- 10 min: Introduction and Instructions
- 70 min: Organizational Assessments in Pairs
- 20 min: Break
- 20 min: Key Findings
- 20 min: Group Discussion: How to Conduct Organizational Assessments
- 10 min: Q & A, Reactions/Advice

Purpose and Key Lessons Learned:

- Reinforce the importance of assessment, gap analysis, and action planning as part of the quality management environment
- Increase the confidence of participants in conducting quality management program assessments and summarizing key assessment findings
- Receive assessment feedback from another participant on

her/his quality management program

- Generate an action plan to improve the participant's quality management program

Detailed Instructions:

Introduction and Instructions - 10 min

1. Introduce this module by saying, "Our next module will provide each of you with an opportunity to enhance your quality management program assessment skills and will allow you to practice your action planning skills"
2. Orient participants to the basic tasks and time for the activities in this module
3. Familiarize the participants with the Part-specific NQC/HIVQUAL Organizational Assessment Forms in the Guide; ensure that all participants fully understand the tool

Organizational Assessments in Pairs – 70 min

4. Ask individuals from similar programs to work together in teams of two to conduct the quality management program assessment; ensure that similar funding and program sizes are considered; if needed, facilitate the matching of programs
5. Each team should decide who will be the first to interview the other person; emphasize that the roles will be switched at the half way point
6. Inform participants that have 30 minutes to conduct each assessment, using the standardized Organizational Assessment Form

7. Remind participants at the half way point that they have a little over 30 minutes left in the assessment phase of this module
8. After 70 minutes, tell participants they can take a 20 minute break

Break - 20 min

Key Findings – 20 min

9. Ask participants to summarize their findings and recommendations based on their previous discussion; each participant should, complete the provided handout, 'M14 Organizational Assessment Comment Sheet', for her/his team partner
10. Each participant should share her/his summary findings with her/his partner and answer any questions

Group Discussion: How to Conduct Organizational Assessments – 20 min

11. Present the slides on how to conduct an organizational assessment, 'M14 Quality Management Program Assessment'
12. Engage participants in discussion and identify key lessons learned

Q & A, Reactions/Advice – 15 min

13. Ask participants if there are any questions
14. In the time remaining, ask participants to share any reactions or advice they may have on quality management program assessments

Module 14 Tool: Organizational Assessment Comment Sheet

Comments by: _____ Date: _____

What are the major findings from the Organizational Assessment?

- _____
- _____
- _____
- _____

What are the key recommendations? What specific areas should be improved? What are some specific improvement goals for the upcoming year?

- _____
- _____
- _____
- _____

What are the suggested next steps to improve the quality program?

- _____
- _____
- _____
- _____

Module 15: Action Planning

Day Two:

4:15 - 5:00 pm (45 min)

Type of Activity:

Small Group Discussions; Short Presentation

Materials Needed:

Presentation Slides ('M15 Action Planning'); copies of handout ('M12 Quality Management Action Plan'); flip chart

Overview of Activity – 45 min:

- 05 min: Introduction and Instructions
- 25 min: Small Table Discussions
- 15 min: Presentation

Purpose and Key Lessons Learned:

- Create an opportunity for participants to discuss action planning experiences from their respective organizations
- Create a forum to discuss opportunities to improve action planning effectiveness and learn from existing resources and tools
- Increase the confidence of participants around action planning for quality improvement

Detailed Instructions:

Introduction and Instructions - 5 min

1. Tell participants you are asking them to spend the next 25 minutes discussing, at their tables, their experiences with developing and executing action plans, either in their current organization or elsewhere
2. Provide a brief overview of the module and the time allotted to each element
3. Display the slide ('M15 Action Planning') with the following framing questions to help with the discussion:
 - What action planning approach do you use in your organization? How does it work?
 - What works particularly well with your current approach?
 - What isn't working well with your current approach?
 - What changes to action planning are you considering making?
 - What pitfalls would you suggest others avoid around action planning?

Small Table Discussions – 20 min

4. Assign a facilitator at each small table
5. Remind the groups when five minutes are left for discussion
6. Ask each table to quickly review key strategies for action planning

Presentation - 15 min

7. Present the slides on the Fundamentals of Action Planning, 'M15 Action Planning'

Individual Action Planning – 20 min

8. Ask participants to spend 20 minutes developing an action plan using the action planning template, 'M15 Quality Management Action Plan'; focus on three main goals in response to the findings of the Organizational Assessment in the previous module

Reference Materials:

- 'NQC Action Planning Guide - Strategies to Implement your HIV Quality Improvement Activities', publication by the National Quality Center, with funding provided by the Health Resources and Services Administration HIV/AIDS Bureau; 2008

Module 15 Tool: Quality Management Action Plan

GOAL:	WHO:	COMPLETED BY:												

GOAL:	WHO:	COMPLETED BY:																		

GOAL:	WHO:	COMPLETED BY:																		

Module 16: Nightmares and Successes in Facilitating Groups

Day Two:

5:00 - 5:30 pm (30 min)

Type of Activity:

Mini Presentations

Materials Needed:

Presentation Slides ('M16 Nightmares and Successes in Facilitating Groups')

Overview of Activity – 30 min:

- 05 min: Introduction and Process Instructions
- 25 min: Mini-Presentations

Purpose and Key Lessons Learned:

- Create a forum for participants to discuss their personal facilitation triumphs and challenges
- Help create, in the minds of participants, what facilitation success looks like
- Increase confidence in facilitating groups and quality improvement teams

Detailed Instructions:

Preparation Work

1. On the first TQL pre-work conference call, ask for five volunteers to make a brief presentation on Day 2 of the training regarding a memorable experience of facilitation; take note of the names; reassure them that no

special preparation is needed before the training, but ask them to recall a memorable experience (good or bad) to share with the group

2. On Day 1 of the TQL session, ask the five volunteers to meet in the front of the room for brief instructions; show them the slide list of questions; briefly review with each the nature of the story they plan to tell; discourage PowerPoint slides – this is a storytelling experience; try to steer participants to avoid overlap in their stories

Introduction and Process Instructions - 5 min

3. Indicate that you will act as the facilitator or assign a volunteer facilitator
4. Ask the individuals who volunteered on the pre-call to present in this module to self-identify and to come to the front of the room
5. Ask for a volunteer to go first.
6. Ask one person from the group to serve as timekeeper; ask that person to give the presenter a warning at the one minute mark for each presentation

Mini-Presentations – 25 min

7. Working with the timekeeper, keep presentations on time with gentle reminders to the presenter
8. After each presentation, have the group show appreciation with a round of applause and invite one or two brief comments on lessons or tips that could be learned from the story

Module 17: Sharing of Aha! Moments & Day 2 Evaluation

Day Two:

5:30 - 6:00 pm (30 min)

Type of Activity:

Group Feedback

Materials Needed:

Evaluation slides ('M17 Day 2 Evaluation Slides'); NQC remotes; flip chart

Overview of Activity – 30 min:

- 20 min: Sharing of Aha! Moments
- 10 min: Day 2 Evaluation

Purpose and Key Lessons Learned:

- Identify concepts that made an impression in the minds of participants
- Receive positive and constructive feedback and identify mid-course corrections, if any

Detailed Instructions:

Sharing of Aha! Moments - 20 min

1. Transition to this segment by saying, "Let's spend a few minutes discussing some of your personal highlights or an Aha! Moment from today's session. I'll give you two minutes to think about today and we'll begin with a volunteer. We'll hear from as many of you as we can in the next fifteen minutes"

2. After two minutes, ask for a volunteer; listen to each contribution and simply thank each person for sharing
3. Transition to the evaluative section by saying, "Let's get some feedback from you on today's session so that we can assess the training so far"

Day 1 Evaluation - 10 min

4. Hand out NQC remotes
5. Present Day 2 evaluation slides ('M17 Day 2 Evaluation Slides') and collect the feedback using the remote feature
6. Discuss, if appropriate, any aggregate results
7. Divide a flip chart into two columns labeled 'Went Well' and 'Do Differently'
8. Ask the group to respond to two questions:
 - a) "From a training perspective, what is one thing you thought went well today?"
 - b) "From a training perspective, what is one thing you would suggest we do differently next time?"
9. Remind group to post any last-minute 'parking lot' ideas on the appropriate flip chart
10. Remind participants of the starting time for Day 3
11. Ask for two volunteers to 'sell' something for tomorrow's Human Diffusion Curve; meet the volunteers right after the session to clarify this Day 3 Module

Day 3

Module 18: Welcome to Day 3

Day Three:

8:00 - 8:15 am (15 min)

Type of Activity:

Group Activity

Materials Needed:

None

Overview of Activity – 15 min:

- 05 min: Review Training Objectives for Day 3
- 10 min: Parking Lot Discussion

Purpose and Key Lessons Learned:

- Clarify the aim for the day and how Day 3 fits into the overall context of the training
- Respond to issues identified by participants on the 'Parking Lot'

Detailed Instructions:

Review Training Objectives for Day 3 - 5 min

1. Welcome the group and prompt the audience with the following question, "Any quick questions from yesterday before we jump into the agenda for today?"
2. Review the Day 3 agenda and the training objectives for this day; emphasize to participants that their full participation until the end of this training is needed

Parking Lot Discussion - 10 min

3. Review the 'Parking Lot' items and provide concrete answers; engage the group in this discussion

Module 19: Executing Changes for Improvement and Managing Resistance

Day Three:

8:15 - 10:00 am (105 min)

Type of Activity:

Large and Small Group Discussions; Short Presentations; Demonstrations; Exercises

Materials Needed:

Presentation Slides ('M19 Executing Changes for Improvement and Managing Resistance'); copies of handouts ('M19 Prioritization Grid' and 'M19 Change Analysis Activity'); flip chart

Overview of Activity – 105 min:

- 25 min: Introduction to Change and the Role of Leadership
- 23 min: The Psychology of Change & Transition
- 08 min: Introduction to the Engagement Toolkit
- 15 min: Kotter & Change
- 20 min: Resistance
- 03 min: Your Personal Reaction to Resistance
- 10 min: Coaching & Change

Purpose and Key Lessons Learned:

- Understand the importance of leadership in managing specific changes
- Introduce the Engagement Toolkit

- Apply John Kotter's Model for Leading Change as a framework for planning and executing change initiatives
- Apply the Pyramid of Engagement as a framework for analyzing engagement and communications opportunities in change initiatives
- Apply Steven Covey's Circle of Concern, as well as other models, to aid in the prioritization of change initiatives
- Understand the role leaders play in managing the organization's capacity for change

Detailed Instructions:

Introduction to Change and the Role of Leadership - 25 min

1. Begin by reading aloud the Senge quote on the title slide and then ask, "What's your sense of what Senge meant with this quote? How does it relate to our discussion?"
2. Review the session learning objectives
3. Introduce the relationship between change and leadership
4. Transition discussion to the Prioritization Grid concept, a practical tool designed to help with senior leader alignment around change; assist the group by taking them through a large group example using a volunteer, then tell them they'll have seven minutes to complete the application of the tool 'M19 Prioritization Grid' for different opportunities on their plate right now

The Psychology of Change & Transition - 23 min

5. Transition to the next segment by asking each participant to write her/his name on a piece of paper, then write it again with their opposite hand; ask then how the participants felt and say, "Change involves feeling awkward, uncomfortable, silly, and afraid. Depending how a change confronts certain habits we have developed over time, we all want to be competent and efficient when performing activities, and a change throws that all askew;" present the Denial, Confusion, Renewal and Contentment concept; ask the group to reflect on a recent change they are experiencing, where they are individually in the cycle, and what's the next cycle for them
6. Transition to the Managing Complex Organizational Change activity by reviewing the model and then asking the group to spend 5-7 minutes with the worksheet, 'M19 Change Analysis Activity', in their small group; finish off the segment with the conclusions slide

Introduction to the Engagement Toolkit - 8 min

7. Review the Pyramid of Engagement slide and then refer participants to the Engagement Toolkit; discuss the formatting of the tools and give them three minutes to briefly look at them; tell the group they can approach you at a break to ask questions for clarification

Kotter & Change - 15 min

8. Review Kotter's Eight Step Process for Leading Change; ask the groups to discuss any barriers or obstacles to applying Kotter's Eight Steps; ask each table if they had one obstacle or barrier that was a significant problem; place those into the 'Parking Lot' for later

Resistance - 20 min

9. Present the slides ('M19 Executing Changes for Improvement and Managing Resistance')
10. Hand out the HA Resistance Cause model and have participants spend five minutes reviewing the sources and circling the relevant ones; then ask participants to identify 1-2 strategies they could possibly use to reduce resistance

Your Personal Reaction to Resistance - 3 min

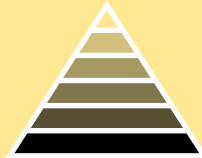
11. Use the reflection slide on personal reaction as a bridge to the coaching concept; tell them that people can benefit when leaders act as coaches in dealing with resistance

Coaching & Change - 10 min

12. Review the Covey Circle of Concern concept and transition to the GROW model
13. Distribute the job aid and reinforce that using an organized approach to coaching makes it much more effective

Module 19 Tool: Prioritization Grid

In the absence of good prioritization, urgent work rather than important work is usually completed first.

PURPOSE	<ul style="list-style-type: none"> • Individuals and/or groups assess and prioritize change initiatives on the basis of urgency and importance to facilitate effective time management and decision making • Clarify priorities around multiple change initiatives • Enhance capacity to manage change by clarifying and aligning resources around priorities
DESCRIPTION	<ul style="list-style-type: none"> • Articulate and organize change initiatives facing teams • Establish consensus on the level of urgency for each change initiative • Establish consensus on the level of importance for each change initiative • Input data onto Prioritization Grid to initiate action planning
POTENTIAL USES	<ul style="list-style-type: none"> • Individuals and/or groups assess change initiatives to evaluate urgency and importance of each initiative • Establish consensus in a group about the relative priorities of different change initiatives • Force groups to be decisive in prioritizing change initiatives
LEVEL(S) OF THE ENGAGEMENT PYRAMID	<ul style="list-style-type: none"> • Commitment • Belief • Understanding • Awareness 

Provide a quick overview of the tool

We will begin by articulating all the change initiatives facing our group. Once we have generated a “master list”, we need to compare the urgency and importance of each initiative in order to make decisions and organize our work appropriately. When we gain consensus on the relative urgency and importance of all activities, we will input that data into the Prioritization Grid.

Set up the exercise

Prioritization is primarily a communications process. Our challenge is to create work plans that reflect current priorities, while maintaining flexibility for changes in priorities due to circumstances outside our circle of control. The Prioritization Grid facilitates setting priorities by assessing urgency and importance, and forcing decisions. Everything cannot be priority one.

Step 1:

Record and number all the different change initiatives facing your work group in the chart on the last page of this handout. Note the relative size and due date associated with each initiative.

Step 2:

Clarify that urgency is the first measure of priority. Urgency is measured by how quickly the change is needed. Urgency is relative—initiatives of immediate urgency must begin today. Urgency must be biased over importance because the nature of our work is focused on patient safety and satisfaction.

Step 3:

Establish consensus and rate the level of urgency for each change.

- 1 = Immediately needed
- 2 = Moderate urgency
- 3 = When possible

Step 4:

In order to assist groups struggling to establish different levels of urgency, this tool has a built-in “forcing mechanism” to aid in the decision-making process—When you add up the urgency scores you assign to each change initiative and divide the sum by the number of change initiatives you have identified, the average must equal 2. If your average is higher, you must continue to discuss the initiatives to gain consensus among the group for assigning different levels of urgency to the change initiatives until you can find an average of 2.

Step 5:

Establish consensus and rate the level of importance for each change.

- 1 = Extreme importance
- 2 = Moderate importance
- 3 = Low importance

Step 6:

In order to assist groups struggling to establish different levels of importance, this tool has a built in “forcing mechanism” to aid in the decision-making process—When you add up the importance scores you assign to each change initiative and divide the sum by the number of change initiatives you have identified, the average must equal 2. If your average is higher, you must continue to discuss the initiatives to gain consensus among the group for assigning different levels of importance to the change initiatives until you can find an average of 2.

Step 7:

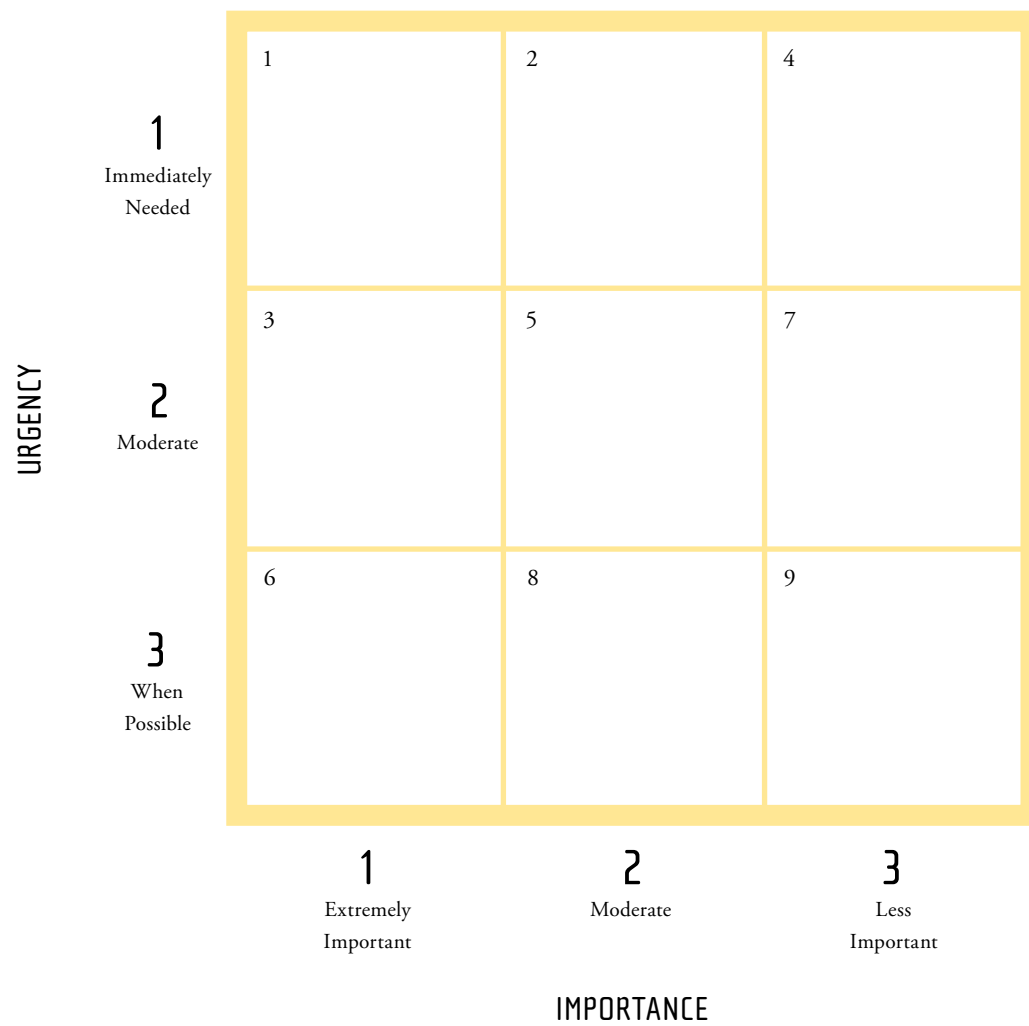
Input the data from steps 3-6 into the Prioritization Grid, aligning urgency and importance. Allocate the majority of your effort toward the change initiatives with the highest priority.

Module 19 Tool: Prioritization Grid

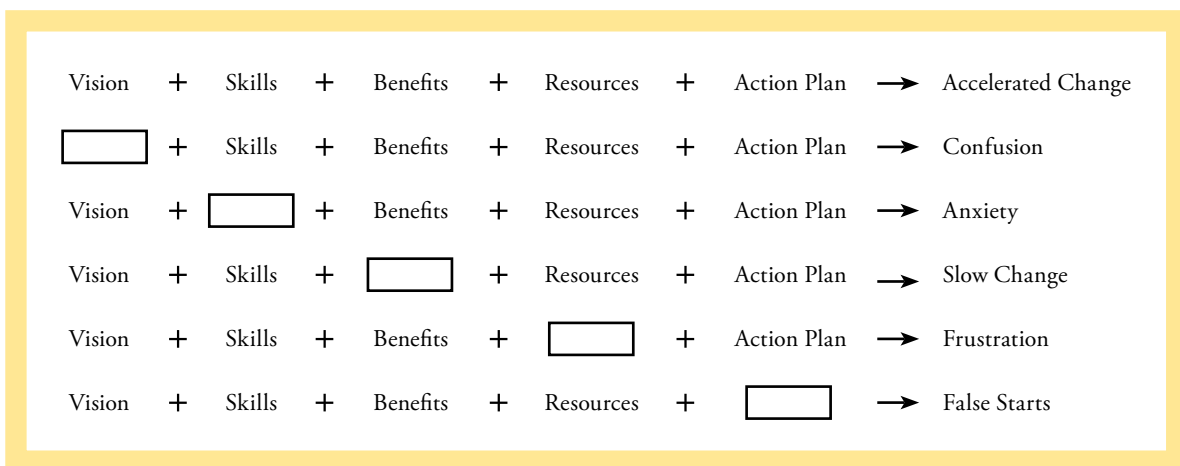
OPPORTUNITY	URGENCY (1-HIGH 2, 3-LOW)	IMPORTANCE (1-HIGH 2, 3-LOW)

Score / # of changes = 2

Average score divided by the number of changes must equal 2



Module 19 Tool: Change Analysis Activity



- + Skills + Benefits + Resources + Action Plan

 - What did leaders do to communicate the **vision** of the QI project?
 - How could they have been more effective at this **communication**?
- Vision + + Benefits + Resources + Action Plan

 - What new **knowledge / skills / competencies** are needed for the improvement to be successful?
- Vision + Skills + + Resources + Action Plan

 - How did the QI team help the rest of the organization see the benefits of making the improvement?
- Vision + Skills + Benefits + + Action Plan

 - What resources were needed to make the improvement successful?
 - What resources did the team already have?
- Vision + Skills + Benefits + Resources +

 - Was a clear, unambiguous action plan presented to all key stakeholders?
 - What?
 - When?
 - Who?
 - How?

Module 19 Tool: The Grow Model

STEPS	SAMPLE QUESTIONS
<p>Goal</p> <p>Agree on the overall goal or focus for discussion</p> <p>Utilize feedback and/or other data to help focus the discussion and make it real</p> <p>Agree on specific objectives for the interaction</p> <p>Set ground rules for the discussion</p> <p>Set a long-term aim if this is appropriate</p>	<p>G</p> <p>Which activities should we focus on?</p> <p>What would you like to discuss? Why?</p> <p>What would you like to achieve in this session?</p> <p>What would you like to be different when you leave this session?</p> <p>Can we do that in the time we have available?</p>
<p>Reality</p> <p>Invite a candid self assessment</p> <p>Review available results or outcomes</p> <p>Identify specific examples</p> <p>Agree on the definitions of important words</p> <p>Avoid or check assumptions</p> <p>Explore root causes</p>	<p>R</p> <p>How do you know that this is accurate?</p> <p>How often does this happen?</p> <p>What effect does this have?</p> <p>What other factors are relevant?</p> <p>What is X's perception of the situation?</p> <p>What have you tried so far?</p> <p>What has worked well? What hasn't worked?</p> <p>What are other ideas you've considered?</p>
<p>Options</p> <p>Identify the full range of options</p> <p>Invite suggestions from the one being coached</p> <p>Offer suggestions carefully</p> <p>Ensure a limited set of choices are mad</p>	<p>O</p> <p>What alternatives are there to that approach?</p> <p>Who might be able to help?</p> <p>Would you like suggestions from me?</p> <p>What are the benefits and pitfalls of that option?</p> <p>Which option would you most like to act upon?</p>
<p>Wrap Up Planning</p> <p>Get a commitment to act</p> <p>Identify possible obstacles</p> <p>Plan detailed actions for a specific time period</p> <p>Agree on what support will be given</p> <p>-here is what I'll do</p> <p>-here is what you'll do</p>	<p>W</p> <p>What are the next steps?</p> <p>When will you do what?</p> <p>What might get in the way?</p> <p>Do you need to make a note of the steps?</p> <p>What support might you need?</p> <p>How and when can you get that support?</p>

Module 20: Spreading and Holding Gains of Improvements

Day Three:

10:30 - 11:45 am (75 min)

Type of Activity:

Presentation; Pair share; Large Group Exercise; Table Exercise

Materials Needed:

Presentation Slides ('M20 Spreading and Holding Gains of Improvements'); copies of handout ('M20 Tool: Diffusion Spread Work Sheet'); Don Berwick recording; flip chart

Overview of Activity – 75 min:

- 05 min: Introduction of Holding the Gains
- 05 min: Large Group Sharing on Holding the Gains
- 10 min: Presentation on Holding the Gains
- 10 min: Theories and Spread of Innovation Presentation
- 15 min: Human Diffusion Curve Group Interaction
- 10 min: Recording of Don Berwick on Diffusion
- 20 min: Small Table Exercise—Scenario

Purpose and Key Lessons Learned:

- Learn how innovation works
- Understand the theories behind innovation and the spread of innovation
- Explore ways to sustain improvements over time in your HIV program
- Explore ways to spread improvements

Detailed Instructions:

Introduction of Holding the Gains - 5 min

1. Introduce this module by saying, “Let’s discuss what happens after an improvement is made. The focus of this module is how to hold the gains associated with an improvement and spread that improvement to other appropriate parts of the organization”
2. Review key questions which represent the objectives for this module

Large Group Sharing on Holding the Gains – 5 min

3. Ask the large group to brainstorm the following questions when thinking about their most recent successful QI project, with proven data to document the improvements:
 1. What did you do to sustain the gains?
 2. Based on what you just learned, what will you do to sustain the gains?
4. Gather some key ideas from the audience

Presentation on Holding the Gains - 10 min

5. Transition to the improvement continuum and strategies for ‘Holding the Gains’
6. Review relevant slides in ‘M20 on Holding Gains on Improvements’
7. Remind participants that the key elements are used in the upcoming exercise

Theories and Spread of Innovation Presentation – 10 min

8. Transition to Improvement Teams
9. Present the slides related to theories and spread of innovation

Human Diffusion Curve Exercise – 15 min

10. Prepare the room for this exercise
11. Ask the 2-3 volunteers to identify themselves and to introduce the exercise; innovative ideas could be:
 3. free cell phones for patients: appointment calls, medication alarms, 100 free minutes; charged at clinic, local phone provider provides them to the clinic for no cost
 4. device for time studies: bracelets for patients which automatically track times within the clinic, costs are \$1000 per clinic
 5. subcutaneous HAART medication device: 100% adherence, clinical study, low risk to patient
12. Follow the instructions in 'M20 Tool: Human Diffusion Curve Spread Exercise'
13. Debrief on why they adopted an idea
14. Review 'Roger's Five Attributes of Change'

Recording of Don Berwick on Diffusion – 10 min

15. Play the recording
16. Debrief with the audience on how this content can be applied in their agencies

Small Table Exercise, Scenario – 20 min

17. Ask the participants to review the scenario and to discuss strategies to employ diffusion principles, using the 'M20 Spread Worksheet' as a guide
18. Tell the group that each table should be prepared to share their strategies with the larger group
19. Do a short debrief the tables, sampling as needed based on time constraints

Module 20 Tool: Human Diffusion Curve Spread Exercise

Demonstrated by Sarah Fraser from the UK to group.

1. In a group of 30-40 people, ask for two volunteers to come up with and “sell” a good idea to the audience. It should be an idea they think is good, but might be a little tough to sell. The others will be the buyers and demonstrate the diffusion curve.
2. Instruct the two people giving the “pitch” to use Rogers’ attributes of the change that affect the rate of adoption:
 - Relative advantage of the proposed change
 - Compatibility with current system (structure, values, practices)
 - Simplicity of the change and transition
 - Testability of the change
 - Ability to observe the change and its impact

Note: Learning points around Roger’s attributes of an innovation can usually be made around the 1-2 minute pitch.
3. One of these two individuals goes first and pitches her/his idea in front of the crowd in one minute.
4. The remaining people listening are asked to group in the front of the room and to sort themselves out according to their own level of enthusiasm and likelihood “adoption” of the proposed idea. They sort themselves from left (innovators/early adopters) to right (late adopters/historians) along the front of the room. Expect a roughly bell shaped curve.
5. Have people at each end of the distribution explain why they did or did not “buy” the change? People who arranged themselves in the middle of the distribution can be asked what it would take for them to adopt the idea.
6. The second “seller” then gets up and pitches her/his idea for one minute, and the group up front is asked to sort itself again by likelihood of adoption of the new idea. Expect positions to change.

Note: Using Rogers’ attributes helps to illustrate the diffusion curve related to spread, and allows you to draw several lessons from the exercise:

 - Different changes are easier/harder to “sell” than others, so we need to tailor our communication accordingly
 - Not everyone is an early adopter
 - Some people are more likely to accept one type of change versus another (some are innovators or laggards, depending on the different types of ideas or changes proposed- don’t stereotype people)

Module 20 Tool: Diffusion Spread Work Sheet

Better Idea: (Change) _____

A. Rate the presented idea against the following Attributes of Change:

	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT
RELATIVE ADVANTAGE					
COMPATIBILITY					
COMPLEXITY					
TRIALABILITY					
OBSERVABILITY					

B. How can we sustain the gains using the following elements?

COMMUNICATION	
DOCUMENTAION	
MEASURMENT	
EDUCATION AND TRAINING	
LEADERSHIP	

C. What might we do to improve the spread odds?

RELATIVE ADVANTAGE	
COMPATIBILITY	
COMPLEXITY	
TRIALABILITY	
OBSERVABILITY	

Module 21: Generating and Maintaining Organizational Support/Enthusiasm for Quality Improvement

Day Three:

11:45 - 12:30 pm (45 min)

Type of Activity:

Small Group Brainstorming; Large Group Discussion;
Individual Action Planning

Materials Needed:

Presentation Slides ('M21 Generating/Maintaining Organizational Support/Enthusiasm for QI'); copies of handout ('M21 Action Planning'); access to photo copier; flip chart

Overview of Activity – 45 min:

- 15 min: Group Brainstorming
- 15 min: Small Group Reports
- 15 min: Individual Action Planning

Purpose and Key Lessons Learned:

- Foster a creative environment to discuss how to generate support and enthusiasm on quality improvement matters using celebratory methods
- Develop strategies of influence for working with leaders, physicians, and other care givers in order to create and maintain a sustainable, quality-focused environment
- Develop specific ideas for implementation once back in the workplace

- Increase confidence that participants can effectively generate enthusiasm in others to improve HIV care

Detailed Instructions:

Group Brainstorming – 15 min

1. Provide an overview of this module; encourage the audience to fully participate and set a creative tone
2. Ask individuals at the table to select a facilitator and a reporter
3. Ask each table to identify a well known celebrity to use for this activity; provide a few minutes and ensure consensus in each group; ask the various tables for their celebrities
4. Ask each group to brainstorm as many qualities of 'their' celebrity as possible and document them on a piece of paper; after 5 minutes, ask a few tables for some examples
5. Outline the next step in this group exercise by saying, "We want to generate enthusiasm for quality improvement within an HIV agency. What would your celebrity do?;" encourage the groups to think 'outside of the box' and to review the qualities they documented earlier
6. Tell the groups they have 15 minutes to brainstorm
7. With five minutes remaining ask each table to present their top ideas, focusing on three 'crazy' ideas and three 'realistic' ideas

Small Group Reports - 15 min

8. Before beginning the debriefing process, tell participants they should listen carefully to the various ideas presented and to begin to think about which of the ideas or variations of the ideas could be useful in their environment
9. Conduct the debrief, while having one of the participants or another faculty member write the strategies on a flip chart; encourage a lively discussion with a certain suspension of disbelief

Individual Action Planning – 15 min

10. Following the de-brief, distribute the Action Planning Form and tell the group they have ten minutes to individually create a list of ideas they will explore in their respective organization
11. Rephrase the key question to the participants, “How can you generate and maintain organizational support/enthusiasm for quality improvement in your HIV program?”
12. Let the group know that faculty will collect their forms, photocopy them and return them

Module 21 Tool: Action Planning Form

'How Can You Generate and Maintain Organizational Support/Enthusiasm for Quality Improvement in your HIV Program?'

IDEA	RESOURCES / PEOPLE	NEXT STEPS TO ADVANCE CONSIDERATION IN MY ORGANIZATION
A.		1. 2. 3. 4.
B.		1. 2. 3. 4.
C.		1. 2. 3. 4.
D.		1. 2. 3. 4.
E.		1. 2. 3. 4.

Module 22: Next Steps

Day Three:

1:30 - 2:00 pm (30 min)

Type of Activity:

Individual Action Planning; Small Group Sharing

Materials Needed:

Individual Action Planning Form ('M22 Action Planning Form'); access to photo copying machine

Overview of Activity – 30 min:

- 20 min: Individual Reflection, Analysis, Opportunity Identification
- 10 min: Group Sharing
- Photocopy Action Planning Forms

Purpose and Key Lessons Learned:

- Create an opportunity for participants to convert topics and ideas covered in the session into action items they want to bring back to their organizations for consideration and implementation
- Share participants' action plans with colleagues as well as with NQC
- Increase the confidence that participants can effectively support quality improvement activities

Detailed Instructions:

Individual Reflection - 20 min

1. Begin instructions by saying, "Creating action plans while these ideas are still fresh is the best way to make use of these last three days of learning"
2. Distribute the Action Planning Form, 'M22 Action Planning'
3. Ask individuals to spend 20 minutes identifying actions items that they would like to bring back to their organizations for consideration and implementation based on what each participant has learned in the last three days
4. Remind participants when five minutes are left

Group Sharing - 10 min

5. After the 20 minutes of individual reflection, ask volunteers to share the a few highlights from their Action Planning Forms
6. Present as many Action Planning Forms as time permits
7. Inform participants that the faculty will collect the forms from all participants and return them before they leave

Photocopies of Action Planning Forms

8. Collect the forms from all participants, photocopy them and return them to participants

Module 22 Tool: Action Planning Form

ACTION ITEMS	RESOURCES / PEOPLE	NEXT STEPS TO ADVANCE CONSIDERATION IN MY ORGANIZATION
1.		1. 2. 3. 4.
2.		1. 2. 3. 4.
3.		1. 2. 3. 4.
4.		1. 2. 3. 4.
5.		1. 2. 3. 4.

Module 22 Tool: Action Planning Form (continued)

ACTION ITEMS	RESOURCES / PEOPLE	NEXT STEPS TO ADVANCE CONSIDERATION IN MY ORGANIZATION
6.		<ol style="list-style-type: none"> 1. 2. 3. 4.
7.		<ol style="list-style-type: none"> 1. 2. 3. 4.
8.		<ol style="list-style-type: none"> 1. 2. 3. 4.
9.		<ol style="list-style-type: none"> 1. 2. 3. 4.
10.		<ol style="list-style-type: none"> 1. 2. 3. 4.

Module 23: Day 3 Aha! Moments, Session Evaluation & Celebration

Day Three:

2:00 - 3:00 pm (60 min)

Type of Activity:

Group Activities

Materials Needed:

Evaluation slides ('M23 Session Evaluation'); signed certificates for participants; copies of updated contact list for participants; TQL music CD; NQC remotes; music via sound system

Overview of Activity – 30min:

- 15 min: Aha! Moments
- 10 min: Session Evaluation
- 30 min: Closing Ceremony
- 05 min: Group Photo

Purpose and Key Lessons Learned:

- Bring the session to a successful close
- Receive feedback from the audience about their experiences over the last three days
- Inspire/motivate participants going forward

Detailed Instructions:

Aha! Moments – 15 min

1. Facilitator asks participants to spend two minutes to reflect on the last three days of conversations, activities and presentations and to identify 1-2 Aha! Moments they experienced
2. After two minutes, facilitator asks each person to share one moment; each participant provides one moment; repeat round if time permits

Session Evaluation - 10 min

3. Hand out NQC remotes
4. Complete evaluation ('M23 Session Evaluation') using the automated response system
5. Distribute updated contact list

Closing Ceremony - 30 min

6. Faculty remarks & observations
7. Closing NQC remarks and thank the faculty for their contributions
8. Award certificates to each participant while playing music

Group Photo – 5 min

9. Group assembles for a photo to memorialize the event

Appendix

Definitions of Quality Terms

NAME	DEFINITION
Algorithm	Description of an ordered sequence of steps in patient care under specified circumstances. Algorithms can be used to display a decision tree for certain care conditions (e.g. PPD placement and reading).
Audit	A systematic appraisal procedure that examines, evaluates, and verifies that appropriate procedures, requirements, and programs comply effectively with planned arrangements.
Baseline Data	Data collected at the beginning of an improvement project. It is compared with future data collected on the same system to measure improvement.
Benchmark, Benchmarking	A benchmark is a comparative measure for a particular indicator or performance goal; within the health care or non-health care field. The benchmarking process identifies the best performance in the industry (health care or non-health care) for a particular process or outcome, determines how that performance is achieved, and applies the lessons learned to improve performance.
Brainstorming	Brainstorming is a technique to freely and uninhibitedly generate ideas, problems, or opportunities using a group approach.
Cause-and-Effect Diagram	A Cause-and-Effect Diagram is a picture of various system elements and is used to identify possible variables influencing a problem, outcome, or effect. The diagram is sometimes call an Ishikawa diagram or a fishbone diagram because its resemblance to the skeleton of a fish.
Confidence Intervals (95%)	95% confidence intervals state that if all records of an organization were reviewed, the performance score attained would fall between the upper and lower confidence limits.
Cross-functional	Representation of members of different professional and functional backgrounds within a program (or from different departments within the overall organization) in quality committees or in Quality Improvement Teams (e.g. inclusion of professional disciplines other than healthcare workers). Synonym includes multidisciplinary teams (in medical setting usually refers to different departments or divisions or professional disciplines).
Customer	Anyone who receives health care services and/or products. Customers can be internal (e.g. patients) and external (e.g. other departments within organization) to the organization.
Flow Chart	A Flow Chart is a picture of any process, such as sequence of events, steps, activities, or tasks. Flow Charts are drawn with standard symbols that represent different types of activities or tasks.
Gantt Chart	A Gantt Chart is a list of all activities (including the roles and responsibilities) to accomplish a specific goal. It helps to highlight key components of a problem and sequence of tasks to be completed.

Definitions of Quality Terms

NAME	DEFINITION
Guideline	Statements or standardized specifications for care to assist practitioners and patient about appropriate health care decisions for specific clinical circumstances. Guidelines are developed through a formal process and are based on authoritative sources, including clinical literature and expert consensus. Guidelines may also be called clinical or practice guidelines.
Histogram	A Histogram is a bar graph representing the frequency of individual occurrences or classes of data. It provides basic information about the presented data set, such as central location (mean, median, and mode), width of spread (range or standard deviation), and the shape.
HIVQUAL	The National HIVQUAL Project, sponsored by the Ryan White Part C and Part D Program, is designed to build capacity and capability among Part C and D grantees to sustain quality improvement. The HIVQUAL Initiative promotes quality improvement activities and self-reporting of HIV performance data through HIVQUAL3.
HIVQUAL3	A specially designed software package in Microsoft Access, called 'HIVQUAL3'. The software incorporates HIV clinical indicators to measure care and provide reports for use in internal quality programs. The software is part of the national HIVQUAL Project, funded by Health Resources and Services Administration (HRSA).
Indicator	A measurement tool or operational definition of one specific quality characteristic that can be measured (e.g. GYN exam, PPD) conforming to guidelines or standards of care. They are often categorized as either outcome or process indicator. It can also be called measure.
Intermediate Outcome Indicator	The goal of quality improvement is to improve the outcome of care. If a valid correlation between the process and an improved outcome can be proven, process indicators can sometimes be called Intermediate Outcome Indicators.
Inter-rater Reliability	Inter-rater reliability is a process that compares different reviewers abstracting from the same information (e.g. patient chart) to ensure that they come to the same review conclusions.
Mean	The arithmetic average of a set of numbers.
Median	The median is the value that divides an ordered series of numbers so that there is an equal number of values on either side of the center (or median).
Mode	The mode is the most frequently occurring number in a group of values.
Outcome	The results achieved through the performance of a process or function.
Outcome Management	Approach that is focused on the outcome of health care interventions. It is designed to help patients, payors, and providers to make evidence based medical care-related decisions.

Definitions of Quality Terms

NAME	DEFINITION
Pareto Chart	A Pareto Chart or Diagram is a simple bar chart, which ranks related categories (e.g. barriers to GYN exam) in decreasing order of occurrence. It can be used to analyze causes, study results, or plan for improvements.
Peer Review	Evaluation or review of the performance of colleagues by professionals with similar types and degrees of expertise (e.g., the evaluation of one physician's practice by another physician).
Plan-Do-Study-Act Cycle (PDSA)	A process to describe a quality improvement cycle using four-steps: Plan, Do, Study, and Act. It is sometimes referred to as the Shewart cycle (Walter A. Shewart) or as the Deming cycle (W. Edwards Deming). Also called Plan-Do-Check-Act (PDCA) Cycle.
Practitioner	The professional who provides health care services. Practitioners are usually required to be licensed as defined by law and include MD, NP, PA.
Process	An action, or series of actions, that transform inputs into outputs.
Provider	An institution, organization, or person that provides health care services.
Quality Assessment	A measurement activity that includes the review of a process, data analysis, and report of findings. To assess a care process is an important step in the quality improvement cycles.
Quality Assurance (QA)	A formal set of activities to review and to safeguard the quality of medical services provided. QA includes quality assessment and implementation of corrective actions to address deficiencies. It is focused on ensuring standards are adhered to, identifying problems, and solving single quality issues with problem resolution focused on the responsible individual. QA is used more in a regulatory environment.
Quality Improvement (QI)	Quality Improvement (QI) is defined as an organizational approach to improve quality of care and services using a specified set of principles and methodologies. Those principles include, but are not limited to, leadership commitment, staff involvement, cross-functional team approach, consumer orientation, and a continuing cycle of improvement activities and performance measurements. Synonyms include Continuous Quality Improvement (CQI), Performance Improvement (PI), and Total Quality Management (TQM).
Quality Management Plan (QM)	A written QM plan defines a process for ongoing evaluation and assessment to identify and improve the quality of care, and the infrastructure that clearly indicates responsibilities and accountability for the quality program.
Quality Improvement (QI) Team	A specially constituted working group to address one specific opportunity for improvement. QI Team consists of those people who have regular involvement in the process and have a leader and sometimes a facilitator. (e.g. QI Team to improve the patient adherence to antiretroviral therapy). Synonyms include CQI (Continuous Quality Improvement) Team.

Definitions of Quality Terms

NAME	DEFINITION
Quality of Care	The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.
Rapid Improvement	Rapid Improvement is a quality improvement methodology that uses shorter cycles of changes to accelerate the rate of improvement.
Run Chart	A Run Chart is a line graph of data plotted over time. The plotted data can be variables (measurements) or attributes (counts). The purpose of making a run chart is to look at a system's behavior over time. Run Charts can reveal trends or patterns of a system, if they exist.
Sampling	A statistical process for selecting the size and frequency of populations under study.
Scatter Diagram	A Scatter Diagram helps to evaluate the relationship between two factors. It is a graph showing the plotted values of two factors: each point on the graph represents a pair of measures. It is used to identify whether the two factors are related.
Standard Deviation	The standard deviation shows the dispersion of the data within the distribution. It measures the variation of the data around the mean.
Standard of Care	Preformed and agreed upon statements issued for the purpose of influencing decisions, about health interventions.
Structure	Inputs in the health care system that are used in the delivery of care process.

Glossary of Acronyms

TERM	EXPLANATION
AI	AIDS Institute
ARV	Antiretroviral Therapy
CBO	Community Based Organization
CD4	T cell count
CFA	Continuing Funding Application
CQI	Continuous Quality Improvement
HAB	HRSA HIV/AIDS Bureau
HIVQUAL	National project to build capacity for QI in Part C and Part D sites
HRSA	Health Resources Services Administration
IHI	Institute of Healthcare Improvement
MAC	Mycobacterium avium complex infection
MBR	Multiple Drug Resistant
MH	Mental Health
MTB	Mycobacterium Tuberculosis
NIH	National Institute of Health
NQC	National Quality Center
PCAT	Primary Care Assessment Tool
PCP	a) Pneumocystis carinii Pneumonia b) Primary Care Provider

TERM	EXPLANATION
PDSA	Plan-Do-Study-Act Cycle
PPD	Preferred Protein Derivative (skin test for TB)
QA	Quality Assurance
QARR	Quality Assurance Reporting Requirement (managed care measure)
QI	Quality Improvement
RFA	Request for Applications
STD	Sexually Transmitted Diseases
SU	Substance Use
TA	Technical Assistance
TB	Tuberculosis
VDRL	Veneral Disease Research Lab
VL	Viral Load

Quality Improvement Resources

I) Introduction to Quality Improvement

- NQC Quality Academy. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. February 2007. <http://NationalQualityCenter.org/QualityAcademy>
- HIVQUAL Workbook: Guide for Quality Improvement in HIV Care. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. September 2006.
- Quality Improvement Technical Assistance Manual. Rockville, MD: Health Resources and Services Administration; 2003. Available at <http://hab.hrsa.gov>.
- Audio Recordings and Presentation Slides – NQC National Technical Assistance Calls. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. <http://NationalQualityCenter.org/TACalls>
- Developing an Effective Quality Management Program in Accordance with the Ryan White HIV/AIDS Treatment Modernization Act of 2006 - Frequently Asked Questions. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. May 2006 and Revised January 2008.
- NQC Website. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. <http://NationalQualityCenter.org/>

- HIVQUAL Website. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. <http://HIVQUAL.org/>
- HRSA HIV/AIDS Website. Health Resources and Services Administration HIV/AIDS Bureau. <http://hab.hrsa.gov>

II) Performance Measurement

- NQC Quality Academy. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. February 2007. <http://NationalQualityCenter.org/QualityAcademy>
- Measuring Clinical Performance: A Guide for HIV Health Care Providers. New York State Department of Health AIDS Institute. April 2002 and Revised September 2006.
- HIVQUAL Workbook: Guide for Quality Improvement in HIV Care. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. September 2006.
- Audio Recordings and Presentation Slides – NQC National Technical Assistance Calls. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. <http://NationalQualityCenter.org/TACalls>
- Quality Improvement Technical Assistance Manual. Rockville, MD: Health Resources and Services Admin-

istration; 2003. Available at <http://hab.hrsa.gov>.

- HIVQUAL Indicators. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. <http://HIVQUAL.org/>
- HAB Quality Indicators. Rockville, MD: Health Resources and Services Administration. Available at <http://hab.hrsa.gov/special/habmeasures.htm>
- HIVQUAL Project. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. <http://HIVQUAL.org/>

III) Quality Improvement Activity

- NQC Quality Academy. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. February 2007. <http://NationalQualityCenter.org/QualityAcademy>
- HIVQUAL Workbook: Guide for Quality Improvement in HIV Care. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. September 2006.
- Quality Improvement Technical Assistance Manual. Rockville, MD: Health Resources and Services Administration; 2003. Available at <http://hab.hrsa.gov>.
- Audio Recordings and Presentation Slides – NQC National Technical Assistance Calls. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. <http://NationalQualityCenter.org/TACalls>
- HIVQUAL Group Learning Guide: Interactive Quality Improvement Exercises for HIV Health Care Providers. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. May 2002 and Revised September 2006.
- NQC Action Planning Guide. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. October 2008.

IV) Quality Management Infrastructure

- NQC Quality Academy. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. February 2007. <http://NationalQualityCenter.org/QualityAcademy>
- HIVQUAL Workbook: Guide for Quality Improvement in HIV Care. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. September 2006.
- Quality Management Program Assessment Tools. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. <http://www.nationalqualitycenter.org/home/quality-improvement-resources/establishing-a-quality-management-infrastructure.cfm/14480>
- Audio Recordings and Presentation Slides – NQC National Technical Assistance Calls. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. <http://NationalQualityCenter.org/TACalls>
- Capacity of Statewide Quality Management Programs. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. September 2008.
- Quality Management Plan Checklist. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. <http://www.nationalqualitycenter.org/home/quality-improvement-resources/establishing-a-quality-management-infrastructure.cfm/15139>
- NQC Action Planning Guide. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. October 2008.

V) Consumer Involvement


- Guide to Consumer Involvement: Improving the Quality of Ambulatory HIV Programs. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. August 2006.

- Making Sure Your HIV Care Is the Best It Can Be. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. June 2002 and Revised August 2006. English and Spanish.
- Patient Satisfaction Survey for HIV Ambulatory Care. New York State Department of Health AIDS Institute. March 2002.
- Choosing Health for Life: Your Health Journal. New York State Department of Health AIDS Institute. February 2005 and Revised September 2006. English and Spanish.
- Making Sure HIV Patient Self-Management Works. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. January 2008.
- A Guide to Addressing Cultural Competence as a Quality Improvement Issue. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. November 2007.
- Audio Recordings and Presentation Slides – NQC National Technical Assistance Calls. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. <http://NationalQualityCenter.org/TACalls>
- NQC Training-of-Trainer Guide. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. January 2007.
- Planning and Implementing a Successful Learning Collaborative. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. September 2008.

VI) Capacity Building and Training Resources

- NQC Quality Academy. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. February 2007.
- HIVQUAL Group Learning Guide: Interactive Quality Improvement Exercises for HIV Health Care Providers. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. May 2002 and Revised September 2006.
- NQC Game Guide. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. August 2006.

Levels of Engagement: Backwards Imaging

PURPOSE	<ul style="list-style-type: none"> • To imagine the future state when change has been implemented and to express the change in behavioral terms • To gain agreement about the actual scope of specific projects
DESCRIPTION	<ul style="list-style-type: none"> • Initially, facilitator clearly states vision for change so all participants have an aligned understanding of the change • Participants imagine a future state when change has been successfully implemented • With image of future state in mind, participants describe specific behavioral dimensions of success for leaders, managers and employees • Group discusses and debates similarities and differences in the imagined future state • Gain agreement to leverage support and minimize resistance
POTENTIAL USES	<ul style="list-style-type: none"> • Clarify specific vision for change with leaders and/or stakeholders • Identify day-to-day implications of change in behavioral terms • Gain agreement amongst team members about specific behavioral aspects of change
LEVEL(S) OF THE ENGAGEMENT PYRAMID	<ul style="list-style-type: none"> • Role • Commitment • Belief • Understanding • Awareness 

FACILITATOR GUIDE

Prior to the session prepare materials for this activity. You will need a handout describing this activity, with a blank template on the back (Behaviors of which we expect to see more and Behaviors of which we expect to see less), 5 x 8 cards, Post-it notes, and two flip charts.

Provide a quick overview of the tool

Backwards Imaging is a tool that helps us imagine the specific behaviors we hope to see in the future, once this change has been implemented. It is important for us to have an understanding of the day-to-day behavioral change that must accompany this change in order to implement it successfully and support those who will play a role in sustaining this change.

Set up the exercise

It is important to put effort into shaping the vision for this change in behavioral terms so that individuals can understand, in behavioral terms, what is expected of them in order to build buy-in for this change and to potentially create a sustainable change in our organization. Until we can talk about how people's day-to-day lives will be impacted, it will be difficult to build support for the change and to leverage it. By defining the specific behavioral aspects of what success will look like, we can be proactive in supporting this change.

Step 1:

Review the vision for the change. Clearly state the specific vision and ask the group if there are questions that need clarification. Answer questions and verify that there is agreement around the vision.

Step 2:

As a group, make a list of all key stakeholders and others impacted by the change. Then have the team work individually, imagining a time in the future when the change is successfully implemented. Ask individuals to capture the details of their descriptive “image” on cards or post-it notes taking time to identify specific behavioral changes they see in the key stakeholders and other constituents. Ask the team to articulate how they know the change is successful.

Step 3:

With the “picture” of the future in mind, have team members share what they see “more of” and “less of” as they observe key stakeholders and others behaving in the changed state.


Step 4:

Capture patterns and themes in the descriptions on separate flip charts (BEHAVIORS OF WHICH WE EXPECT TO SEE MORE, AND BEHAVIORS OF WHICH WE EXPECT TO SEE LESS) and discuss/debate similarities and differences to move toward consensus on the specifics.

Step 5:

Validate the specific behavioral aspects the team agrees upon with key stakeholders and the project sponsor to clarify alignment, and develop strategies for implementing and sustaining the behavioral changes identified.

Levels of Engagement: Communications Planning Tool

Purpose	<ul style="list-style-type: none"> • To help teams better understand the channels, content, and actions needed for communications. It is not uncommon for teams to see communications as “someone else’s job” rather than the responsibility of the team members. This chart is partly a responsibility charting tool, specifying who will be responsible for each piece of the overall communications plan • This tool should be used as early as possible to ensure that a communications strategy and plan evolves from the start, and is sustained over the life of the change initiative. This chart can be used at each step in the process of a project
Description	<ul style="list-style-type: none"> • Identify the key audiences that must be considered in the communications strategy • Define the communication objective • Determine the appropriate messages for each audience • Review and select the appropriate type of communications media for each message
Potential Uses	<ul style="list-style-type: none"> • Primarily used to help the team develop a detailed communications plan by brainstorming the key elements • Assist groups with the management of monitoring and reporting progress on change initiatives
Level(s) of the Engagement Pyramid	<ul style="list-style-type: none"> • Commitment • Belief • Understanding • Awareness 

Facilitator Guide

Provide a quick overview of the tool

This tool should be used as early as possible to ensure that a communications strategy and plan evolves from the start and is sustained over the life of the change initiative. This chart can be used at each step in the process of a project to monitor progress and manage communication effectively.

Set up the exercise

Step 1:

Use the chart provided and individually brainstorm the key audiences that must be considered in the communications strategy

Step 2:

Work as a group to define the communication objective for each audience:

- Inform
- Persuade
- Empower

Step 3:

Determine appropriate messages for each audience.

Step 4:

Review and select the appropriate type of communications media for each message.

Media types could include:

- One-on-one (In person, or via telephone)
 - Effective for persuasion
 - Most carefully listened to
 - Allows real-time feedback
 - Expensive
- Events (e.g. Kick-offs, celebrations, off-site meetings)
 - Most dramatic
 - Useful to signal a new direction
 - Good to get buy-in
 - Good for symbolism


- Written/E-mail
 - Most permanent
 - Least expensive
 - Hit many people at once
 - Clear, concise, consistent
 - Useful to instruct/inform

Step 5:

Complete the chart individually, or as a team. Brainstorm actions that need to take place and the detailed plan (who, when, where) for each action.

Levels of Engagement: Decision Matrix Tool

Systematically identify, analyze, and rate the presence and strength of relationships between two or more data points

Purpose	<ul style="list-style-type: none"> • To assist groups in coming to final decisions when faced with many alternatives • Assessing the relative importance of a variety of decision factors to enable alignment and to build buy-in and support for decisions • Create a rational process to reach consensus in a group
Description	<ul style="list-style-type: none"> • Brainstorm all potential approaches and alternatives • Identify evaluative criteria that will allow discrimination between options in the decision making process • Evaluative criteria are given weight to reflect their relative importance • Build consensus on a scoring system for a common understanding of the process • Potential alternatives/approaches are rated against the evaluative criteria • Ratings on alternatives and weighting on evaluative criteria are multiplied • Weighted ratings are added up and data is entered into matrix
Potential Uses	<ul style="list-style-type: none"> • Engaging a group in discussion about many alternatives to enable effective decision-making • Building consensus in a group to support more effective change • Evaluating alternative solutions to issues associated with change • Enhancing the quality of decisions and support for final decisions
Level(s) of the Engagement Pyramid	<ul style="list-style-type: none"> • Commitment • Belief • Understanding • Awareness 

Facilitator Guide

Your materials include felt markers, a flip chart, Post-It Notes, a handout with the basics of this tool and instructions on how to conduct the session.

Provide a quick overview of the tool

A Decision Matrix is a chart that allows an individual or a team to systematically identify, analyze and rate the strength of relationships between different approaches and alternatives to solving problems. The Matrix is especially useful for looking at a variety of decision factors and assessing each factor's relative importance.

Set up the exercise

Step 1:

Participants identify alternatives/ideas to be considered in the decision making process. Depending upon the team's needs, these can be process steps, change projects, or potential solutions. List the alternatives/ideas down the left side of the matrix.

Step 2:

Brainstorm the evaluative criteria by which the decision will be made. The group making the decision must reach a consensus on the appropriate evaluative criteria. List the criteria across the top of the matrix (typically 3-5 criteria with seven being the maximum number of criteria).

Step 3:

Assign weights to the evaluative criteria to reflect the relative importance of each. The group making the decision must reach a consensus on the relative importance of the different criteria

Step 4:

Before they can rate the alternatives, the individual or team must design a scoring system. Determine a scoring range (1, 5, 9 is recommended) and ensure that all team members have a common understanding of what high, medium and low scores represent.

Step 5:

Evaluate various options listed on the left-hand side against a specific criterion, and continue through criterion by criterion until they complete the discussion of all options against all criteria. Rating is determined by consensus.

Step 6:

Total all scores for each option and determine the highest (or lowest) score


Step 7:

Look at the options selected and, as a group, determine if this process has resulted in the appropriate decision.

	EVALUATION CRITERIA							
	1. Low Cost		2. Measureable		3. Customer Need		4. Within Timeline	
IDEAS	Rating	Weight (Wt.__)	Rating	Weight (Wt.__)	Rating	Weight (Wt.__)	Rating	Weight (Wt.__)
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								

Levels of Engagement: Elevator Speech Tool

Summarizing the meaning of change

Purpose	<ul style="list-style-type: none"> • Assess understanding of change • Prepare individuals to communicate change
Description	<ul style="list-style-type: none"> • Facilitator communicates the change to meeting participants • Participants develop “elevator speeches” about the change <ul style="list-style-type: none"> - How would they describe the change to a stranger on a one-minute elevator ride? - The descriptions should be complete, accurate, and easy-to-understand • Facilitator leads a discussion on the differences and similarities of the speeches
Potential Uses	<ul style="list-style-type: none"> • Assess understanding of the change • Address gaps in understanding through discussion • Prepare employees and managers to demonstrate ownership by communicating in their own words
Level(s) of the Engagement Pyramid	<ul style="list-style-type: none"> • Understanding • Awareness 

*To simplify wording, we’ve used the term “change” throughout these tools. Change can refer to new or revised strategies, priorities, processes, responsibilities, workflow or structure. We think you’ll find the exercises helpful in creating effective two-way communication in any change situation.

Facilitator Guide

You will need a flip chart, markers and sticky notes for this exercise. Your materials include a handout with the basics of this tool, a worksheet to help participants craft their speeches, and instructions on how to conduct the session.

Provide a quick overview of the tool

We're going to talk today about a change in the way we do business. Our goal is to help you understand the change. Once I've explained the change, we're going to complete a quick and easy exercise that helps us to discuss the change and to develop a solid understanding of what it means.

Explain the change

Set up the exercise

We've explained the change. Now imagine you're on a one-minute elevator ride. Another passenger on the elevator asks you to explain the change. How do you respond? That's what this exercise is all about.

Step 1:

Ask participants to create their "elevator speech" using the worksheet as an outline.

After you've crafted a speech using the worksheet as a guide, please write your one-minute elevator speech on one of the sticky notes on your table. Be sure your response is as complete, accurate and easy-to-understand as possible. When you finish your speech, please post it on the flip chart at the front of the room, and we'll discuss some of them as a group.

If this is a fairly complicated change, you may want to have participants complete a sticky note for each component of the change.

Alternative facilitation methods include having participants complete the "elevator speech" worksheet as a pre-work exercise before the group session, or ask the participants to craft their speeches using the worksheet as a guide and then pair up with a partner to read their speeches to one another and give one another feedback.

Step 2:

Facilitate a discussion about some of the speeches

Let's discuss some of the speeches.

Read one of the speeches posted on the flip chart.

Was that an accurate assessment of the change? How could you change it to make it more accurate or complete? How could you make it more easily understood?

Levels of Engagement: Elevator Speech Tool

Summarizing the meaning of change

Purpose:

To make sure that all team members have a clear, concise, common language for communicating the business situation and need for change.

Instructions:

1. Imagine you are riding in an elevator with someone who wants to know about this change effort, and you have 1-2 minutes to describe what you are doing and why.
2. Using the questions below as a guide, describe the change effort:
3. Create a message that will clearly explain the business situation and the need for change.
4. Make sure that every member of the team is able and comfortable in giving this message.

The issue-at-hand (Business situation)

Why we must address it (Benefit and urgency)


Where we are now (Progress-to-date)

What we hope to accomplish (Vision)

What others can do to help

Levels of Engagement: Force Field Analysis

Anticipate potential obstacles and contingency planning

Purpose	<ul style="list-style-type: none"> • Identify forces that might be working for or against an action or initiative • Help individuals and groups anticipate and address potential implementation problems • Weigh the relative importance of forces for change against forces against change • Anticipate and minimize resistance to change
Description	<ul style="list-style-type: none"> • Articulate the strategy or tactic under analysis by individual or group on flip chart paper • Capture all the reasons the strategy or tactic will succeed (driving forces) • Identify all the obstacles and hurdles that the strategy or tactic may encounter (restraining forces) • Brainstorm ways to strengthen the driving forces and to manage the restraining forces
Potential Uses	<ul style="list-style-type: none"> • Determine viability of strategic plans • Identify actions and strategies to minimize resistance to change initiatives • Weighing pros and cons to build support for decisions
Level(s) of the Engagement Pyramid	<ul style="list-style-type: none"> • Understanding • Awareness 

Facilitator Guide

You will need flip charts and markers. Your materials should include a handout with the basics of this tool, an individual worksheet for capturing ideas, and instructions on how to conduct the session

Provide a quick overview of the tool

The Force Field Analysis reveals what forces might be working for or against an action. By presenting positives and negatives for easy comparison, this tool can help people to anticipate and to address potential implementation problems.

Set up the exercise

We've identified the strategies and/or tactics we need to analyze. Now we want to work as a group to identify the driving forces and restraining forces we might encounter as we attempt to implement these strategies and/or tactics. Once we have identified all the opposing forces, we want to begin identifying actions we can take to strengthen the driving forces and to minimize the restraining ones so that they do not become obstacles to our success.

Step 1:

Create a flip chart sized diagram that articulates the strategy or tactic you want to analyze at the top. Below that draw a large "T". Mark one side with a "+" for Driving Forces, mark the other side with a "-" for Restraining Forces. Ask participants to write down their ideas about both the driving forces and restraining forces on Post-it notes, including only one idea per note. Then, have participants post their ideas on the flip chart.

As an option, participants can work individually on a worksheet provided for this purpose as pre work to the group meeting. Then have each person state their Driving Forces and Restraining Forces and have a recorder capture them on the flip chart. After several rounds of ideas are posted, confirm that all the issues have been captured.

Please write down your ideas about all the Driving Forces and Restraining Forces on the sticky notes on your table. When you finish capturing your ideas, please post them on the flip chart, and we'll discuss them as a group.

Step 2:

As a group, discuss and prioritize the ideas within each box of the matrix. Identify the greatest Driving Forces for the strategy/tactic, and the Restraining Forces that present the greatest challenges. Do so by having group members order the issues on the flip chart to reflect their priorities. Use voting dots if you are having difficulty prioritizing issues. Make sure you discuss and debate all the issues until you reach an informal consensus.

Step 3:


As a group, determine potential actions to strengthen the Driving Forces and to manage the Restraining Forces to minimize their potential impact.

Step 4:

As a group, identify owners for all actions identified to strengthen the Driving Forces and to manage the Restraining Forces to minimize their potential impact.

Levels of Engagement: Glad, Sad, Mad

Begin building a critical mass of participants who agree that change is necessary for success

Purpose	<ul style="list-style-type: none"> • Facilitate discussion on current processes that support change • Allow stakeholders to share personal insights on change experience • Build common understanding that change is necessary
Description	<ul style="list-style-type: none"> • Facilitator communicates framing question for group to consider • Participants brainstorm and then record ideas on flip charts • Small groups share information on flip charts with large group
Potential Uses	<ul style="list-style-type: none"> • Engage a group in lessons learned discussion • Enhance the perspectives of stakeholders through the wisdom of the group • Open discussion about change issues that aren't discussed easily
Level(s) of the Engagement Pyramid	<ul style="list-style-type: none"> • Understanding • Awareness 

Facilitator Guide

Your materials include felt markers, flip charts, a handout with a description of this tool and instructions on how to conduct the session

Provide a quick overview of the tool

Glad, Sad, Mad is a tool used for discussion on the current state of our change processes. It allows all stakeholders impacted by change to share personal insights about change experiences, and it opens up discussion on how we have changed in the past to help us learn to change more effectively in the future. The process involves verbal and non-verbal steps and it combines small group and large group processes.

Set up the exercise

Phrase the framing question or issue clearly to the group.

Establish the ground rules for the process.

- Identify reporter for group
- Quickly summarize details about the specific change experience you are analyzing
- Reflect individually
- Avoid ambiguous words or phrases
- 30 minutes for the exercise

Step 1: Ask the groups to quickly summarize the details of the change they are analyzing.

Step 2: Ask the group to reflect individually and write their ideas on the worksheet.

Step 3: Ask them to print their contributions on the flip chart in clear, large letters using felt tip markers.

Step 4: Recorders from each group share information on flip chart with large group.

Levels of Engagement: Influence Map

Identifying and building an effective strategy for influencing stakeholders

Purpose	<ul style="list-style-type: none"> • Identify key stakeholders • Assess the issues and concerns of stakeholders • Identify strategies for influencing stakeholders' perceptions and commitments to change
Description	<ul style="list-style-type: none"> • Facilitator helps meeting participants identify key audience groups affected by change and the impact on their work systems • Identify resistance factors in key audience groups and implications of resistance • Participants identify issues and concerns of stakeholder groups <ul style="list-style-type: none"> – Evaluate level of commitment required for successful change from stakeholders – Identify key individuals within groups that legitimize change and control reward/consequence structures • Identify individuals with influence • Develop strategies for influencing stakeholder groups/individuals • Assign accountability for strategies • Set up tracking to monitor progress
Potential Uses	<ul style="list-style-type: none"> • Build engagement and involvement of influential leaders to champion change and innovation • Address gaps in communication about change initiatives • Leverage relationships to enhance communication efforts and minimize barriers to implementation • Develop broad understanding of the perception of change by those who will be directly impacted • Move key stakeholder groups/individuals to higher levels of commitment and support for change initiatives
Level(s) of the Engagement Pyramid	<ul style="list-style-type: none"> • Belief • Understanding • Awareness 

Facilitator Guide

Your materials include a handout with the basics of this tool and instructions on how to conduct the session.

Provide a quick overview of the tool

Creating an Influence Map helps us identify groups and individuals directly impacted by this change in the way we work. Understanding how those individuals and groups feel about certain aspects of the change will be helpful in determining what is necessary for a successful roll out of this initiative. This map will help us to decide what approach will be necessary to influence stakeholders appropriately.

Set up the exercise

Blank Influence Map templates have been provided to you. You can work on this exercise as a group—it usually works best in groups of 4-8 people. Your group should be prepared to explain your findings/summary to the full group.

Step 1:

Ask participants to define key audience groups, including themselves, and the impact of the change on their work systems,

Your first task is to identify the various stakeholders or audiences impacted by this change the impact this change will have on their work systems, and group or categorize them.

Step 2:

Ask participants to identify factors that will lead to resistance of the change initiative and the implications of those factors on the key stakeholder groups and individuals.

Develop a list of all the possible resistance factors associated with this change. Knowing what we're up against will enable us to define specific strategies for dealing with resistance as we work to engage these groups and individuals.

Step 3:

Have participants identify the level of commitment required of the groups/individuals to facilitate a successful roll-out of the change initiative.

After you have identified all the critical audiences, it is important to get a sense of their current feelings about and level

of commitment to this initiative. This will enable us to begin clarifying what strategies we need to implement to effectively influence their perspectives.

Step 4:

Once participants have identified the level of commitment required of the groups/individuals to facilitate a successful roll-out of the change initiative, it is important to clarify that it is the leaders that legitimize the change and/or control the rewards and consequence structures.

For each of the critical audiences identified, there are important leaders who influence the broad acceptance or resistance towards change. For our efforts, it is important to identify those leaders who can assist our efforts through the reward system in our organization. By championing change and celebrating those that support and facilitate change, these leaders can help us to build broad acceptance and enable us to begin clarifying changes throughout our organization.

Step 5:

Ask participants to brainstorm ideas about other individuals who might have influence over the stakeholders and/or audiences to facilitate the development of broad influence and communication strategies.

To develop the broadest possible strategy for supporting successful change, it is important for us to identify as many people as possible who can influence our audience. Let's take a few minutes to brainstorm other ideas we might have of individuals who have influence, but not direct control, over the stakeholders directly impacted by these changes to the way work.

Step 6:

Ask participants to brainstorm ideas about specific strategies for the stakeholder groups, leaders, influencers, and resistance factors

Let's look at all the data we've collected and generate ideas about proactive responses to these individuals, issues and concerns, and identify some possible solutions.

Step 7:

Ask participants to assign accountability for the strategies the group develops and to identify first steps to monitor progress.

INFLUENCE STRATEGIES

Audience:

Situation:

Background:

Actions:

	MOTIVATION	ABILITY
Personal Influence Strategies	(Link to Personal Values)	(Skill Building Opportunities)
Social Influence Strategies	(Peer Pressure)	(Social Support Activities)
Organizational Influence Strategies	(Recognition/Rewards/Accountability)	(Adaptations/Innovations)


Results:

Recommendations:

Next Steps:

Levels of Engagement: Know, Feel, Do

Identifying critical needs of various audiences

Purpose	<ul style="list-style-type: none"> • Identify what key audiences need to know, feel and do around a specific topic • Motivate audiences to actively support the change by meeting their needs 		
Description	<p>Identify needs of each audience on three different levels:</p>		
	<table border="1"> <tr> <td data-bbox="394 852 505 982"> Know </td> <td data-bbox="505 852 1451 982"> <ul style="list-style-type: none"> • Inform about the change • Promote understanding • Audience-specific messages are critical </td> </tr> </table>	Know	<ul style="list-style-type: none"> • Inform about the change • Promote understanding • Audience-specific messages are critical
	Know	<ul style="list-style-type: none"> • Inform about the change • Promote understanding • Audience-specific messages are critical 	
<table border="1"> <tr> <td data-bbox="394 982 505 1236"> Feel </td> <td data-bbox="505 982 1451 1236"> <ul style="list-style-type: none"> • Foster belief and commitment • Audiences must feel that the change is meaningful and credible to believe it's worth supporting <ul style="list-style-type: none"> – Appeal to their emotions – Define the benefits (WIIFM) – Emphasize the value of their individual support – Motivate them to act </td> </tr> </table>	Feel	<ul style="list-style-type: none"> • Foster belief and commitment • Audiences must feel that the change is meaningful and credible to believe it's worth supporting <ul style="list-style-type: none"> – Appeal to their emotions – Define the benefits (WIIFM) – Emphasize the value of their individual support – Motivate them to act 	
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<table border="1"> <tr> <td data-bbox="394 1236 505 1402"> Do </td> <td data-bbox="505 1236 1451 1402"> <ul style="list-style-type: none"> • Define audience roles in the success of the change • Audiences must be motivated to work in support of the change <ul style="list-style-type: none"> – Link their individual participation to organization success by showing how they'll share in success </td> </tr> </table>	Do	<ul style="list-style-type: none"> • Define audience roles in the success of the change • Audiences must be motivated to work in support of the change <ul style="list-style-type: none"> – Link their individual participation to organization success by showing how they'll share in success 	
Do	<ul style="list-style-type: none"> • Define audience roles in the success of the change • Audiences must be motivated to work in support of the change <ul style="list-style-type: none"> – Link their individual participation to organization success by showing how they'll share in success 		
Potential Uses	<ul style="list-style-type: none"> • Craft messages for key audiences • Match desired outcomes with messages • Mobilize employees through information sharing and deliverance of individualized messages 		
Level(s) of the Engagement Pyramid	<ul style="list-style-type: none"> • Role • Commitment • Belief • Understanding • Awareness 		

Facilitator Guide

Prior to the session, prepare two flip chart pages: one with the four-step process, and the other with the template for the exercise. Your materials include a handout with the basics of this tool, a blank template and an example of what a completed Know, Feel, Do Tool might look like.

Provide a quick overview of the tool

An important part of implementing change is identifying the needs of audiences throughout the organization. If audience needs are identified and successfully met, audience members can become advocates of the change.

The Know, Feel, Do Tool helps identify key audience needs by appealing to audience members' needs to know, feel and do in order to understand, accept, and advocate change.

Set up the exercise

In order to educate and inspire people throughout our organization around the change, we need to identify the needs of our key audiences. By determining what audiences need to know, feel and do, and then meeting those needs, we can support them efficiently so they become advocates and supporters of the change.

Step 1:

List audiences (individuals or groups) whose commitment is needed

The first step of the exercise is to identify key individuals or groups who are involved in or impacted by the change in some way. Audiences should not be limited to traditional groups such as HR representatives or leadership, but should also include key individuals who have credibility or influence in various parts of the organization.

Record audiences on the template.

Step 2:

Identify what each audience needs to know

The second step of this process is to identify what each audience listed needs to know. By know, we mean that we want them to

be aware of the change and we want them to understand it. A critical component of this step is appreciating audience-specific needs and creating messages that will result in awareness and understanding of the change.

Record what each audience needs to know on the template.

Step 3:

Identify what each audience needs to feel

The third step is to identify what each audience needs to feel. Integral to their feeling is their belief in the change, as well as their commitment to it.

Record what each audience needs to feel on the template.

Step 4:

Identify what each audience needs to do

The fourth and final step is identifying what each audience needs to do in support of the change. Roles should underscore what audiences know and feel about the change.

Record what each audience needs to do on the template.

Levels of Engagement: Know, Feel, Do

Using the template as a guide, complete the following steps:

Step 1:

List audiences (individuals or groups) whose needs must be determined

Step 2:

Identify what each audience needs to **KNOW** about the change

Step 3:

Identify what each audience needs to **FEEL** about the change

Step 4:


Identify what each audience needs to **DO** about the change

LEVELS OF NEED	STAGES OF ENGAGEMENT
Know	<ul style="list-style-type: none">• Awareness• Understanding
Feel	<ul style="list-style-type: none">• Belief• Commitment
Do	<ul style="list-style-type: none">• Role Identification

Levels of Engagement: 'Know, Feel, Do' Tool

	<i>Need to KNOW</i>	Need to KNOW	Need to DO Role
	<i>Awareness</i>		
	<i>Understanding</i>		
Stages of Engagement	<ul style="list-style-type: none"> I am aware of the change I understand the change 	<ul style="list-style-type: none"> I believe in the change I am committed to supporting the change 	<ul style="list-style-type: none"> I know my role in supporting the change
Key audience	Audience-Specific Needs		
[Individual or Group 1]	<ul style="list-style-type: none"> What the change is Why the change is important to the future of the company Ways in which individual departments are impacted 	<ul style="list-style-type: none"> My involvement and support is pivotal This makes sense—it's important for the future of our organization 	<ul style="list-style-type: none"> I'm going to base my decisions on how they will coordinate with the change
[Individual or Group 2]	<ul style="list-style-type: none"> What the change is Why the change is important to the future of the company 	<ul style="list-style-type: none"> This makes sense—it's important for the future of our organization 	<ul style="list-style-type: none"> I'm going to encourage my colleagues to work in support of the change
[Individual or Group 3]	<ul style="list-style-type: none"> What the change is I understand how the change will impact me 	<ul style="list-style-type: none"> I feel good about this change I am going to contribute toward the success of this change 	<ul style="list-style-type: none"> I'm going to change my behavior to support the change

Levels of Engagement: Stakeholder Analysis Tool

Purpose	<ul style="list-style-type: none"> • To help teams identify potential stakeholders associated with a change initiative. • This tool is helpful in identifying the impact of changes, the issues and concerns of stakeholder groups and the assessment of who can support and influence groups impacted by change • This tool should be used as early as possible to ensure that a strategy is in place to support stakeholders and is sustained over the life of the change initiative.
Description	<ul style="list-style-type: none"> • Identify the key audiences that must be considered stakeholders in the change initiative • Define the benefits and impacts of the change initiative for each group • Determine the issues and concerns of each group, as well as their present mindset about the change. • Identify strategies to address concerns and the appropriate support for each group
Potential Uses	<ul style="list-style-type: none"> • Primarily used to help a team develop a detailed plan for managing change with different stakeholder groups • Assist groups with the management of change initiatives by supporting them and by identifying others in the organization who can offer a positive influence to support the change
Level(s) of the Engagement Pyramid	<ul style="list-style-type: none"> • Commitment • Belief • Understanding • Awareness 

Facilitator Guide

Provide a quick overview of the tool

This tool should be used as early as possible to ensure that a detailed plan for managing change with different stakeholder groups is developed in order to assist groups by supporting them and identifying others in the organization who can offer a positive influence to support the change

Set up the exercise

Step 1:

Use the chart provided and individually brainstorm the key audiences that must be considered stakeholders in this change initiative.

Step 2:

Work as a group to define the impact, as well as the benefits, of the change initiative for each stakeholder group

Step 3:

Determine the present mindset and issues and concerns of each group.

Step 4:

Identify any strategies that have been developed to address issues and concerns of each group or brainstorm potential strategies.

Step 5:

Complete the chart by identifying others inside your organization who can positively influence the stakeholder groups and support the change initiative.

Step 6:

Brainstorm actions that need to take place and identify ownership and accountability for each action.

