Appreciative Inquiry (AI) – Changing students attitudes towards Palliative and End of Life Care

A new model of inquiry for Occupational Therapy students

Application via case study in healthcare education and practice.

robertsgw@cf.ac.uk

02920687797 (work)

Presentation by
Dr Gwilym Wyn Roberts
Senior Lecturer
Cardiff University

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Problem based learning (PBL)

- PBL is a student-centred pedagogy

- Students learn about a subject in the context of complex, multifaceted, and realistic problems

- The goals of PBL are to help the students develop flexible knowledge, effective **problem solving skills**, self-directed learning, effective collaboration skills and intrinsic motivation

- Working in groups, students identify what they already know, what they need to know, and how and where to access new information that may lead to **resolution of the problem**.
Historical PBL cycle at Cardiff University:

- Formulate multiple Problems – TRIGGER Or SCENARIO is presented
- Sharing the research & knowledge with the group
- Evidencing the decision making
- Self Directed Learning By Identifying learning needs and research topics
- Evaluation of group & outcome of problem solving process
- Re-enter PBL cycle

FOCUS IS ON SOLVING THE PROBLEM

(This model forms the basis of the interview process when students apply for the course – simulated PBL group)
You are an Occupational Therapist working as part of a Palliative Care team.

Mary is a 52 year old primary school teacher who has been referred to the team for support. She presented to her primary care provider with complaints of weakness and fatigue, although she continued to work. She attributed these changes to the menopause; her menstrual periods have been irregular but occasionally heavy. She experienced weight loss of 10lbs over the past 6 months not attributable to diet and exercise. She has just been diagnosed with colon cancer.
• concerns about students’ focus on **problem solving**
• concerns about personal style of **facilitation**
• concerns about lack of **creativity** – need to get from A to B in shortest of time
• dependency on the **right answer** – usually the tutors perspective
• **fear of failure**
• Anxiety that PBL is not truly **client centred** – focus on the problem
• first inclusion of **appreciative inquiry and positive psychology**

(Exploration of the literature and evidence resulting in attendance at AI master class with D Cooperrider at the Wellcome trust)
Students Evaluation of the PBL Process - Palliative and End of Life Care:

6 years of end of course evaluation - feedback from final year (level 6) students reported the following reflections (amongst others) from their PBL experience:

- there is often **missing information** at the end of a PBL process
- each problem is unique – and therefore **no fixed** formula
- Anxiety when dealing with **death**
- Fear of emotions – **unprofessional**
- Is the outcome right or wrong – by whose standards
- with more information the **problem changes**
- although they look for it, there is often **no single right answer**
- **excess anxiety** about the pressure to **always solve the problem**
- excessive focus on the problem solving often creates anxiety when a **problem cannot be solved** – (fear of failure)
- pressure to solve the problem tends to **limit creativity and lateral thinking**
- Expectation that the tutor will **step in and rescue** the group if stuck
6 years evaluation of practice educators and placement coordinators perspective of occupational therapy students in this setting:

- Immediate focus on dying
- Significant anxiety and fear of witnessing death
- Seeing all situations as a problem
- Feeling of hopelessness
- Anxiety that the problem cannot be solved
- Occupational deprived – infirm
- Personal sadness
- Existential questioning

Lots of assumptions being made
Case Study 1 - Peter - kindly reproduced with permission of TIME Magazine

New York
5 Years of evaluating the students initial learning needs for this trigger/scenario

- Learning Needs
  - Homeless
  - Mental health problems
  - Drug and Alcohol abuse
  - Welfare State – abuse
  - Manipulating use of the dog
  - Societal nuisance
  - Poor personal hygiene
  - Occupationally deprived
  - Associated crime

Negative/problematic attitudes towards the image
Concern at the level of assumptions and mind sets
3 Years of evaluating the students initial learning needs for this trigger/scenario

Learning Needs

- Middle to upper class
- Affluent
- Stylish
- Supported by successful husband
- Conservative voter
- ‘Ladies who luncheon’
- Cosmetic Surgery

Hidden illness - ? Mental Health

Stereotypical attitudes towards the image
Concern at the level of assumptions and mind sets
When told that Alan has testicular cancer and Heulwen has breast cancer

Compassion, Care, Dignity, Love, Warmth

However assumption that they were terminally ill.
Appreciative Inquiry

• NEW DIMENSION PRIMARILY USED IN LARGE ORGANISATIONAL DEVELOPMENT AND CHANGE MANAGEMENT WORK

• **Ap-pre’ci-ate**, v., 1. valuing; the act of recognising the best in people or the world around us; affirming past and present strengths, successes, and potentials; to perceive those things that give life (health, vitality, excellence) to living systems. 2. to increase in value, e.g. the economy has appreciated in value. Synonyms: VALUING, PRIZING, ESTEEMING, and HONORING.

**In-quire’** (kwir), v., 1. the act of exploration and discovery. 2. To ask questions; to be open to seeing new potentials and possibilities. Synonyms: DISCOVERY, SEARCH, and SYSTEMATIC EXPLORATION, STUDY
Appreciative Inquiry is an approach:

- Works from the propositions of affirmative action
- Focuses on strengths
- Sees opportunities first
- Works from visions of the possible, rather than problem solving
- Invites us to look at situations with an appreciative eye rather than only with an analytical eye

(based/adapted from Cooperrider & Strivastva 1987)
Basic Appreciative Inquiry cycle:

- **APPRECIATIVE INQUIRY** is a process by which one approaches problems with an appreciative eye (focus on positive)

  - **Builds on people’s strengths, it negates the value of weakness**

  - **Acknowledges the human potential to adapt and progress**

  - **Favours a positive approach to challenges and problems**

  - **Develops a sense of commitment, confidence & affirmation of success**

Appreciative questions versus problem focused questions

• What’s working well now ? Vs what’s not working well?

• What opportunities are there? Vs what are your main challenges?

• What have you achieved so far ? Vs what have you not been able to achieve ?

• What do you find easy to achieve? Vs what do you find most difficult ?

• What are your aspirations, what do you want to achieve etc etc
4 D Model/Cycle of Appreciative Inquiry
(adapted Cooperider & Whitney. 2005)

- **DISCOVER**
  - ‘What gives life’
  - The best of what is APPRECIATING

- **DREAM**
  - ‘What might be’ Envisioning Results

- **DESIGN**
  - ‘What should be the ideal’ CO-CONSTRUCTING

- **DESTINY**
  - ‘How to empower, learn and adjust/improve SUSTAINING

**DISCOVER**
- 'What gives life'
- The best of what is APPRECIATING

**DREAM**
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**DESIGN**
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4 D Model/Cycle of Appreciative Inquiry
(adapted Cooperider & Whitney. 2005)

DISCOVER
(QUIRE)
‘What gives life’
The best of what is APPRECIATING

DREAM
(IMAGE)
‘What might be’ Envisioning Results

DESIGN
(INNOVATE)
‘What should be the ideal’ CO-
CONSTRUCTING

DESTINY
(IMPLEMENT)
‘How to empower, learn and adjust/improve SUSTAINING
Proposed new PBL cycle at Cardiff University:

**Appreciative Inquiry (4 I Model) (Stage 1)**

**INQUIRE** - Appreciating and Valuing
The Best of ‘What Is’

**IMAGINE** - ‘What Might Be’ (3)

**INNOVATE** - Dialoguing
‘What Should Be’

**IMPLEMENT** - Innovating
‘What Will Be’

**Problem Solving**

(2) Identification of problem
(4) Learning Needs & Analysis
(6) Possible Solutions

**Evaluation & Audit**

One way in which the poles can be brought into relationship is through the concept of PARADOX

Ref: adapted from Cooperrider & Strivasta (1987)
THE THREE EYES OF THE OT PROFESSIONAL

ANALYTICAL
APPRECIATIVE
CREATIVE

(AND THREE ASSOCIATED LEVELS OF LISTENING)

(Machon. 2010)
The role of the appreciative eye in OT practice

TO BE AND BECOME A REFLECTIVE PRACTITIONER AND TO UNDERSTAND, RELATE AND APPRECIATE your CLIENT

Offers you the ability to:

✓ Question rather than answer (be reflective)

✓ Empathise - to be emotionally aware of yourself and your clients wishes and needs

✓ To be able to hear limitation and fallibility

✓ To appreciate yourself and your client
IMAGINE A COIN

One face = Analytical
2\textsuperscript{nd} face = Appreciative

Limitations of one = strengths of other
Research evidence

- Qualitative study

- Focus groups with first year cohort of students
  - 85% (25) students participated
  - 4 focus groups

- Individual interviews with 8 staff

- All audio-recorded and transcribed

- Thematic data analysis
Main themes

- AI was enjoyable
- Encouraged positivity
- AI was thought provoking and encouraged creativity
- AI made a positive difference to placement practice
  - especially within mental health and palliative and end of life care
  - not all practice educators saw the point

(Rubin, Kerrell and Roberts. 2010)
Peter - Case Study 1
Evaluation following the new approach

- **Learning Needs**
  - Homeless
  - Mental health problems
  - Drug and Alcohol abuse
  - Welfare State – abuse
  - Manipulating use of the dog
  - Societal nuisance
  - Poor personal hygiene
  - Occupationally deprived
  - Associated crime

**Negative/problematic attitudes towards the image**
Attitudes towards Alan

- Diagnosis and prognosis – implications
- Empathy and sympathy
- Element of choice
- Whose problem is he – his own or societal attitudes
- Unkempt – by whose standards?
- Occupationally engaged as a carer! – RSPCA data
- Human potential
- Employment potential
Heulwen?
Outcome of the learning process to:-

- HOLISTIC & REALISTIC
- INCLUSIVE OF THE WHOLE
- PERSON CENTRED APPROACH
- FOSTERED A POSITIVE
- MORE CREATIVE LEARNING APPROACH TO A SCENARIO
- FEELING THAT THE PROCESS IS OPENED UP RATHER THAN CLOSED DOWN!
References