Module 9:

Action Periods

Painting by Pimphipat Saikeaw, age 8, from Thailand   www.icaf.org

Learning Outcomes for Faculty

➮ Faculty will be able to describe a variety of activities for the Action Period.

➮ Faculty will be able to describe the developmental process of the collaborative from the first to the second Action Period.

Table of Contents **Module 9**

Learning Outcomes for Participants

During the Action Period, participants maintain contact with faculty and teams through a variety of ways—calls, postings, listservs, etc. Faculty members support teams as they begin to implement the intervention.

➡️ Participants will use the regular calls and Intranet postings to gain support for their implementation activities.

➡️ Participants will make improvements through small tests of change and share outcomes with the collaborative.

Priority Tasks for Faculty

First Action Period

1. **Coordinate and facilitate all-collaborative calls monthly during the Action Period.** Based on recommendations from the faculty, there will be one or two conference calls focused on advancing participants in their use of the intervention and creating a problem-solving/sharing environment among participants.

2. **Coordinate and facilitate supervisors' calls monthly.** Supervisors will benefit from a separate forum to ask questions about the intervention and to discuss issues that relate to their role as supervisor.

3. **Coordinate and facilitate senior leaders/administrators every other month.** There will typically be one senior leader call during the initial Action Period.

4. **Use the Intranet to stimulate dialogue about the use of the intervention and to post resources.** The Intranet can be used to fill in the gaps between calls so that participants can continue to communicate questions, ideas, and barriers among themselves.

5. **Respond to posts in a timely manner.** Without quick reinforcement for using the Intranet workspace to post questions, participants will discontinue use almost immediately.

6. **Start to identify the early adopters in the collaborative.** Early adopters can play an important role in influencing other teams toward utilization of the intervention.

Second Action Period

1. **Create an emphasis on both continued growth of clinical competencies and sustainable adoption of the intervention through use of the Model for Improvement.** The calls will begin to reflect a more balanced consideration of improvements made in the clinical application of the intervention and organizational readiness to maintain the intervention within their agency (i.e., greater focus on supervisory role).

2. **Promote and reinforce the completion and sharing of metrics.** Using metrics as a vital part of team and collaborative discussions begins to make the gathering of the information relevant as it applies to progress toward goals.

> *"The sustained contact, which continues in monthly consultation phone calls with participants, led to the actual sustained implementation of this new treatment model—in contrast to past brief (1 day to 2 weeks) trainings that I've attended in which participants were enthused but not able to actually work through the many practical issues that are required for sustained implementation of a treatment model."*
>
> **Julian Ford**
>
> University of Connecticut
>
> Faculty, Target Learning Collaborative

Learning Outcomes for Supervisiors

The Action Period presents a unique set of challenges for supervisors. Continuing to support staff in their implementation process and creating an accountability system to assess fidelity are two of the primary challenges. Supervisors will focus on the following objectives:

➥ Identify multiple methods to support staff in furthering their clinical competencies.

➥ Evaluate methods for assessing fidelity in implementing the intervention.

First Action Period

Priority 1:

Coordinate and facilitate all-collaborative calls monthly during the Action Period.

Tips:

➤ Post pictures of participants taken at first Learning Session to help remind everyone of who is who!

➤ The calls during the Action Period focus on developing competencies to effectively deliver the intervention.

➤ Structure the calls to maximize interaction and contribution from participants. Even in the area of clinical competencies, participants will share their ideas and thinking in regard to clinical challenges if prompted on calls. Faculty will start asking collaborative members, by name, their thoughts to barriers that are presented. (See templates outlining potential structures for the calls in Support Materials.)

➤ An agenda helps structure time. Start with a roll call so faculty will know who is on the call and can call individuals by name. The conference call allows for some participants to disappear unless faculty members engage individual participants by name.

➤ Two all-calls per month is the maximum recommended. Many groups have successfully had one call per month. More than two calls per month results in decreased attendance and fragmented learning as a group. The calls have fewer individuals and there is less sense of urgency and interest in the topics and discussions.

➤ Evaluate the effectiveness of calls. One easy way is to create an online survey that participants can complete after each call to reflect on the experience. Make it simple and use the feedback to guide future calls.

Agenda
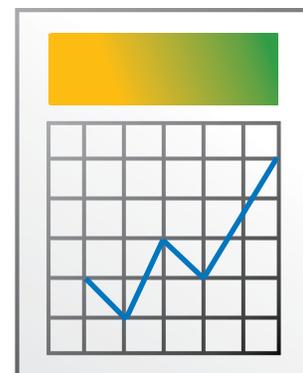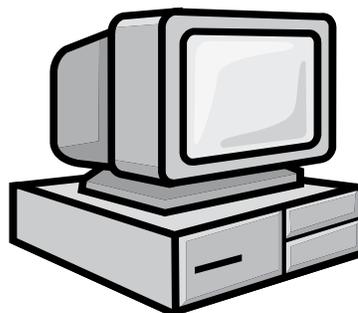
Priority 2:

Coordinate and facilitate supervisors' calls monthly.

Tips:

➠ Focus on the role of the supervisor and problem solving regarding the barriers they are experiencing.

➠ Spend some time on the call focusing on clinical questions and concerns but don't forget that the supervisors are a key to the integration of sustainable adoption practices into their organizations. For example, the following topics have been common in supervisor discussions:

- How do you ensure fidelity as a supervisor?

- Are there some innovative ideas about how to grow skills related to the practice? Role plays? Video taping or audio taping sessions?

- How do you deal with resistance to a manualized treatment?

Priority 3:

Coordinate and facilitate Senior Leaders/ administrators every other month.

Tips:

➠ As with all conference calls, plan carefully for the desired outcome for the call. Sharing data from metrics (e.g., use of the intervention, fidelity, involvement of caregivers) should be of interest to Senior Leaders.

➠ Assuming they are meeting on a regular basis with the core team, give them an opportunity to discuss both **strengths of** and **barriers to** their implementation.

> ❝*Implementation is challenging. The support and collaboration was helpful in training, problem solving, and establishing relationships for ongoing support and collaboration.*❞
>
> **Leslie Ross**
>
> Children's Institute Inc.
>
> Participant, Breakthrough Series and SPARCS Learning Collaborative

Priority 4:

Use the Intranet to stimulate dialogue about the use of the intervention and to post resources.

Tips:

➼ The Intranet can be a useful asset to the collaborative experience or it can lay dormant with little activity missing an opportunity for sharing innovations for improvements. It is up to faculty to model the utility of the Intranet to participants to increase contact among members and accelerate learning and implementation.

Priority 5:

Respond to posts in a timely manner.

Tips:

➼ One designated faculty member or all faculty can receive an e-mail note every time something is posted on the workspace.

➼ Consider setting up a listserv if preferred by the membership so they can post questions or issues to the whole group without going to the Intranet.

Priority 6:

Start to identify the early adopters in the collaborative.

Tips:

➼ Typically, within every collaborative, a few participants will jump out front in their use of the intervention. Capitalize on their energy and enthusiasm—it can be contagious! Strategically craft opportunities for sharing both on calls and via the Intranet.

➼ Metrics again! Don't be afraid to highlight successes by having teams share their metrics and progress with the whole collaborative.

Second Action Period

Priority 1:

Create on emphasis on both continued growth of clinical competencies and sustainable adoption of the intervention through use of the Model for Improvement.

Tips: 💡

➥ Identify topics for the calls that have been overlooked in the collaborative but are essential to sustainable adoption of a new practice. Faculty may need to review the **Change Package** and consider what components or subcomponents have not received adequate focus, and schedule collaborative calls to address that content area.

➥ As participants ask questions, the faculty poses questions to assist the individual in setting up a small test of change to address the challenge or barrier. The role of the faculty is moving away from "giving" answers and is working on facilitating a problem-solving process with participants.

➥ Emphasize sharing solutions. One of the most powerful aspects of the collaborative is being able to learn from others' solutions to common adoption barriers. Use the Model for Improvement methodology. Sharing it can be an amazing mechanism for growth among collaborative members. One of the agenda templates includes identifying **small tests of change** that have resulted in improvement in advance of the call and asking a team to present their improvement strategy. It is essential that faculty communicate the value and importance of Model for Improvement and that it is not perceived as an add-on.

Priority 2:

Promote and reinforce the completion and sharing of metrics.

Tips:

➥ Promote the posting of metrics. Help participants of the collaborative understand the importance of monthly feedback concerning their adoption of the intervention in evaluating their success. Applaud successes—when metrics are posted and show progress, let everyone on the call know about it.

➥ Tie measurement to goals. As noted in Module 4 on metrics, the measurement process informs teams how they are progressing toward their goal of implementation of the intervention. If they are not progressing, that can help focus on making improvements and realigning their activities toward their desired outcome. Encourage teams to use team meetings or supervision to reflect on what the metrics are informing them.

➥ Encourage teams to post by the fifteenth of each month data from the previous month. Make it simple to post. The NCCTS can be a resource to help simplify the process.

➥ Discuss metrics on calls and assess if the chosen metric is useful in evaluating adoption of the intervention. What else would they like to measure to assist in evaluating success?

❓ Frequently Asked Questions

Q: The all-collaborative calls seem to only focus on clinical issues. How can we broaden the discussion?

A: As much as possible try to integrate the discussions. For example, what is interfering with their ability to implement the intervention effectively? If a participant responds that the "no-show" rate is making implementation difficult, allow the group to brainstorm potential reasons for the no show rate. (i.e., Engagement? Hours of the clinic? Accessiblity?) Discuss potential ways to address the barrier and utilize small tests of change as a systematic way to make an improvement.

Q: No one seems to use the Intranet. Other ideas?

A: Make it so good that I will want to use it! If faculty create rich, vital discussions about implementation of the intervention on the discussion boards, participants will tune in. It has to be a place where things are happening so it is up to faculty to make it happen (or at least lead the way).

Q: Can faculty have participants do clinical case presentations on Action Period calls?

A: Absolutely. The key to effective case presentations is creating a structure that allows for a focused delivery of the case story and then a group analysis led by the faculty. It is very important that faculty do not have a "one-on-one case consultation" but generalize the issues so the entire group can benefit. Getting input from call participants and tapping into the experience of the group is important in making the shift from the traditional expert-driven case consultation.

Support Materials Module 9

List of Support Materials

➼ Faculty Checklist

➼ Agendas for Action Period Calls

Faculty Checklist

Action Period

❑ Communicate schedule of all conference calls to participants via e-mail and the Intranet with call in information.

❑ Post agendas and presentations on the Intranet so calls can have a visual element.

❑ Create a roll call system for calls.

❑ Have results of monthly metrics available to be able to refer to during the calls.

❑ Conduct a follow-up survey regarding conference call experience to be completed by participants.

❑ Post metrics to the Intranet.

❑ Engage participants in online discussion on the Intranet site.

Action Period Conference Calls

Tips

➽ Set up conference call guidelines for the call every call quickly.

➽ Call on sites by name to engage them. Keep track of who has spoken by having a checklist of participants and draw out individuals who have not spoken.

➽ If possible, send to all participants the list of individuals who are on the line. This can be done easily by creating a roll call list that you check off and send to the group.

➽ Don't just plan to ask teams how they are doing and hope for a good conversation! This should expand their learning from faculty and each other.

➽ Encourage cross-site dialogue rather than creating an "expert" driven conversation.

➽ When barriers/challenges/obstructions are noted, brainstorm strategies (contribute your own) and use the PDSA framework to help them craft a cycle. "So how would you test this idea?"

➽ Help participants link their challenges to a component in the Change Package. E.g., "That's a good example of an issue related to one of the components in organizational readiness…"

➽ Know your Change Package. What are the components? Note the themes in issues "Sounds like a lot of the issues today relate to supervision" or "A lot of questions posted on the Intranet seem to be focusing on clinical competencies related to the intervention…"

➽ Learning Collaborative Model should not be perceived as "separate" from clinical issues and intervention issues. The Change Package has components related to broad clinical competencies and specific competencies related to the intervention. All components are essential to successful adoption and implementation.

Potential Templates for Calls

➽ **Content driven:** choose a specific topic in advance of call and ask sites to bring issues related. This can either be a topic not adequately covered in the Learning Session or a focus regarding an area that has proved challenging as evidenced by discussion on the Intranet. Can include slides on web site to support a brief presentation.

➽ **Component driven:** choose a component in the Change Package that either faculty want to expand focus on or has proved challenging. Ask for issues or questions relevant to that component to be posted to the Intranet prior to the call.

➽ **Innovations:** if a team or teams have shared an innovation, ask them to present on their adaptation and create a discussion about the necessity for adaptation within implementation.

➽ **Successful improvements:** if a team or teams have overcome a barrier utilizing small tests of change, ask them to share their process with the whole collaborative, particularly multiple cycles.

➽ **Each site presentation:** a site is designated to present current progress of issues for discussion.

Sample Agenda (content driven):

Call Guidelines

➼ Identify yourself/organization when speaking.

➼ Mute call when not speaking.

➼ Don't put us on hold—there may be music!

➼ Make this time useful and meaningful to your implementation of the intervention.

1. Roll call (5 minutes)—faculty call out site name and site responds

2. Content topic (10 minutes)—faculty or team presentation

3. Discussion: Questions from faculty

   • Questions from participants

   • Tie to metrics if relevant

   • Improvements tested by teams regarding this topic

4. Learning Collaborative updates and reminders

Sample Agenda (component driven):

Call Guidelines

➼ Identify yourself/organization when speaking.

➼ Mute call when not speaking.

➼ Don't put us on hold—there may be music!

➼ Make this time useful and meaningful to your implementation of the intervention.

1. Roll call

2. Component to be discussed (10 minutes)—faculty or team presentation

3. Discussion: Questions from faculty

   • Questions from participants

   • Tie to metrics if relevant

   • Improvements tested by teams regarding this topic

4. Learning Collaborative updates and reminders