



*Development programmes for people in healthcare*

## **Creating opportunities for involvement**

**This programme is about enabling participants to**

**feel good about themselves**

**and**

**gain confidence in involving patients and the public**

### **4Ps Directive Facilitation**

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### **Introduction**

4Ps style of facilitating groups is more directive and challenging than the passive, neutral style many participants are used to. The style positions itself in a niche between teaching and enabling participants to develop their own answers. The aim of the course is to develop participants' knowledge and competence in patient and public involvement. In particular, we aim to do this by encouraging participants to reflect on themselves and to learn from their own experience.

### **Co-facilitation**

Two facilitators take all sessions. One presents new material, the other works with the material coming from the group. Facilitators have to find their own way of making this work, and may interchange roles throughout. We need to observe each other's style and find ways of complementing each other. This may be as much about chemistry as technique.

Co-facilitation also enables

- complimentary skills and experience to be brought in
- different ways of approaching situations to be demonstrated
- an opportunity to model different elements in the audience, for example, professional/non professional

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and

- they provide built-in support for each other during and between sessions
- one person can watch the group processes, picking up on anxieties or difficult feelings
- it is easier to balance the needs of an individual with those of the whole group
- it provides back up if one facilitator is indisposed.

Unfortunately, although it is shared, it does not mean that the workload is halved! Like any relationship you need to work at it, thinking through how you will work together, share tasks, communicate, review and address problems, on a regular basis.

Co-facilitators need to trust and respect one another. It is important to spend time in advance talking through existing commitments, time pressures and your different styles, approaches, strengths, weaknesses and how your skills and personalities complement each other.

### **Rolling out the programme**

The style of facilitation needs to mirror and reflect the underlying philosophy of the content, ensuring maximum opportunity for participation.

The focus is on involvement, listening and valuing diverse voices, grounding development in the individual's experience while challenging participants to move forward and explore.

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### **Preparation**

Facilitators are there to facilitate the process of learning and support change. This is not about having all the answers, but it does mean thinking through the subject matter and being prepared for most of the issues that are likely to be raised.

Participants may be people with whom you have a working relationship. Dealing with this extension of your role may be challenging.

The issue of who already knows whom, and in what capacity, may be very alive in a group. Spend time thinking about the implications of this for group members. Talking about it may overcome the difficulty. Once fears and concern are voiced in the group, people can feel more confident in speaking out.

### **Steps necessary for successful participation**

- Think about the various ways in which people take in information.
- Prepare yourself

Body Language - 50% of impact  
Voice - 30%  
Words - 20%

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- Prepare the atmosphere

Room  
Seating arrangement  
Food and breaks

Make sure you have agreed who is responsible for which bit of preparation.

### **Programme design**

Each programme needs to be structured over weeks or months to allow participants time to reflect and work on their issues in between sessions.

When structuring the programme allocate regular times when you can meet (or at least have an agreed time to talk on the telephone) with your co-facilitator between sessions to review progress, share ideas, adapt what you are doing, etc. It will be important to process how you are feeling, since it is likely that this will be a reflection of what the group is experiencing.

Most participants find the material of the programme extremely challenging and thought provoking. A maximum ratio of 1 facilitator to 8 delegates should be aimed for after the first session to enable a safe environment to be established and maintained.

Thought also needs to be given as to who works with whom in a given exercise.

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### **The programme format is**

- whole group introduction to session
- facilitator input of new material
- small group work on key tasks
- bringing the work together
- feeding back to the whole group
- agreeing action before the next session.

Facilitators need to be clear what they want to achieve in each session.

### **Facilitators' tasks**

- need to have prepared their script and selected the exercises
- directive learning style influences content, facilitators need to be able to suggest options for tackling issues and have examples of how others solved problems
- agree which facilitator will have which role for each part of the session

The most important thing to remember is that the content of the course should be tailored to the issues expressed by the group.

**It is essential** that facilitators are prepared to constantly amend the programme to meet the evolving needs of participants.

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### **Technique**

When exploring technique, write down what role you feel strongest at when facilitating.

Some of the skills we need to look out for are

- making the group feel safe and free to speak their minds
- drawing the group out
- challenging the group
- handling conflict
- drawing material together and analysing what has been said
- motivating, stimulating and capturing what is happening in the group
- others?

### **Venue**

Your priority is to create a welcoming, safe place. Avoid areas that are 'clinical' or reminiscent of the schoolroom. Choose a venue where you can create a relaxed, informal setting. Ensure that it is offsite for participants; ideally it should be away from the workplace, perhaps a postgraduate centre, for example.

Think about parking, public transport.

Book it, audio visual aids and any refreshments.

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### **Responsibility for the basics**

- participants' names register
- (needed for CPD and to record who at which session)
- participants' contact details
- agree what audio visual aids you want and check them
- laptop
- projector
- O.H.Ps
- flipcharts – and make sure there is plenty of extra paper
- marker pens
- writing paper
- Blu Tack
- labels
- pens
- Post-It notes
- your own special favourites – e.g. Sellotape, cards or whatever props you find useful.

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### **Opening session**

#### **Scene setting**

This is crucial to the success of the programme.

Arrange chairs in a circle or horseshoe shape. Relaxed, friendly greetings are important. Seat people so they can chat until everyone arrives.

You may wish to offer refreshment on arrival. You may want to have a display or table of relevant literature so that people can browse while they wait or during breaks.

#### **Starting the session**

Keep introductions simple, just names and something that has happened to them that day, to keep the atmosphere as non-threatening as possible.

Create safety. Make sure that everybody knows when the breaks are, where the facilities are, and when the session will end.

Remember that how you co-operate with your co-facilitator will be a model for the group.

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### **Establish purpose**

- introduce yourself
- clarify roles of facilitators
- clarify the roles of the participants
- establish why they think they are at the programme
- establish baseline expectation - *hopes* and *fears* written down. This becomes a benchmark for assessing the outcome of the programme
- be clear what expectations the programme can meet and what is unrealistic – e.g. changing the government.

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### **Housekeeping**

- agree who needs to keep their phone or bleep on and that its good practice to leave the room to answer a call
- inform the group that notes will be taken and fed back to them; how these will be used will be discussed with the group
- inform them that anonymised versions and examples will be compiled and used for learning in other groups
- remind them that ownership of ideas and material needs to be respected and attributed, after permission
- stress the importance of attending each session and of arriving and finishing on time for the benefit of the whole group.

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### **Way of working**

Introduce concepts of respecting each other's views and of equality between participants and facilitators. Warn participants in a direct way that they will be challenged, and invite them to participate in that challenge.

Emphasise that this programme is a step along the way for all those involved; no one can get everything right for everyone all the time.

Ways of approaching issues will vary within the group; there are no *right* answers, but various ways in which to achieve ends.

Agree what can be talked about outside the group – be realistic.

Need to emphasise the relevance of each person's perspective; particularly important because of differences in status in the group. This mirrors the patient situation and is good learning.

Explain we only work with the problems of those in the room and to find solutions from the resources within the group in the room, not to denigrate or blame those outside.

Set clear boundaries to issues and problems. Problems caused by 'them' – those not in the room – can be put on hold. At the end of the programme ways

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of tackling them may have emerged. A special session may be used on to how to handle these larger issues.

Explain that you will need to move the agenda on pretty briskly. There is a lot of material to cover in a patient and public involvement programme and, while we try to stay with group issues and return to them, there is a balance to ensure that all the issues get covered.

### **During the sessions**

*Always keep in your head that public and patient involvement is a continuum.*

You will need to ensure that

- people who are talking are not interrupted
- no one member dominates the discussion
- quieter members are helped to voice their views (invite questions or observations)
- be responsible for keeping time and focusing the discussion
- establish feedback commentary rules.

Show appreciation for individual contributions, even if you disagree with them.

Pay attention to group dynamics, you may need to deal with difficult or challenging situations, in particular dealing with feelings and emotions.

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- facilitators start from the point of view of the participants as people, as care deliverers with problems, and work with them to find positive resolutions
- participants are not expected to keep to the party line on patient and public involvement. Encourage participants to say what they *really* feel about patient involvement, not what they think they *ought* to say
- in a general way – use common sense and intuition, but check it back with the group ‘this is the sense I am getting. Is that right?’

### **Keep an eye on**

### **Time**

Keep track of time and, above all, finish on time. Most participants appreciate a five-minute early finish time.

### **Energy levels**

If fading, move from the planned programme, have a break, shift to a new task, use the passion of individuals to fire the enthusiasm of the others, or, if well into a session, acknowledge everyone has worked hard (or on difficult issues) and call it a day.

### NOTES



### **Small groups and their value**

Even with a group of twelve, an enormous amount more can often be achieved in pairs or groups of three or four.

Keep group size and composition flexible and dependent upon how participants are responding to the material.

Ensure small group participants face one another and work as a group.

Observe and, or, listen to the group discussions. The difficulties may be clearer in the groups and can tell you what groups feel about an aspect of involvement 'well – there may be *some* benefits'.

Set the time for small groups in advance, but if there is a buzz consider letting group discussion run and adjust the rest of the programme. Just as staff are exhorted to be flexible, try to exhibit it in the room, but say what you have done and check that it is OK.

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### **Situations you may need to handle**

#### **A heated discussion**

- don't argue with them; get them back into the group and let others put alternative views
- bring in those who have not spoken, ask their opinion
- switch facilitators
- suggest leaving the issue and coming back to it when more information has been collected
- suggest getting a briefing note on it before next session

#### **Complacency**

- get the group to recall a bad user experience they have had
- does it ring bells with anyone else?
- could it happen in their workplace?
- bring in a quiet person. Is someone who hasn't spoken shaking their head or nodding? Ask them to verbalise their feelings
- note language being used. Write down *exact* phrases used by participants - they often lead you to underlying tensions - 'She was *only* a nurse'; 'The *girls* do that'; 'We *allow* patients to'. This will enable you to open a discussion on what lies behind the language, whether it is status or paternalism.

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### **Silence**

- if there is silence in a large group, do more work in small groups
- find out what the reason is. Are they bored? Angry? Thinking
- check where they are at
- switch to new issue
- provide input on why it is relevant
- go back to their roles as users of services and ask them to look at it from that perspective.

### **Anger with facilitators**

- never argue back; counter with reflective statement
- check – are they angry with you, or with what you stand for?
- find out what is behind the anger
- find out if everybody in the room feels the same
- have a break.

### **Getting bogged down in detail**

- the detail may be relevant to some; ask them to take it away and work on it
- offer to discuss it after the session
- sort out what the key issue is for them, and refocus.

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### **Prolonged exchanges between individual members**

- ask if others have views
- the frequent speakers not allowed to speak until others have made their contribution.

### **Dominant individual**

- remind the group that respect is about *listening*
- ensure that others have airtime and that the issues are engaged with
- the dominant person may have issues the others fear bringing up, but on which they have views
- could be carry-over from roles outside the group.

For whatever reason, be firm about airtime for all.

### **Participants begin side conversations**

- this is disruptive. Remind group of their agreement
- give the whisperers opportunity to say what they have to the whole group
- be firm and directive.

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## **Summarise**

Facilitators need to summarise. Easier if material is put on flip chart, OHP, or into laptop by one or other as the session goes along.

Feed back to group where they have got on issues.

Agree who will follow up specific matters.

## **Between sessions**

### **Feedback**

Write up short notes of the session content.

Discuss and reflect on the issues, overt and underlying.

Facilitators agree what they will feed back to the group.

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## **Subsequent sessions**

Include a general discussion, or small group work, about action plans made at the end of the last session and the extent to which they have been implemented.

Ask participants to articulate what change we are trying to achieve. Use the overheads from earlier sessions if necessary to clarify or reinforce learning points.

At each session feed back to the group notes from previous sessions. Give them hard copies (after feedback).

Remind them how far they have advanced. Give them notice of what is coming next.

Alter the format to meet their needs. For example, if the group is really interested in user groups, demonstrate that you are going to start at that point on the continuum and come back to clinical interface patient involvement later.

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