

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.

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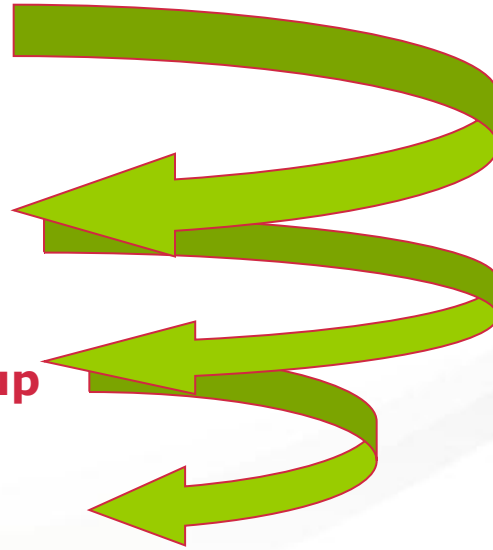
Problem based learning (PBL)

- 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**



**Self Directed Learning
By Identifying learning
needs and research topics**

**Sharing the research
& knowledge with the group
Evidencing the
decision making**

**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 -

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New York



Case Study 2 - Heulwen



- **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.**



- **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 - WHAT IS IT?

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**

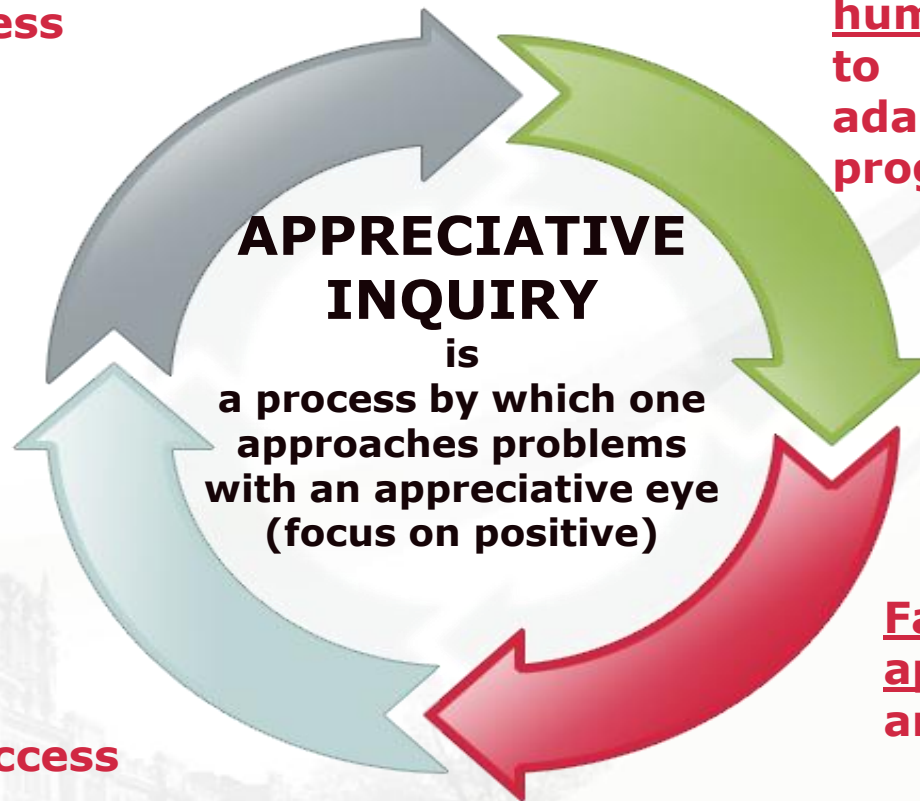
(based/adapted from Cooperrider & Strivastva 1987)



Basic Appreciative Inquiry cycle :-

Builds on people's strengths, it negates the value of weakness

Acknowledges the human potential to adapt and progress



Develops a sense of commitment, confidence & affirmation of success

Favours a positive approach to challenges and problems

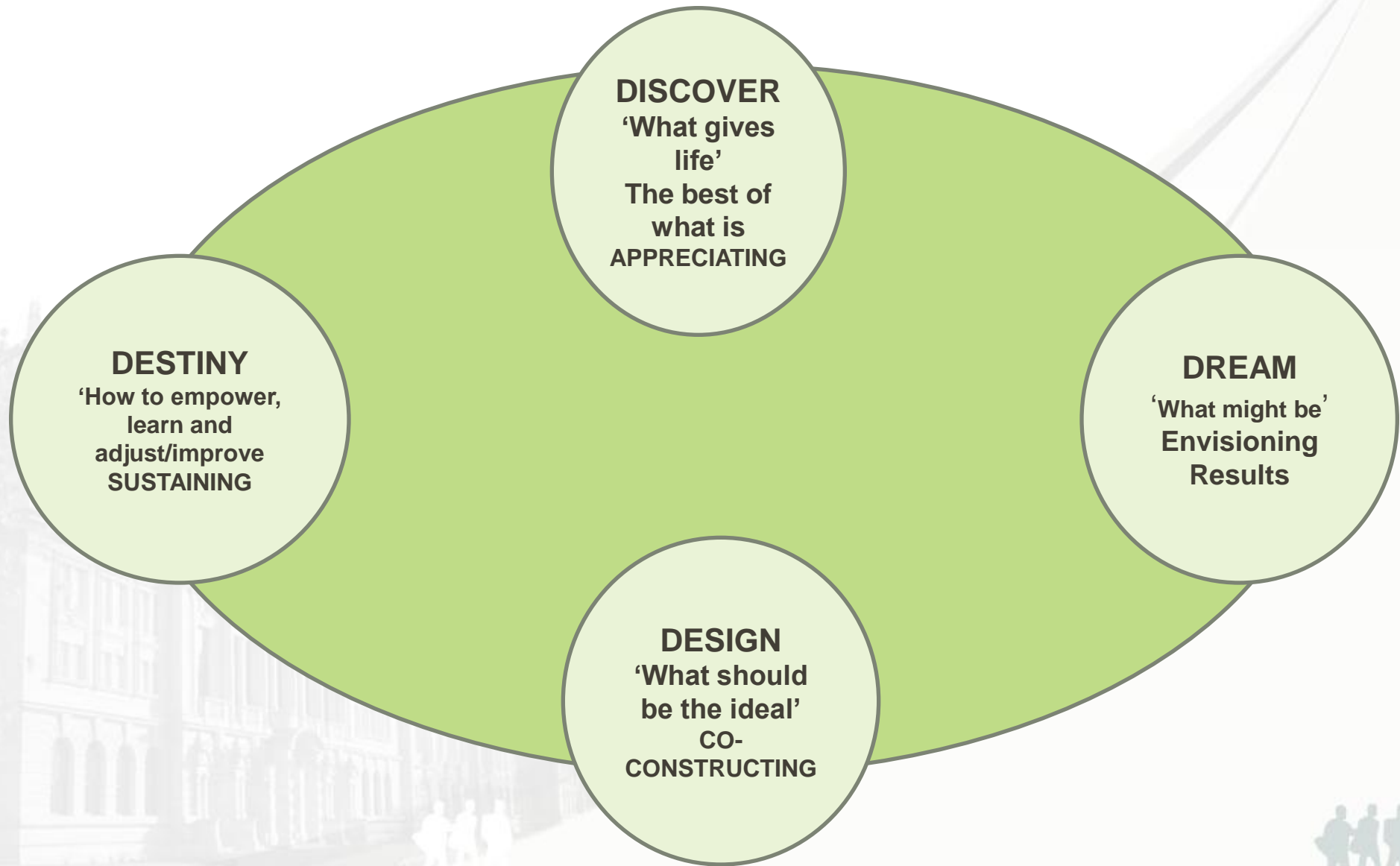


Appreciative questions versus problem focused questions

- 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

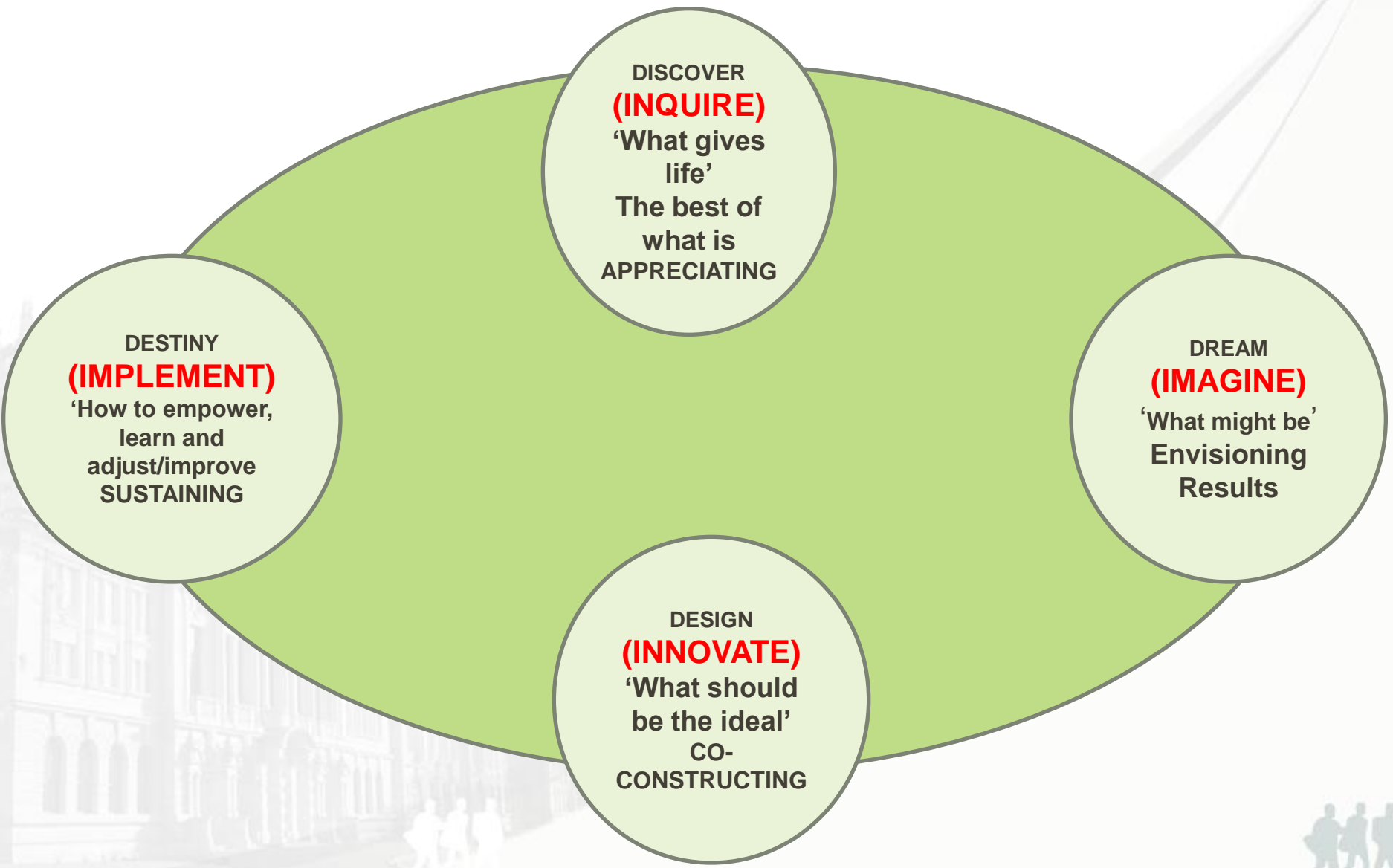
4 D Model/Cycle of Appreciative Inquiry

(adapted Cooperider & Whitney, 2005)

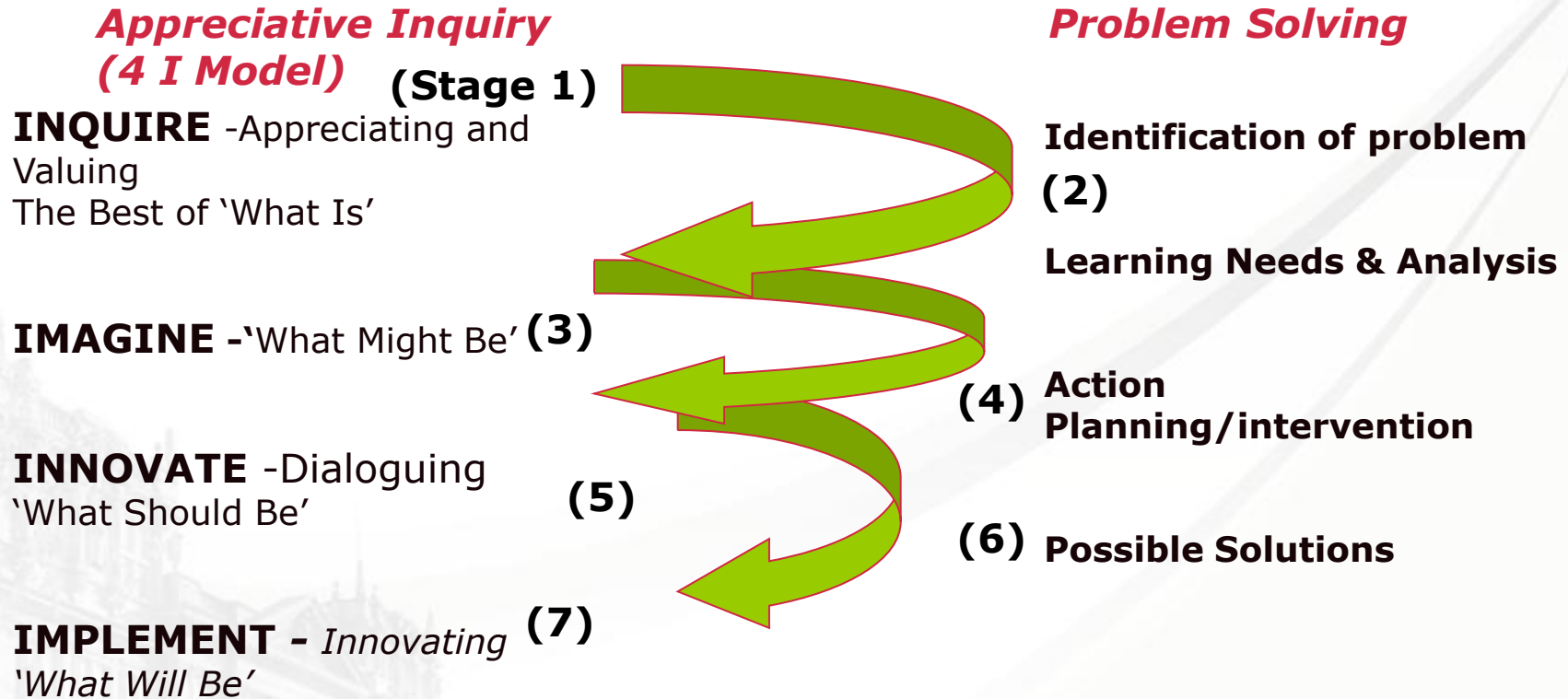


4 D Model/Cycle of Appreciative Inquiry

(adapted Cooperider & Whitney, 2005)



Proposed new PBL cycle at Cardiff University :-



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)



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
2nd face = Appreciative

Limitations of one = strengths of other



- 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



- 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



- **Learning Needs**

- Homeless
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Negative/problematic attitudes towards the image



- 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 ?



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 !**



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