Dialogue Mapping: A Facilitation Method for Supporting Collaborative Faculty Planning of a New Curriculum

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Main Points of the Presentation

• The Health care service sector is fluid and unstable
  – Nursing programs will need an entrepreneurial approach to curricular design that is informed by principles found in learning organizations
    • Flat organizational design
    • Collaboration and transparency
    • Effective adaptation to the external environment

• Nursing curriculums must produce graduates who have new competencies as primary health care providers
  – Skills to construct and maintain collaborative practice at the BSN as well as APN levels
    • RWJ and IOM
    • Carnegie Foundation

• New technologies and processes are needed to support innovative curricular design processes that are flexible and meet the needs of a changing external environment

• Temple Nursing has employed a unique approach to curricular design based on the principles of learning organizations

• This curricular redesign is supported by a facilitation process called Dialogue Mapping that utilizes technology to maximize collaboration and critical dialogue
Dialogue Mapping to Facilitate Group Work with Wicked Problems

• Shared Display
  • All members are looking at the screen
    • They are seeing and hearing what is being said
    • They are seeing the logical associations among conversational elements (questions, concepts, reasons)

• Immediate consensual validation
  • Content and logical associations are captured, displayed and validated by facilitator
Creating the Proper Container to Support Working with Complexity

- **Problem complexity**
  - Optimal initial design through the early identification of constraints and interdependencies

- **Social complexity**
  - Same words different understanding
  - Agendas, power and ego ( “Air Time”, “Ex Cathedra”, “Off Topic” )
Professional Education
(Innovation, Creativity, On-going pragmatic design)

Temple Nursing Program Curriculum Development
- Organizing Constructs
- Program Outcomes
- Level Outcomes
- Course Objectives
- Course design
- Field Experiences

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Healthcare Service Sector

Primary Health Care
- BSN competencies to promote primary health care
  - New Outpatient roles
  - New or Re-designed acute hospital roles
- Constructing a practice (Generalist Practice Providers)
- DNP competencies that support primary health care and collaborative nursing practice
  - Nurse Managed Health Centers

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Sensemaking
Organizational learning to collaboratively understand and design new curriculum to prepare Primary Health Care Providers
Designing a New Curriculum

**Traditional Design**

- Driven by the discourse of accrediting bodies and tradition
- Discourse may be outdated
- External to internal and “top-down” (atomistic)
  - Outcomes
  - Objectives
  - Design
- May not collaborative
  - Silo effect (Black box of the classroom)
  - Poor articulation
  - May be “off target”
- May be Rigid
  - Not suited to unstable market

**Collaborative Design**

- Learning organization
- Begin with perspectives, values and vision of the group and attempt to come to a shared understanding
- Collaboratively develop constructs, outcomes and objectives that inform curricular design and delivery
- Promote dialogue that supports ongoing collaboration as the work moves from general to specific
- Fluid and transparent
  - May be more suitable in an unstable market
Dialogue Mapping: Conversational structure versus Issue structure

The basic unit of conversation is a ‘comment’

The structure of conversation is ‘turn taking’ – each person’s comment follows the one before

- Focus on Individual
- Thought patterns private (non-transparent)
- Potential problems with meaning
- Meeting inefficiencies
- Record of predominant or majority view
Conversational structure

Structure based on individual judgments of relevance and importance

Issue-based structure

Structure based on mapper’s judgments about implicit relationships among comments
Conversational structure

Issue-based structure

Comment 1

We are over budget
Conversational structure

Issue-based structure

Issue mapper infers the question that the comment addresses

How to measure Cost savings?
I agree my department Variances are really bad
I think that every department needs to share their budget reports.
Conversational structure

Issue-based structure

Will I need to cut costs in my department?
I think that we will.

Need to look at this as.

As whole group.
Conversational structure

My sales figures are up this year.
Conversational structure

Again, inferring the ‘missing’ question clarifies the map

Maybe we should Be talking about overall Profit?
I think that we all need to tighten our belts.
I think that we need to meet to develop a Matrix approach based on dollars and perceived contribution of each department.
Which structure is more coherent?

Which structure is more memorable?

Which structure better supports exploration of complex topics?
Sensemaking: Dialogue Mapping, Wicked Problems and Question Typology

Criterial Questions
“What outcomes are realistic”?
• Constraints
• Measurements

Deontic Questions
“What should we do”?
• Constraints-Plan (Reflection-Design)

Instrumental Questions
“How should we do it”?

Conceptual Questions
“What do we mean when we say”?

Stakeholder Questions
“Whose buy-in is critical for success”?

Background Questions
“Why are we doing this project”?

Factual Questions
“What is the evidence”? 

Question typology adapted from Conklin (2006) pp. 149-156
Key Curricular Questions

What are the NCLEX issues?
What are the dimensions of generalist nurse practice across practice settings (acute and primary care)?
What are the curricular design issues?
What are the pre and post marketing issues?
How should we prepare graduates to construct their practices?
What changes are the funding and regulatory changes needed to support a nurse generalist role?
How do we distinguish broad education for generalist practice from issues of work setting?
How are we going to manage progression from simple to complex? What would complex community look like?

Charge of the committee
Benchmarking and looking at other curriculum
Alternates to medical model
What are the essential Characteristics of a Generalist Practice Provider?
Organizing Constructs

Professional Self-Regulation

Health Promotion

Integrated Care Services

Disease Prevention

Ethics of Practice

Evidence Based Practice

Life Span Development

Leadership
Organizing Construct: Professional Self-Regulation
- Sustained professional development and autonomous, accountable practice based on continuous learning and reflection.

Organizing Construct: Health Promotion
- Professional practice aimed at assisting clients to manage their health as well as the determinants of health in order to improve health outcomes.

Organizing Construct: Disease Prevention
- Professional practice based on primary, secondary, and tertiary measures aimed at assisting clients, communities, and the public to prevent disease, and to maximize quality of life.

Organizing Construct: Integrated Care Services
- Professional practice maximizing collaboration among and between nursing care providers, clients, and other health services providers to achieve optimal health outcomes.

Organizing Construct: Ethics of Practice
- Professional practice emanating from a personal examination of the complex interaction among personal values, professional standards, and cultural context.

Organizing Construct: Evidence Based Practice
- Professional practice employing interventions for which empirical findings demonstrate effectiveness in optimizing health outcomes.

Organizing Construct: Life Span Development
- Professional practice based on recognition of, and respect for, the major processes marking the growth and development of individuals, families, communities, and societies through their life span.

Organizing Construct: Leadership
- Professional practice maximizing the contributions of others—the client, community, other health care professionals, organizations, and society—to achieve optimal health outcomes.
Subsequent Work

• Student Learning Objectives Collaboratively Constructed (Terminal Objectives)
• Level objectives collaboratively constructed
• Current preparation for CCNE
• Identification of Community of Interest to support the development of GPP role
• Begin conducting focus groups to identify need to inform curricular and role design