

RAPID FIRE SESSION

Instruction Guide for Session Facilitators

INTRODUCTION:

The Rapid Fire Session has been demonstrated to be an effective method for engaging improvement team members in rapid dissemination of knowledge about what works at the local level. The session is designed to harvest what teams have tested and learned in their quality improvement initiatives; specifically those items that have led to the implementation of change at the practice level. This format has been tested in a number of learning sessions and has consistently received high scores from participants and faculty in the evaluations.

SESSION LEARNING OBJECTIVES:

The overall objective is to 'mine' for all ideas/strategies in a very short period of time without getting into a discussion about how the implementation of the idea or strategy occurred.

During the session, participants will:

1. Inventory specific activities that have led to successful implementation of recommended changes.
2. Share new ideas and strategies for testing.
3. Identify teams with similar issues and needs for follow-up discussions.

SESSION SET-UP:

The session length can be 60 to 90 minutes depending on the number of teams and the availability of time in the agenda. It is recommended that the session be scheduled at the beginning of the day; that way, all participants have a snapshot of what teams have been testing, providing 'real time' examples that can be referenced by faculty and participants throughout the day.

The Safety Net Medical Home Initiative



STEPS FOR THE RAPID FIRE SESSION:

PRIOR TO THE SESSION:

1. Assign Prework:

Ideally, the prework assignment should be sent 14 days prior to the meeting or learning session in order to allow enough time for all team members to complete the assignment prior to the meeting.

The prework for this session is fairly simple. Create a document that lists all of the Change Concepts (or key drivers, or components of the Chronic Care Model depending on your initiative) that teams are being asked to implement. Include three spaces for each one. Ask team members to list the activities they have done for each – up to three. If they haven't worked on one of the Change Concepts yet, they can just leave it blank.

Example:

Change Concept	Activity
Engaged Leadership	1.
	2.
	3.
Organized, Evidence-Based Care	1.
	2.
	3.

2. Determine the Materials and Logistics for the Session:

This session works best with four to 10 teams. You can either have one session or do two or more concurrently. If you do have more than one session, make sure you reserve extra rooms and have enough staff available to run the sessions. (See roles below.) Assign teams to a specific room prior to the session. This will make the transition easier. You could even include assignments directly into the agenda or add the break-out room/location on the participant's badges. Remember to consider travel time in your agenda as moving teams to break-out rooms may take 10 minutes.

See example on page 3.

Example:

Rapid Fire Session – Breakout Rooms			
List session time and objectives here.	Location #1:	Location #2:	Location #3:
	Facilitator: Name	Facilitator: Name	Facilitator: Name
	<ul style="list-style-type: none"> • Team Name 1 • Team Name 2 • Team Name 3 	<ul style="list-style-type: none"> • Team Name 1 • Team Name 2 • Team Name 3 	<ul style="list-style-type: none"> • Team Name 1 • Team Name 2 • Team Name 3

Your materials will vary depending on the resources available. Flip charts and markers are fine. You could also use laminated foam boards with dry erase markers or another type of board or overhead for recording. The most important thing is that all ideas can be captured quickly and will be available for transcription after the session.

Have materials ready when the teams come in the room for the session. You can either have participants sit or stand, however having them huddled around the flip charts or foam boards and in close enough proximity to one another is best. This will allow the facilitator to move easily from one team to another.

3. Assign Roles for the Session:

- *Facilitator*- a staff or faculty person who has a strong understanding of the Change Concepts being discussed in order to ask probing questions to maximize learning and the harvesting of ideas.
- *Timekeeper*- a staff or faculty person who will keep the facilitator informed of when to move to the next Change Concept for discussion and alert facilitator when the session must come to a close.
- *Scribe*- a staff or faculty person(s) who will capture the ideas shared onto the flip chart or foam board during the session. If it is possible, two scribes can make this much easier as the ideas are coming quickly. Another option if you have two scribes is to have one typing the ideas into a laptop while one records on the charts or boards. This would be a great way to compare and confirm that ideas were captured correctly. Ultimately, the scribes compile all ideas (from all sessions) into one word document for dissemination after the meeting.
- *Additional faculty* and staff should be assigned to observe in one or more of the rooms for this session. Faculty presenting later in the meeting should consider how to incorporate the ideas they hear into their sessions.

4. Review Session with Staff and Faculty:

Share the prework assignment and review the session objectives with staff and faculty prior to the start of the meeting/learning session. This will help them to both support the Rapid Fire Session(s) and to get the most out of it in preparation for any sessions they have later in the meeting.

DURING THE SESSION:

5. Review Session Objectives:

Clarify that the intention for this session is not to discuss how things are done but to harvest ideas. Only clarifying questions/comments should be made in addition to the ideas the teams share.

6. Introduce Teams:

Have folks raise their hands when you call out their clinic name instead of doing individual introductions. This will save time.

7. Describe How the Rapid Fire Session will Work:

Example script for the facilitator: "Starting with the first Change Concept listed on the board/chart, I will call on each team to describe their most effective strategy/change, briefly and quickly, say in a minute or so. If your team hasn't done any activities in the area of focus, please say "pass". Faculty and other teams may ask questions only to clarify or to increase their understanding of the specific change that occurred. No questions should be asked about how they made the change. We will have about six to eight minutes for each Change Concept. (Name) will be our timekeeper and will let us know when we should move on. If we run out of time we will come back at the end. Each team member should share on at least one of the Change Concepts during this session."

NOTE: The facilitator should keep things moving to assure all teams have contributed to each Change Concept before the group moves to the next one. More time may be spent on Change Concepts that have been the primary areas of focus for teams at this point in the quality improvement initiative; less time on those that haven't.

Change Concept	Good Ideas (clinic)
Engaged Leadership Approx time: 6-8 minutes	<ul style="list-style-type: none">• <i>We meet with our CEO once a month to review outcomes and seek support for overcoming barriers. (Team C)</i>• <i>Leaders come to our improvement team meetings periodically to see first hand how we work and what we need. (Team A)</i>
Organized, Evidence-Based Care Approx time: 6-8 minutes	<ul style="list-style-type: none">• <i>We use a structured encounter form for all of the diabetes appointments. (Team B)</i>

8. Facilitate the Exchange of Ideas:

The facilitator should begin with the first Change Concept to be discussed. After each idea is shared and the scribe has written it up, the facilitator asks, “Was your change captured correctly? Are there any clarifying questions that anyone has regarding this change?” Have the scribe make any necessary adjustments and move on to the next team.

9. **Encourage teams to be mining for those good ideas.** For example, remind the teams: “You will be asked during the team report to tell the group which ideas you plan on ‘stealing’”.

10. **At the end of the session,** thank teams for their great work and remind them that the ideas shared will be disseminated after the meeting. Encourage teams to follow-up with the others who have implemented changes they would like to work on.

AFTER THE SESSION:

11. **Have the scribe capture data** from each of the sessions. Make sure the team or clinic name is included with each idea or strategy so if others wish to follow-up for more detail, they can.

12. **Disseminate the summary data.** This can be done by posting to a website if the project uses one or by emailing out to the participants.

USING THE DATA:

The data gathered during the Rapid Fire Session can be used in several ways. As noted above, the data can be used immediately to inform presentations during the meeting/learning session. The faculty and staff can use the harvested ideas to highlight successes of the teams or the project as a whole. They can also identify Change Concepts that seem deficient – or lacking in activity - and target those as areas of focus for coaching via webinars or conference calls. Once disseminated to the participating teams, the data can be used by a practice to generate ideas for next steps in the change process and to identify practices to connect with for shared learning and follow-up.

Acknowledgments:

The Rapid Fire Session originated from the IHI Harvest meetings and the NICHQ ADHD Learning Collaborative. It was adapted for UNC Healthcare Patient Access & Efficiency Initiative (PAcE) in 2008 and further adapted by Jen Powell, Spragens & Associates and tested with the Colorado Community Health Network, April 2010.

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