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<p>Collaborative Screening: Guidance for Person-Centered Inquiry</p> <p><i>Based in:</i> Trauma-Informed Care Motivational Interviewing Empathic Inquiry Input from stakeholders</p>	<p>Person-Centered, Mission-Driven Leadership</p> <p><i>Based in:</i> Facilitative Leadership Motivational Interviewing Laurie's years of experience</p>
<p>Demonstrate Respect</p> <ul style="list-style-type: none"> Account for the stigma associated with many common screening topics, as well as personal assumptions about the experiences and capacities of patients. Ask people about their identities, ask if you can share with others on the team, and then take responsibility for doing so, e.g. pronouns, preferred name, etc. Ask their perspective on how culture and identity impacts health and well-being. Commit to consistency with respectful behaviors, for example: notice whether you are giving yourself permission to loosen up when talking <i>about</i> people with your colleagues. Use person-centered, neutral language, for example: a person with an SUD disorder, not a junkie. 	<p>Find ways to listen authentically and demonstrate empathy</p> <ul style="list-style-type: none"> Ask about people's personal history and how they connect to the mission, vision and values of the organization. Honor their answers, their experience in their lives, and as members of the organization. Assume each person is the expert in their personal and work lives This kind of sharing humanizes all of us and gives us the chance to connect around what we hold sacred.
<p>Prioritize transparency</p> <ul style="list-style-type: none"> Always provide a clear explanation for why you are asking, what you are going to do with the information, and what the options or expectations are for follow up. Acknowledge that your clinic or agency may not be able to offer resources in response to all needs. 	<p>Foster understanding of organizational priorities and their connection to the mission. Be transparent – data, personal challenges/motivations, human traits</p> <ul style="list-style-type: none"> Don't assume that people really understand the organization's mission, vision, and strategy. Explore groups and individuals connection and understanding of mission. Consider mission alignment and meaning together Take responsibility as a leader for explaining connections to mission through areas of focus and their connection to health equity, repeatedly, while altering approach as we learn more, together and in the world. Avoid making assumptions about what people know as well as their motivations. Use plain language and describe

	<p>foundation key concepts so that people understand what you are talking about as an organizational leader.</p>
<p>Recognize and reduce differences in power</p> <ul style="list-style-type: none"> • Ask permission before asking personal questions. • Ask about patient priorities as the expert on their own life. • Ask about patient perspectives on the connection between social circumstances and health. • Ask people if they want a referral before starting a referral process. • Ask people what they already know about resources in their community before starting a referral process. 	<p>Work to strengthen distributed leadership by respecting everyone's individual and positional power and expertise</p> <ul style="list-style-type: none"> • Be curious about power dynamics and the expertise of everyone in the organization. • For example, the leader is the expert in strategy, but can't really be effective in leading organizational strategy without understanding the goals, day to day experience, and values of the employees. • Organizational leaders have attributed power, and it is important to maintain self-awareness around when it is appropriate to use the power of that role and when it is important to set it aside (but when leader in the room, nearly impossible to 'set aside').
<p>Let the client lead</p> <ul style="list-style-type: none"> • Let the person set the pace. In other words, slow down to the speed of trust. You don't have to ask all the questions at the first visit. • Be responsive to patient circumstances; are there issues in the moment that will make it hard for them to respond? For example, it's the end of a long visit, there is a person there they may not want to answer in front of, they are sick. 	<p>Foster a sense of belonging through co-design and finding the answers together</p> <ul style="list-style-type: none"> • Normalize leaders not having all the answers. • Set the strategy and engage staff in setting tactics. • Drive problem solving and design to the 'local' level.
<p>Focus on strengths</p> <ul style="list-style-type: none"> • Ask people about their strengths, interests and assets. This is usually not on the screening forms. If you want to hear about this, you have to incorporate it yourself! • Provide verbal affirmations and positive feedback. 	<p>Celebrate shared success</p> <ul style="list-style-type: none"> • Pause to notice and call out wins and organizational strengths. • Build on strengths of individuals and teams.