Thanksgiving Thoughts: Remembering to Appreciate

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On July 30 of this year, we explored Appreciative Inquiry, a strategic planning tool developed 2 decades ago by David Cooperrider, a management professor at Case Western Reserve University. Today, Appreciative Inquiry is used throughout the corporate and nonprofit worlds because it energizes participants to change their organizations in productive ways. As Sue Annis Hammond describes it:

Appreciative Inquiry suggests that we look for what works in an organization (italics added). The tangible result of the inquiry process is a series of statements that describe where the organization wants to be, based on the high moments of where they have been.

The impetus for this approach was Cooperrider’s own experience as he and a colleague completed an organizational change project at the Cleveland Clinic:

They focused on everything they could find that appeared to empower and energize the system, everything contributing to excellence and high performance at the clinic. In preparing their feedback, they decided to include analysis of all the generative themes: moments of success, experiences of high points, and stories of innovation, hope, courage, and positive change.

As you will have surmised, the results of Cooperrider’s Cleveland Clinic Appreciative Inquiry were “immediate and dramatic”: morale, relationships, and cooperation increased, and “measurable business performance hit an all-time high.”

Does the difference between problem analysis and Appreciative Inquiry resonate with you? Are you a bit weary of considering new crises, analyzing how our medical education system has got to change, dealing with Title VII funding challenges, and the like? Do these issues sometimes “suck the energy” out of your system? I know that they do for me at times. I know also that the response of your Board to our Appreciative Inquiry exercises last July was “immediate and dramatic.”

The summer heat has finally broken in Central Texas. It may surprise STFM colleagues in northern states to know that daily highs have been in the low 90s here until about a week ago. Yesterday, the Sunday before Thanksgiving, dawned sunny and cool. These adjectives rarely go together in Texas! The beautiful weather, my not wanting to do paperwork, and the eagerness of Charlie, my yellow Labrador puppy—all induced me to take a long afternoon walk.

As I strolled the banks of the beautiful Brazos River, watching Charlie chase ducks along the shore and tracking the white clouds marching slowly across a brilliant blue sky, I fell into a mood of profound thanksgiving and appreciation. My appreciation was twofold: for a beautiful day and for all that you and I, as family medicine educators and STFM members, have to be thankful for.

But, instead of a traditional recital of the blessings showered on our country, let me describe your Board’s recent experience with Appreciative Inquiry.

As background, you should know that each year the Board devotes a half day to strategic planning exercises designed to help us work together more effectively.
What did your Board discover last July? In what ways did they appreciate STFM and family medicine? Let me share a few of the insights and the propositions that emerged from our discussion. First, here are the Board’s responses, grouped in themes, to the stem “Why I keep involved with STFM”:

• “(STFM provides) connectedness; colleagues/community; (members are) welcomed, valued, nurtured.”
• “(STFM shows me) what it means to be an academic physician; (STFM) adds meaning to our professional and personal lives.”
• “We are composed of very different people who disagree on highly emotional issues but still sit and work together and walk away liking each other.”

Second, Board members came up with these “provocative propositions” for STFM based on their own experience in our Society:

• “STFM works.”
• “We help people succeed.”
• “(STFM is) personal growth and professional connectedness.”
• “(We model) collaboration, not competition and diversity.”

Our brief exploratory exercises were highly energizing, even exhilarating, and gave us increased confidence that the core of what STFM does remains valuable and useful to our members. For me, the exercise, coupled with my experience of working with many, many members, convinced me even more that our discipline is filled with gifted people possessing initiative and resilience.

It also reinforced a central tenet of Appreciative Inquiry, namely that “The language we use creates our reality.” We undoubtedly have many challenges ahead, but please appreciate that your Society and the family of family medicine is responding actively and well:

• At this writing, there remains (some) hope for Title VII.
• The New Partners Initiative is underway.
• The Academic Fundraising Workshop is well subscribed.
• The Special FFM Task Force has realized its goal of providing programming about the Future of Family Medicine project at all our meetings.

• In November, the STFM Board approved in concept a new Predoctoral Directors’ Institute, which will provide a “school” for those academic family physicians who take on the challenge of leading their department’s efforts to expose medical students to family medicine.

Your Board will take up Appreciative Inquiry again at its February 2006 meeting, and I hope you’ll consider applying it in your professional setting. If you do, the references below should be helpful.

In closing, I hope you’ll appreciate the words of several of my favorite writers:

First, let’s remember the penetrating comment of naturalist and poet John Burroughs: “The secret of happiness is something to do; some congenial work.” Goodness knows we have plenty to do, and happily, we have a road map of what we need to do, namely the New Model of Family Medicine.

Let’s appreciate the value of this road map—remembering that it’s a map and a model—and recall essayist Thomas Carlyle’s words: “Our main business is not to see what lies dimly at a distance, but to do what lies clearly at hand.” Let’s remember that we have “work at hand” and that it’s our privilege to work for the health of the nation as family medicine teachers.

Lastly, novelist Tillie Olsen: “We may both share the realm of the unresolved, the unfulfilled, the unattained—and the healing recognition of the compass, the beauty, of what we did attain.” Much remains undone, but recall what we have done!

Thanks for your involvement and commitment.

References


Some other useful sources:


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