

## Format of Sessions:

### Exemplar Discussion

Exemplars are identified and recruited to deliver a presentation to the audience on their experiences, offering tips, tricks, barriers and good news stories in relation to the particular topic. A Power Point presentation can be used and/or handouts can be provided to assist in the delivery of the presentation. A facilitated discussion follows the presentation, which allows the audiences to discuss, ask questions and share ideas.

- Benefits:
- Presents factual information in a direct manner
  - Contains direct experience which can be inspiring
  - Stimulates thinking to open discussion and ask questions
  - Useful for any group size

### Panel Discussion

This session involves at least 4 exemplars presenting “their story” of a real life experience. Panel members are prompted by the facilitator who will ask each one various questions pertinent to their experience and in relation to the topic area. A facilitated discussion follows, allowing the audience to ask questions of the panel and share ideas.

- Benefits:
- Allows experts to present different opinions
  - Can provoke better discussion than a one person discussion
  - Frequent change of speaker keeps attention from lagging

- Limitations
- Experts may not be good speakers
  - Personalities may overshadow content
  - Subject may not be in logical order

Time Required: Depending upon number of panel members (approx. 10 minutes per speaker)

Roles Needed: Facilitator, panel members

Format: 3 or 4 panel members participate

Pre Activity: Facilitator coordinates focus of panel, briefs panel, introduces and summarises.

Facilitator can also ask each panel member a series of questions to prompt discussion and dissemination of key points/tips etc.

- Facilitation Tips**      Strong facilitation is required to ensure that the group remains on task and limit any 'side' conversations/diversions.
- Equipment**
- Microphone
  - Table and chairs for panel

## Table Top

A table top sessions contain several key 'speakers' who rotate between small tables to relay their stories. Small groups rapidly discuss/brainstorm a key issue or concern at the table before moving on to another issue. It is important at these sessions to have a facilitator timing the movement of speakers and introduction of new issues. It is also vital that the discussions and outcomes be recorded at each table to be shared with other participants.

**Benefits:**              Presenters may find this format less threatening and small group work allows more individuals to participate. Previously, this has been found to be a successful model as it is highly interactive, which helps to keep individuals engaged.

**Time Required**              Minimum of 30 minutes

**Roles Needed:**

- Facilitator for the session
- One scribe per table

**Format**                      Small groups (8 - 10 per table) with an additional scribe (who can also act as a facilitator on the table).

One person in the group has prepared an idea/ change/ issue that they will present to the group. The idea/ change/ issue is presented for approximately 5 minutes, followed by approximately 10 minutes of open discussion at the table.

Strong facilitation is required to ensure that the group remains on task and limit any 'side' conversations. It can work well when participants from a practice are split up so they sit on different tables. The role of the scribe is to take notes and this can be done by one of the practice staff.

At the end of the allocated time, the group stays at the table but the presenter moves to the next table. The table top discussion is repeated. The session ends once participants have been to all tables.

If the group is large it is sometimes easier to move only the presenter to the next table, minimising the number of people moving around in between rounds.

**Pre Activity**              Presenters to prepare an idea they can share. Support Officer may need to work with the presenters to further develop the idea.

Post Activity	Ideas are collated and distributed back to the group after the meeting.
Facilitation Tips	If time is a limiting factor, you may choose to have participants attend only a selection of the tables. In this instance, it may be beneficial to have some large group discussion after the participants have been to a few tables.
Equipment	<p>The large group discussion would focus on the key ideas that individuals have heard and how they might apply these ideas to their own practices.</p> <ul style="list-style-type: none"> <li>• Paper and pen for the scribe.</li> <li>• Table number</li> <li>• Bell to notify presenters when it is time to move to the next table.</li> </ul>

### Technical breakouts

Model for Improvement, process flow and redesign, which would assist Primary Health Care Services in making change. It is important to use an experience technical expert in these sessions who will ensure that practical group work is carried out.

There may also be the need to hold sessions in software capability. These can be held as full breakout sessions or, as you will see on the sample agendas, can be included as optional lunchtime sessions.

### Team Time

'Team time' is an integral part of a learning workshop. Individuals get together to share ideas. After sharing ideas, individuals are split into Primary Health Care Service groups and given 'protected' time to write their plans for change.

At Learning Workshops this protected time is provided to Primary Health Care Services as 'team time' sessions. In these sessions, the participants take learnings from the workshop and actively plan implementation in their own organisation, including their first or next PDSAs.

These sessions are supported and facilitated by the Support Officer to ensure maximum value. Once back at the Primary Health Care Service the Support Officer provides ongoing support to assist the Primary Health Care Service to make best use of the little protected time available by providing feedback on measures and advice on future change.

**Benefits:** Gives practices 'protected' time to discuss the changes they will be implementing at their Primary Health Care Services and develop plans for these. It can also be an interactive exercise whereby Primary Health Care Services can share ideas.

**Time Required** 45mins-1 hour, depending on the size of the group

Roles Needed:	Facilitator
Format	<p>Team time is generally split into two activities.</p> <ol style="list-style-type: none"> <li>1. Primary Health Care Services and Support Officer come together in a sit in a circle facing each other. The facilitator leads a group discussion on the breakouts/workshop presentations that preceded team time. Each individual has the opportunity to talk about a session they have gone to and what they have got out of it (ideas they may take back to their Primary Health Care Service).</li> <li>2. Primary Health Care Services then sit in their teams and think about the changes they will implement in their practice. The Model for Improvement is written for at least one change.</li> </ol>
Post Activity	Support Officer to follow up with each Primary Health Care Service to support them in carrying out their plan for change.
Facilitation Tips	<p>If there are a small number of participants in your area, you may want to partner with another Primary Health Care Service during team time.</p> <p>Depending on the size of the group and the length of the meeting, you may find that one team time per meeting is adequate.</p> <p>Support Officer should be available during team time to assist practices with using the Model for Improvement.</p>
Equipment	Model for Improvement guides for Primary Health Care Services to complete