John Inman, Ed.M.

Dedicated to the development of capacity and capabilities in adults for change and growth

Summary of Work at LAICO

April 4, 2004 through April 18, 2004

By John Inman, Ed.M.

Sunday, April 25, 2004

Table of Contents

Sunday, April 25, 2004

Summary of work at Aravind

When I came to Aravind and LAICO, Preethi and I had outlined several projects upon which I was to work. As I created conversations with different teams at LAICO, I was invited to participate in other work as well. A summary of all of these efforts follows.

Introduction of New Training Methodologies Project

Preethi defined three major projects for me to work on while at LAICO. I believe that we made excellent progress on all three projects. With the addition of Binumol (Binu), who is working on a final project for her MBA, to Preethi's team for another four months, these projects will move forward and their impact will be broadened. The broad context for all of this work was the introduction of learner-centered outcome based strategies and methodologies into LAICO.

Before I left to join Preethi's team, we had a conversation about the teacher centered/expert based teaching traditions in India and how my learner-centered frameworks would fit at LAICO. Preethi had specifically targeted introducing LAICO to learner-centered methodologies so we discovered that we had an excellent fit. With this match in missions, I launched into my work for LAICO.

Model on Diabetic Retinopathy

My key contact person was Mr. R. Muralikrishnan (Muralik) for this project. Muralik was into the fifth year of a five year project funded by Lyons developing and introducing a program for teaching doctors world wide early detection and treatment of Diabetic Retinopathy. What was missing was a model for curriculum that could be used by physicians outside of the Aravind team. A template needed to be created to standardize the methodology for delivering this training to a diverse non-Aravind audience.

I interviewed Muralik to see if I could gain a clear picture in my mind of who the audience for this training might be and what needed to be delivered. After an extensive conversation with Muralik, I defined the project as targeted to physicians across the world who needed to learn how to early detect and treat Diabetic Retinopathy. We understood that the vast majority of the target audience would not be able to come to LAICO to be trained and LAICO personnel could not reach out to interface with the huge number of physicians in the target audience. To address these factors, we agreed that the best way to reach this audience was to create a web-based learner-centered model of delivery.

There would be two components to this approach and two ways to deliver it. The web curriculum would provide for self-study by a physician and a facilitator's guide for those who wanted to create and teach a course remotely on the topic. We would publish the curriculum and facilitators guide on the LAICO web site and provide via CD-ROM. If needed, a hard copy of the facilitators' guide could be sent out as well.

Before I came to Madurai, I had been working on a web-based model for LAICO. Since I did not have this with me, I worked with my wife to e-mail this web-site to me so that I could develop a model for this project out of the initial work that I had done.

Results

I developed a web-based self-study course outline and facilitators guide to be used as a model for this and future projects. I developed this project in FrontPage. I have talked to the LAICO web developer about her ability to recompile the work in the platform in which she works. This should be no problem. She can also publish a final format onto CD-ROM.

This is a robust facilitators guide and curriculum outline for online deployment. What we are missing are the details of the curriculum such as:

♦   What is to be taught in each of the 8 weeks; the names of the modules?

♦   What are the assignments in each of the 8 weeks?

♦   What are the materials to be used for instruction for each of the eight weeks?

♦   What are the skills to be learned per week and the outcomes per week?

♦   How are we going to assess the learners ability to do what is taught?

♦   What are the other materials to be provided on the site? Such as:

♦   PowerPoint presentations

♦   Marketing Materials

♦   Posters

Dr. Kim and I were to talk about these issues but with the large amount of work he had for the dedication and the symposium, we were not able to have the conversation that we needed to define these areas.

Binu has agreed to interview Dr. Kim to collect these details so that we can further develop and complete this program. As she collects the details, she will forward them to me and I will continue to work on this project from home. I will be able to complete the model for this curriculum and facilitators guide and deliver back to LAICO for final review and corrections.

We will need to have any and all of the study materials and resources converted to pdf format to be deployed on the site and this can be done at LAICO once these materials are identified. I am anticipating that the web developer at LAICO can do the final build on the project with documents and resources and deploy via CD-ROM as well for distribution.

We will need a timeline for completion to insure that we are on target and on time with this project. I have the time available to invest to insure that we can deliver this critical project as expected.

The primary project review team for this project will be Preethi, Dr. Kim, Binu, Muralik, and me.

Review the teaching methodology for Paramedicals

The key contact person for this project was Dr. Usha Kim and her assistant Ms. Reena. Preethi and I narrowed the scope of this project so that we could create a model for the rest of the training needs within this group. With agreement from Dr. Usha, we chose to develop a training guide for the training of laser machines within the hospitals.

Preethi and I interviewed Sr. Sumathi who was responsible for the equipment and the training of new sisters who were to use the equipment. We also interviewed Dr. Chandramohan who was in charge of the equipment. Based on these interviews, we were able to build an outline of what needed to be covered. Preethi compiled the notes from the interviews and we began to explore what the result needed to look like.

During the interviews, we discovered that the training of a new sister could easily take a month or more and there was no outline to insure that training occurred. In fact, a sister who had only two weeks of training was transferred to Pondicherry without the complete knowledge necessary to maintain, use, and care for the equipment. She was to learn the rest of the knowledge from the doctors on site. Someone who continued her training would not know what she had learned nor how well she had learned it. We also discovered that several parts of the laser such as the lens and the fiber optic cable were quite expensive and that a sister not properly trained could cause a 30,000 rupee error.

The peer training model that is used seems to be an excellent model with which to continue. So rather than develop a training curriculum, I recommended that we instead develop a training guide. The guide would outline the needed learning, provide an assessment piece, and a trainer signoff for each step of the training. In this way, any one of the sisters or doctors responsible for the training and development of new sisters could easily pick up the training guide for that specific learner and see what has been taught and feel confident that the sister had learned the knowledge from each step in the training.

Results
Binu, Preethi, and I sat down and reviewed the direction of this project and the details of what needed to be developed. Binu is taking the lead on developing the training guide for lasers and is using the curriculum model that I have developed for LAICO for the model. She will further interview as needed to insure that she has the details necessary to complete this project.

We had hoped to have a completed model by the time I had left Madurai, however we did not make it that far. I am confident that Binu will do an excellent job completing this first project and then be able to help develop others as well.

Each one of these training guides can then be used at each hospital to insure that those who are responsible for the maintenance, care, and use of the laser equipment are fully trained and confident to deliver excellent service to the patients. The sisters who are now responsible for this equipment will test the new training guides for content and usability and be certified as trainers on the equipment. Their input and help in this process is critical to the successful development and deployment of this and new training guides.

Observe and Improve the Training of Trainers of PGDOA and PGDO
My key contact for this project was Dr. Usha. I was unable to participate in one of the existing training programs for these nursing supervisors, however I was able to develop and deploy four workshops for the team.

When Preethi and I explored this project, we saw an opportunity to have a positive impact on these sisters through the introduction of learner-centered training methodologies.

Working with the sisters over four training sessions turned out to be some of the most rewarding and fun training experiences that I have ever had.

I designed and delivered three new workshops and delivered one workshop that I had fully designed for Preethi before I left for India. Each workshop was designed to not only teach learner-centered and experiential strategies, but to have the sisters experience them as well. I modeled everything that I expected them to use and integrate into their work. The facilitator guides for each of the sessions are attached to this presentation. The third workshop that I delivered was the workshop that I had written before I came to India. During the workshop, we altered some of the exercises to accommodate the language barriers. Not only was Preethi able to participate in the last three workshops, her help in translation was invaluable and I do not know what I would have done without her. Having experienced the strategies as well, she will easily be able to move forward with adapting current curriculum to accommodate the use of new learner-centered strategies.

Attendance for the workshops was excellent. We had close to 20 participants at the high end and about 12 on the low end. The sisters were motivated, actively participated in the workshops, and embraced the strategies. The final workshop provided the sisters with the opportunity to participate in a performance task designed to assess their ability to create and use facilitator guides to help them design effective interventions using learner-centered strategies and improve their effectiveness.

Results
After four workshops, the sisters demonstrated that they not only were able to use learner-centered strategies in their work, they actively embraced the use of these strategies. Through the workshops, I introduced them to about eight different strategies to improve learner participation and learning. Preethi has over 20 different strategies that I have provided so that she can try a variety of collaborative strategies in her work. The sisters should also be comfortable asking Preethi about other strategies other than those that they used in the workshops.

When I had the sisters participate in a collaborative strategy, I gave them a copy of how to use the strategy so they would have a reference. I found that this was an effective method for solidifying learning for the sisters. I as the facilitator was able to reinforce important learning points as we went through the exercises and help the sisters understand the power of allowing the students to construct their own meanings around the topics taught. Again, they excelled at this work and any fear that I might have had about their prior experiences being a roadblock to their participation quickly diminished. Coming from a society that has not historically supported learner-centered strategies simply was not an issue. They were great!

Michigan MBA team Performance Management Project
The Michigan team invited me to review this project after Ben and I created a conversation on the work that they were doing and the work that I was doing and found that there was strong correlation between our projects. I copied definitions to the team and after a conversation with Ben and Prashanth, recommended that they study Leading Change by John Kotter, copies of which were available on several people's desks at Aravind. Their team and I met again to explore some of the areas that I felt could use some explanation

and they took the initiative to develop further their project. I then was offered an opportunity to sit in on the final presentation to the leadership team.

I see the Performance Management Project as a very important project for Aravind and one that can drive performance and behavior in a positive direction. The Michigan team did an excellent job in the research and summary of the opportunity. Below, I simply added some insights from my perspective and experience.

I did a quick bit of research and found a couple of documents and sites that I feel would be good resources for building high performance team members, a high performance team, and a high performance organization. I did not have time for an exhaustive search but what I did find is useful.

- HRD_p2.pdf is an excellent document on defining and scoring global resource development.

- Inside_mc_duke_edu.htm is a document from Duke University hospital on their initiative to improve HRM.

- I have also attached an HRD report Brochure. I thought this might be an excellent resource to acquire for you and the organization.

- A site that I highly recommend is
  http://www.ilo.org/public/english/employment/skills/workplace/index.htm

  ILO is a division of the UN and this resource is outstanding. ILO is focused on worldwide efforts to create high performance organizations, teams, and people. I highly recommend a review of the resources on the site. The resources could be very valuable to you.

Dr. Aravind wanted to sit down with me to explore these insights, however with the dedication and the symposium, we did not have that chance. We would have talked about these areas.

- You may want to take a critical look at your rewards (formal and informal), your job descriptions, and the criteria upon which you base your performance appraisals to insure that all of this is in alignment and in alignment with the new metrics that your are considering implementing. I have found in my experience that if this alignment is not done first, the lack of alignment can be a major roadblock to implementation and acceptance of the new metrics. People will continue to do what they are rewarded for regardless of what you would like them to do.

- If you are going to implement both qualitative and quantitative metrics, consider whether the time needed to invest in the execution of the qualitative metrics will not come at the cost of expectations or rewards for the fulfillment of the quantitative metrics. I.e., if I must invest one hour per day on qualitative work and reduce my investment in the delivery of production, will I be "punished" for this?

- Be sure that the organization is going to provide Preethi with at least one FTE for the fulfillment, development, training, and coaching necessary for the successful

● Page 7

implementation of this critical project. She is too important to the organization to be overwhelmed and have her effectiveness reduced.

♦ From a quality perspective, you tend to improve what you measure. The key matrices are those key indicators that will drive improvement against your mission, vision, values, and objectives. Key is the word. The departments must resist the urge to measure too many things. A few is enough.

♦ In the presentation, the team proposed "tracking" doctors based on their interests and their talents. This is an excellent idea and very important. The statement to support this was that the production taken together would not change. If this aggregate is not measured and tracked, how can this statement be made? I believe that you need to also look at metrics that are in the aggregate (available only to the senior management team and HR) and track the trends per hospital so that you can have an operational key indicator of performance that you can compare. If Pondicherry is running at eight surgeries per surgeon and Madurai is running at 5.75 in aggregate, the senior management team must know why. This may be justified based on the mix of surgeons and the work that they are doing; but then again, leadership may want to make some adjustments. If leadership is not looking at this, they will not know.

♦ I would be concerned about hiring a consulting firm to come in to implement this project. It seems to me to be better to keep the control within the organization and hire the talent you need to make this successful. This is a critical project with long term management and logistical issues and it is my belief that someone from the outside simply cannot provide the leadership to make this work. I used to be a consultant and I know their limitations, even the top ones. This could also be costly to you and the organization.

♦ The same goes for training of the managers. I do not see this as a huge outside effort. Coaching training for the management team would be highly beneficial and will help them develop the capabilities to create learning conversations with their team members. I would see a robust orientation as the kickoff for this program more than training.

♦ You might want to consider the use of a good HRM software or web site for the management of the systems and the details that you are going to implement. These solutions are designed to insure that you are able to effectively manage all of the details in a performance management system.

Aurolab Strategic Direction Conversation: A continuation of the London Business School MBA Team Conversation

I first created a long conversation with Clement about manufacturing, marketing, and strategic direction for Aurolab late last week. Through this conversation, Clement discovered that I had extensive experience in strategic planning, sales and marketing in the medical field, and quality consulting and our five-minute conversation turned into an hour conversation. We both were very excited to be able to share ideas and strategies and based on this conversation, Clement arranged for another conversation over morning coffee with Bala, Clement, the pharmaceutical manager, and me. We had an excellent conversation

that again lasted another hour and a half. From that conversation, Bala arranged to have his whole leadership team meet with me the next day.

We had an excellent meeting exploring the market, the mission, the reputation of Aurolab, the opportunities, and how to build the organization and support the mission of the firm. I asked extensive questions to understand fully the constraints and the opportunities and from that conversation, I believe we shared a vision on how to build the firm. My insights below are based on the understanding that the mission of the organization is set and will not be altered in the near future.

We did explore how focusing on sustainability in the health and welfare of villages across the world would open the opportunities for Aurolab. I believe that a change in focus would build a powerful brand recognition and help Aurolab insulate itself from product cycle issues and price competition. However, we left that conversation on the table to explore building within the existing mission. Timing for this conversation may not be right. Over the next several years, this may be a valuable conversation and the family should explore its role in transforming the health and welfare of villages in the developing world. This could be a very powerful story.

Results
Given our three lengthy conversations, several conclusions were reached.

♦ Market penetration for existing Aurolab products world wide is small

♦ The market for existing Aurolab products world wide is a growing market

♦ Aurolab has an excellent reputation/brand image in the NGO market place

♦ Dilution of this brand image would have detrimental effects on Aurolab

♦ Access to world wide markets is underdeveloped by Aurolab

♦ Marketing must be done without large corporate expenditures

♦ Development of a large sales team would be costly and probably not wise

♦ Core competencies of Aurolab are:

♦ Engineering excellence

♦ Engineering creativity

♦ Brand image/reputation

♦ Relationship with partners

Based on these conclusions, I recommended a course of action for the development and expansion of the market for Aurolab.

Recommendations
Since Aurolab has a strong image in the not for profit sector and within their mission, the market potential is substantial, I recommended that Aurolab expand its network of partners providing products to developing countries across the world. A focus on the expansion of Aurolab partners, which include distributors, dealers, other NGO's, and reps will help develop the access to the world market needed to expand penetration across the world. A

strong focus on expanding the efforts for the development, care, and maintenance of these partnerships is also critical. The stronger the relationships between Aurolab and its distribution channel, the more insulated Aurolab will be from competition and the more likely Aurolab will be able to expand and fill its manufacturing capacity.

Aurolab may want to ask some specific questions to help define those areas where expanded efforts to build relationships will pay off. Aurolab should be asking its existing partners these questions as well as potential partners.

♦ When choosing a supplier/partner, what criteria do you use?

♦ When making a purchasing decision, what criteria do you use?

♦ What are the most important values that you look for in a partner?

♦ Do you experience any roadblocks in Aurolab that make it difficult for you to do business with us?

♦ What is the one thing that Aurolab can do to improve its service to you?

♦ What resources can Aurolab add to make it easier to do business with us?

♦ What would prompt you to change suppliers?

♦ What can Aurolab do to outweigh the slight price advantage supplier "xyz" has?

♦ Does Aurolab's commitment to bringing cost effective solutions to developing countries across the world help outweigh ???

The key to asking these open ended questions is to help Aurolab define what is needed to help insulate itself from eroding pricing in the market. The better job Aurolab does in defining the answers to these questions and then implementing solutions that will address the needs and concerns of its partners, the more insulation it will find in a dynamic market.

There are some areas of focus that may be useful to consider while looking at Aurolab's ability to delight its partners. It is worth exploring systems, infrastructure, communication with the market, and centers of influence, all of which can help improve the impact on the market. Exploring these ideas can greatly help Aurolab develop extraordinary service to its partners/customers.

♦ Providing access to Aurolab via technology is critical due to the limited marketing budget available.

♦ Do partners/customers have access to their orders and tracking of orders online?

♦ Do partners/customers have the ability to place orders online?

♦ Do partners/customers receive regular e-mail newsletters on Aurolab and worldwide successes?

♦ Do partners/customers have a web based chat community on the Aurolab site designed to help partners/customers share information, ask questions, and get help?

♦ Do partners/customers get new product updates and resources via e-mail and the web?

♦ Designing your team and infrastructure to leverage each contact with the partner/customer would be helpful. Do you have "customer relationship management" "CRM" software? Have you considered an online partner rather than purchasing or developing software? The better everyone within the Aravind/Aurolab system can access account information and manage the relationships with partners/customers, the better off you will be. Again, the idea is to create powerful relationships so that you can provide some level of insulation against competitive pressures in the marketplace.

♦ As well, you might consider a tool that is highly used in the western world of medical product distribution. A major benefit of having multiple products (lenses, sutures, pharmaceuticals, etc.) supplied by Aurolab, is that you become a one-stop supplier for the partner/customer providing service to the surgical eye care market in developing countries. The more products that you can bundle with your existing products that fit within the Aurolab mission and deliver to this market segment, the more attractive you will be to your partners/customers. Buying from multiple vendors is fraught with problems including cost to purchase, shipping problems, quality problems, relationship problems, etc. Another way to help your partners/customers purchase from you is to provide a volume purchase agreement. At the end of the year, based on the volume purchased from you, you provide a rebate to your partner/customer. This does have a bottom line impact so it must be watched. What it will do for you is provide a disincentive to a partner/customer to purchase products from another vendor to save some money.

♦ Use every possible method you can imagine to communicate to the market. You need as much free press as you can get. Prominently display your services and products on the new 20/20 site. Have articles written on Aurolab and publish in trade magazines. Participate in trade shows for NGO's and for the eye care market. Provide materials, PowerPoint's, posters, etc. for download from your web site. Develop centers of influence that will promote you without your asking. Other NGO's, hospitals, partners or customers could provide this help.

I would also consider other manufacturing opportunities that do not dilute your market image or conflict with your mission. This can be done via OEM contracts. You can deliver products to another manufacturer using your engineering expertise in a similar manner that the hearing aid business is being developed. Each time that Aurolab develops a product and supplies it via an OEM contract to someone else, that engineering knowledge and expertise stays within Aurolab expanding this critical competency for the company. It is dangerous to deliver non-mission driven products under the Aurolab brand as you will confuse your market and jeopardize your ability to build and maintain your critical brand image. OEM business can solve this and help fill manufacturing capacity to help keep per unit costs low on critical Aurolab products. Another option would be to develop another brand or division. No matter what, be very careful about protecting the image that you have so carefully developed.

I have extensive resources for the development of partnerships and quality based marketing plan templates, which I will forward to Aurolab, as well as be an ongoing resource for conversation with the team.

Review of Maintenance Training for Prof. Srinivasan

Prof. Srinivasan and I had an opportunity to look at the training and development he is doing with new technicians both within Aravind and with partners across the world. He has newly documented each step of the training and development process to help insure that new technicians can do exactly what is expected of them.

I found the training program to be very effective. It is based on an apprenticeship model, where a new technician is pared with an experienced technician throughout the training. This one-on-one mentorship is highly effective. He is teaching this same model as he ventures out to other countries and partners.

As he further documents this training, I would recommend that he writes specific assessment tasks and provides a process for the trainer/mentor to sign off on the new technician's ability to do the assessment task. All of the assessments are authentic assessments, which drive this program towards outcomes and insure that new technicians can actually do what is expected.

I believe that the work that Binu is doing for Dr. Usha would be an excellent fit for Prof. Srinivasan as well. Same hands on type of training and the same need for documentation of the training steps and assessments. Prof. Srinivasan might consider being in the loop on the Dr. Usha project and adapt the model to his training program. Binu might as well interview Prof. Srinivasan to understand the effective work he is doing in training.

Appendices

This section supplies the documents that have supported the work that I have done as well as documented the progress we have made.

Appendix 1: Descriptions of terms introduced

All of my work is based on conversation and the reason for this may become clear after a review of these terms.

Conversation: Conversation is often confused with dialogue, discussion or debate. These are all different and my focus is on conversation as a framework for learning and growth.

Conversation is unique in its focus on learning, creation of new knowledge, and an emotional context. This is the realm of those who are ontologically oriented and focus on human understanding. Interpersonal understanding does not consist of the transmission of preexistent meanings from one person to another but is a creative or productive understanding that occurs in conversation. Conversation thrives when two or more people come together around a question that matters. It is common for people to lose track of time while in conversation as they become one with the other person and their union is the conversation. This is a powerful tool for community outreach as a substitution to telling communities what they should know.

Dialogue is often used synonymously with conversation although they have completely different roots etymologically. Dialogue is 'opposing voices in search of truth' and includes conflict in general. Conversation creates new knowledge and is not about finding truth. Classic theorists who are epistemologically oriented and whose primary focus is an intellectual process of refining knowledge use dialogue.

Discussion literally means to 'smash to pieces'. Discussion is used to take existing knowledge and dissect it, tear it apart, or smash it to pieces to figure out what it consists of. The fallacy of this approach is to assume that the sum of the parts equals the whole but from a living systems perspective, we know that is a false assumption.

Debate literally means 'to beat severely'. Obviously, this is not conducive to conversation. Debate is synonymous with a sporting event where there must be a winner and a looser.

Coaching: Coaching is based on a conversational approach to team member interaction, not a telling framework. Most managers wrap their practice up in their inflated ego where bossing is so important to support their vision of self that they can not engage in a conversation with a team member or get ideas from anyone else. The following chart outlines the different attributes of a coach vs. a boss.

Boss	Coach
Pushes / Drives	Lifts / Supports
Tells / Directs / Lectures	Asks / Requests / Listens
Talks at people	Engages in dialogue with people
Controls through decisions	Facilitates by empowering
Knows the answer	Seeks the answer
Triggers insecurity using fear to achieve compliance	Stimulates creativity using purpose to inspire commitment
Points to errors	Celebrates learning
Problem solver / Decision maker	Collaborator / Facilitator
Delegates responsibility	Models accountability
Creates structure and procedures	Creates vision and flexibility
Does things right	Does the right things
Knowledge is power	Vulnerability creates power
Focused on the bottom line	Focused on process that creates the bottom-line results

Mentoring: This is a critical aspect to the development of high performance team members. Coaching and mentoring go hand in hand. Mentoring is about being a coach, a model, and a confidant. A mentor is one who takes a team member under her/his wings and has a personal stake in the success of the team member. A mentor does not simply see a team member as a replaceable asset to be used and discarded but as one to be developed and nurtured. Bosses tend not to recognize mentoring as a viable management exercise.

Leadership: I have a strong bias for a leader in conversation with those around her/him and in the spirit of service. Leadership is about coping with complexity and coping with change through setting direction. Leadership is about aligning people around common interests. Leadership involves motivating and inspiring. Leaders focus on developing leaders and developing organizations that focus on developing leaders. Leaders create strong networks of informal relationships - the kind found in companies with healthy cultures - help coordinate leadership activities in much the same way that formal structure coordinates managerial activities. I give a complete treatment of my framework on leadership at .

Management: Management is about the tactical implementation of mission, vision, policies and procedures. It is about compliance and the control of the operations and structure of the organization. There is a lot of attention to detail in management, as one needs to manage to standards. Developing human assets, coaching and mentoring, are essential aspects of management and ones that are often ignored in the shadow of managing to operational standards. Management is the critical function of running the day to day operations of an organization. There is a lot of talk about people needing to be leaders not managers. These two functions in my book are not mutually exclusive. An organization must have well-developed managers and leaders and hopefully key people have developed both attributes. And as well, there are not naturally born leaders. Charisma is not the key and fact it can be detracting. Both attributes can and should be learned and coached to.

Living systems and self-organization: Gaia or mother earth is a concept born out of living systems thought. Everything is connected and no action is isolated. Our world is a living system and every system within our world is living as well. There are very exciting gains in our understanding of living systems and self-organization. My paper that I referred to you outlines some of these areas. My definition of self-organization touches on this body of work and is worth further conversation: "Learning in a non-linear organic system on the edge of chaos far from equilibrium characterized by internal feedback loops and based on a diverse network of interdependent conversational relationships that recognize shared interests, leading to the spontaneous emergence of order and communities of interest." A complete treatment of this area of work can be found at http://www.wetherhaven.com/~portfolio/documents/todancetogether.PDF

Consultative Sales: In the context within which I work, this is a consultative process where one guides someone through the buying process. It is not something that you do to another. It is conversationally based and has the components of building trust and rapport; discovery to help learn what someone is concerned about; visioning to help define where someone wants to end up; building solutions that fill the gap between what is envisioned and what is; and creating an agreement to move forward or not with the relationship. I also insist on an integrity based approach where no decision is made that is inappropriate for the person making the decision to purchase. I would use this process in presenting ideas, knowledge, services, or products.

Personal growth: I believe that we are spiritual beings. The personal growth industry in the US has often been based on secular individual gain at the expense of spiritual and social gain. This is indeed a risk if personal growth is not pursued within the context of our spirituality. My framework would propose that our life is a gift from God and we are obligated to fulfill Gods will through our development and the use of our attributes. Put another way, if we are to contribute fully to this world while we are present in this form, we can not give away what we do not have. If we have no compassion, we can not show compassion. If we have no love, we can give no love. If we have no confidence, we can not give that away to others or our children. We should help others grow to contribute as they are able.

Building partnerships within communities: Partnering is an elevated sales or relationship process that is appropriate at very high mutually engaging relationships. Each partner has a stake in the success of the other. Even when each community has conflicting missions or values, one can usually find an intersection where there is commonality and build a partnership based on that area of agreement. As in all of my work, this is a process based on conversation framed within questions that are important to each community. This is a very exciting area of work.

Appendix 2: Memo on the DR project to Preethi and Binu

To: Binu and Preethi

From: John

CC:

Date: 9/15/2006

Re: Diabetic Retinopathy Project

Here are my thoughts on this project and what it can evolve into.

- ➢ From my conversations I understand that the focus is to create web-based curriculum that is designed to help remote doctors around the world learn how to detect early and treat diabetic retinopathy.

  - o The curriculum should be self-study for doctors and also be robust enough for a remote trainer who wants to create classes.

  - o Therefore a learner can come to the website and order and have sent the study materials from LAICO or even better have them in PDF format on the website to download.

  - o As well, a remote instructor can access the curriculum online and access the weekly facilitator guides and the materials for the students and create her/his own course.

- ➢ I have created the framework for this online curriculum. It currently is on the local hard drive on the computer I have been using. It is a complete web site. We can alter and improve this framework to deliver the outcomes expected for the project.

  - o I would be happy to do the editing on this project and take to fruition. Binu can interview Dr. Kim and feed me the information and the materials that need to go on the site. She may also want to try her hand at developing some of the facilitator guides but if not, I would be glad to do so.

  - o If we want to precede this direction, the site can be zipped up and e-mailed to me.

- ➢ To bring this project to completing, we need to have the following done on the Aravind side:

  - o An agreement on objectives and audience. How do you want to have people access this curriculum? Who are they? Etc.

  - o As we look at what I have developed, we need to decide if we need changes in wording and approach. I have developed this out of my head and it is based on some conversations, however, the input to me has been anything but exhaustive.

- We need to have all of the materials used to teach this course defined and then converted to PDF format so that it is accessible online. I suspect that we should also provide for people to order the complete materials to be sent to them.

- If there are PowerPoint presentations or other marketing materials that people would need, we should provide these on a resource page. I do not have a page for this, however this is simple to create. I suggest that all documents be converted to PDF for easy access by everyone.

- The most difficult part of this is to have Dr. Kim's input to "chunk" out the material. We need defined:

  - What is each weeks topic

  - What are the outcomes for each week

  - What are the assignments (before the class and at the end of the class)? We need to know specifically must be studied, and from what resource on a weekly basis.

  - If the course is to be facilitated, what are the materials needed by the instructor for each week?

  - What are the exercises that have been used in the past to teach this material? Is any equipment necessary and if so, does the facilitator or the individual learner need to find this equipment locally so that they can use it to learn?

  - If we recommend new strategies, Dr. Kim must approve them.

  - How are we going to assess whether someone has learned the material? Is there a certificate or someway to recognize the person?

  - For those who are going to self-study, we might want to recommend that they do so in a group if possible so that they could meet and learn from each other.

➢ We should also talk about how people are going to find out about this training. The 20/20 site? Field reps? Conferences? Partners?

➢ We can then use this web curriculum as the foundation for building new online curriculum.

➢ I used a Microsoft FrontPage product out of Australia to build the foundation for this site. It can easily be rebuild in Macromedia or any other editor. If you chose to use the existing framework in FrontPage, you would need to publish on a server supporting FrontPage extensions and license the underlying product.

Appendix 3: Memo on first Sister Workshop

To: Preethi Pradhan

From: John Inman

CC:

Date: 9/15/2006

Re: Results of first workshop

Reflections on first workshop for Nursing Department heads

This was the first of a series of four or so workshops for this team. The objective of this intervention is to introduce and model more experiential and learner centered training strategies to this team. Whether this work makes a lasting impact will depend on several factors. In the work that we are doing, one concept can embody virtually all of the complexities of the field of work. That is conversational learning.

We humans learn through conversation. It is our most powerful learning tool. Culture, history, stories, and knowledge are all passed person to person through conversation. And through conversation, new knowledge is created. The foundation for creating change on both a local level and on a world level is two people talking together. Not only is conversation the foundation for new knowledge creation, it is the foundation for healthy organizational cultures that foster and nurture high levels of mission driven creative thought and energy. The very learner centered strategies that embody the work in progressive training organizations is also the foundation for moving organizations from a bossing management style to a coaching framework. If learner centered strategies are to make an impact in the Aravind operations, both training and leadership style will need to be addressed.

LAICO should face less difficulty integrating learner-centered strategies into their training delivery system than integrating these strategies into line management. I feel that the work we are doing with the nursing directors is very important and at the same time as line management, I also understand they face a daunting cultural bias against the use of these strategies. However, during our first workshop, I was very proud of not only the efforts of this team, but the progress they made after only one session to open up and participate in a very uncomfortable new experience. In simple terms, they did a great job.

Preethi, if you were delivering the same workshops, you would face one less barrier. Language was a barrier even though I had a very willing group that tried to understand. An unexpected benefit from this barrier was the opportunity to engage in lengthy conversations about what we were doing in order to create understanding. I believe that this ended up being a benefit. I see that as you model some of these learner-centered strategies in the delivery of LAICO courses, change will slowly occur to the benefit of the learner and the organization. The outcome will be learners that are self-directed and that can work at high levels of performance and service, which will help Aravind deliver the mission and value to the world that it envisions.

Experiences in the workshop
The facilitator Guide for this workshop is attached at the end of this review and will provide a picture of the format and flow of the workshop. Preceding this discussion, are the notes on the name of the workshop and the objective and outcomes envisioned.

This workshop was designed to have the nursing directors experience an intervention that was learner centered and experiential in nature. In this way I was able to model what I expected them to be able to do after a week of working together. To open up the session I made an introduction of me, my beliefs, and I provided pictures of my family. People generally open up and engage in a process when they have a level of trust and rapport with the facilitator. I gave the team time to get to know me a bit and my intentions. Preethi, I opened up with the question that you suggested and that turned out to be a good starting point. I asked them to think back to someone who was an inspiring teacher in their lives. Then envision what made that person inspiring. They were to write down individual thoughts on pieces of paper that we provided.

This turned out to be a difficult process for the team. I am not sure whether it was language as a barrier or simply that they had not engaged in this type of question before. After a long conversation about this, I offered to participate in the same exercise that I was asking them to do and generated a sample thought for them. The choice that I made was deliberate but I did not envision that it would create a 20-minute conversation. I wrote as an attribute of a great teacher that that teacher "Allowed me to make mistakes". After going around and around about this concept, I indicated that as they wrote down thoughts that they did not need to be perfect and that they might lead to different language. For instance, my attribute could be translated into "Treated me with respect". The team turned on at this point and generated quite a few attributes and they talked together to help each other, the hallmark of a collaborative effort.

Once we generated a body of attributes of a quality teacher, we put all of the ideas on the table and worked as a team to sort into like concepts, i.e. the name of the exercise, "Affinity Process". This too ended up being a difficult bridge to cross with the team. With much prodding and poking, I was able to work with the team to group the ideas into attributes. I then asked them to read off attributes and I wrote them on the white board. And through the process we added a few others that we had not thought of. We then talked about how I as the expert could have easily simply written on the board the attributes of a good teacher and told them to memorize them. That would have been an expert based instruction model. Instead I showed them how powerful their result was. They had developed a more robust model of teaching excellence and they did it and owned the result. Allowing learners to construct meaning and models is a powerful part of experiential learner centered strategies. They all captured their work individually and I believe they experienced higher levels of learning.

It is through this process of interaction with the team during these exercises that the expert/facilitator plays a powerful teaching role in learner centered experiential work. Through asking of questions, injecting ideas, supporting and explaining important concepts, and helping learners experience what I call "ah ha's", a facilitator can help generate very high levels of learning through her/his ability to influence, not tell.

Once we finished with this process, I moved into a "Participatory lecture" mode and explored with the team what we had learned, why it was important, and how it could have an impact on their work and the development of their team members. I gave the team members copies of the strategies that we used in the workshop so that they could study them and understand what they had experienced. We then talked about the timing of the next workshop and what we were going to do. I am a strong believer in managing expectations so that surprises are limited and trust and rapport is built. Friday at 3 PM is the time for the next workshop in the same room.

The last question I asked was, "If there is one concept that I want you to get by the end of next week and if you got nothing but this, you can transform your work, what would that be/" One participant offered "Punctuality" and a thought. I supported and rewarded this. She was thinking of an important attribute for her personally. Then another participant offered, "Conversation". Yes and a strong yes was my response. Preethi, if we can work together to help people move their interactions to conversationally based interactions, relationships can be transformed, and the ability of you and your team to help expand the ability of Aravind to fulfill its world changing mission is greatly enhanced.

Course information that was posted for the participants

If we intend to use this workshop for a model, this information should become part of a course syllabus similar to the one in the full course that I developed for you on learner styles. I will do this for you.

Facilitator: John Inman, Ed.M., Oregon, USA

Topic: "Get your learners involved"

Description: First of several workshops to help you improve your teaching effectiveness

Note: It is important to note that we are interested in having our learner be able to do something, not simply answers questions on an exam. Designing assessment that help us gauge where the learner can do the outcome defined is called "Authentic Assessment".

Outcomes:

1. <u>Choose</u> learner-centered strategies to create team learning in your work

2. <u>Use</u> learner-centered strategies in your interactions with each other and your team

3. <u>Be</u> confident in your ability to try new strategies

4. <u>Draft</u> your own "Facilitator Guides" when designing training for your team

5. <u>Define</u> training outcomes and <u>assess</u> if your learners will do them

6. <u>Deliver</u> training that enhances learning

Attributes of a good teacher as defined by the team

➢ Empathetic/Understanding student feelings

➢ Caring

➢ Sacrifice/Service

➢ Clear Planning/Clear Vision/Paints clear picture of direction

➢ Communication (Listening, questioning, conversation, etc.)

➢ Games/Fun/Enjoyable

➢ Helping mind/helping hand

➢ Honest (Able to admit mistakes and apologize)

➢ Confident

➢ Motivating/enthusiastic

➢ Problem solver

➢ Shows leadership

➢ Patience

➢ Punctual

➢ Hardworking/dedicated

➢ Allows mistakes

➢ Encourages participation

➢ Shares feelings

➢ Clear Expectations

➢ Sincere

➢ Creative

➢ Knowledgeable/competent/experienced

➢ Positive Attitude

![Materials icon] *Materials*	![Time icon] Time	![Process icon] Process
White board and markers *Slips of paper for process*	15 minutes 15 minutes running	**Introduction:** What are we doing? Something about me and Who am I? Why are we going through the process today?
	1 hour	**Affinity Process:**

White board and markers
 	
Handouts:
Participative Lecture
 	
Affinity Process
 	
Blank Facilitator Guide
	1 hour 15 minutes running	Ask:
		   ➢ Who was your best teacher and why?
		   ➢ What did they do to create a great learning experience for you?
		
		Write answers to the second question on individual slips of paper so that the team can capture the attributes of a good teacher.
		
		Allocate 10 minutes to this exercise
		
		Have everyone put slips of paper on table and work together to group according to attribute.
		
		Once this is done, write the categories on the white board.
		
		Discuss as a group who we got there and the implications of the topics.

	15 minutes
	
	1 hour 30 minutes running
		Question:
		
		   ➢ What conclusion do you draw from our results?
		   ➢ How would you use in your training?
		   ➢ Why is this important?
		   ➢ How does…affect learning?
		   ➢ Others?

	15 minutes	**Open Forum:**

	1 hour 45 minutes running
	
	2 hours total
		Closing:
		
		   ➢ Talk about what we have learned
		   ➢ What is the next workshop about
		   ➢ Confirm time and place for next workshop.

Workshop April 8, 2004 for senior sister supervisors

Appendix 4: Notes on second Sister Workshop

To: Preethi Pradhan

From: John Inman

CC:

Date: 9/15/2006

Re: Results of second workshop

Reflections on second workshop for Nursing Department heads
First of all it was great to have you in the class, Preethi, as you were able to translate. That made it much easier for me, but not you. You were correct in noting that they backed off on trying their English and helping each other understand and used you as a crutch. However, regardless of these nuances, I felt that the participation was excellent and I was so proud of everyone.

It was clear to me that they all demonstrated that they could and would use the strategies practiced. Their teaching on the strategies was creative and fun. At some point I gauge their engagement by the laughter and talk in the room.

I felt that I was able to draw on many of the conversations and examples and build on their work helping solidify their learning. We drew on the prior workshop and the teacher characteristics as examples throughout the workshop helping to tie the two together. I came away from this workshop feeling that they could easily go back into the workplace and use the strategies and improve their instruction regardless of what was going on around them. Some of the examples that they used from strategies they are using now were excellent.

At the end of the workshop, we discussed how messy and chaotic learner centered workshops can be. In a teacher-centered workshop, the teacher controls all interaction and the process is "clean" and efficient. However, learning is not happening as it is in the learner-centered framework. We also reinforced the fact that they had done a fantastic job creating their own learning and how well they had done.

Of particular note to me was how fast these sisters were able to adapt to the learner-centered strategies particularly since they had been raised in a culture where their participation was not encouraged. In the American culture, I actually have more trouble getting people to participate at times. What this tells me is that this methodology is a very powerful tool for the Indian culture and that team members given a safe environment to try and experiment will join in and fully participate. I am very excited about the future of this methodology in LAICO based on these two experiences. Preethi, when you are able to train or someone you train is able to deliver these workshops, which will greatly reduce the language barrier, results will only improve.

This is one of the most fun and motivated teams I have had the pleasure to work with. I will truly miss them when I leave.

Workshop April 9, 2004 for senior sister supervisors.

Materials	Time	Process

White board and markers *Write on white board ahead of time in four locations the following:*   *Conversation*   *Questioning*   *Demonstration*   *Story Telling*
 	
 Strategy handouts   *Conversation*   *Questioning*   *Demonstration*   *Story Telling*
 	
 White board and markers
	15 minutes
	
	 15 minutes running
	
	 15 minutes
	
	 30 minutes running
	
	 20 minutes
	
	 50 minutes running
	
	 30 minutes
	
	 1 hour 20 minutes running
	
	 20 minutes
	
	 1 hour 40 minutes running
	
	 20 minutes
	
	 2 hours total
		Introduction:
		
		 What are we doing?
		 Something about me and Who am I?
		 Why are we going through the process today?
		
		 Four Corners:
		
		 Have participants choose a strategy from the four strategies written on the white board. They should choose one that interests them in particular.
		
		 They will then go to that strategy and invest 15 minutes talking within their small group about why they chose that strategy.
		
		 When 15 minutes has elapsed, they will come back to the whole group and share what they talked about in their small groups. Invest 20 minutes.
		
		 Jig Saw:
		
		 Have the break out groups reassemble at their strategies. Hand out the strategies to each group that they are learning.
		
		 Have each break-out group invest one half hour in conversation learning and talking about the strategy that they chose to learn about.
		
		 After they are done talking about the strategies, have the small groups come back and reassemble as a whole group. Each group is to then train the rest of the group about their strategy and how to use it.
		
		 As facilitator, ask questions and probe to bring out and reinforce critical learning.
		
		 Closing:
		
		     Talk about what we have learned
		     What is the next workshop about
		     Confirm time and place for next workshop.

Appendix 5: Notes on third Sister Workshop

To: Preethi Pradhan

From: John Inman

CC:

Date: 9/15/2006

Re: Results of third workshop, Learning Styles (Curriculum included in Facilitator Guide binder)

Reflections on third workshop for Nursing Department heads

This was an interesting workshop is that I had written and developed the curriculum while in the US without having the opportunity to interface with the people or the culture to be trained. When we got to the exercise where sisters were to interview each other to assess their learning styles, clearly we ran into roadblocks.

The next time that this is trained, the assessment needs to be translated into Tamil so that the sisters will be able to quickly understand the questions asked. As it turned out, you Preethi, and I figured out about the same time that you were going to need to read and translate each question and that each sister would need to fill out her own assessment. This actually worked well and we were able to move on to the next phase of the training without any problem. Some review and adaptation of the workshop curriculum is in order to adjust for some of the nuances of the culture. At the end I also adjusted the curriculum and had each sister update their own self-assessment to gauge how much they had learned during the workshop. In this way each could assess their learning and growth and be proud of her progress.

I was able to get a few pictures during the workshop. It was nice to see such a great turnout and such enthusiasm even in the new sisters who had not been to prior sessions. From the participation, it was clear to me that all of them were able to fully understand the materials and they showed through their conversations that they also understood how to put the materials to use.

At the end of the workshop I had them do a quick exercise to provide feedback on the workshop and the experience. As soon as some of the feedback is translated, I will compile into a format so that you can review. As we finished the workshop we talked about how the work in this area supported the attributes that they had defined in the first workshop and we also talked about the learning they were creating in the process. I further explored with them how a teacher with a learner-centered framework is not satisfied to simply allow someone to fail because they did not understand the material. A teacher who is learner centered is far more concerned with the success of the learners than they are with their comfort in teaching.

All in all an excellent experience and one that I will remember. Again, I am really going to miss these very nice ladies. They are so nice to work with and great learners. I am wondering if there is not something we might be able to do for them: Maybe a certificate of achievement for working through the workshops? Any ideas?

What works when you train

- o   Little bits of information at a time
- o   Speak clearly
- o   Tell stories and jokes
- o   Ask what was learned the last time you met
- o   Repeat and restate if necessary
- o   Examples and analogies
- o   Change methods if the current method is not working
- o   Make students participate
- o   Provide practical examples

Results from Learning Style Assessment

Team Members			
John	38	54	35
Renuga	41	36	37
Lakshmi	44	42	36
Sundari	47	44	30
Shanthi	45	45	34
Nagalakshami	46	46	34
Gomathi	47	44	30
Gayathri	47	44	30
Binu	47	45	32
Jeeva	48	47	40
Preethi	45	32	42
Radhabai	30	37	35
Begam	49	40	37
Meenakshi	46	40	36
Radhamani	52	39	32
Senchilakshmi	39	33	38
Sumathi	47	34	46
Jothi	44	35	42
Banumathi	47	38	48

Appendix 6: Notes on fourth Sister Workshop

The last workshop for the sisters was a summary of the first three and then a quick assessment project. I collected all of the work that they had generated over the last three sessions and provided to the sisters as handouts. The sisters were then asked to take a blank facilitator outline guide and create a workshop using what they had learned. They defined the materials, timing, and strategies they would use to teach a topic of their choice. Each person worked on her own facilitator guide. This authentic assessment task captured the learning over the last two weeks. They were able to help each other during the assignment.

When the sisters had finished the assignment, three volunteered to present their work to the rest of the group. We then explored the process of how to work as a team to get ideas on what could be done to improve learning in any given circumstance.

We also took this opportunity to celebrate the great work that they sisters had done over the two weeks we worked together. We let them know that Binu and Preethi were available to help and give feedback when needed and that both Binu and Preethi had other strategies that the sisters could look at and use. I took some final pictures and we finished in time for the dedication ceremony.

Appendix 7: Medical Background

In my conversations with the Aurolab management team, I discussed my background in the medical field. I have 25 years of sales and marketing background with 10 of those years in the medical field, 10 years in the technology field, and 3 years as a organizational development consultant helping build quality managed and customer responsive organizations. As well, 10 of those years have been on senior management teams as a business development and marketing executive.

I transformed my career to organizational development and training through the pursuit and achievement of my masters degree in adult education which I completed last year. This change was designed to help me transform my career to mission driven work in the not for profit field. Although it was my masters work that brought me together with Seva Foundation and Aravind, I also have this strong background in business development that I have been able to offer. I have extensive education in strategic partnering and consultative sales as well as marketing. I am also operationally fluent having worked as a quality consultant for 3 years and having helped build a software development company for 6 years. I believe that my years in business development, consulting, and strategic planning have provided me with an excellent opportunity to further contribute to the mission of Seva Foundation and Aravind.

My foundation in the medical field includes:

- One of my undergraduate degrees is in Pre-Veterinary Medicine/Animal Science, my other is in Business.

- From 1980 through 1990, I worked for medical manufacturing companies and laboratory distribution companies in both a sales role and a leadership role. These roles include:

    - **Propper Manufacturing Company:** Sales person calling on hospitals and medical laboratories focusing on Skin Closure Clips, Surgical Blades, Ophthalmoscopes, Larygoscopes, Otoscopes, Sphygmomanometers, Micro Slides and Cover glass, and other laboratory supplies. http://www.proppermfg.com/. I have promised to contact Propper to see if there might be a OEM opportunity for Ophthalmoscopes between Propper and Aurolab. I will do this over the next week.

    - **Bard Critical Care:** Sales person and field trainer calling on critical care units in hospitals focusing on ECG monitoring electrodes, non-invasive blood pressure monitors, right-heart catheters, and neonatal umbilical catheters. http://www.crbard.com/

    - **Managed High Purity Chemical and Scientific Supply Distributors:** I managed two Northwest Distributors of High Purity Chemicals and Scientific Supplies focusing on the BioTech industry. I was responsible for building the teams and positioning the organizations for growth in a dynamic and competitive marketplace. My last position was VP at a firm in Seattle Washington. This was my last position within the medical field, after which I moved back to Portland and started my consulting company, John Inman and Associates.