

An Introduction to Case and Design Clinics:

A social learning alternative for group problem-solving

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The *Journal for Research and Practice in College Teaching* put out a call for systems convenors and social learning facilitators working within the higher education sector to engage in a special issue on Case Clinics as a way of exemplifying how a case clinic works as a professional learning approach and to use the case clinic as a form of knowledge work using social learning processes.

The value of systems convening and social learning processes

In complex social learning landscapes, dialogue, or learning conversations, are a critical form of professional learning and practice (Pleschová et al, 2021; Thomson & Trigwell, 2018; Roxå & Mårtensson, 2009). In 1990, David Bohm published 'On Dialogue' in which he discussed the spirit of dialogue as enabling "a stream of meaning flowing among and through us and between us" (p.1) as a way of allowing new understanding to emerge. He contrasts this with the word 'discussion', which is about "breaking things up" and being analytical, where different points of view are aired, but it's more like a game of ping pong where one point of view might need to win out over another, and frequently no new understanding is generated. Dialogue, on the other hand, is not a power struggle over who is right or wrong. It is a process of holding space for differences of opinion and learning to listen across differences, to surface assumptions and biases, and to soften and open up our own opinions, or as Etienne & Beverly Wenger-Trayner (2020) would say "to engage uncertainty" as a way of building new knowledge and understanding together.

Fostering dialogue or learning conversations is particularly important in the higher education sector right now, where universities and their staff are faced with disruptive changes and "wicked problems" that are most appropriately addressed through boundary-

crossing thought and practice. And yet, although universities purport to be places and spaces of learning, they also tend to be beset with asymmetrical power relations, imposter syndrome, siloed thinking, and adulation of “the expert”. Think back to that last meeting you had, whether in a university or the private or public sector. Who was entitled to speak? Whose voices were silenced or ignored? And who was spoken for? Reflect on the interpersonal dynamics of how business gets done in universities and then consider how much shared learning about the organization, and the problems it is trying to solve, is lost in the process.

This is why the work of [system conveners](#) and the facilitation of social learning spaces is so important. For Wenger-Trayner, systems convening is leadership for the 21st Century. Systems conveners operate as custodians of social learning spaces that enable opportunities for cross-institutional and transdisciplinary thinking to learn with, from, and with thanks to a diverse community of voices and perspectives (Gravett, 2023), where the intention of social learning activities is to “create spaces for deeper and more meaningful conversations about all the nuances and uncertainties of actual practice’ (Wenger-Trayner and Wenger-Trayner, 2023, p. 133). As they state:

Systems conveners are driven by a vision of what is possible, but they do not come to a situation with predefined answers. Rather than driving a specific change, we see them developing what we call social learning capability. By convening new learning partnerships, they believe that people will develop the ability to make a difference—by interacting with each other, learning about each other’s perspectives, finding common ground or respecting differences. (p.27)

Creating and holding space for dialogue in social learning spaces requires techniques for dialogue with certain protocols. This is why it is important to bring structured dialogue into the professional learning space. Structured dialogue enables a more democratic approach to social learning. It recognizes that each person, no matter where they sit on the hierarchy or which position they hold within the organization, has lived experience and expertise from a particular standpoint which can contribute to the understanding of the whole. Importantly, structured dialogue designs in active and deep listening. It is a protocol that doesn’t deny any person’s viewpoint but instead seeks to better understand it.

There are many approaches to structured dialogue, which can be found, for example, on the [Liberating Structures website](#) or in [Hyper Island Toolbox](#). The Case Clinic is a particular type of structured dialogue that we have found both in [Otto Scharmer's work](#) at the Presencing Institute at MIT and in Etienne and Beverly Wenger-Trayner's [Communities of Practice Guidebook](#). In the *Guidebook*, Wenger-Trayner et al. also provide guidance on the tasks of facilitators, for example, to hold space, as suggested above, but also to model a spirit of inquiry, to value participants' experience as a legitimate form of knowledge, to support people in making a difference and inviting a collective approach to facilitation. We strongly encourage those of you interested in extending your work as a system convenor and facilitator to make the most of these open resources to support and deepen your practice. In this special issue of the *Journal for Research and Practice in College Teaching*, we include case studies from groups who use the Case Clinic process and the related Design Clinic process.

The Case Clinic

A case clinic is what Etienne and Bev Wenger-Trayner describe as a quintessential social learning activity. It involves a community member presenting their context and challenge as a case study for the group to respond to with everyone learning in the process (see Table 1).

Table 1

Structure of a Case Clinic (Wenger-Trayner et al, 2023, p.4)

Steps	Action	Time	Hints
Context	The presenter gives just enough context to frame the challenge and then poses a specific question to the group.	5-10	A simple visual can be helpful but avoid slide presentations or lengthy descriptions at this stage.
Understanding	The group asks clarification questions to get a better understanding of the context and the nature of the challenge. Responding to these questions, not the initial introduction, is the	15	Refrain from offering advice at this stage. But good clarification questions often shed a new light on the challenge.

	main vehicle to convey the nature of the challenge.		
Sharing related experience	Group members share related experiences and stories.	0-15	This timing depends on the number of members with related experiences.
Advice	Group members give advice and discuss each other’s advice from the perspective of their own experience.	15	To keep things grounded in experience, encourage members to provide their advice in the form of stories, saying what they did when in a similar position.
Summary	The presenter summarizes insights and advice they are taking away.	5	This is something to follow up on at a later meeting.

The Design Clinic

Travis Tennesen, Director of the Center for Community Learning at Western Washington University in Bellingham, WA, has developed a discussion model called “The Design Clinic”, based on the Case Clinic developed by Beverly and Etienne Wenger-Trayner (2022). This adaptation is articulated in the interview with Travis Tennesen, “Creating social spaces for people to talk, listen, and learn” (See this issue).

When Travis saw “case clinics” demonstrated by Beverly and Etienne Wenger-Trayner in 2017 at their [BeTreat](#) in Grass Valley, California, he was struck by the power and effectiveness of the process. He saw that it would profoundly improve the quality of idea-workshopping in Community Engagement Fellows. The [Design Clinic Format](#) has evolved significantly over time. The seven-step format is outlined below, with further details in the interview included in this issue.

7-Step Design Clinic Format (~20-minute version)

1. “Could you help me...” (<2 mins)

A member asks for help related to a specific challenge with a brief context/background to provide a frame.

2. “This work is important to me because...” (<1 min)

The member who made the request talks briefly about the larger goals and aspirations.

3. “Share more about...” (4 mins + additional context)

Group members inquire about the context/circumstances.

At the end of this step, the facilitator should ask the member making the request if she/he/they want to share essential additional context (since they will be silent for the next two steps)

4. “This makes me think of...” (4 mins)

Group members share experiences and stories that this challenge makes them think about, related to work or broader life experiences. *Note: the member making the request listens quietly during this time.*

5. “You might try...” (4 mins)

Group members provide suggestions about wise next steps to move the work forward. *Note: the member making the request is still listening quietly.*

6. “You have me thinking...” (<2 mins)

The member who made the request shares their thoughts about the conversation. They might choose to touch on aspects including...

- the feelings the conversation evoked.
- new ideas they encountered.
- actions they hope/plan to take.
- new ways they’re thinking about their work.

7. “I would like to keep in mind...” (~2 mins)

All members go around sharing something notable about the conversation by completing the thought, “I would like to keep in mind...” *Note: Sharing by each member should be concise – 1-3 sentences.*

Reflections on the themes in the Case and Design Clinic studies in this issue

A variety of themes emerge in reading the five case clinics and one design clinic in this issue. These themes provide evidence that even though these clinics are applied across

a wide range of environments, causes, contexts, and peoples, they provide helpful outcomes to those seeking collaborative solutions to their challenges.

As a general theme, the case/design clinics described in this issue provide a guided yet flexible way to get people to work together across boundaries to accomplish shared goals. The clinics invite individual voices to make space for everyone to participate and share their views. Without the structure of the clinic process, this collaborative work may not happen because traditional meeting structures do not always include all members of the group in discussions. The first time through a case/design clinic may be bumpy because members of the group who may not normally speak are being invited to do so. Nevertheless, it is a straightforward learning experience, and the clinic process quickly becomes easier and more effective with familiarity. In this process, it is important for everyone to have their voice heard. For academics who are used to a hierarchical structure, case/design clinics break that structure open. Participants value the opportunity to hear and provide suggestions, whereas in a top-down established agenda that often does not happen.

One important theme emerging from the clinics in this issue is the importance of the clinic facilitator. In the article in this issue by Mettler et al., the authors note (p. 6),

The facilitator allowed for fluid discussion. The less structured conversational approach provided rich context and feedback in this group dynamic made up of passionate early childhood educators. The facilitator posed the question, and this spurred enthusiastic conversation. This allowed the case clinic participants freedom in where the discussion transitioned allowing for flexibility as thoughts and ideas continued to emerge. . . . This case clinic discussion was a springboard for a sustained community of practice.

In the article by Ganguli et al. in this issue, the authors described the readiness of the facilitator to handle surprises, commenting (p. 5),

When asked what aspect of the clinic participants found most surprising, the facilitators noted that they had expected there to be a need to foster relationships between community and campus representatives, but they had not expected to

navigate tensions within and across the campus groups, especially among the faculty.

With only 6 case and design clinics in this issue, themes and generalizations are limited. However, these clinics suggest topics for further case/design clinic research in higher education across a large collection of such clinics.

Directions for further research into the application of this process of problem-solving process can inform those involved in more hierarchical contexts concerning collaborative alternatives. For example, (1) How does the degree of community/familiarity among the clinic members affect the process and outcome? In the clinics in this issue, the members were in a variety of groups: established CoP, informal CoP, book discussion group, experienced faculty trained in AI education, colleagues who had earned a statewide Inclusive Teaching Endorsement, and a first-time meeting of local small businesses and volunteer faculty, staff, and students from 4-year degree programs. (2) If there is an advantage to having/building community among clinic members, what processes and outcomes are enhanced and in what way? (3) Are there subtle differences in procedures and outcomes between online and face-to-face clinics? (4) Are case/design clinics always social learning spaces, and if one is not, can the outcome still be helpful? Members who care to make a difference may be able to uncover their uncertainties and pay more attention to critical elements of the challenge. (5) Other than the process, are there differences between case and design clinics? Why would one choose one process over the other? (6) Can a case clinic work in a classroom as a process to enhance student learning? Because students may feel safer interacting in an established small group, perhaps the small groups in the class could play the role of individuals in a clinic, with the question proposer coming from a small group and the clinic participants being small groups discussing responses within the group before responding to the clinic.

We hope that this collection of case studies using the Case and Design Clinic formats might provide examples of how this process works and how it is perceived by the participants. The benefit of this style of problem-solving is that it helps support the input of all members of a group, crossing boundaries of status and position. We offer this issue to

our readers to provide examples so that they might try applying this process to their own groups and experience the benefit of multiple perspectives in problem-solving.

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