

## Leading with an Ignatian Communal Discernment Mindset

Leader (your name ☺): **Rashmi Assudani**

Decision to be made/problem to be solved (1 sentence): **Curricular changes**

How many people were involved: **18 faculty**

What aspect/s of ICD was/were most prominently present?

- **Outlining the pros and cons of the decision;**
- **Active listening**
- **Presuming good intentions on the part of others**
- **Deliberate until there is a shared contentment with a decision**

What fitting adaptation/s did you make for the situation? Why?

- **Ensuring all voices were invited**
- **Synthesizing and articulating the viewpoints was important to ensure accurate/near accurate interpretations**
- **Communication through the process was instrumental**

What ICD leadership tip did you find most useful in this process? Why?

- **Presuming good intentions on the part of others: Often times our discussions and decision making processes in academia may be clouded by the assumptions of turf boundaries. Challenging these assumptions by presuming good intentions on the part of others allowed me to stay open minded and to 'listen' with an impartial mindset.**

## Leading with an Ignatian Communal Discernment Mindset

Leader (your name ☺): **Melissa Baumann**

**Decision to be made/problem to be solved (1 sentence):** We discerned around whether to allow students to choose pass/fail grades during the Spring 2020 semester.

**How many people were involved:** The discussion involved perhaps upwards of 100 people at different stages of the process.

**What aspect/s of ICD was/were most prominently present?** People worked to understand the pros/cons of the request and then to presume good intent on the part of the students making the request.

**What fitting adaptation/s did you make for the situation? Why?** We adapted to considering the issue over Zoom and with multiple groups (FC, provost leadership team, SGA, Diversity and Inclusion, Faculty Assembly) over a longer time period. In doing so, faculty and students had the opportunity to hear each other and to process their thoughts.

**What ICD leadership tip did you find most useful in this process? Why?**

Assume good intentions was the most useful tip as that seemed to be the key to focusing the group on the feelings and needs of the students while balancing the concerns of faculty.



# Leading with an Ignatian Communal Discernment Mindset

Leader (your name ☺): **Phil Chick**

## **Decision to be made/problem to be solved (1 sentence):**

Reaching consensus between Benefits Committee, UPRC, Finance and HR regarding medical plan changes and costs for Calendar Year 2021.

## **How many people were involved:**

UPRC voting members (10 – 4 faculty, 2 staff, 4 administrators). The Benefits Committee, HR and Finance had already made their recommendation to the UPRC. Since Finance and HR recommendations were the same

## **What aspect/s of ICD was/were most prominently present?**

Outlining the Pros and Cons of the decision. The Benefits Committee had provided its recommendation (pros and cons) in writing before our first meeting. I shared my recommendation (Finance Division) and HR was also present to review the Benefits Committee recommendation and its own recommendation, which was different than the Benefits Committee recommendation.

Another aspect was allowing and encouraging every member of the group to weigh in and share his or her views, pro and con, regarding the options presented. Some items considered were: the cost impact of the change on individual employees, including our lowest paid employees; the financial impact on the University and the impact that different options might have on the University's financial situation and its ability to eventually restore salaries or 403(b) benefits; and, the impact that changes to the drug formulary and the available pharmacies would have on certain employees

Due to the significance of the decision, all UPRC members agreed that it was best to allow all some additional time to consider the information presented, so the decision was deferred for one week until the group's next regularly scheduled meeting. Upon reconvening as scheduled, some further questions were posed by members and discussed. It was clear during the intervening week that at least two members had reached their decision (they were undecided before), and a straw poll was taken and consensus was reached.

The result was a formal recommendation to Fr. Graham, who is responsible for the final decision.

## **What fitting adaptation/s did you make for the situation? Why?**

Written recommendation from Benefits Committee

Allowing an intervening week for personal research and consultation

## **What ICD leadership tip did you find most useful in this process? Why?**

Unhurried approach

Ensuring that all involved had an opportunity to share their thoughts, concerns

Consideration for opposing or views that were not shared by all

Consideration for other factors affecting the common good of the university community (e.g., balancing this decision against ability to fund other university priorities)

## **Optional: Other comment on the process that would be helpful for others**

Although we did not specifically indicate that we were following this process from the outset, the decision-making process seemed to follow this in an organic manner.

Tips

Make sure everyone is encouraged to participate, even if they don't have much to say. This is really important to the process, and allowed us to know that we needed to allow additional time for members to consider the decision.



## **Leading with an Ignatian Communal Discernment Mindset**

**Leader (your name ☺):** Greg Christopher

**Decision to be made/problem to be solved (1 sentence):**

NCAA Committee meeting re: interaction with the NCAA Board – deciding whether or not to move forward with a contentious decision that may not be supported by the NCAA BOD.

**How many people were involved:**

Six, including me.

**What aspect/s of ICD was/were most prominently present?**

Straightforward process and conversation: outlined and shared the situation, then our options – those were named specifically and explored. This led to candid conversation, including an honest evaluation of some of the egos involved and pride around our position and why that might be pushing us in a certain direction. Most apparent aspects include an ultimate shared contentment with our decision, along with the reality that all of us were actively engaged, listening to each other and contributors.

**What fitting adaptation/s did you make for the situation? Why?**

This was done via conference call, which worked fine – better if in person, or even if you can see each other via Zoom.

**What ICD leadership tip did you find most useful in this process? Why?**

Outlining intentionally the need for active listening helped set the stage for a better conversation. Anything that can be done to frame important conversations is useful.

**Optional: Other comment on the process that would be helpful for others**

(any surprises?, useful suggestions?, what impact did your ICD mindset have on the outcome? If you were to do it again, what might you do differently?.. any other tips to share etc.)

## **Leading with an Ignatian Communal Discernment Mindset**

**Leader (your name ☺):** Jeff Coleman

**Decision to be made/problem to be solved (1 sentence):**

Bringing the students back to campus for the fall semester.

**How many people were involved:** 15

**What aspect/s of ICD was/were most prominently present?**

- Begin the process in a state of Ignatian indifference
- Be a contributor and an active listener in brainstorming a solution
- Presume the good intentions of others
- Deliberate until there is a shared contentment with a decision

**What fitting adaptation/s did you make for the situation? Why?**

Recognizing the daunting task in front of us and the numerous important decisions that we would need to make we spent time outlining the guiding values for the task force.

**What ICD leadership tip did you find most useful in this process? Why?**

Use an unhurried attentive approach by determining the style and format of the discussion in advance of the gathering.

Recognizing the scope and duration of the project we were embarking on it was critical that we spent time upfront defining values, expectations, ways of proceeding, etc.

**Optional: Other comment on the process that would be helpful for others**

(any surprises?, useful suggestions?, what impact did your ICD mindset have on the outcome? If you were to do it again, what might you do differently?.. any other tips to share etc.)

I was really surprised the impact of spending some time upfront developing our guiding values and talking through our expectations and hopes for the team had on not only the effectiveness of the team but also the team dynamics. I would strongly recommend that any team beginning a similar journey spend the time upfront discussing these areas.

As far as tips, spend some time as a team recognizing your progress and successes. If you are leading a team take the time to reach out to team members individually to see how things are going and identify opportunities for improvement.



## Leading with an Ignatian Communal Discernment Mindset

Leader (your name ☺): **Becky Cull**

Decision to be made/problem to be solved (1 sentence):

**Mode for online graduate recruitment**

How many people were involved:

**More than 12**

What aspect/s of ICD was/were most prominently present?

**Different aspects of ICD were prominent in different conversations throughout this decision making process. In some meetings/conversations, the outline of the pro's and con's against our mission, vision, and values was forefront. In others, being mindful of feelings of unease of agitation.**

What fitting adaptation/s did you make for the situation? Why?

**We discussed the topic over several meetings and revised the pro's and con's and other relevant information as we learned more.**

What ICD leadership tip did you find most useful in this process? Why?

**The tip that I found most useful was applying the impartial mindset to the deliberations, which I think ensured that we did not rush to one conclusion and overlook other opportunities.**

# Leading with an Ignatian Communal Discernment Mindset

## September 16, 2020

Leader (your name ☺): **Jeff Edwards**

Decision to be made/problem to be solved (1 sentence):

**Selection of the right technology solution to allow students to be in the classroom and remote while faculty teach in the classrooms this fall due to COVID.**

How many people were involved: **30 or so**

What aspect/s of ICD was/were most prominently present?

- **Indifference to the solution selected**
- **Solicit opinions from all members**
- **Attending to dissenting opinions**

What fitting adaptation/s did you make for the situation? Why?

- **Earlier in the process when we were seeking solutions, my team did the vetting and I was told the solution I selected would not work. I listened and began to see the same issues and immediately gave up on that option because of their feedback. I was lacking indifference to the solution. I was a bit more desperate than I needed to be at that time. It led to us expanding the search and finding acceptable options.**
- **The second solution was to use just a laptop to determine if that would work. We were able to demonstrate that solution for faculty and the reaction was very mixed. Some would not use it and others said they were willing. Others did not want us to spend any money so they did not want us to go through the process. There were dissenting voices.**
- **In the final survey the responses were split between the two solutions. I paid attention to the concerns and set up individual meetings with those with strong opinions to learn more. I was able to hear their concerns and begin to piece together a broader picture of concerns. As we discussed the options, they often learned more about the technology and both were better able to see both sides of the issues.**

What ICD leadership tip did you find most useful in this process? Why?

- **Giving individuals voice in the process created buy-in and acceptance even if the final decision was not the one they had selected.**
- **Allowing dissent and conversation to take place allow us to have a broader understanding of the best possible outcome.**

Optional: Other comment on the process that would be helpful for others

**Involving end users early in the process is very helpful to outcomes. My surprise was that a tough decision does not always have a clear answer (the split recommendation from faculty), however involvement from the beginning paved the way to acceptance of the decision (everyone had a voice).**



## Leading with an Ignatian Communal Discernment Mindset

Leader (your name 😊): **Cindy Geer**

Decision to be made/problem to be solved (1 sentence):

**How to restart the CPS advisory board - The College of Professional Sciences Advisory Board did not meet for approximately 1.5 years because of changes in leadership.**

How many people were involved?

**Two**

What aspect/s of ICD was/were most prominently present?

**Be a contributor and an active listener in brainstorming a solution  
Deliberate until there is a shared contentment with a decision**

What fitting adaptation/s did you make for the situation? Why?

**The pros and cons were not specifically identified but ultimately were discussed after the brainstorming. Through active listening and questions, the group ultimately identified the strengths and weaknesses.**

What ICD leadership tip did you find most useful in this process? Why?

**Be a contributor and an active listener**

**Being an active listener helps in brainstorming because it allows everyone to think about ideas presented and really listen to what people are sharing. It creates an environment that is relaxed and low pressure so people are free to brainstorm and/or think out loud without being interrupted. It allows for a free flow of ideas without judgement. People do not over talk each other and allows time for people to ask questions.**

Optional: Other comment on the process that would be helpful for others

**Suggestion: Asking questions can help people tease out ideas and help solidify plans.**



## **Leading with an Ignatian Communal Discernment Mindset**

**Leader (your name ☺):** Tom Hayes

**Decision to be made/problem to be solved (1 sentence):**

**Decision to admit a student into our Executive MBA program.**

**How many people were involved:**

**Six**

**What aspect/s of ICD was/were most prominently present?**

**Weighing the pros and cons; Active listener; presume good intentions; shared contentment with decision**

**What fitting adaptation/s did you make for the situation? Why?**

**I have the final say and after interview was in favor of admitting. In end, after members of committee respectfully communicating their views on each side, we decided not to admit person and bring him into traditional MBA. The EMBA is much more profitable but we decided it was best for the student.**

**What ICD leadership tip did you find most useful in this process? Why?**

**Presuming good intentions and being an active listener.**

**Optional: Other comment on the process that would be helpful for others**

**(any surprises?, useful suggestions?, what impact did your ICD mindset have on the outcome? If you were to do it again, what might you do differently?.. any other tips to share etc.)**

**What might seem like a simple decision took two days of sharing thoughts and insights. Don't rush it.....In end, I believe it was the right decision as it gave the individual the best chance to succeed.**

## Leading with an Ignatian Communal Discernment Mindset

Leader (your name ☺): **Brenda Levya-Gardner**

Decision to be made/problem to be solved (1 sentence):  
**Selection of staff member**

How many people were involved: **2**

What aspect/s of ICD was/were most prominently present?  
**Outlining pros/cons, being an active listener, and deliberating until there is a shared contentment about the decision.**

What fitting adaptation/s did you make for the situation? Why?  
**None.**

What ICD leadership tip did you find most useful in this process? Why?  
**Active listening, instead of rushing to a decision.**

Optional: **Other comment on the process that would be helpful for others**



## Leading with an Ignatian Communal Discernment Mindset

Leader (your name ☺): **Judy Lewis**

Decision to be made/problem to be solved (1 sentence):

**Admission requirement for the undergraduate program**

How many people were involved:

**Nursing Faculty meeting 39**

What aspect/s of ICD was/were most prominently present?

**Presume good intentions on the part of others**

What fitting adaptation/s did you make for the situation? Why?

**Shortened the Agenda to allow enough time for the discussion; Larger group; decision had to be made that day because it impacted recruitment for the Fall 21 freshmen class**

What ICD leadership tip did you find most useful in this process? Why?

**Ensure that no one person dominates the process**

## **Leading with an Ignatian Communal Discernment Mindset**

Leader (your name 😊): **Justin Link**

**Decision to be made/problem to be solved (1 sentence):**

How to adjust with the chair of faculty committee out sick when there was an important meeting scheduled.

**How many people were involved:**

~8

**What aspect/s of ICD was/were most prominently present?**

Presume good intentions on the part of others, outline the pro's and con's of the decision

**What fitting adaptation/s did you make for the situation? Why?**

I made sure to hold my opinion until I hear others' opinions and tried remaining impartial.

**What ICD leadership tip did you find most useful in this process? Why?**

Made sure no one dominated the process and listened.



## Leading with an Ignatian Communal Discernment Mindset

Leader (your name ☺):

*GARY MASSA*

Decision to be made/problem to be solved (1 sentence):

*\* COVID RELATED - RETURN TO WORK*

How many people were involved:

*\* (5) INCLUDING ME... MY EXEC COUNCIL*

What aspect/s of ICD was/were most prominently present?

*\* WE PRESUMED GOOD INTENTIONS ON THE PART OF OTHERS.*

What fitting adaptation/s did you make for the situation? Why?

*\* RESPECT/FLEXIBILITY FOR THOSE WHO HAD CONCERNS FOR RETURNING SAFELY*

What ICD leadership tip did you find most useful in this process? Why?

*\* IGNATIAN INDIFFERENCE - I HAD TO REMAIN IMPARTIAL BECAUSE I WAS THINKING EVERYONE SHOULD BE BACK IN THE OFFICE.*

*\* SHARED DECISION - EVERYONE OWNED IN A GOOD PLACE*

Optional: Other comment on the process that would be helpful for others

(any surprises?, useful suggestions?, what impact did your ICD mindset have on the outcome? If you were to do it again, what might you do differently?.. any other tips to share etc.)

*I THINK WE REALIZED THAT WE  
USE THIS PROCESS ON A REGULAR  
BASIS WITHOUT REALIZING  
IT IS IGNATIAN COMMUNAL DISCERNMENT*

## **Leading with an Ignatian Communal Discernment Mindset**

**Leaders:** **Aaron Meis** and **Kelly Pokrywka**

### **Decision to be made/problem to be solved (1 sentence):**

How should we staff our division after Thanksgiving break when instruction moves back to entirely remote delivery?

**How many people were involved:** Sixteen.

### **What aspect/s of ICD was/were most prominently present?**

Participants were clearly listening to each other's points of view – folks changed their views just by hearing what other folks had to say, with little-to-no debate or argument.

Everyone assumed good intentions on the part of others.

Everyone was expected to share and no one dominated the conversation.

Participants operated with a sense of shared indifference, and were transparent with the group at points where they were not indifferent. We reached a point of shared contentment with the decision.

### **What fitting adaptation/s did you make for the situation? Why?**

I did not list out the pros and cons for the group. I asked them to think about this ahead of time and be prepared to discuss their point of view. This group is highly engaged with personnel discussions in the division and I felt listing out the pros and cons at the outset would be a bit heavy-handed.

### **What ICD leadership tip did you find most useful in this process? Why?**

Kelly and I framed the decision in a neutral manner; we did not share our opinions (in fact, no decision had been made at the time of the meeting – we wanted the group to make the decision) so we purposely did not share our views.

### **Optional: Other comment on the process that would be helpful for others**

I was surprised at how quickly we reached some consensus. Even though there were different viewpoints, a 'preference for the group decisions' emerged quickly. We have some loose ends to tie up, but we reached a sense of contentment in about 40 minutes or so.

I believe the fact that neither Kelly nor I shared our opinions gave the group some freedom and a sense of empowerment to state a position. Everyone was an equal whether they manage 20 people or if they manage 1. If folks had been tempted to 'side' with Kelly or me it would have significantly changed the tenor of the conversation.



# Leading with an Ignatian Communal Discernment Mindset

**Leader (your name ☺):** David Mengel

**Decision to be made/problem to be solved (1 sentence):**

Choosing the top-priority initiatives for the attention of the CAS Council of Advisors (CASCA) for the academic year

**How many people were involved:** 10

**What aspect/s of ICD was/were most prominently present?**

We noted similarities and differences between ICD and the CAS mutual commitments the college has been using since 2017, developed by CAS faculty leaders following Dr. Kathy Obear's model she presented at Xavier:

- Be open to different perspectives
- Assume good intent
- Consider the impact of your comments
- Speak from personal experience
- Take risks. Be brave.
- Be present. Listen.

Several members thought that ICD fit well with the culture that they've experienced in CASCA – and noted how different it felt from other situations; there was some questioning of how well it would work for groups that include people of significantly different position and power within the university.

**What fitting adaptation/s did you make for the situation? Why?**

Our focus included reflection the process itself, more so than we will in the future.

**What ICD leadership tip did you find most useful in this process? Why?**

One member who had experience with ICD expressed appreciation of the practice of going around the room—twice—to ask everyone's input, something that allows those who process things more deliberately to contribute fully.

That was a good reminder for me, who can tend to lead quickly through ideas and decisions in groups that have established a high level of trust. Although I regularly go around and ask those who haven't spoken about their input, this going-around-the-room practice likely is more effective at soliciting reflections from everyone.

## Leading with an Ignatian Communal Discernment Mindset

Leader: **Debra Mooney**

Decision to be made/problem to be solved (1 sentence):

**Foci of the newly identified Mission Coordinators at each of the ABSN sites**

How many people were involved: **4**

What aspect/s of ICD was/were most prominently present?

**I entered the meeting with both a *structure in advance of the meeting* and *indifference* – setting the stage for this new group to brainstorm but not directing it**

What fitting adaptation/s did you make for the situation? Why?

**There was no reason to list pro's and con's for each idea - probably because the group was small**

**I adapted this for heavy brainstorming – there was not a choice to be made among specific options.**

What ICD leadership tip did you find most useful in this process? Why?

**A decision to be made was presented (how to orient new hires in Jan) was presented in an open neutral manner.**

**Opinions were continuously solicited – the group was small and people could modify and build on others ideas to reach unity in an unhurried yet timely way.**

Optional: Other comment on the process that would be helpful for others

**I was pleasantly surprised at the ideas generated by the Coordinators– well beyond what I expected and had planned for in this relatively brief meeting; they identified activities they want to coordinate and lead, collaboratively, with students (i.e., mission lunch-and-learns). Their idea generation has continued beyond this meeting.**



## **Leading with an Ignatian Communal Discernment Mindset**

**Leader (your name ☺):** Connie Perme

**Decision to be made/problem to be solved (1 sentence):** CY21 Medical Plan Renewal

**How many people were involved:** 30

**What aspect/s of ICD was/were most prominently present? Share my opinions and give close attention to the viewpoints of others**

**What fitting adaptation/s did you make for the situation? Why?**

This was a two hour committee meeting so there wasn't sufficient time to deliberate until there was a shared sense of contentment with the decision. To be sure that every voice was heard and there was an opportunity to be open to what others had to say, each individual had a chance to speak twice. The first time to share their recommendation and rationale and the second time to share the rational they heard for supporting the recommendation that was different than what they originally recommended.

**What ICD leadership tip did you find most useful in this process? Why?**

The importance of paying close attention to the viewpoint of others – especially when there was disagreement. I knew going into the conversation there were two clear different points of view on what was the best decision to make. So I utilized a twist to the conversation that I heard was used in another situation. The second time individuals spoke they had to share support for the recommendation that was different than what they originally recommended.

**Optional: Other comment on the process that would be helpful for others**

(any surprises?, useful suggestions?, what impact did your ICD mindset have on the outcome? If you were to do it again, what might you do differently?.. any other tips to share etc.)

# **Leading with an Ignatian Communal Discernment Mindset**

**Leaders:** Kelly Pokrywka and Aaron Meis

## **Decision to be made/problem to be solved (1 sentence):**

How should we staff our division after Thanksgiving break when instruction moves back to entirely remote delivery?

**How many people were involved:** Sixteen.

## **What aspect/s of ICD was/were most prominently present?**

Participants were clearly listening to each other's points of view – folks changed their views just by hearing what other folks had to say, with little-to-no debate or argument.

Everyone assumed good intentions on the part of others.

Everyone was expected to share and no one dominated the conversation.

Participants operated with a sense of shared indifference, and were transparent with the group at points where they were not indifferent. We reached a point of shared contentment with the decision.

## **What fitting adaptation/s did you make for the situation? Why?**

I did not list out the pros and cons for the group. I asked them to think about this ahead of time and be prepared to discuss their point of view. This group is highly engaged with personnel discussions in the division and I felt listing out the pros and cons at the outset would be a bit heavy-handed.

## **What ICD leadership tip did you find most useful in this process? Why?**

Kelly and I framed the decision in a neutral manner; we did not share our opinions (in fact, no decision had been made at the time of the meeting – we wanted the group to make the decision) so we purposely did not share our views.

## **Optional: Other comment on the process that would be helpful for others**

I was surprised at how quickly we reached some consensus. Even though there were different viewpoints, a 'preference for the group decisions' emerged quickly. We have some loose ends to tie up, but we reached a sense of contentment in about 40 minutes or so.

I believe the fact that neither Kelly nor I shared our opinions gave the group some freedom and a sense of empowerment to state a position. Everyone was an equal whether they manage 20 people or if they manage 1. If folks had been tempted to 'side' with Kelly or me it would have significantly changed the tenor of the conversation.



# Leading with an Ignatian Communal Discernment Mindset

Leader (your name ☺): **Bob Sheeran**

**Decision to be made/problem to be solved (1 sentence):** **Developing a Capital Planning Strategy in light of resource constraints due to COVID.**

**How many people were involved:** **Seven**

**What aspect/s of ICD was/were most prominently present?**

- 1. Begin the process in a state of Ignatian indifference**
- 2. Outline the Pros and Cons of the decision**
- 3. Be a contributor and an active listener in brainstorming a decision**
- 4. Deliberate until there is a shared contentment with a decision**

**What fitting adaptation/s did you make for the situation? Why?**

**Created priorities due to uncertainty of financial resources available. Allows for flexibility in implementation once financial constraints are better understood.**

**What ICD leadership tip did you find most useful in this process? Why?**

- Engage in the process when a true decision is to be made, that is, when a specific outcome is not predetermined or desired.**
- Solicit opinions from all members of the group; share your opinion after others.**

**These tips created an environment to let the best ideas to come out and ultimately provided us with the best solution that everyone had role in developing.**

**Optional: Other comment on the process that would be helpful for others**

**(any surprises?, useful suggestions?, what impact did your ICD mindset have on the outcome? If you were to do it again, what might you do differently?.. any other tips to share etc.)**

**The process we use(d) is one we have done for many years. It was not a model of Ignatian Communal Discernment, but a close version. For example, we did not start the meeting with a prayer nor did we review the process to be sure we included all of the steps. I was happy with the process we used but I think there is an opportunity to take it to the next level by implementing some of the steps we did not follow.**

## **Leading with an Ignatian Communal Discernment Mindset**

Leader (your name ☺): **Janice Walker**

**Decision to be made/problem to be solved (1 sentence):** The PDIAAC (President's Diversity and Inclusion Action and Advisory Council) needed to decide what strategies among many of the five-year Diversity and Inclusion Plan would be the priorities for coming academic year.

**How many people were involved:** Approximately 15

**What aspect/s of ICD was/were most prominently present?**

The aspect most prominently present was: Deliberate until there is a shared contentment with the selected strategies/decision.

**What fitting adaptation/s did you make for the situation? Why?**

I had to ensure there was sufficient time for dialogue and that everyone's voice would be heard. So structuring the breakout groups for conversations and reporting out were carefully done.

**What ICD leadership tip did you find most useful in this process? Why?**

Soliciting opinions from **all** members of the group was the most useful tip. I'm not sure if I shared all my opinions, but surely it was not done until the end.

**Optional: Other comment on the process that would be helpful for others**

Always surprised at who makes the comment that proves most helpful to the process. Never assume you know who it might be!



## **Leading with an Ignatian Communal Discernment Mindset**

Leader (your name 😊): **Janice Walker**

### **Decision to be made/problem to be solved (1 sentence):**

Decide whether to submit the 2019 HEED (Higher Education Excellence in Diversity) Award application with some potential errors and omissions or wait a year to submit a more thoroughly vetted and accurate 2020 HEED Award application.

**How many people were involved:** 5 (3 at Xavier and 2 external to Xavier)

### **What aspect/s of ICD was/were most prominently present?**

"Outline the pro's and con's of the decision" was the aspect most prominently present. The application's evaluation would provide an excellent assessment of Xavier's commitment to diversity and inclusion. Several individuals had invested a lot of effort in answering the 60-question survey (with places to add comments), but some answers would have to be updated/reworked. The due date did not allow for a thorough review by the CDIO

### **What fitting adaptation/s did you make for the situation? Why?**

I was concerned that I may not have approached the deliberation with an impartial mindset. Therefore, I listened more intently, communicated dispassionately, and waited patiently for a shared contentment.

### **What ICD leadership tip did you find most useful in this process? Why?**

I solicited opinions from everyone before sharing my thoughts. Some of the people reported directly to me and, I think, were very concerned about what I thought.