

## Meeting Minutes Deck

# Reverse Brainstorming Session Guide

Use this deck to run, capture, and turn a reverse brainstorming session into decisions and actions.

60-90 min workshop

Facilitator-led

Action-focused minutes

### Session example

#### Online doctor appointment registration

---

Objective: identify what would make patients abandon booking, then flip those failures into high-impact improvements.

# Meeting minutes capture sheet

Set up

| Field           | Details to complete during the meeting   |
|-----------------|--|
| Meeting title   | Reverse Brainstorming: Online Doctor Appointment Registration                      |
| Date / time     | [Insert date and time]   |
| Facilitator     | [Name]   |
| Participants    | [Names / roles]  |
| Decision needed | What improvements should move into action or testing?                              |
| Success measure | Reduced abandoned bookings; fewer booking-related calls; fewer registration errors |

Minute-taker prompt: record evidence, exact participant language, decisions, owners, and unresolved questions.

# Session purpose and outputs

Set up

## Purpose

Expose hidden failure points in the booking journey  
Turn critical thinking into constructive solutions  
Prioritise improvements for testing or implementation

## Outputs

A list of “bad ideas” that would break the journey  
Failure themes and likely root causes  
Prioritised solution actions with owners

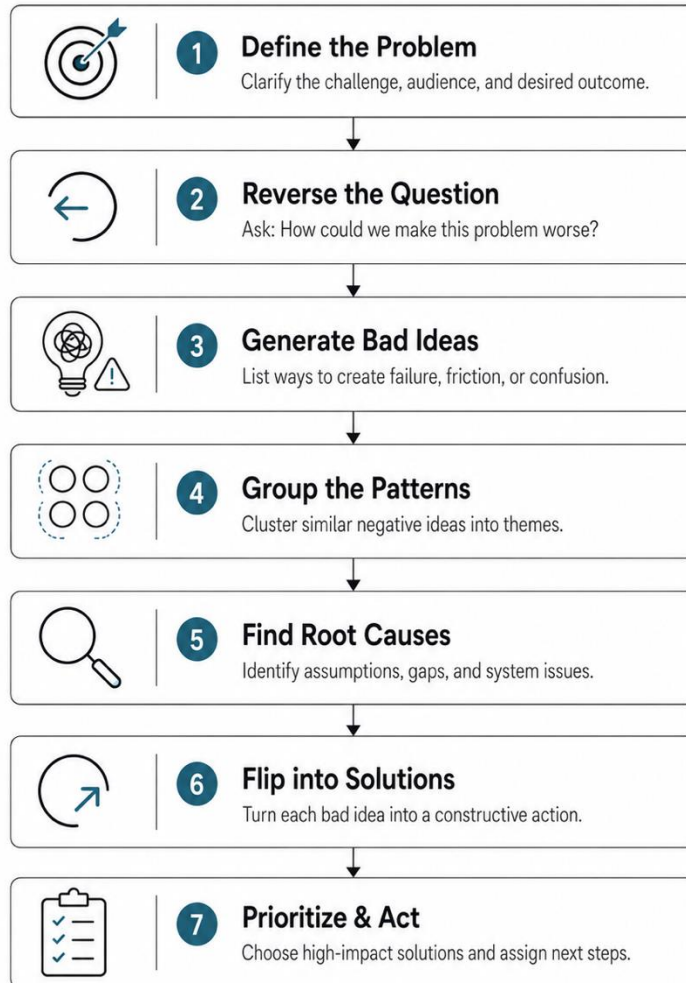
## Facilitator stance

Critique systems, not people  
Keep the negative phase time-boxed  
Move every insight toward action

# Reverse brainstorming flow

Process

Turn failure thinking into actionable solutions



## Meeting minutes checkpoints

| Stage | What to record                               |
|-------|--|
| 1-2   | Final problem statement and reverse question |
| 3     | Raw bad ideas, no filtering                  |
| 4-5   | Themes, root causes, evidence gaps           |
| 6-7   | Solutions, priority, owner, next step        |

**Tip for the minute-taker: do not sanitise negative ideas too early. Capture them first, then translate them during the flip stage.**

# Agenda and timings

Run of show

|             |                            |   |
|-------------|----------------------------|---|
| <b>0-10</b> | <b>Frame the challenge</b> | Confirm scope, patient group, and success measures. |
|-------------|----------------------------|---|

|              |                             |                                  |
|--------------|-----------------------------|----------------------------------|
| <b>10-15</b> | <b>Reverse the question</b> | Create one sharp failure prompt. |
|--------------|-----------------------------|----------------------------------|

|              |                           |                                       |
|--------------|---------------------------|---------------------------------------|
| <b>15-30</b> | <b>Generate bad ideas</b> | Silent writing, then group expansion. |
|--------------|---------------------------|---------------------------------------|

|              |                         |                               |
|--------------|-------------------------|-------------------------------|
| <b>30-45</b> | <b>Cluster patterns</b> | Group similar failure points. |
|--------------|-------------------------|-------------------------------|

|              |                    |                                      |
|--------------|--------------------|--------------------------------------|
| <b>45-60</b> | <b>Root causes</b> | Ask why these failures could happen. |
|--------------|--------------------|--------------------------------------|

|              |                            |                                  |
|--------------|----------------------------|----------------------------------|
| <b>60-80</b> | <b>Flip and prioritise</b> | Convert into solutions and rank. |
|--------------|----------------------------|----------------------------------|

|              |                |   |
|--------------|----------------|---|
| <b>80-90</b> | <b>Actions</b> | Assign owner, next step, and evidence needed. |
|--------------|----------------|---|

# Roles and ground rules

Facilitation

## Facilitator

Keeps process moving and protects psychological safety.

## Minute-taker

Captures exact ideas, decisions, open questions, and actions.

## Timekeeper

Keeps each phase short and visible.

## Participants

Generate ideas, challenge assumptions, and help flip insights into solutions.

**Ground rule to read aloud: “We are designing failure on purpose. Critique processes, journeys, assumptions, and systems - not people.”**

# Working example: doctor appointment registration

Workshop input

## Original challenge

**How might we help patients register and book a doctor appointment online quickly, confidently, and without calling the clinic?**

## Reverse question

**How could we make patients abandon the online doctor appointment registration process?**

| Bad idea                             | Likely effect            |
|--------------------------------------|--------------------------|
| Hide the booking button              | Patient cannot start     |
| Ask for too much information upfront | Patient feels overloaded |
| Use medical jargon                   | Patient misunderstands   |
| Give vague error messages            | Patient cannot recover   |
| Send no confirmation                 | Patient calls reception  |

# Minutes capture: patterns and root causes

| Failure pattern | Root-cause question                             | Example note  |
|-----------------|---|---|
| Visibility      | Why can't patients find the right start point?  | Website is organised by department, not patient task.           |
| Trust           | What makes the process feel risky or uncertain? | Booking confirmation and payment/eligibility rules are unclear. |
| Language        | Where do labels reflect internal terms?         | Appointment categories use clinic terminology.                  |
| Error recovery  | What happens when users make mistakes?          | Error messages say "invalid input" without recovery guidance.   |
| Mobile friction | Where does the journey break on phones?         | Date picker and forms are hard to use on small screens.         |

**Advanced note: root causes should explain why the failure could occur - not just restate the failure.**



# Flip failures into solutions

Decision-making

| Bad idea                 | Flipped solution                                     | Priority |
|--------------------------|--|----------|
| Hide the booking button  | Place a clear “Book Appointment” button on key pages | High     |
| Ask for too much upfront | Show availability before detailed registration       | High     |
| Use jargon               | Rewrite labels in plain patient language             | High     |
| Vague errors             | Give specific recovery instructions                  | Medium   |
| No confirmation          | Show confirmation and send email/SMS                 | High     |
| Poor mobile flow         | Redesign date selection and form fields mobile-first | High     |

Impact

Effort

Confidence

# Action tracker and closing minutes

Follow-up

| Action / decision                             | Owner  | Evidence needed                        | Due date |
|---|--------|--|----------|
| Add clear booking entry point                 | [Name] | Homepage analytics; booking-start rate | [Date]   |
| Rewrite patient-facing form labels            | [Name] | Usability review with patients         | [Date]   |
| Improve confirmation email/SMS                | [Name] | Support-call reasons after booking     | [Date]   |
| Prototype mobile-first booking flow           | [Name] | Mobile abandonment data                | [Date]   |
| Test availability-before-registration concept | [Name] | A/B or moderated prototype test        | [Date]   |

**Close by reading back: decisions made, actions assigned, open questions, and what evidence will be reviewed next.**