

C6: Leadership Makes the Difference for Successful Improvement

Marjorie M. Godfrey

13:30-14:30

February 27, 2020

- Practicing humble leadership and new skills can lead to new levels of trust and open communication between leaders and interprofessionals.

- Health care systems and demands are constantly changing. Leadership in health care is challenging and requires new skills and habits.
- New leadership knowledge, skills and abilities can be developed to enhance personal success creating a culture of improvement with staff.
- Skills such as learning humble inquiry, having willingness, humility, curiosity, perseverance and self-discipline can be assessed with a subsequent action plan to practice and develop new habits of leadership to be the most effective leaders can be.

**“Leaders cannot command great performance,
they can only create the conditions.”**

Paul O’Neill
CEO, Alcoa

Past Secretary of the Treasury, United States of America

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As a leader, what conditions can you choose to create?

Reflect individually
Share with your neighbor
Share with group

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5

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Avedis Donabedian, MD, MPH

1919-2000

a towering figure in the field of research on quality in health care, was asked for his final thoughts on quality shortly before his death in 2000.

“Systems...are enabling mechanisms only. It is the *ethical dimension of individuals* that is essential to a system's success.”

Toward the end of his life, Donabedian recognized, and worried about, the ascendancy of what he called an “industrial model” of quality improvement.

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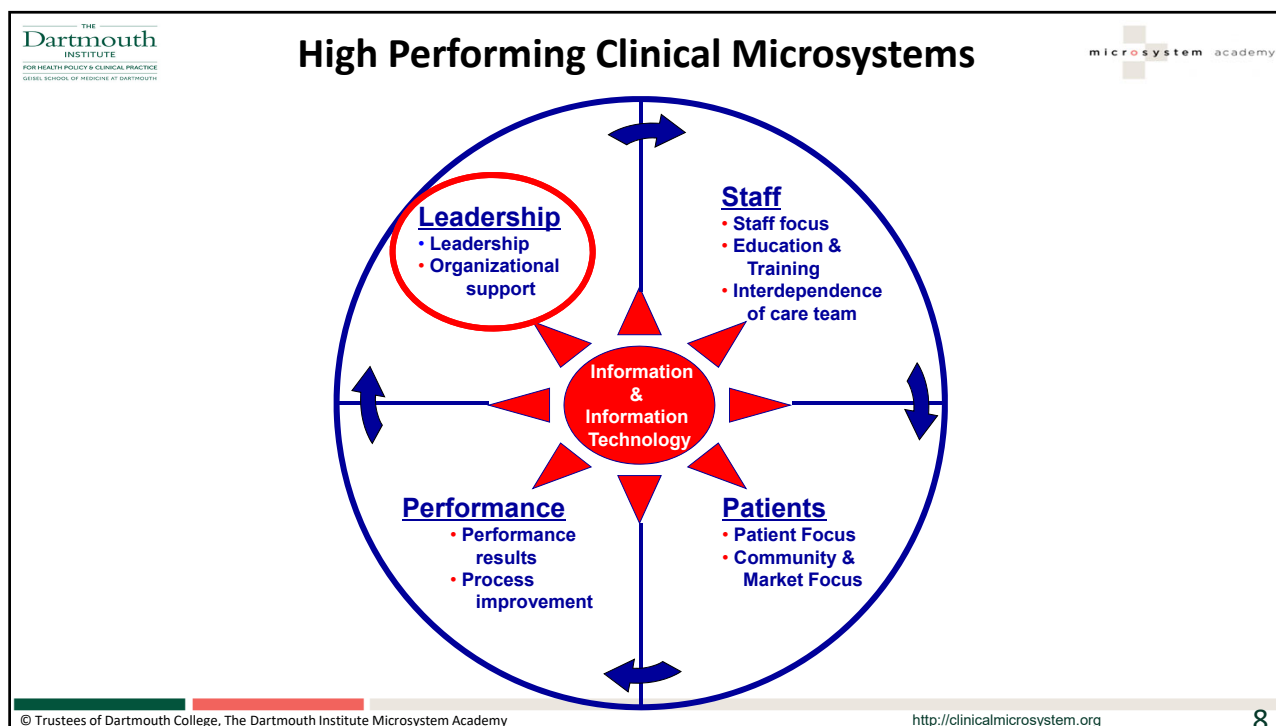
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6

"Systems awareness and systems design are important for health professionals, but they are not enough. They are enabling mechanisms only. It is the ethical dimensions of individuals that are essential to a system's success. Ultimately,

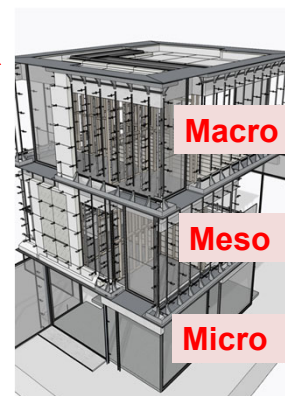
the secret of quality is love. You have to love your patient, you have to love your profession, you have to love your God. If you have love, you can then work backward to monitor and improve the system."

- Avedis Donabedian



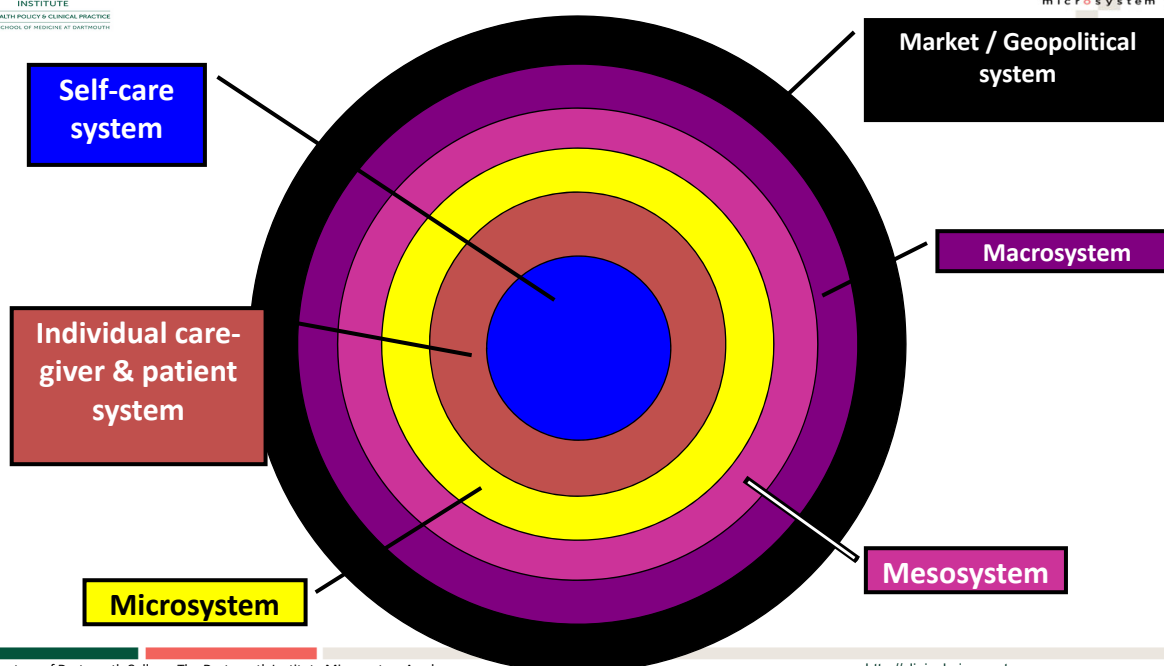
Improvement and Leadership

- Over twenty years of improvement work consistently demonstrates the importance of **leadership at all levels** of the organization to support front line improvement.
- Research on **high performing care units shows leadership matters**
(Leaders were coaching in original research)
- Improvement and change efforts **without** leadership attention and follow up often is not as successful as it might be



Understand each level...

Systems Inside Systems



Citizenship

“The ***biggest untapped resources in the health system*** are not doctors but users. We need systems that allow people and patients to be recognised as producers and participants, not just receivers of systems ...

At the heart of the approach, ***users will play a far larger role*** in helping to identify needs, propose solutions, test them out and implement them, together.”

Design Council, 2004

The Patient Compact will support this

With & Without Leadership


Big difference to have leader involved

- Coach met with them and described improvement process and how they could help

Leaders encouraged teams unlike the past


- They were curious
- They used to say “YOU should do the improvement” and they were not involved

Now they say “*What is happening and what are your results?*” and are interested



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Leaders Can Help by...



- **Helping cultivate improvement capability** by designing structures, processes and outcomes of their organizational systems to support health care improvement activities
- **Developing the improvement knowledge of every staff member** in the whole system to know their operational processes and system to promote action learning in their daily work
- **Setting clear improvement expectations** of all staff
- **Holding staff accountable**
- **Providing TIME** to learn and practice improvement
- Supporting improvement actions and learning using a **Team Coaching Model** (*skill in their leadership capabilities or with a team coach*)

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13



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Leaders and Coaching




Leader	Coaching
Tell	<ul style="list-style-type: none"> • Inquiry
Do	<ul style="list-style-type: none"> • Enable & create conditions • Role model new behaviors
Take Charge	<ul style="list-style-type: none"> • Help others lead
Talk	<ul style="list-style-type: none"> • Wait and be quiet for others to find their way
Fix everything	<ul style="list-style-type: none"> • Encourage & praise the staff • Help them learn problem solving
Jump to action	<ul style="list-style-type: none"> • Patience and reinforcement of the method
I know best	<ul style="list-style-type: none"> • Everyone has something to offer


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14



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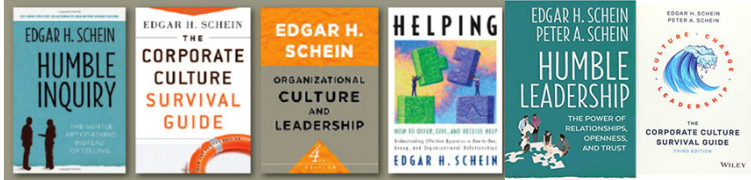
Edgar Schein



Professor Emeritus at the MIT Sloan School of Management

Field of organizational development in many areas, including career development, group process consultation, and organizational culture.

“Behavior is very situational...so change the situation”




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Leadership is about Relationships

Level Minus 1: Total impersonal domination and coercion

Level 1: Transactional role and rule-based supervision, service, and most forms of “professional” helping relationships

Level 2: Personal cooperative, trusting relationships as in friendships and in effective teams

Level 3: Emotionally intimate total mutual commitments



3 types of humility

- **Social Life** “elders & dignitaries”
- **Professional Life** “awe of achievements”
- **Here and Now** “when I’m dependent on you” (actually need many helpers)



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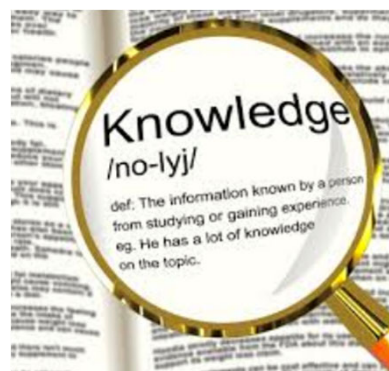
16

Role-based Transactions

- Transactional concept of how people should work together
 - “You have your role, I have my role”
 - Relationship distance erodes processes and systems
 - Challenges include practical and theoretical
- Move from role-based transactions to personal relationships
 - “Personize” get to know each other-ask questions about each other

Leader, Leading, Leadership

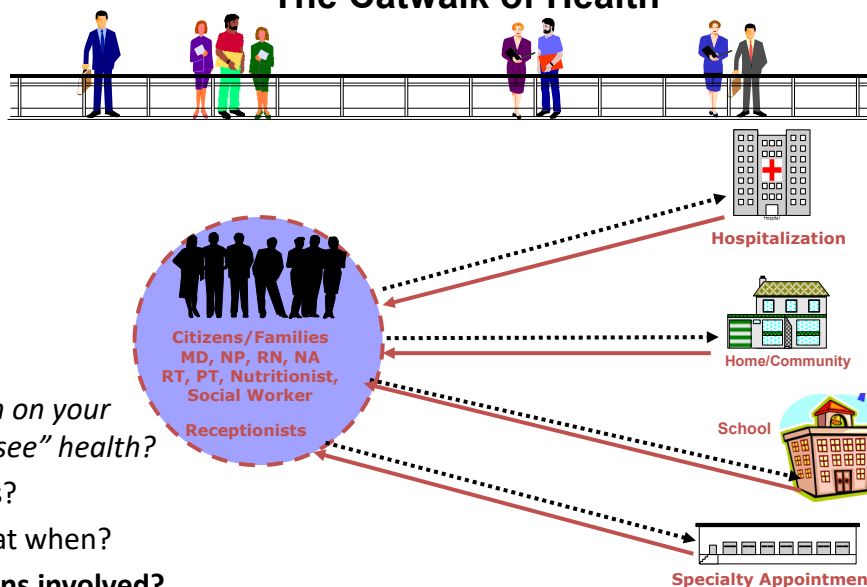
- Build Knowledge
- Take Action
- Review & Reflect



Building Knowledge

- Observe actual work in the actual context; experience the work of others
- Have a predictable presence
- Show interest in follow-up
- Lead learning as needed
- Focus on “what” not “who”
- Encourage proactive thinking
- Share your own theories, assumptions
- Create predictable “space” for communication in the midst of busy-ness
- Foster inquiry by everyone and a common language for the common work
- Use data to characterize problems, foster change
- Share information and ideas

The Catwalk of Health



Have you been on your
“catwalk” to “see” health?

What happens?

Who does what when?

How are citizens involved?



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Taking Action



- Lead by example
- Ask others to do only what you would do yourself
- Be clear about what needs to be done and invite people to contribute to how it might be done
- Recognize and take steps to enable the potential of people
- Treat people with respect
- Build process knowledge, including the underlying rationale for the process
- Be reliably available and accessible
- Foster an environment of respect and love for your patients
- Tell the truth about what isn't working well
- Offer room for others to solve the problem

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“We do not learn from experience ... we learn from reflecting on experience.”
- John Dewey

Reflection

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Review & Reflect

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- Create regular time for communication, conversation about the work
- Create a safe place where truthful conversations about the facts of performance can occur
- Ground conversations in reality

- Be mindful of the “signature” of your unit
- Explore the relation between joy and success
- Be explicit about the contributions people can make to work
- Remember those served by the microsystem
- Define success in a way that serves future as well as present

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Five Changes Leaders Make to Develop an Improvement Culture

Key behavioral dimensions that are essential for fostering a cultural of continuous improvement

- Willingness
- Humility
- Curiosity
- Perseverance
- Self-discipline



Toussaint & Ehrlich April 2017

Becoming a Continuous Improvement Leader

- Takes coaching and lots of practice
- Become better leaders by ***“acting your way into thinking”***
 - Share personal stories and challenges with another leader to build a trusting relationship and be able to share inner most thoughts about real world issues

Willingness

- Recognize change is required to result in willingness to change
- Leaders cannot address unproductive organizational traits (redirected blame, autocracy, etc.) without being open to extricating these traits from themselves.
 - Positive change requires a state of readiness for making personal changes that improve your interactions with others

Action: *Engage in self-reflection for 10 minutes every week.*

- ✓ *What in my actions this week led to **better thinking on behalf of my team about problems?***
- ✓ *Did my questions unleash the thinking capacity of my team, or did I blame them for not following up on my specific ideas?*

Humility

- 105 small-to-medium companies in a comparative study found that humility was the best determinant of process and outcome performance.
- Capacity for humility is essential when staff are often more expert than the leader in particular areas.
- Effective leaders do not have all the answers and are willing to “go see” in the place where work actually happens. Go to “gemba”
- Many leaders have difficulty setting aside their preconceived ideas to learn from frontline doctors, nurses, and technicians who have firsthand experience in dealing with issues.

Action: Proactively examine interactions with others.

*Did I ask questions that **elicited the best thinking of the person or team with whom I interacted?***

Were there implied answers in my questions?

Curiosity

- Effective leaders know they do not have all the answers...
- Respect staff by asking open-ended questions and seeking input
- Be curious about staff stories
 - Background and current state
 - Define problems and identify a target issue
 - Why does the problem exist?
 - Identify possible experiments

Action: Go to staff and ask: *Did I unleash the creativity of my team by asking them about how things work and how they should work?*

Did I see barriers I could remove that would allow them to solve the problems they face?

Perseverance

- Persistence to attack any problem and the belief that no problem is unsolvable
- Changing one's behavior requires resilience and the persistence to attack any personal problem
- Learning a new skill requires a teacher and practice
- Learning to be a continuous improvement leader is no different.

Action: *Have I gone to where value is created to observe, show respect, and encourage the staff?"*

Did I ask someone to observe my behavior and give me feedback this week? Have I established a confidant with whom I can share my behavioral struggles?

Self-discipline

- Sustained great results depend upon building a culture full of self-disciplined people who take disciplined action (***Good to Great***, Jim Collins)
- Such a culture develops out of effective leader standards
- Management of setting expectations
- Condition yourself to a habit of self-discipline in thought and action

Action: *Is there anything on my calendar this week that will add value to the **patients we serve**?*

Have I gone to where value is created to observe, show respect, and encourage the staff?

Five Behavioral Actions

	1 Rare, undeveloped, indifferent	2 Irregular, experimental, apparent	3 Frequent, predictable, moderate	4 Consistent, stable, persistent	5 Uniform, mature, tenacious
Willingness					
Reflection					
Humility					
Go see					
Curiosity					
Asking effective questions					
Active listening					
A3 thinking					
Perseverance					
Buddy system					
Have a coach					
Self-discipline					
Leader standard work					



Complete the Table
Transfer the scores to the “Spider Graph”

What did you learn?
 What action could you plan?

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Summary

- Leaders ***have the choice*** to make the time to develop as leaders of improvement
- Leaders can “stop the madness” and ***learn, act & reflect***
- Leaders can ***create agency and also promote agency*** in others
- Leaders can ***coach Ikigai*** and ***create psychological safety (humble inquiry)***
- Research shows development of leaders lead to increased leadership ability to create conditions for successful improvement
- 5 Behavioral improvements for leaders can provide focused development opportunities
- **Team coaching** can support leadership skills development

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The Way It Is



There's a **thread** you follow
 It goes among things that change.
 But **it** doesn't change.
 People wonder about what you are pursuing.
 You have to explain about the **thread**
 But it is hard for others to see.
 While you **hold it** you can't get lost
 Tragedies happen
 People get hurt or die
 And you suffer and get old.
 Nothing you do can stop time's unfolding.
 You don't ever let go of the **thread**.



-William Stafford

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37



ABOUT PROGRAMS KNOWLEDGE CENTER NEWS & EVENTS COACHING CONNECTION Q&A

CLINICAL MICROSYSTEMS

WHERE QUALITY, SAFETY AND VALUE
ARE MADE

What is a Microsystem?

Clinical microsystems are the essential building blocks of larger organizations and of the health system. They are the place where patients, families, and care teams meet. Clinical microsystems do the real, hands-on, value-added work within an organization. They are living units that change over time and always have a patient (person with a health need) at their center.

[MORE ABOUT MICROSYSTEMS →](#)

Countdown to Sheffield Microsystem Coaching Academy Expo

75D 10H 29M 17s

[LEARN MORE & REGISTER →](#)



Clinical microsystem introduction by Paul Batalden, MD

[www.clinicalmicrosystem.org](http://clinicalmicrosystem.org)

Thank you

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38



Extra Slides



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A New Approach to Conflict in the Workplace

- **Empathy:** Build Relationship
- **Curiosity:** Develop a Common Understanding
- **Respect:** Negotiate Toward a Win-Win



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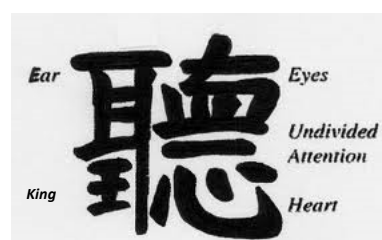
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Skills for Building Relationships

I give you my...

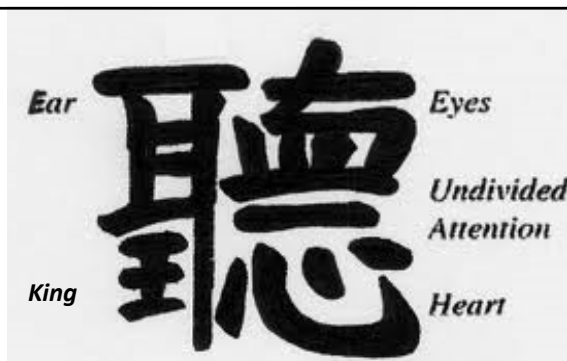
Ask with skilled inquiry

- *Open-ended inquiry*
- *Active listening*
- *Reflections*
- *Summarize*



Active listening is a whole body experience
and does not involve your mouth

41

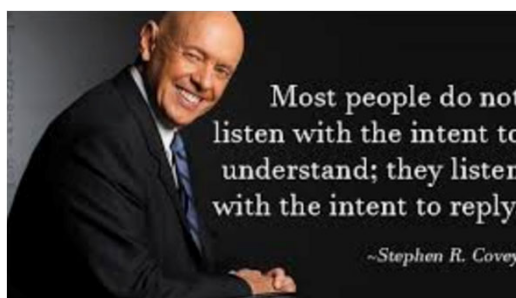


Active Listening



Develop Common Understanding Active Listening

- Help a speaker feel heard or understood
- Encourage further exploration at a deeper level
- Strengthen the relationship
- Show respect



Active Listening Exercise

Practice

- Use silence (Listen for 2 minutes)
- Respond with non verbal encouragement
- Summarize back what you hear
- Repeat

Empathy, Curiosity & Respect Elicit the Other's Perspective

- Start with open-ended inquiry (*seek to understand*)
 "Help me understand how you see this..."
- Don't interrupt
- Explore others perspective or ideas:
 "How would that work? Tell me more about that. "
- Reflect, rephrase what you hear
 "Sounds like it is important to you..."
- Beware of your assumptions

Reflection

- Goals: confirm your understanding
- Qualities of a good reflection
 - clear, concise
 - accurately identifies the meaning underlying your colleague's words
 - followed by pause

Multiple Ways to Reflect

- Repeating or rephrasing – mirror the speaker's words
- Paraphrasing –infer meaning from what speaker said
- Reflect feeling underlying the words –emphasize emotional aspects of communication

Goals of Dialogue

1. To evoke people's genuine voices
2. To listen deeply
3. To hold space for and respect as legitimate other's views
4. To broaden awareness and perspective – use energy of your differences to enhance the collective wisdom

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Empathic Communication Skills

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PEARLS

Partnership

Emotion

Empathy

Appreciation

Apology

Respect

Legitimation

Support



"I really want to work with you on this."

"It looks like you're feeling pretty upset.."

"I can see that you have been struggling with this."

"I really appreciate all the work you have done!"

"I'm sorry ..."

"I respect how you have dealt with..."

"Anyone in your position would feel similarly."

"I want to support you in any way I can"

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49

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Ladder of Inference

How Assumptions Can Contribute to Miscommunication and Conflict

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The Ladder of Inference

A project by Cheryl Williams for VCC's PIDP 3420

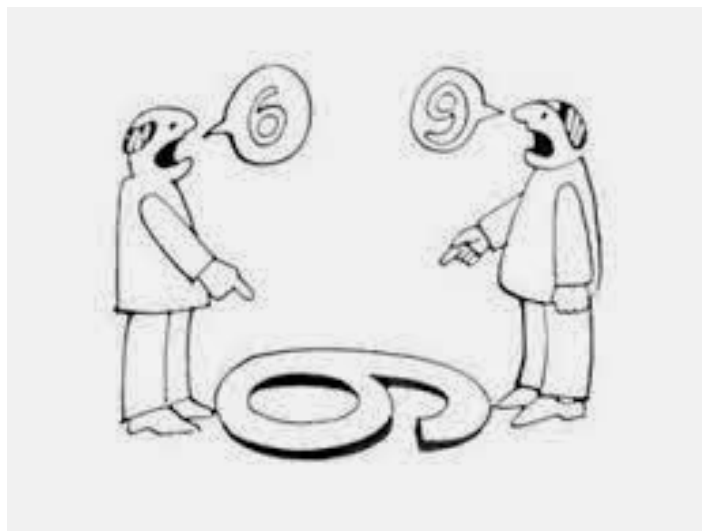
<https://www.youtube.com/watch?v=XA94chykm-c>

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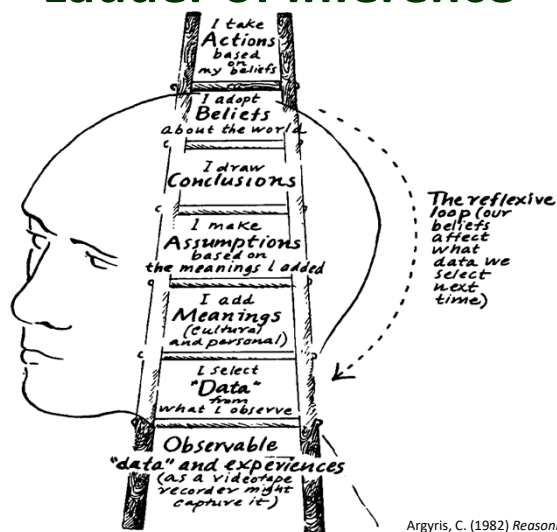
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50

Who is right?



Ladder of Inference



Argyris, C. (1982) Reasoning, Learning and Action, San Francisco: Jossey-Bass

Ladder of Inference example

- You and Mary are working on a project – you need her help + data
- You email her – no response.
- You leave her a voice mail or two, or three.
- You remember last time you worked together
- She is avoiding you... As the days roll by, you convince yourself that she is even trying to sabotage you.
- In fact, she never liked you.
- If she needs something from you, forget it - you won't share it!
- You can't stand her either and start to complain to others about her
- Next time you see Mary, you give her a dirty look and other team members notice the communication breakdown

Ladder of Inference

My View	Mary's View
Conclusion	
I can't stand her!	I hope to catch up soon.
Reasoning	
My colleague can't stand me	She knows that I'm overwhelmed.
Assumptions	
When people don't respond, they don't like you	When you don't respond, people understand that something must be going on.
Directly Observable Data	
Mary didn't answer my email or my messages	I've been so distracted since my Mom got hospitalized – I can't keep up at work

Ladder of Inference

The diagram illustrates the Ladder of Inference, a process of moving from observable data to actions. The ladder has seven rungs, with the bottom rung being the most observable and the top rung being the least. A dashed blue arrow labeled 'The Reflexive Loop' points from the top rung back down to the bottom rung, indicating that our beliefs affect what data we select next time.

Left Side (Observable to Assumptions):

- Observable:** "data" and experiences (as a video tape recorder might capture it)
- I select "Data"** from what I observe
- I add "Meanings"** (cultural and personal)
- I make "Assumptions"** (based on meanings I added)
- I draw "Conclusions"**
- I adopt "Beliefs"** about the world
- I take "Actions"** based on my beliefs

Right Side (Interpretation and Action):

- Meet with Mary and through the process of **humble inquiry**, gain deeper insight into the situation.
- Mary may have a reason why she didn't respond to requests for help.
- Mary has been helpful in the past.
- Test your assumption:** "Mary are you mad at me?"
- Test the data:** you have selected: "You haven't returned my emails or phone calls." (She may respond she was on vacation!")

Left Column Text (Contextual Examples):

- You give Mary a **dirty look** the next time you see her.
- You **look for other examples** of how she is trying to get you to make you look bad.
- Next time Mary wants help I **won't help her**.
- Mary is **trying to sabotage you**- she never liked you.
- Mary doesn't respond so you **leave a voicemail** and **conclude she is avoiding you** because the last time you saw her you had disagreements.
- You are working on a project **and need help from Mary**—you email her.

Bottom Left: The Dartmouth Institute Microsystems Academy, © September 2015

Bottom Right: Argyris, C. (1982) *Reasoning, Learning and Action*, San Francisco: Jossey-Bass

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CONFLICT ESCALATION

The diagram shows a staircase of seven steps representing the escalation of conflict, from disagreement at the bottom to polarization at the top.

- POLARIZATION:** "Let's get away"
- OPEN HOSTILITY:** "It's them or us"
- ENEMY IMAGES:** "He's no good"
- DIALOGUE STOPS:** "... and gossip starts"
- THE PROBLEM EXPANDS:** "Always so much trouble with them"
- PERSONIFICATION:** "It's your fault"
- DISAGREEMENT:** "We just don't want the same"

Text on the Left:

In conflict, how much do our assumptions contribute?

Any examples of being on the ladder?

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Leadership

- How might you begin to reflect on today and be open to leadership improvement and change?
- Who might you “buddy” with to share your journey?
- Are there specific behaviors you learned about today you might want to work on?
- The fastest way to change yourself is to ***spend time with people who are already the way you want to be.***