

20 years of Microsystem Thinking

Marjorie M. Godfrey, PHD, MS, BSN, FAAN

Wednesday, March 1, 2023

11:05-11:25



RESONANCE

THE MICROSYSTEM FESTIVAL CELEBRATING 20 YEARS

Feb 28 – March 2 Jönköping, Sweden

Institut
**EXCELLENCE IN HEALTH
AND SOCIAL SYSTEMS**



20 years of Microsystem Thinking

- **“We do not learn from experience ... we learn from reflecting on experience.”**John Dewey.
- Reflecting on 20 years of the Swedish Microsystem Festival experience helps us to learn, celebrate and move forward.
- Recognition of the resonance of clinical microsystems around the world and with continued curiosity and practice, can help us identify what has changed and what will continue to change to emphasize and promote study of micro-meso-macro and metasystems.

Dartmouth Research

*"Every system is perfectly designed
to get the results it gets."*



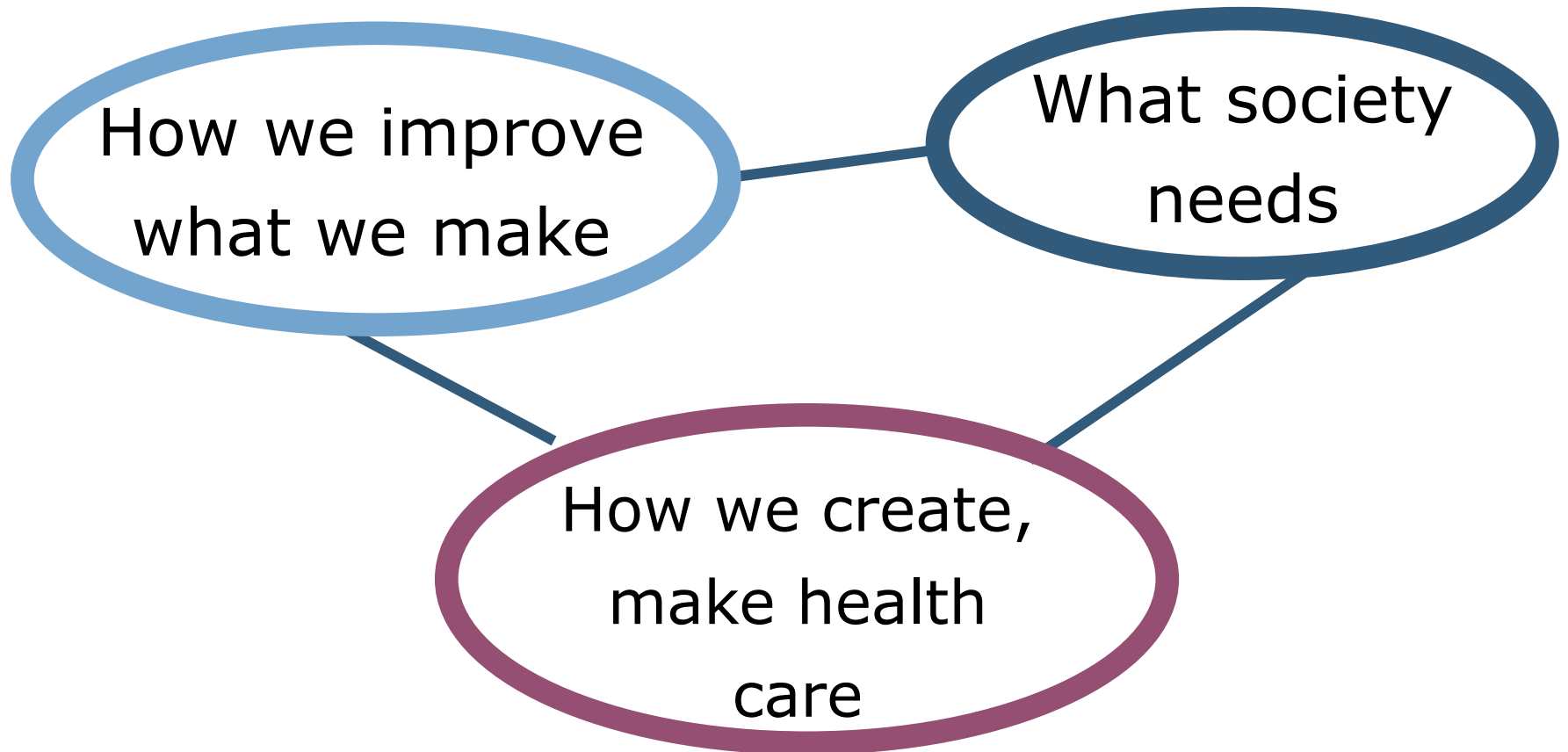
Paul B. Batalden, MD

***Founding Director, Healthcare
Improvement Leadership Development
The Dartmouth Institute for Health Policy
and Clinical Practice***

Co-Founder Institute for Healthcare Improvement



Understanding Health Care as a System



Batalden adapted from Deming

The Imbalance of Art & Science

Socio-Cultural Personal Experiences "Humanistic"

Sociobehavioral design
elements



Mechanistic/Technocratic Focus

- Prioritizing performance (improving organizational-level quality measures)
- Performance-driven cultures (eg, 'zero-harm' goals)
- Pacesetting leadership styles
- Environmental and organizational pressures for rapid, substantial improvement



Mandel, K.E., Cady S.H. Quality improvement as a primary approach to change in healthcare: a precarious, self-limiting choice?
BMJ Quality & Safety

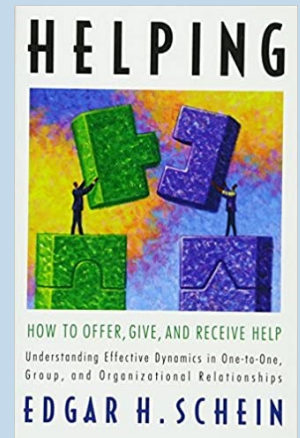
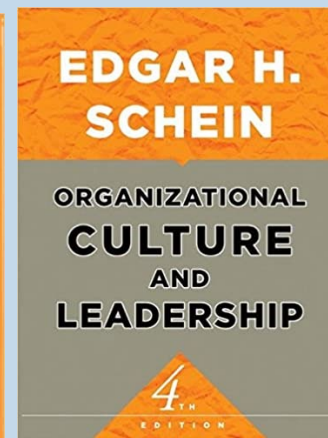
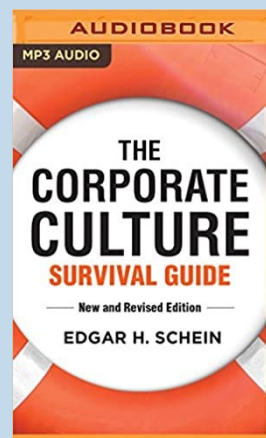
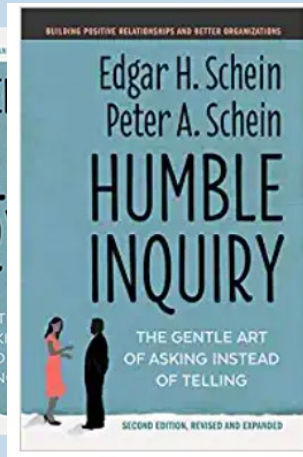
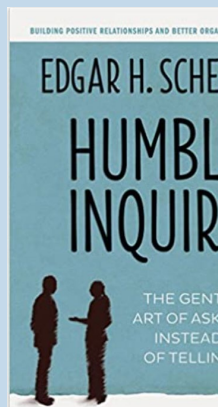
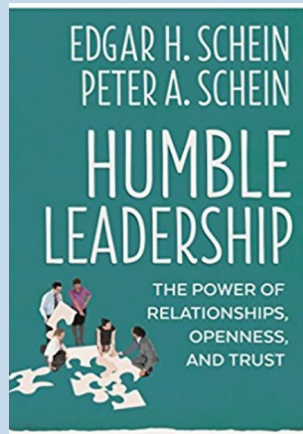
Edgar Schein



Professor Emeritus


Field of
including
consultation

“Health care improvement often risks being too “technocratic” and losing sight of the **people** who *provide* care and services and **people** who *receive* the care and services.”





Mandel and Cady

"...we argue for optimizing performance and ***participants' emotional experience*** as an explicit, enduring aim of all healthcare quality improvement initiatives, and for change approaches (inclusive of quality improvement) that **dually privilege process-technical and sociobehavioural design elements as the norm.**"

**OPEN ACCESS**


Quality improvement as a primary approach to change in healthcare: a precarious, self-limiting choice?

Keith E Mandel ¹ Steven H Cady ²

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 Check for updates

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Total quality management activities have produced undesirable positive results. However, I predict that the way these activities are implemented will lead to the programs becoming self-limiting...seeds for the deterioration of total quality management lie in the very practices that today produce successful outcomes. (Chris Argyris, professor of organizational behavior, Harvard Business School)

INTRODUCTION

Argyris's contention above begs the question: Is quality improvement as a primary approach to change in healthcare potentially self-limiting? Our viewpoint is yes, particularly when fundamental underpinnings and mental models are not continually surfaced and challenged.^{1,2} We propose two imbalances underlie why quality improvement as a primary approach to change in healthcare can become self-limiting: prioritising performance (improving organisational-level quality measures) over participants' (improvement leaders, facilitators, team members) emotional experience, and privileging process-technical over sociobehavioural design elements.³ Contributing to these imbalances are performance-driven cultures (eg, 'zero-harm' goals⁴), prescriptive leadership styles,⁵ and environmental and organisational pressures for rapid, substantial improvement.

To make clear, healthcare quality improvement approaches do address participants' emotional experience as well as sociobehavioural design elements. Examples of the former include assessing participant emotions during design⁶ and

design thinking,⁶ mindful organising,¹¹ appreciative inquiry,¹² relational coordination,¹³ social movements theory,¹⁴ sociotechnical systems theory⁷ and video reflexive ethnography.⁸

However, we argue for optimising performance *and* participants' emotional experience as an explicit, enduring aim of all healthcare quality improvement initiatives, and for change approaches (inclusive of quality improvement) that dually privilege process-technical and sociobehavioural design elements as the norm. Failure to address these imperatives has real consequences. Specifically, we contend that pushing ever-harder on process-technical strengths of quality improvement approaches (ie, magnifying the design elements imbalance) adversely impacts how participants emotionally experience change, which hinders performance. We refer to this as a self-limiting cascade.

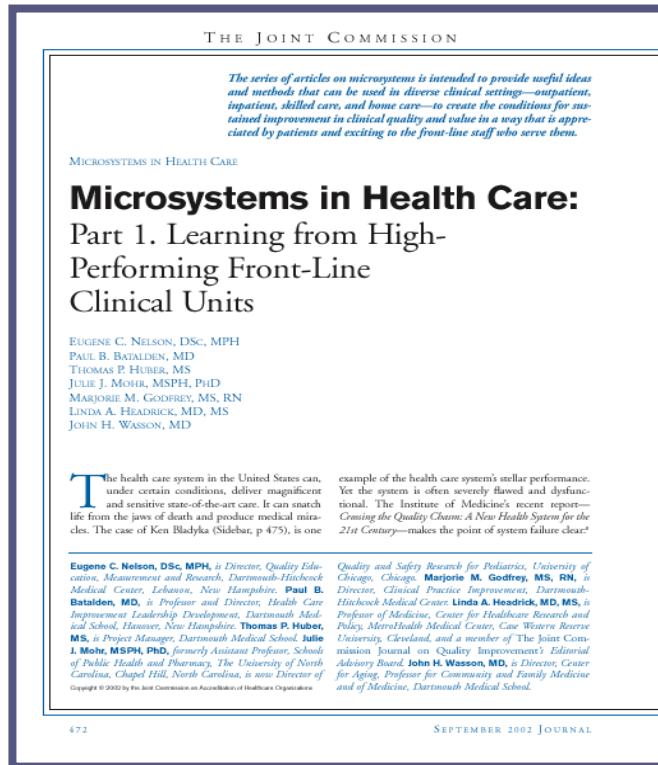
Our aim in describing the self-limiting cascade is to catalyse dialogue on quality improvement as a primary approach to change in healthcare, and reinforce aspects of the human system,^{15,16} especially the emotional experience,^{17,18} to help drive successful, enduring change and improvement. We also hope to resurrect interdisciplinary focus on theories of quality management^{19,20} (the 'how' and 'why') and spur another renaissance in quality improvement.²¹

SELF-LIMITING CASCADE WHEN QUALITY IMPROVEMENT IS THE PRIMARY APPROACH TO CHANGE

Underpinning the self-limiting cascade are three variables endemic to change

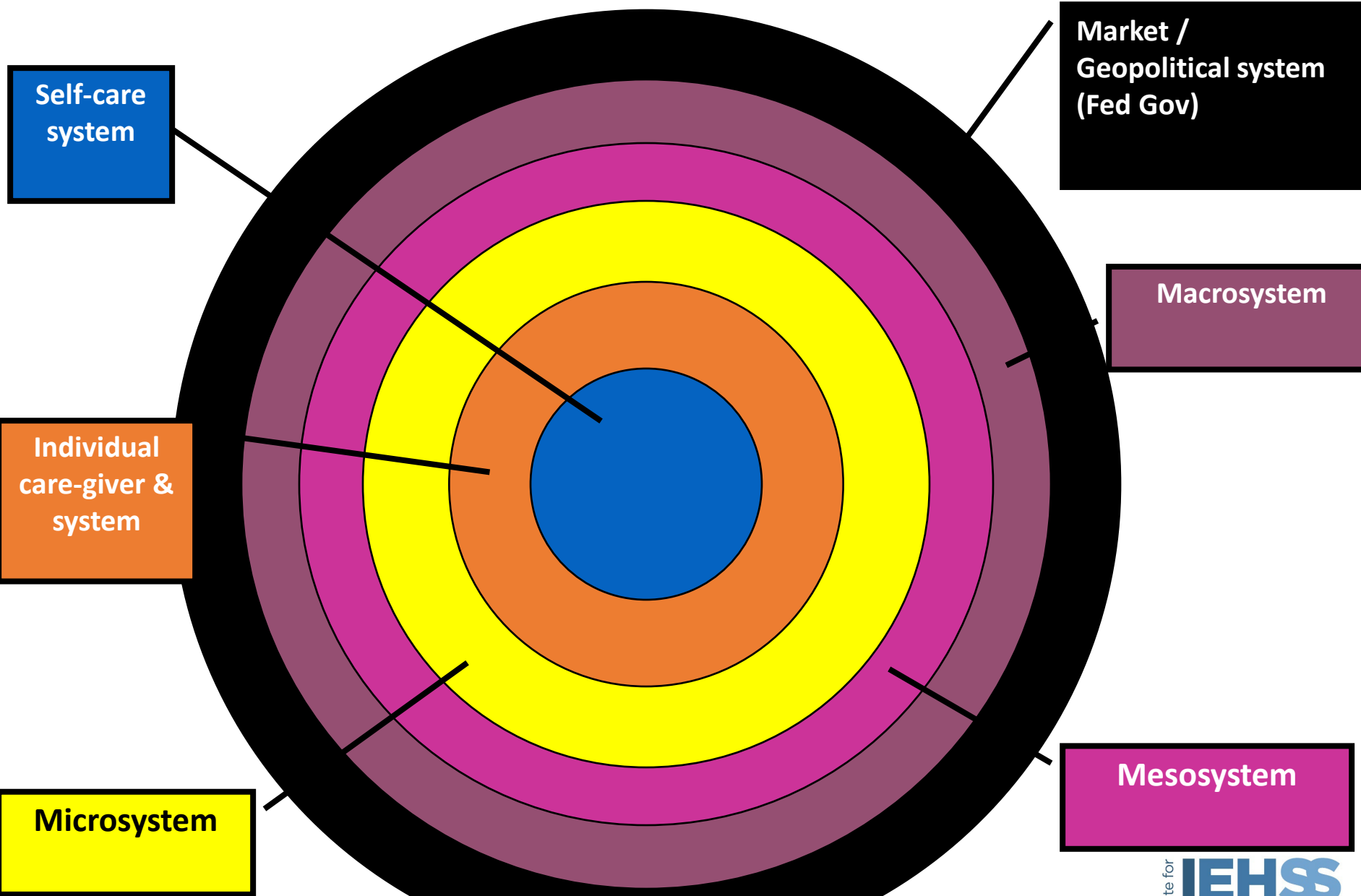
Mandel KE, Cady SH. *BMJ Qual Saf Epub ahead of print: [01 10 2022]. doi:10.1136/bmjqs-2021-014447*

High Performing Clinical Microsystems

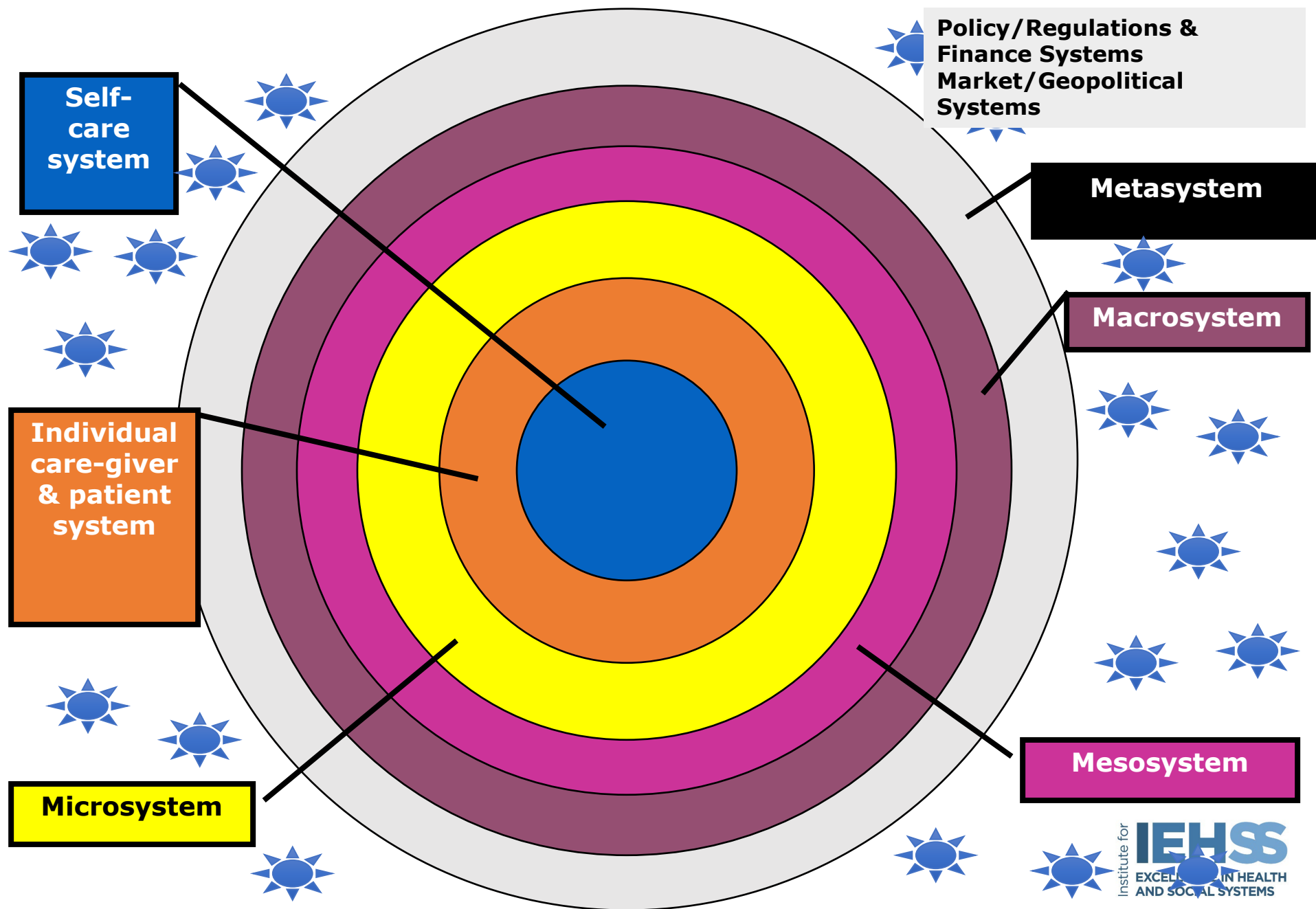


The “Classics”

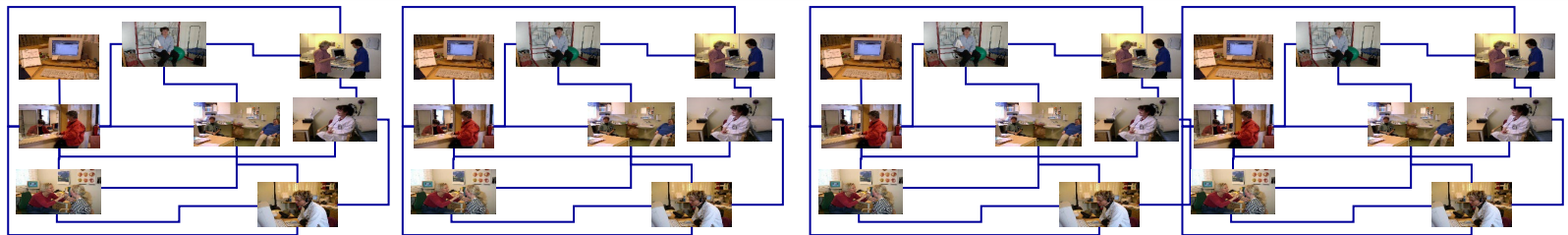
Systems of practice, intervention, measurement, policy



Health Systems of Practice, Intervention, Measurement, Policy



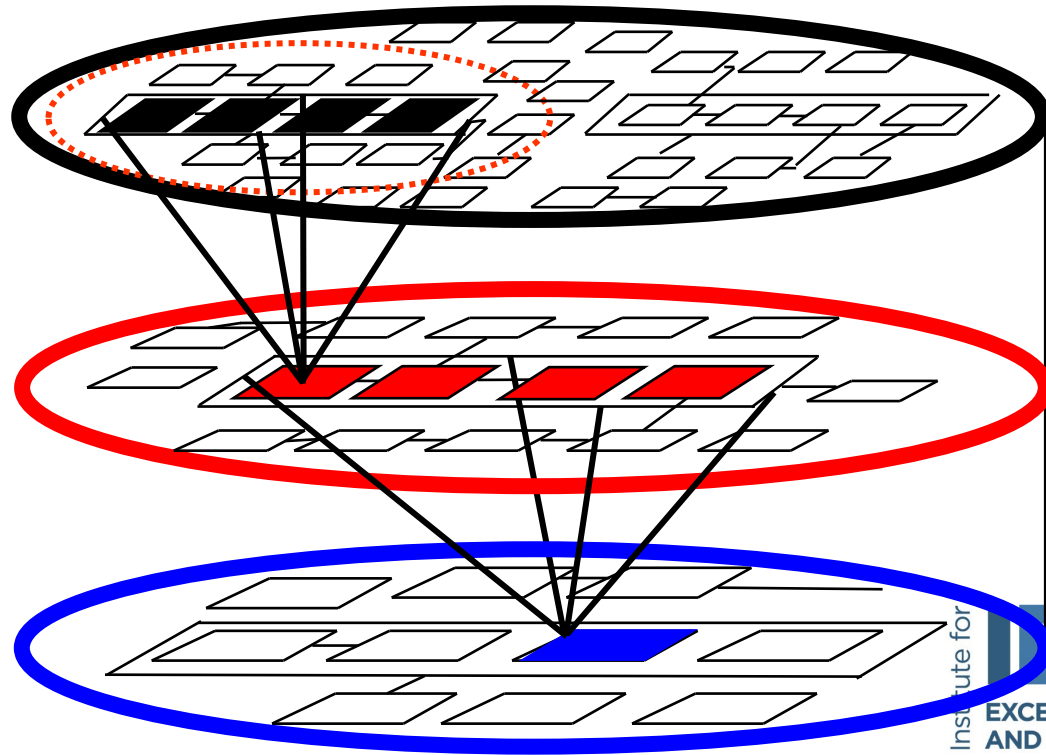
System levels



Microsystem

Mesosystem

Macrosystem



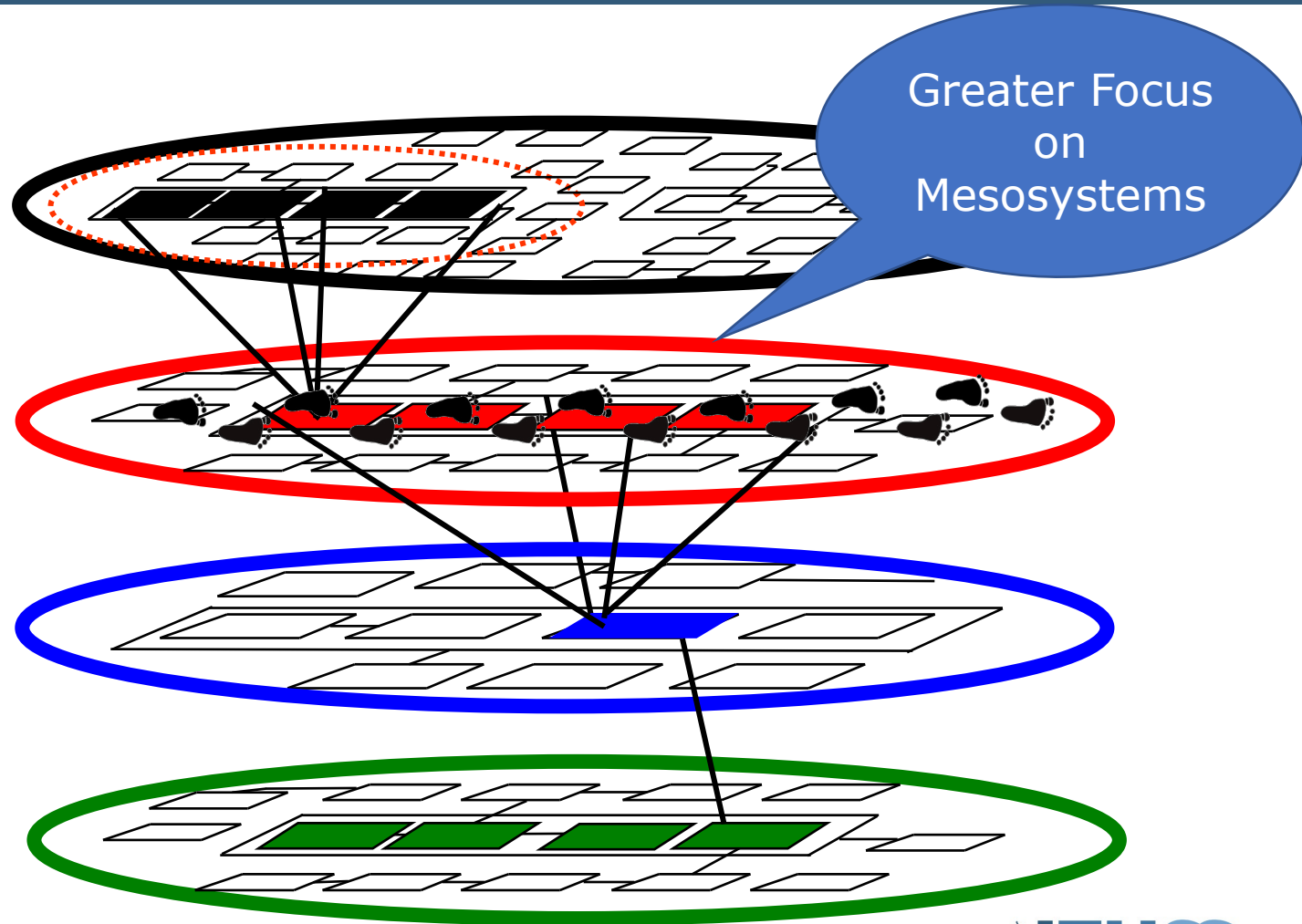
Metasystem-Macrosystem-Mesosystem-Microsystem

**Microsystem –
Front Lines**

**Mesosystem –
Service Lines &
Care Pathways**

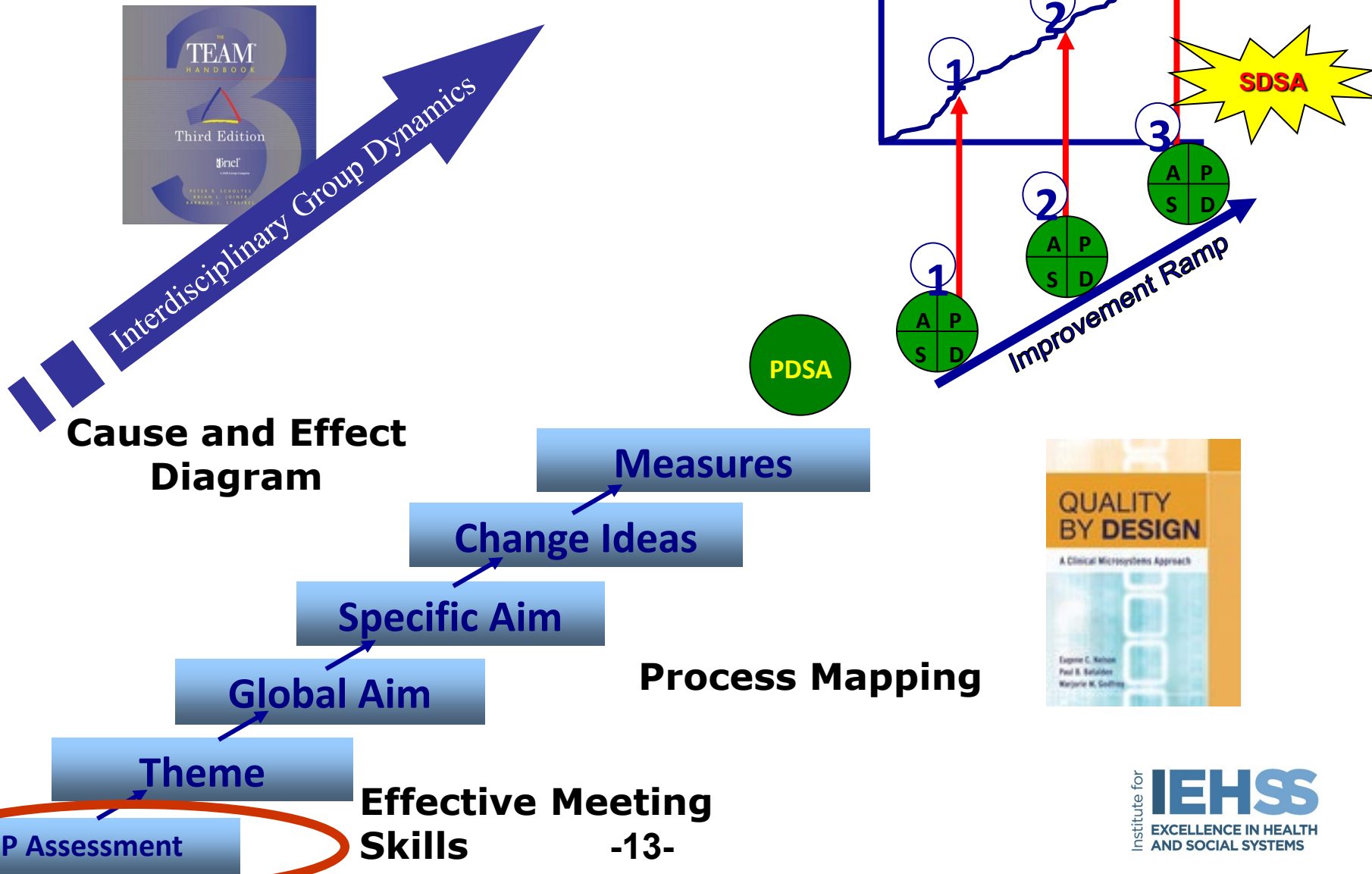
**Macrosystem –
Organizations**

**Metasystem –
Networks &
Registries**

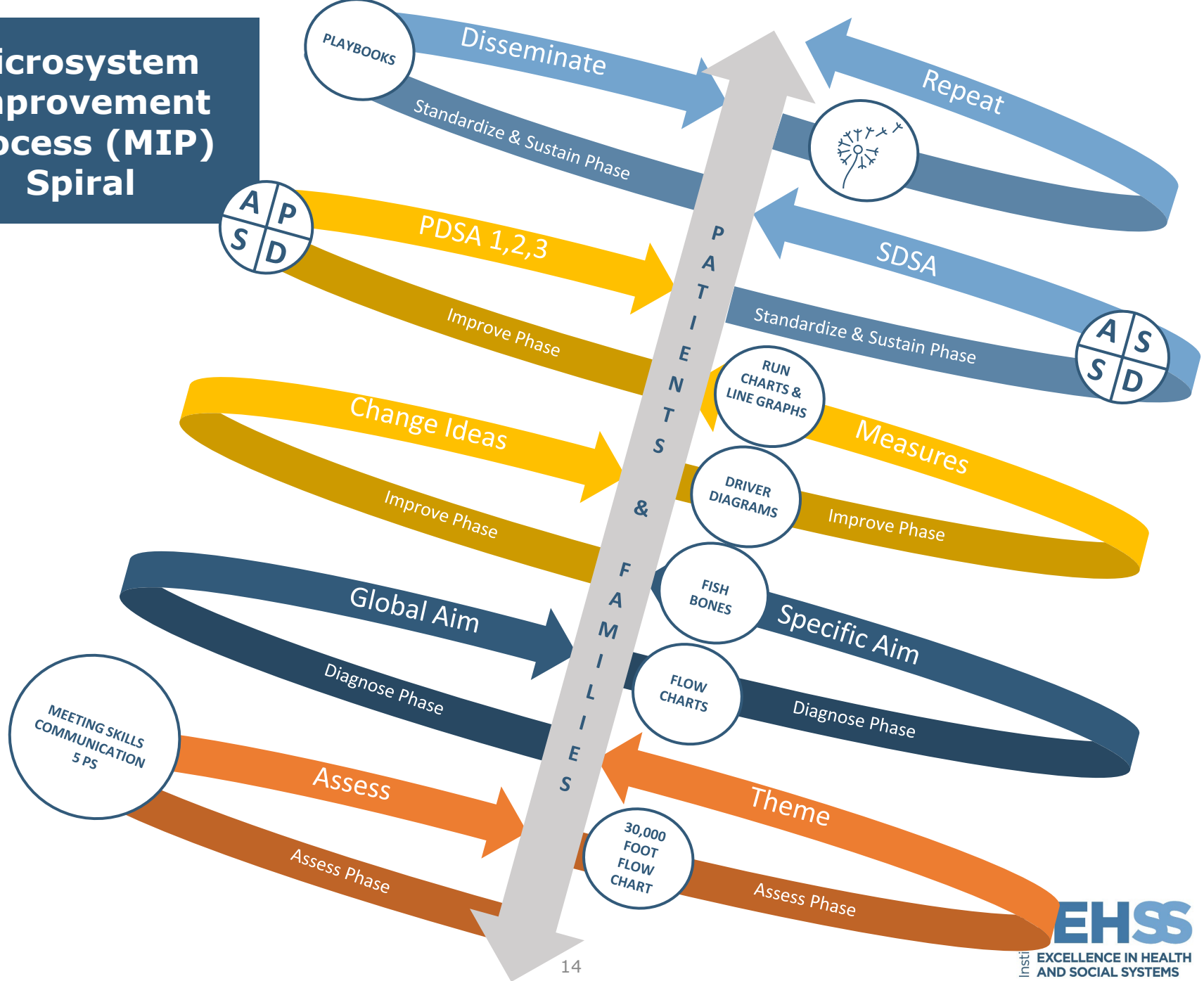


Dartmouth Microsystem Improvement Curriculum

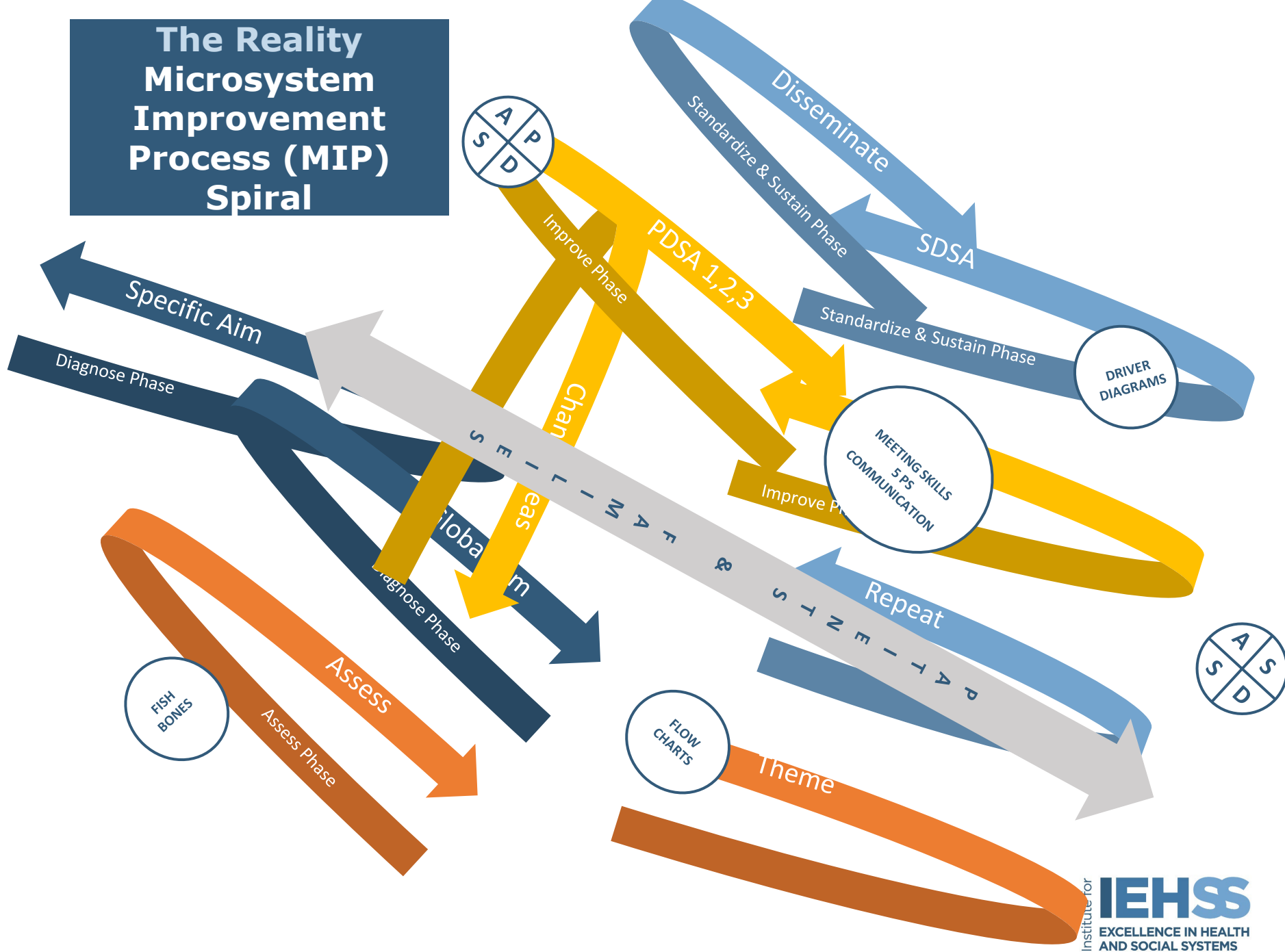
The "Path Forward"



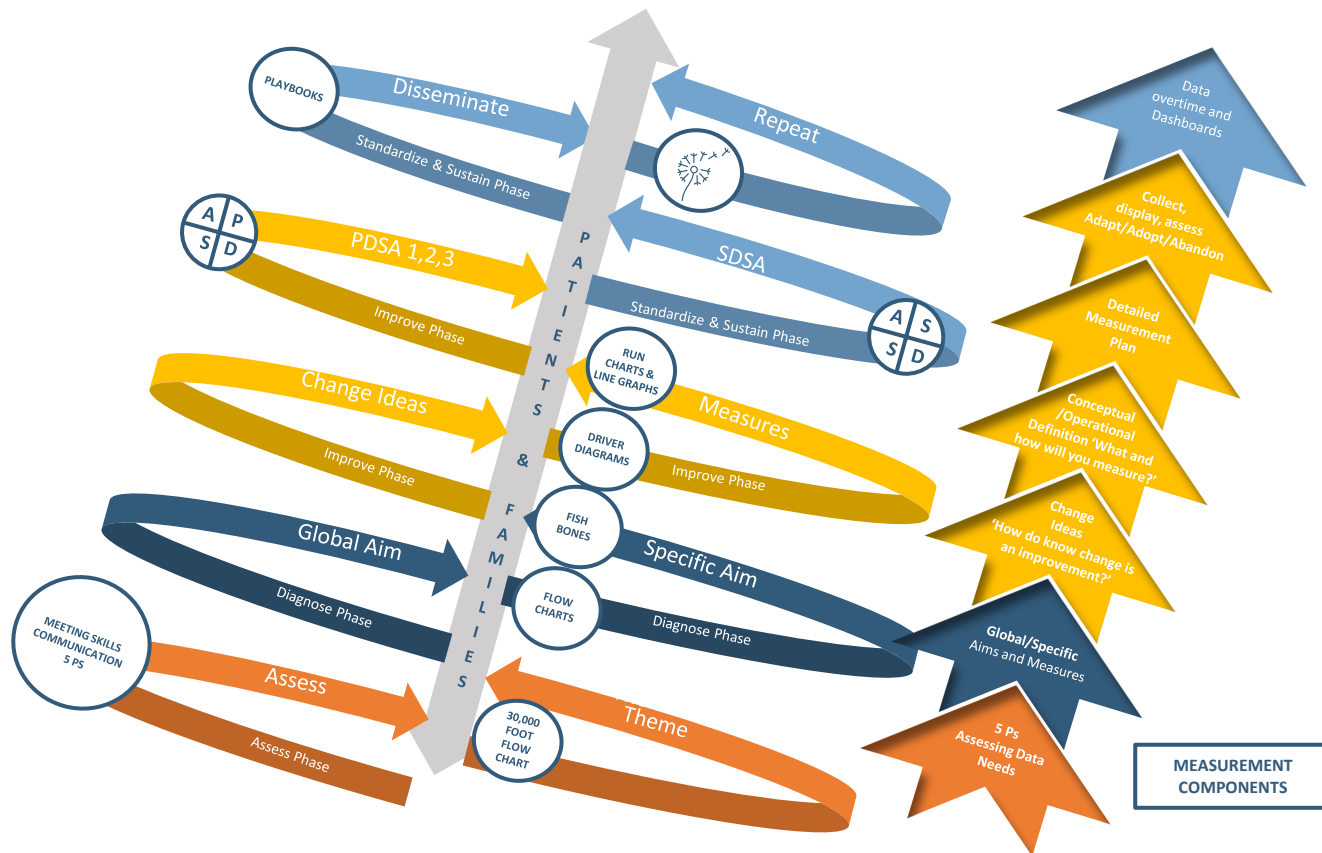
Microsystem Improvement Process (MIP) Spiral



The Reality Microsystem Improvement Process (MIP) Spiral



Microsystem Improvement Process (MIP) Spiral and Improvement Measurement



The 5Ps

Patients Population

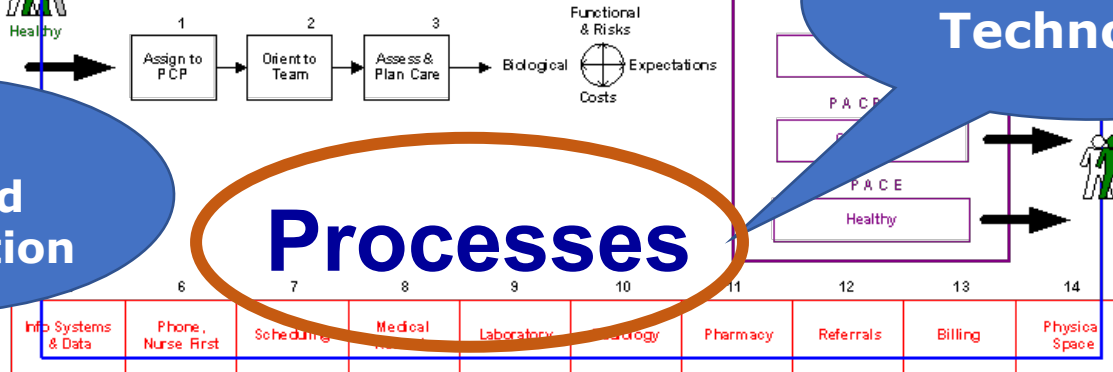


Social Determinants of Health Diversity, Equity & Inclusion

Building a Team to Care Patients
Mission: The Dartmouth-Hitchcock Clinic is committed to meeting the needs of our patients.

Highly informed Coproduction

Processes



Explosion of Technology

People with healthcare needs met

Professionals

Department
Division and Community
Southern Region
Hitchcock Clinic System

Patterns

TEAM MEMBERS:

Nashua Internal Medicine		
Sherman Baker, MD	Nissy, RN	Amy, Secretary
Leslie Cook, MD	Diane, RN	Buffy, Secretary
Joe Karpicz, MD	Katie, RN	Mary Ellen, Secretary
Deb Urquart, NP	Bonnie, LPN	
Ron Carson, PA	Carole, LPN	
Erica, RN	Nancy, LPN	
Laura, RN	Mary Beth, MA	
Maggi, RN	Lynn, MA	

Resilience and Wellbeing

Skill Mix: MDs 2.8 RNs 6.8 NP/PAs 2 MA 4.8 LPN SECs 4

Measuring Team Performance & Patient Outcomes and Costs					
Measure	Current	Target	Measure	Current	Target
Panel Size Adj.			External Referral Adj.		
Direct Pt. Care Hours: MD/Assoc.			PM/PM-Team		
Own					

Relational Coordination

Micro-System Approach 6/17/98
Revised: 1/27/00

© Eugene C. Nelson, DSc, MPH
Paul B. Batalden, MD
Dartmouth-Hitchcock Clinic, June 1998

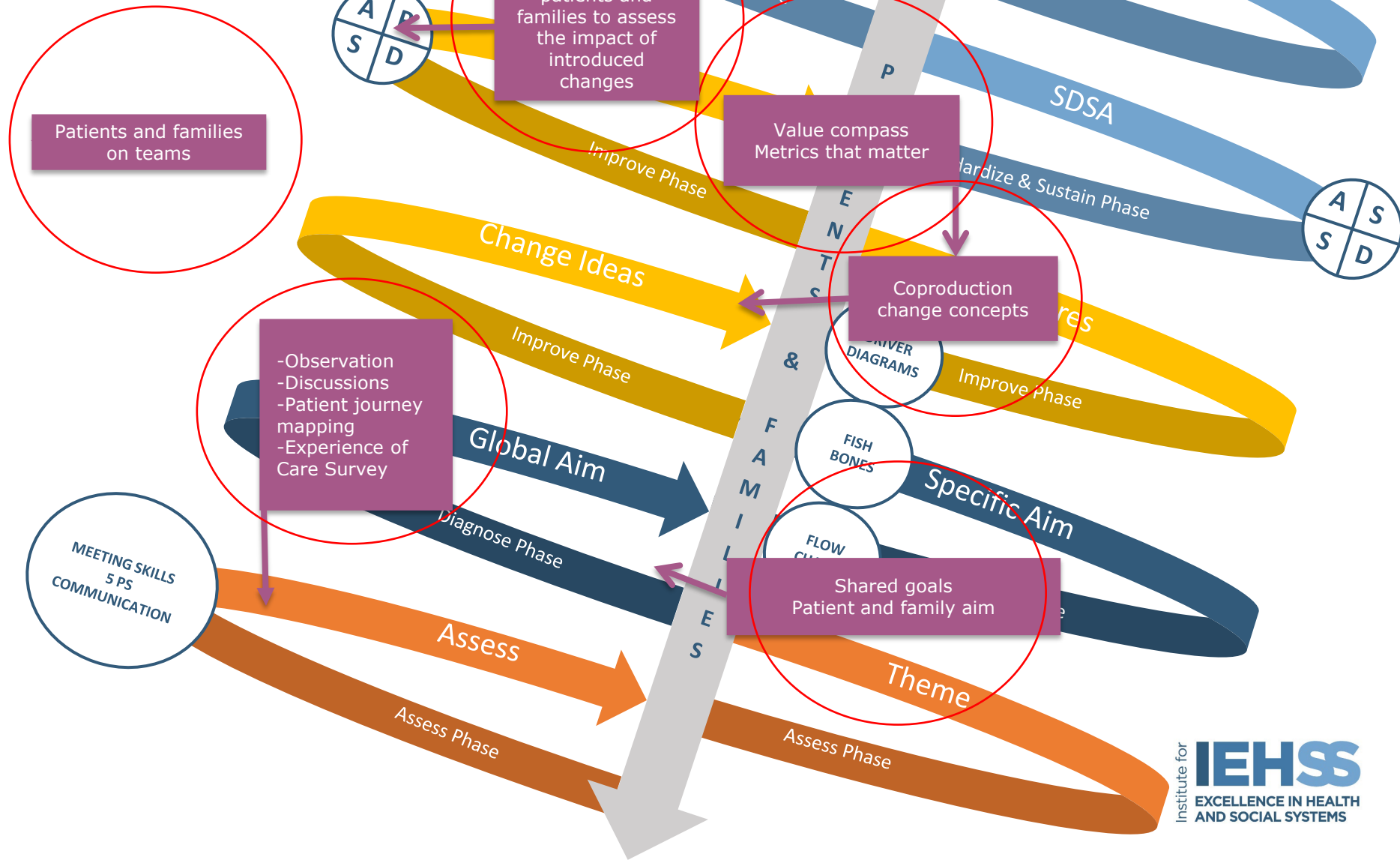
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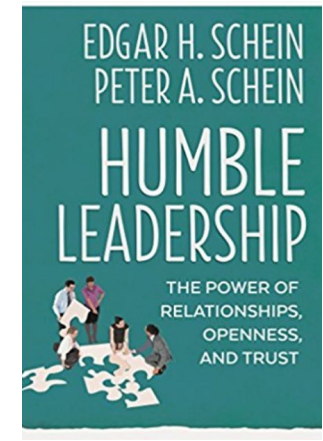
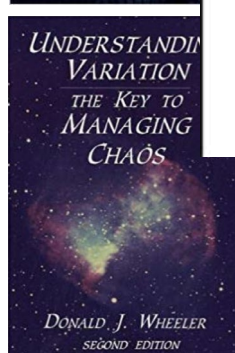
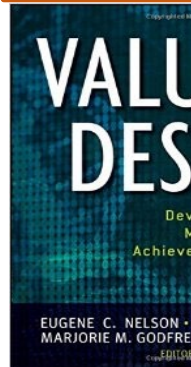
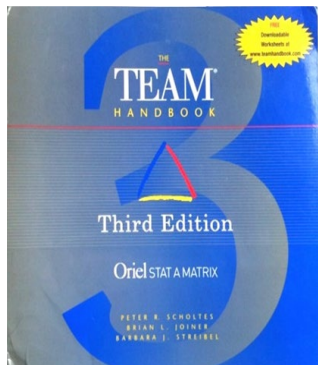
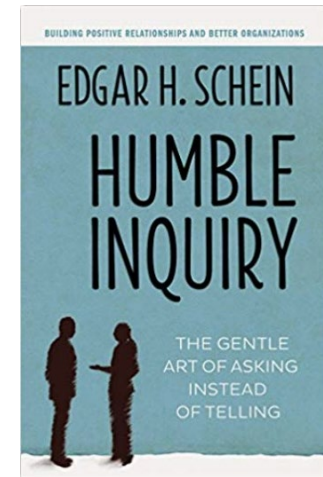
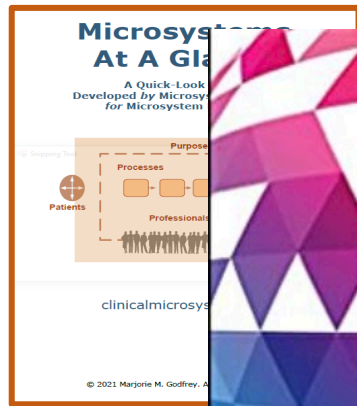
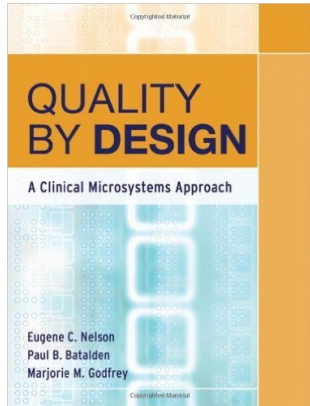
Coproduction is about patients/families and professionals making better use of each other's assets, resources, and contributions to achieve better outcomes or improved efficiency.

Maren Batalden

Microsystem Improvement Process (MIP) Spiral



Resources to Help



June 2023

Development Programs



**THE
TEAM COACHING
PROGRAM**



**TEAM
COMMUNICATION *and*
RELATIONSHIPS
PROGRAM**



**RELATIONAL
COORDINATION
WORKSHOP**

**NEW RESILIENCE AND
WELLBEING PROGRAM**

Multiple Formats

All programs:

- Both virtual and in-person interactive learning sessions
- Registration for Fall and Summer 2023 Available
- Discounts for students and groups
- Earn certificates, certifications and micro-credential badges
- **Learn more and register at clinicalmicrosystem.org**



Professionals: Healthcare Professionals Resilience and Wellbeing



We know that being a healthcare professional can be stressful.

The COVID pandemic has been a sobering reminder that ***we must take care our ourselves*** to provide quality patient care.

Our quality of life as healthcare professionals is just as important as the quality of life of our patients.

The **word “resilience” has been prolific** describing the need for us to have the skills and resources to effectively cope with adversity. It is now becoming integrated into the idea of team resilience.

Clinical teams face adversity in many ways...what might be the “new” strategies and tools to thrive and be effective and **ensure wellbeing is a strategic priority at all levels of the health system?**

Resilience and Wellbeing App From DoD to Novel App

We have the privilege to work with healthcare interprofessionals nationally and around the world. We see the stress of systems and the impact on the frontline teams.

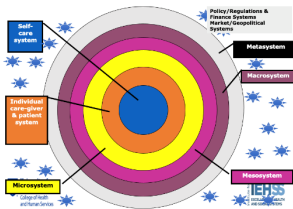
- In our research of the literature and field, we identified the Department of Defense “Provider Resilience App” which we **tested with Master’s and DNP students at UNH.**

- We are encouraged and have moved to adapt the DoD version to a version reflecting our field experience and insights.

- Our team is developing an application for healthcare professionals to assess their individual resilience, **monitor over time** and explore well-being interventions.

- The app will allow for assessing and **tracking team resilience** as well. In this session, we would like to get your feedback on the current capabilities and design of the app

- The “Team” resilience and wellbeing aspect of this App is unique and reflects our long history of adapting a “system” approach to health care improvement...Clinical microsystems



Validated Instruments Resources

Oldenburg Burnout Inventory - Demerouti, A.B. Bakker, I. Vardakou, A. Kantas The convergent validity of two burnout instruments. European Journal of Psychological Assessment, 19 (1) (2003), pp. 12-23, 10.1027//1015-5759.19.1.12

ProQOL - B. Hudnall Stamm, 2009. Professional Quality of Life: Compassion Satisfaction and Fatigue Version 5 (ProQOL) www.proqol.org. Center for Victims of Torture. cvt.org.

Defense Health Agency **Provider Resilience Application**

National Academy of Medicine

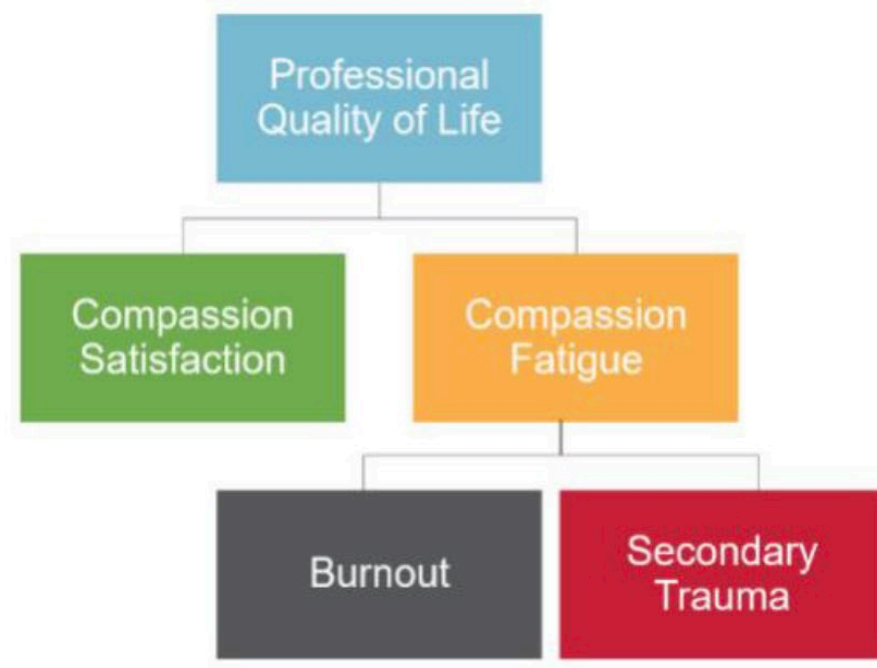
<https://nap.nationalacademies.org/catalog/26744/national-plan-for-health-workforce-well-being>

AAN & AACN

Extensive review of the literature and practices
(Kelly, Tanya and Cait)

Professional Quality of Life

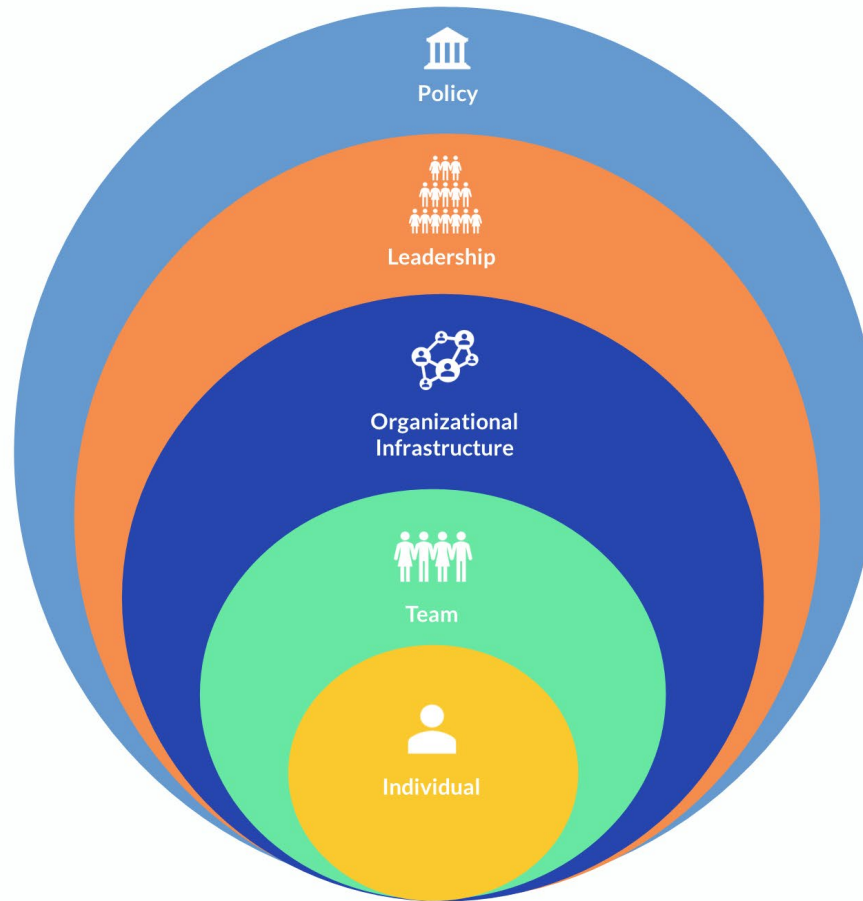
<https://www.proqol.org/>



Burnout and Compassion Fatigue

- **Burnout** - Commonly defined as a condition resulting from difficult work conditions, which includes emotional exhaustion, cynicism, and reduced professional efficacy (Morse, et al. 2012)
- **Compassion fatigue** – characterized by a gradual lessening of compassion over time, resulting from a combination of burnout and secondary traumatic stress related to vicarious traumatization from repeated exposure to traumatic material (Figley, 2002)

What Actions Come to Mind at Multiple Levels of the System



Microsystem Festival Team Score



Team Scenario Cards

Team Score Scenario A

Your team has six open nursing positions. Leadership is constantly requesting and posting available overtime for staff to sign up for.

and your colleagues have done



Please help us improve the app by providing your feedback!



Team Score

In Small Groups

- ½ the group focus on Individual & Team
- Other ½ focus on Organization and Leadership
- Share ideas and together explore policy

Prepare to report out to group

dedicated medical meetings and representation Shared Governance structure and unit weekly team meetings.

Your current Team Score is:
80/100

What are your ideas?



Please help us improve the app by providing your feedback!



Team Score Scenario C

The recent volume of traumatic injuries in your ED has increased and been prolonged over the summer due to tourists and distracted drivers.

Summer vacations have been hard to take and support.

Travelers have been hired to ensure staff vacations occur and to create better staffing ratios.

Your current Team Score is:
60/100

What are your ideas?



Please help us improve the app by providing your feedback!



Team Score Scenario D

The hospital executive leaders recently announced that due to not meeting the budget, there will not be any raises in pay and there is a hiring freeze.

Your team is disappointed and fearful members will resign.

Your current Team Score is:
50/100



Please help us improve the app by providing your feedback!

Team Score Scenario F

You have always been puzzled as a RN how when there is a crisis, a code or death of a patient that the usual process is to keep moving and assign a patient to the empty bed.

There have been times when you and your team are emotionally drained and stressed following these events.

Your current Team Score is:
57/100

What are your ideas?



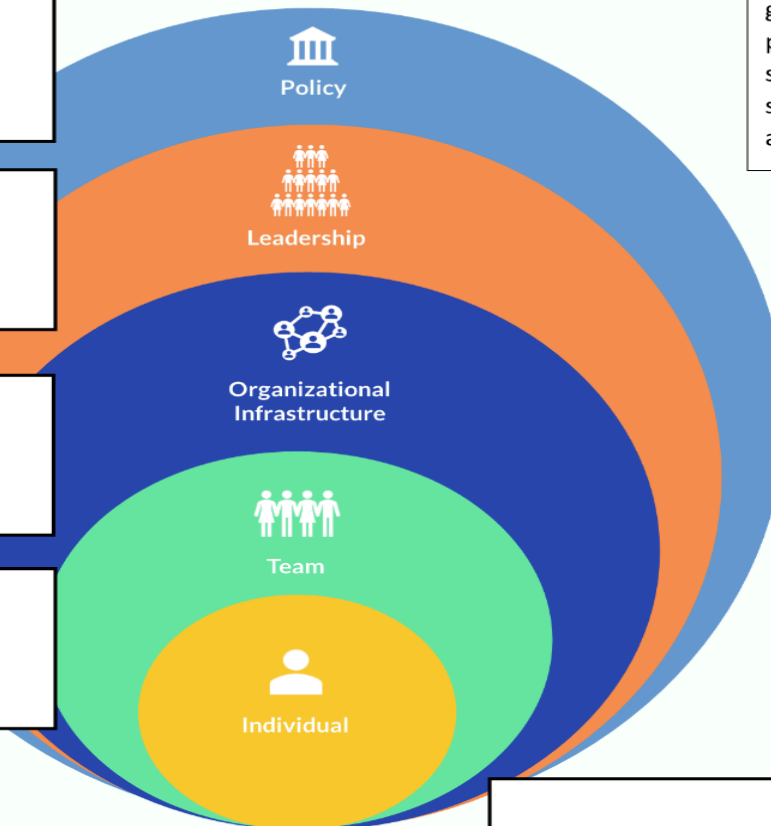
Please help us improve the app by providing your feedback!



Resilience & Wellbeing Worksheet



Resilience and Wellbeing Reflection and Actions Worksheet



Reflect on the scenario with your group and identify actions and processes at each level of the system that may provide more support to enhance resilience and wellbeing.

Example of Coaching Interventions: Develop New Habits

Train your brain to be positive (Individual Level)

- Engage in one brief positive exercise every day for as little as three weeks
 1. Jot down three things you are grateful for
 2. Write a positive message to someone in your social support network
 3. Meditate at your desk for two minutes
 4. Exercise for 10 minutes
 5. Take two minutes to describe in a journal the most meaningful experience of the past 24 hours

Nurturing your coworkers (Team Level)

- Even more important to sustained happiness and engagement was the amount of social support provided.
- How often are ***staff helping others*** who are overwhelmed with work?
- Picking up slack for others, inviting coworkers to lunch and organized activities

App Prototype User feasibility and useability Assessment

- Aim of this survey is to assess individual use of the R&W app prototype, understand individual perception of individual and team resilience scores and to consider individual and team interventions to influence scores.
- The Resilience and Well-Being App is being developed by Dr. Marjorie Godfrey to improve both individual and team resilience of healthcare workers. The purpose of this session is to gather user feedback from healthcare professionals on the current app prototype. This feedback will inform the continued development of the app.
- This is a usability test and not a research study. The purpose is to get user feedback to improve the app and not for research publication. This is entirely voluntary.
- 1. Task
- 2. Individual resilience
- 3. System usability
- 4. Team resilience
- 5. Demographics
- Device used for app: Smartphone, Tablet, Computer



Patterns: Relational Coordination



33

<https://heller.brandeis.edu/relational-coordination/>

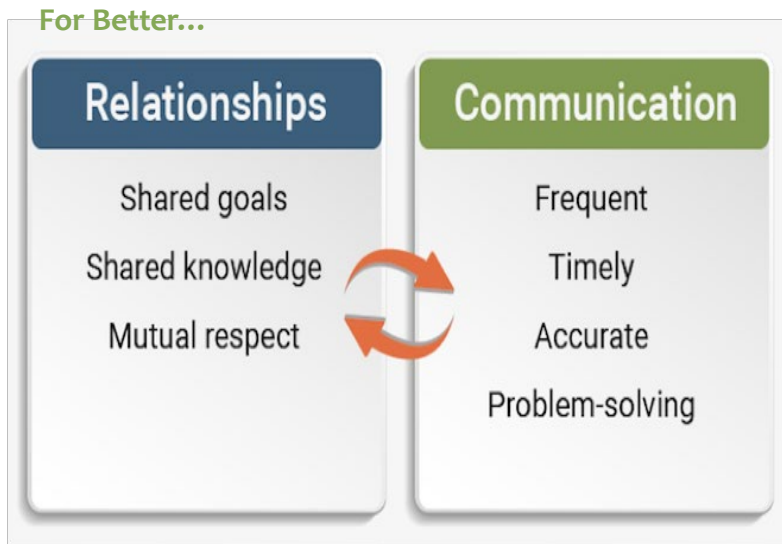
When Does Relational Coordination Matter Most?

- **Task interdependence** that is reciprocal rather than sequential
- Uncertainty due to **variability** of inputs or demand
- **Time constraints** due to time-sensitive customer needs or resource limits

What is Relational Coordination?

Communicating and relating for the purpose of task integration

Relationships shape the communication through which coordination occurs

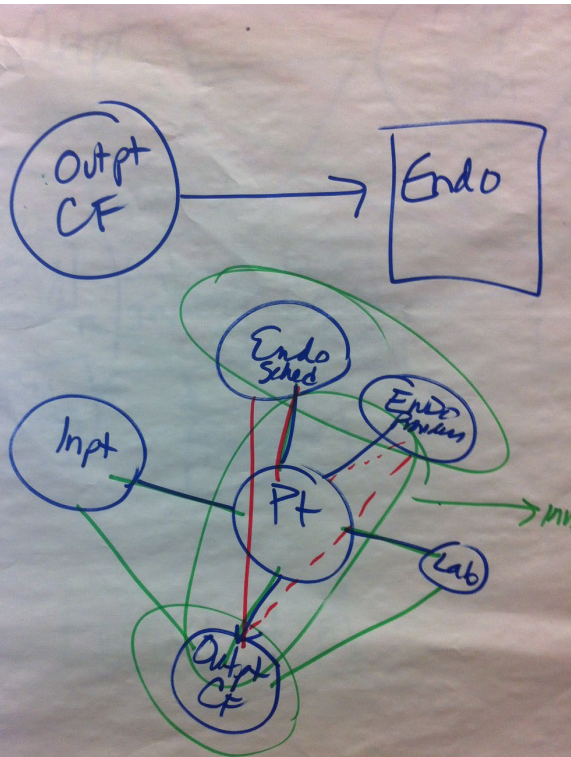


© 2018 Relational Coordination Research Collaborative. All Rights Reserved

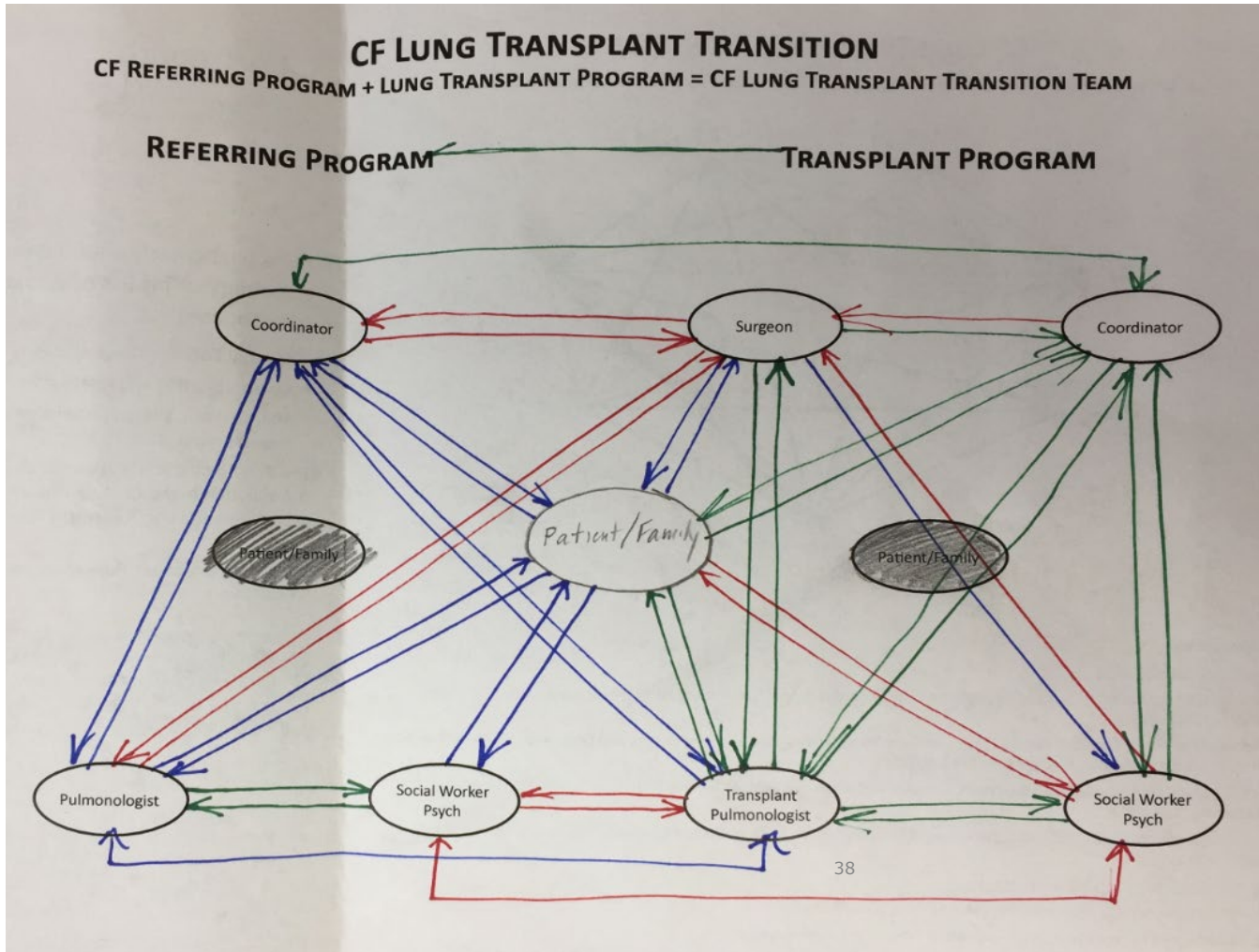
7 Dimensions of Relational Coordination

Seven RC Dimensions	Survey Questions
1. Frequent communication	How frequently do people in each of these groups communicate with you about the work that we do together?
2. Timely communication	How timely is their communication with you about the work that we do together?
3. Accurate communication	How accurate is their communication with you about the work that we do together?
4. Problem solving communication	When there is a problem in the work that we do together, do people in these groups blame others or try to solve the problem ?
5. Shared goals	Do people in these groups share your goals for the work that we do together?
6. Shared knowledge	Do people in these groups know about the work you do in the work that we do together?
7. Mutual respect	Do people in these groups respect the work you do in the work that we do together?

Relational Mapping



Process of CF Lung Transplant Transition & Referral

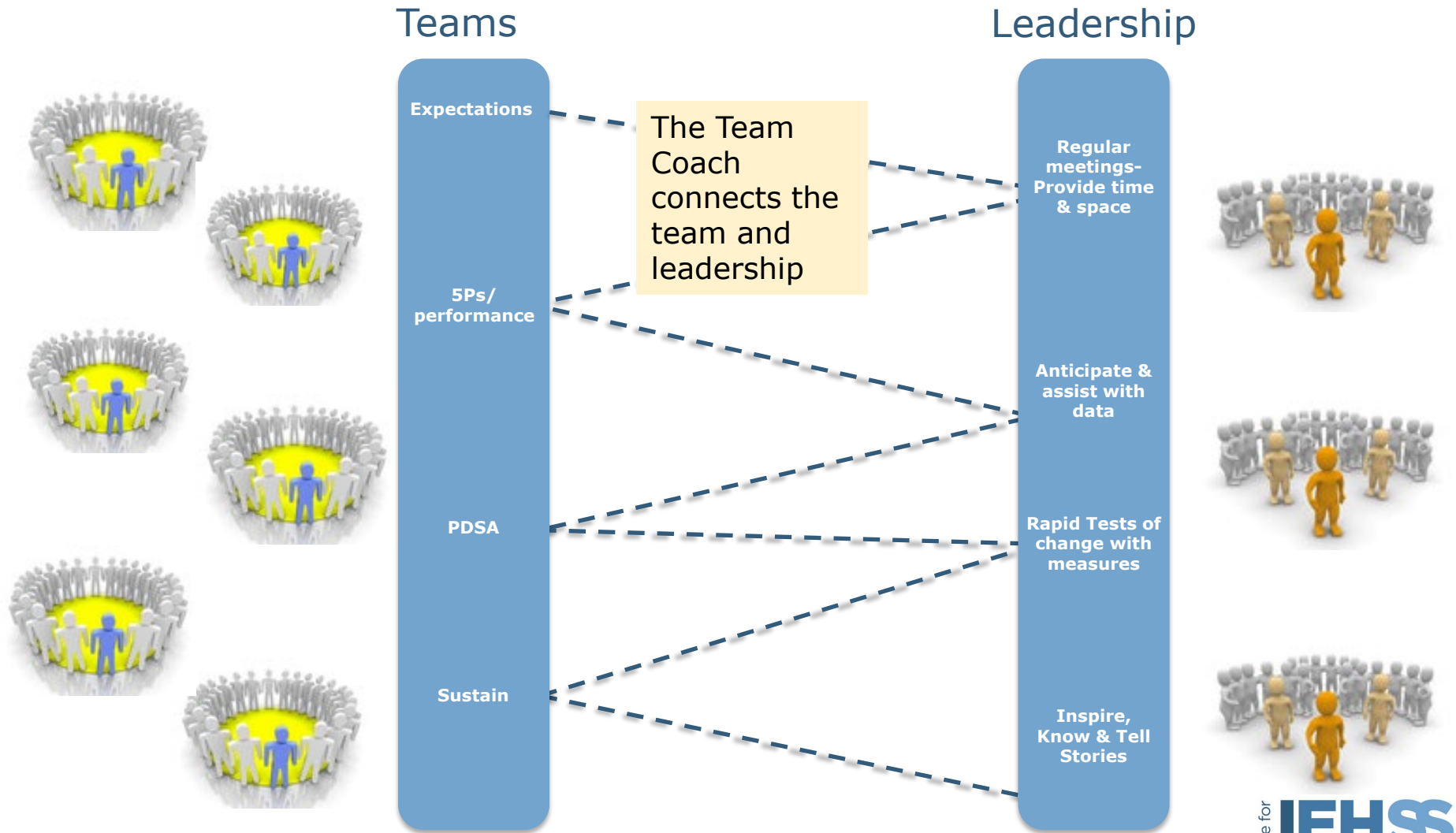


1. Frequent communication
2. Timely communication
3. Accurate communication
4. Problem solving communication
5. Shared goals
6. Shared knowledge
7. Mutual respect

Red=low
Blue=moderate
Green=high

Who Can Help?

Connecting Teams, Coaching and Leadership



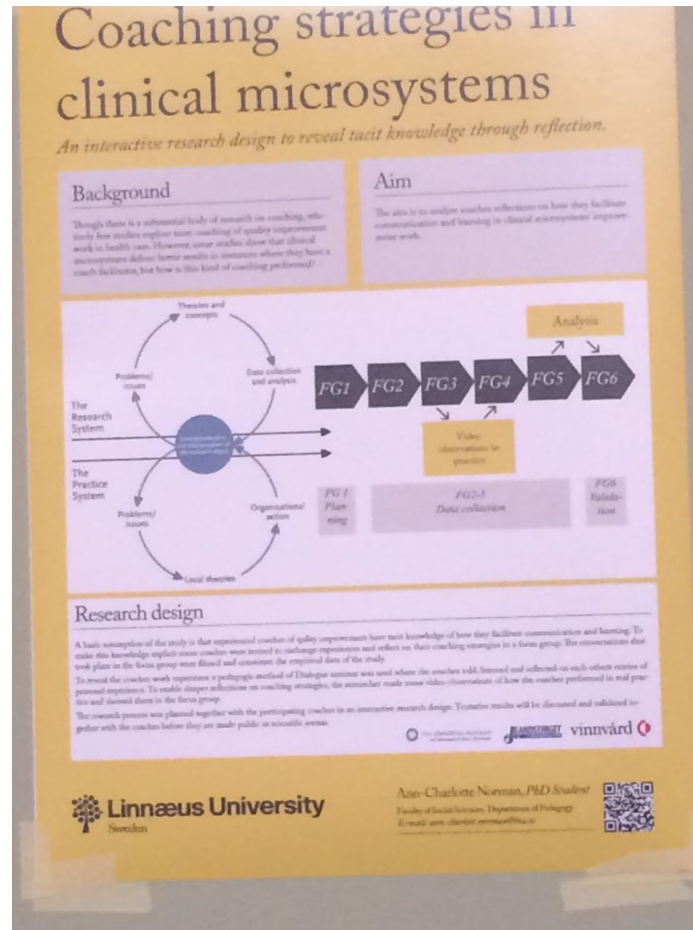
Hackman & Wageman

Team Coaching

“...direct interaction with a team intended to **help** members make coordinated and task-appropriate use of their collective resources in accomplishing the team’s work.”

*-A Theory of Team Coaching
Academy of Management Review
2005*

The Beginning of the Team Coaching Model



Team Coaching Model

Work Before the Work “WBW”

The phase before the Pre-Phase to clarify the request for help, sponsorship leadership, improvement team identification, ensuring “time” for improvement work, resources, and discussions about strategic goals occurs.

Pre-Phase

Getting Ready
“Meeting them where they are”

- ♦ **Establish leader relationship**
- ♦ **Expectations**
 - ❖ Clarity of aim
 - ❖ Leadership and team discussions about roles and logistics
- ♦ **Context**
 - ❖ Review of past improvement efforts and lessons learned – tools used
 - ❖ Preliminary system review – Micro/Meso/Macro
- ♦ **Site visit**
- ♦ **Resources (data)**
- ♦ **Logistics (Time)**

Action Phase

Art and Science of Coaching

- ♦ **Relationships**
 - ❖ Helping
 - ❖ Keep on Track
- ♦ **Communication**
 - ❖ Virtual
 - ❖ Face-to-face
 - ❖ Available and accessible
 - ❖ Timely
- ♦ **Encouragement**
- ♦ **Clarifying**
 - ❖ Improvement knowledge
 - ❖ Expectations
- ♦ **Feedback**
- ♦ **Reframing**
 - ❖ Different perspectives
 - ❖ Possibility
 - ❖ Group dynamics – new skills
- ♦ **Improvement technical skills**
 - ❖ Teaching

Transition Phase

Reflect, Celebrate, and Renew

- ♦ **Reflect on improvement journey**
 - ❖ What to keep doing or not do again
 - ❖ Review measured results and gains
 - ❖ Plan how to sustain improvement
 - ❖ Assess team capability and coaching needs, and create coaching transition plan
- ♦ **Celebrate!**
- ♦ **Renew and re-energize for next improvement focus**
- ♦ **Evaluate coaching**

Godfrey, MM (2013 – rev. 2019, 2022)

Team Coaching Resources

Team Coaching Model

Work before the Work "WBW"

Creating the Conditions for Success

The phase before the Pre-Phase to clarify the request for help and engagement of the team coach, identify sponsor leadership and improvement team, ensure "time" for improvement work, resources, and discussions about organization strategic goals and experience.

- Pre-Phase**
 - Getting Ready
 - "Meeting them where they are"
- Establish leader relationship**
- Expectations**
 - Clarity of aim
 - Leadership and team discussions about roles and logistics
- Context**
 - Review of past improvement efforts and lessons learned - tools used
 - Preliminary system review - Micro/Meso/Macro
 - Site visit
 - Resources (data)
 - Logistics (Time)

- Action Phase**
 - Art and Science of Coaching
 - Relationships**
 - Helping
 - Keep on Track
 - Communication**
 - Virtual
 - Face-to-face
 - Available and accessible
 - Timely
 - Encouragement**
 - Clarifying**
 - Improvement knowledge
 - Expectations
 - Feedback**
 - Reframing**
 - Different perspectives
 - Possibility
 - Group dynamics - new skills
 - Improvement technical skills**
 - Teaching

- Transition Phase**
 - Reflect, Celebrate, and Renew
 - Reflect on improvement journey
 - What to keep doing or not do again
 - Review measured results and gains
 - Plan how to sustain improvement
 - Assess team capability and coaching needs, and create coaching transition plan
 - Celebrate!
 - Renew and re-energize for next improvement focus
 - Evaluate coaching
- Bolded items based in research**

Godfrey, MM
(2013 - rev. 2019, 2022)

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The Art and Science of Team Coaching

The Team Coaching Model is an organized framework based in research and field testing over several decades. Clinical microsystem theory, culture, communication and mental models inform the model activities. Important to any improvement is the understanding change is more than technical aspects such as improvement methods, rapid deadlines, and data to name a few examples. Professionals at the frontline of care delivery report that over 80% of support for successful improvement includes "human" aspects of change. Relationships, communication, encouragement, feedback, clarification of change goals and reframing the context support engagement in improvement.

The discipline of team coaching builds on Edgar Schein's wisdom in "helping" rather than "telling" what to do.

"...direct interaction with a team intended to help members make coordinated and task-appropriate use of their collective resources in accomplishing the team's work." - Hackman & Wageman, *A Theory of Team Coaching Academy of Management Review*, 2005

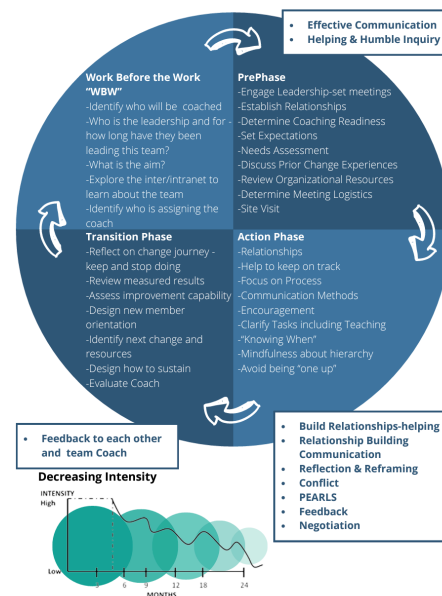
Learn more and practice with a real team in the IEHSS Team Coaching Program (TCP). Scan to learn more!



Godfrey, M.M. (2013). *Improvement Capability at the Front Lines of Healthcare Helping through Leading and Coaching*. School of Health Sciences Jönköping University.

Schein, E. H., & Schein, P. A. (2021). *Humble Inquiry* (2nd ed.). Berrett-Koehler Publishers.

The Team Coaching Model to inform leadership



The Work Before the Work Phase "WBW": The aim of the WBW phase is to initiate a relationship and clarify the request for help with the sponsor(s). This phase helps clarify the help that is being requested to ensure there is a shared understanding before co-designing an action plan. Identification of the scope of the engagement, who will be involved, potential resources and the timeline are important conversations. Leader commitment to provide protected time to learn and practice new skills and habits is critical to the success of the request. Regular "updates" between the leaders and team coach support ongoing modifications, problem solving and reflection about the experience.

Pre-Phase: The aim of this phase is to "meet people where they are at." The Team coach uses humble inquiry, active listening and observation to learn about the leaders and team, explore prior improvement experiences and results, understand what they understand the improvement to be about and what they wish to achieve. Setting clear expectations between the team coach, leader and team members helps to set the foundation for the relationship. Logistic planning such as day, time and place to meet regularly, identification of data and other resources to support the improvement work enhances knowledge of organization resources at micro, meso, macro and metasytem levels.

Action Phase: The aim of this phase is for the improvement work and team coach relationship to be active. Team coaching involves a blend of "art" and science. Relationships, communication, encouragement, feedback, clarification of change goals and reframing the context are skills a Team Coach can offer to support team development to be able to "provide care and services" and improve.

Transition Phase: The aim of this phase is for the improvement team and coach to reflect on the improvement experience. Review of the process, results and reassessing improvement capabilities help to renew interest, identify lessons learned and to celebrate overall accomplishments of the team. This phase is useful to consider how to orient new improvement team members to the processes, determine when and how to review data over time to ensure sustainability of improvement and to provide formal feedback to the team coach. The transition phase can occur periodically after completion of cycles of improvement to inspire the team to continue to develop skills and habits toward ensuring improvement is part of the local culture.

Relationship Building

Humble Inquiry

"All of us find ourselves from time to time in situations that require innovation and some risk taking. Some of us are formal leaders; most of us just have leadership thrust upon us from time to time by the situations we find ourselves in. The ultimate challenge is for you to discover that at those moments you should not succumb to telling, but to take charge with Humble Inquiry."

Developing the Attitude of Humble Inquiry

- Decrease learning anxiety
- Slow down and vary the pace
- Reflect More
- Ask yourself humble inquiry questions
- Become more mindful
- Be innovative - engage the artist within you
- Review and reflect on your own behavior after the event
- Become sensitive to coordination needs in your work
- As a leader, build relationships with your team members



3 Types of Humility

- Social Life "elders & dignitaries"
- Professional Life "awe of achievements"
- Here and Now "when I'm dependent on you"

Humble inquiry - concentrates solely on the client's story

- Builds up the client, makes it safe
- "go on . . . Tell me more . . . How can I help?"
- Seeks more detail
- Doesn't presuppose a problem trying to get the client to disclose the full story

Diagnostic inquiry - elicits feelings, causal analysis, and action alternatives

- Starts to focus on issues other than the ones that the client brought up
- "How do you feel about that?" . . . "How did you get here?" . . . "What have you tried so far?"

Confrontational inquiry - which brings in the helper's own views of what may be going on

- Start to interject your own ideas, but this can't happen until there is trust in the client-helper relationship.
- "Could you try the following . . . ?" "Did that make you angry?"

Process-oriented inquiry - focuses the client on the interaction with the helper.

- "Are my questions helping you?"

Schein, E. H., & Schein, P. A. (2021). *Humble Inquiry* (2nd ed.). Berrett-Koehler Publishers.
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Relationship Building Communication

Roadblocks to Listening Well*

1. Directing is telling someone what to do, as if giving an order or command.
2. Warning involves pointing out the risks or dangers of what a person is doing. This can also be a threat.
3. Advising includes making suggestions and providing solutions, usually with the intention of being helpful.
4. Persuading can be lecturing, arguing, giving reasons, or trying to convince with logic.
5. Moralizing is telling people what they should do.
6. Judging can take the form of blaming, criticizing, or simply disagreeing.
7. Agreeing usually sounds like taking sides with the person, perhaps approving or praising
8. Shaming or ridiculing can include attaching a name or stereotype to what the person is saying or doing
9. Analyzing offers reinterpretation or explanation of what the person is saying or doing
10. Probing asks questions to gather facts or process for more information
11. Reassuring can sound like sympathizing or consoling
12. Distracting tries to draw people away from what they are experiencing by humoring, changing the subject, or withdrawing.

*Miller, W. R. (2018). *Listening Well*. Wipf and Stock.
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Learn more and practice these skills in the IEHSS Team Communication and Relationships Program (TRCP). Scan to learn more!



Dealing with Resistance Through Reflection

- **Continue the Paragraph**
Anticipate the next statement that has not yet been expressed by your colleague
"This week had you considering leaving the unit."
- **Double-Sided Reflection**
"so on the one hand you think it will be tough to cut down on your workload and on the other hand it would be an important move for you and your family."
- **Metaphor/Simile**
used as a reflection
"It's like the whole building nearly collapsed this week."
- **Amplified Reflection**
turn up the heat, exaggerate the intensity
"So you think it is impossible to introduce a checklist"
- **Reflection of Feeling not Directly Verbalized**
"Sounds like the dissension in the team meeting kind of scared you."



Additional strategies:

- Avoid taking a position
- Avoid arguing
- Avoid saying "should," "need to," or "but"

Ladder of Inference

You give Mary a dirty look the next time you see her.

You look for other examples of how she is trying to make you look bad.

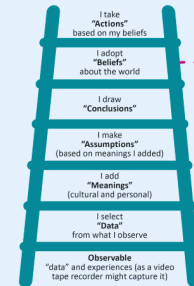
Next time Mary wants help I won't help her.

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.

Source: Senge, P. *The 5th Discipline*. New York, NY: Doubleday, 1990.



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!)"

Ed Schein and Culture



“Culture can be thought of as manifesting itself on many levels-it is represented by all of its artifacts, by which I mean buildings, art works, products, language and everything we see and feel when we enter another culture.”

Leaders



Jönköping



Qulturum



Beauty, Vitality and Creativity



A Reflective Place





Artifacts , Symbols and Reminders



Dealing with Resistance Through Reflection

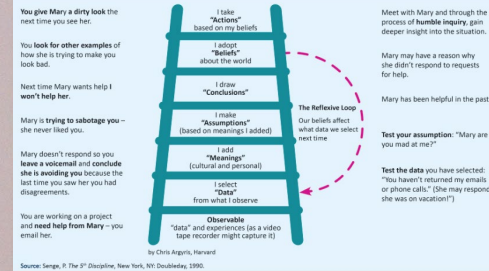
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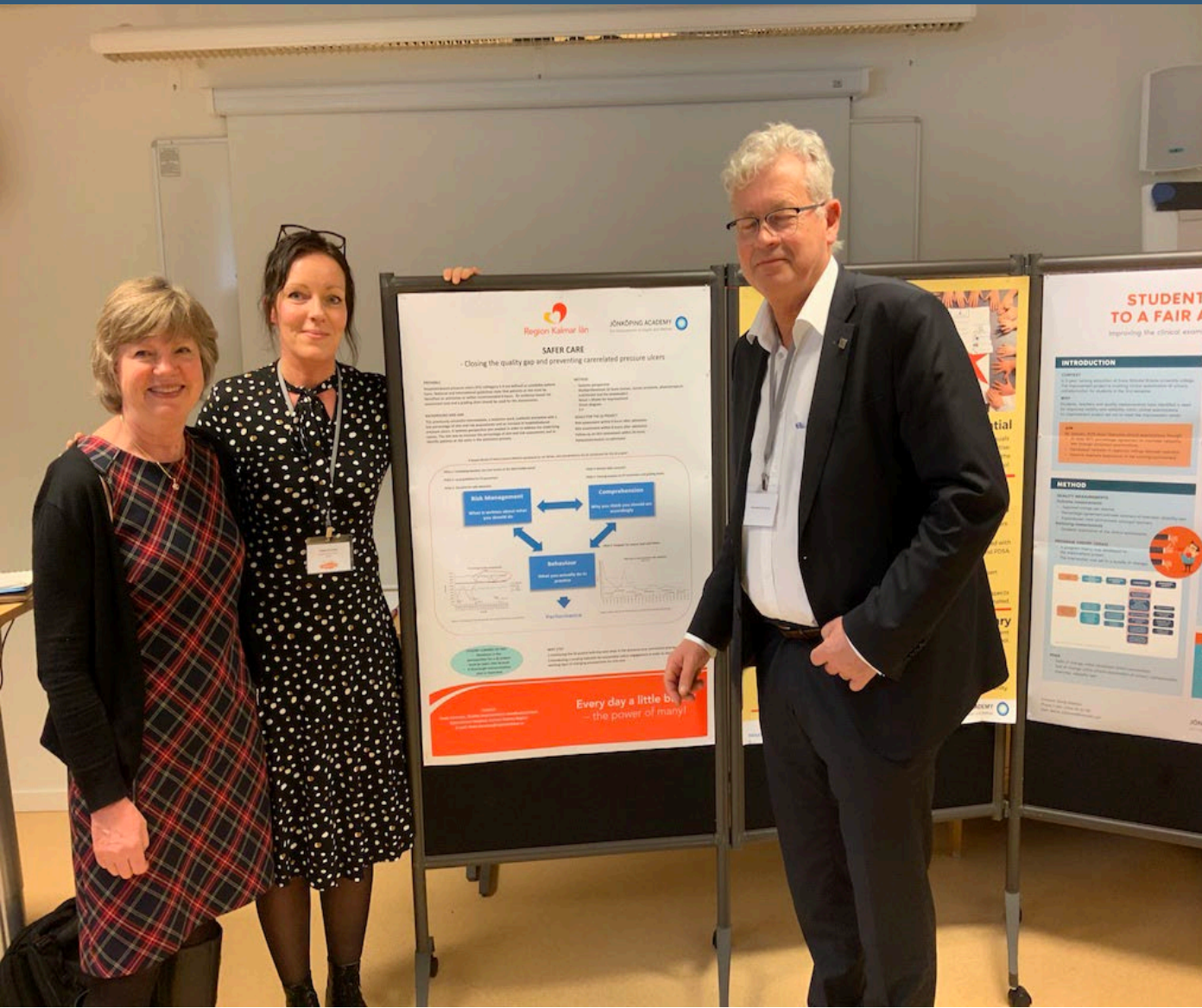
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Participants From All Levels of the Microsystem



Students
and
Politicians

Thinking In and Out of the Box



Music



Fun

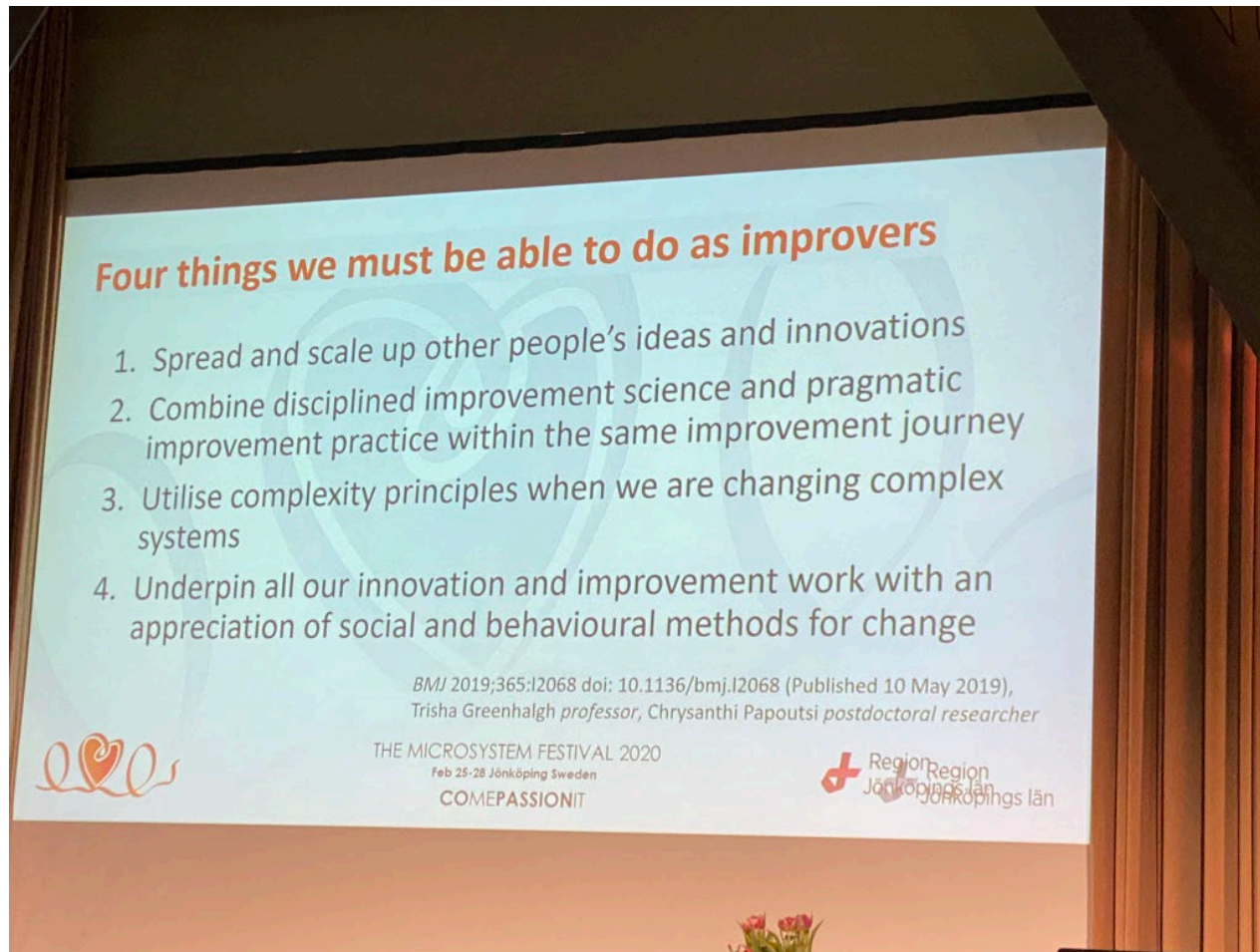


Innovation



2020

Four Things to do as Improvers



Four things we must be able to do as improvers

1. Spread and scale up other people's ideas and innovations
2. Combine disciplined improvement science and pragmatic improvement practice within the same improvement journey
3. Utilise complexity principles when we are changing complex systems
4. Underpin all our innovation and improvement work with an appreciation of social and behavioural methods for change

*BMJ 2019;365:l2068 doi: 10.1136/bmj.l2068 (Published 10 May 2019),
Trisha Greenhalgh professor, Chrysanthi Papoutsis postdoctoral researcher*

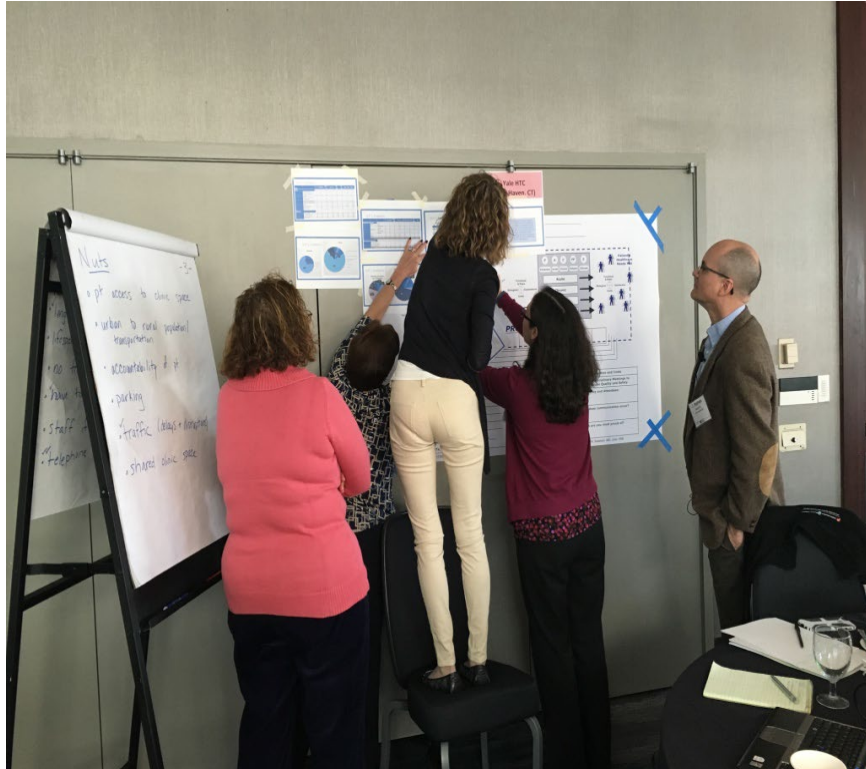
THE MICROSYSTEM FESTIVAL 2020
Feb 25-28 Jönköping Sweden
COMEPASSIONIT

Region Jönköping
Region Jönköpings län

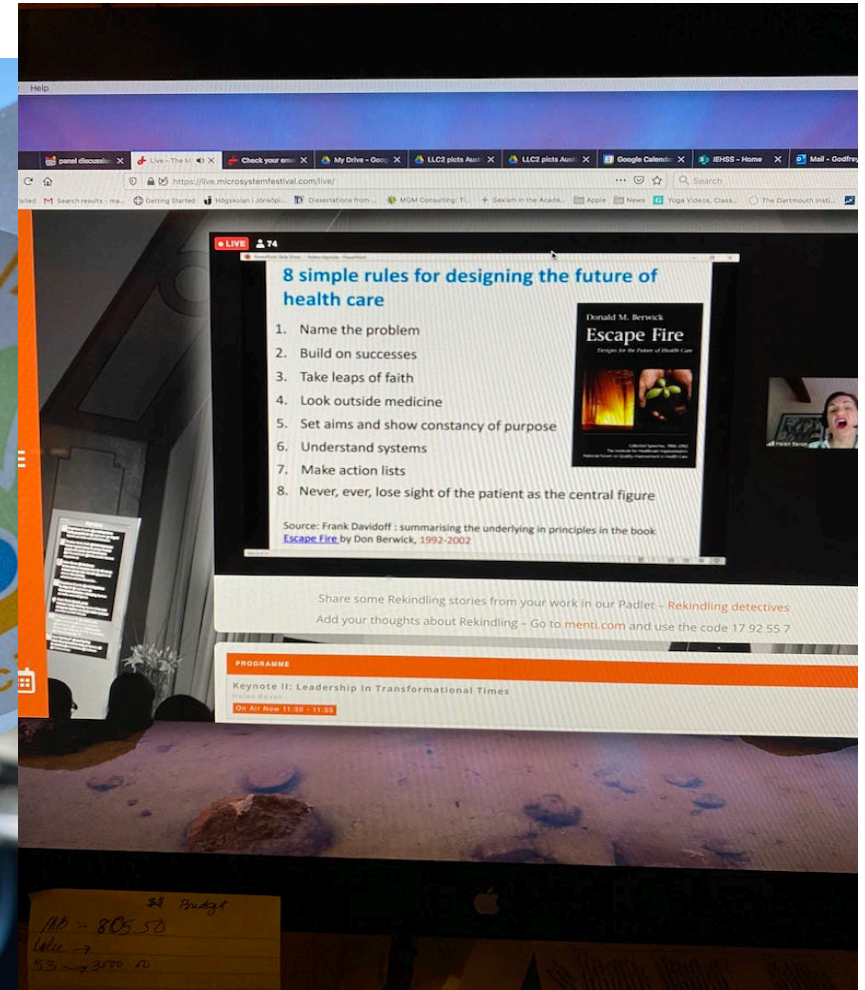
A Place to Learn at Many Levels With Those Who Care



Practice and Research



2021 Responsive



20 Years

- Some things are the same
- Many things are evolving in response to the changing world
- We have much to celebrate and be grateful for.
- I invite you to take a moment to reflect and write an expression of gratitude...

My Gratitude

Dear Qulturum

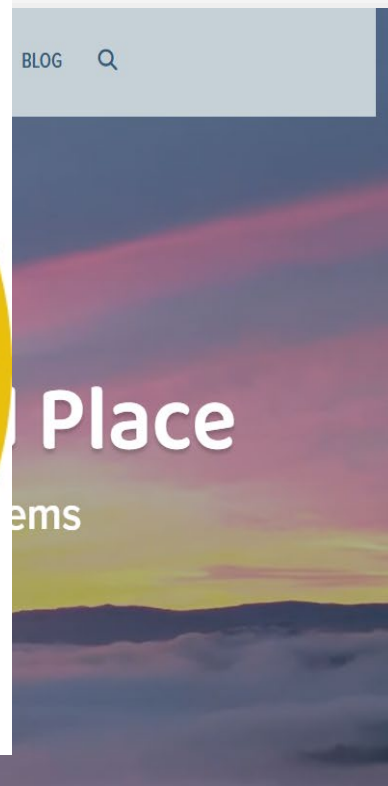
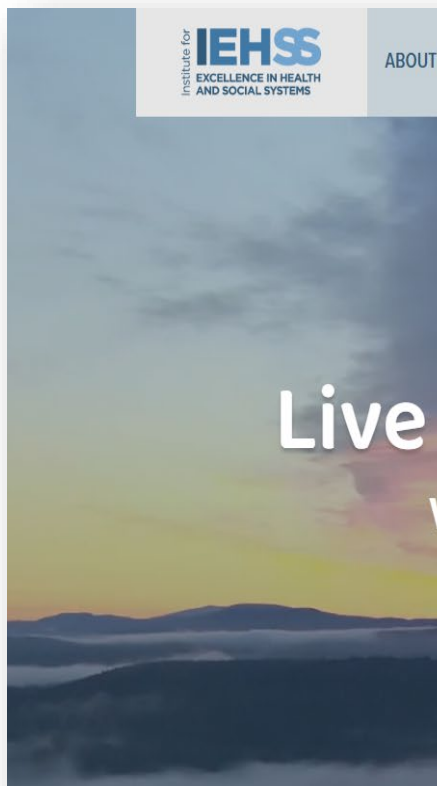
20 years ago, you offered to host the Microsystem Festival for 5 years. Here we are now 20 years later. Your hospitality, creativity, knowledge, generosity and ability to include many from around the world has resulted in the incredible generative community sitting before you now. We all make a difference

I am humbled and grateful for the influence you have made on my personal and professional life and the impact you have and continue to make on creating a good place for a good life for everyone.

I look forward to at least 20 more years of learning together

With love

Margie



**See you at
The 2024 Microsystem Festival**

www.clinicalmicrosystem.org

Under a sky the color of pea soup
she is looking at her work growing away there
actively, thickly like grapevines or pole beans
as things grow in the real world, slowly enough.
If you tend them properly, if you mulch, if you water,
if you provide birds that eat insects a home and winter food,
if the sun shines and you pick off caterpillars,
if the praying mantis comes and the ladybugs and the bees,
then the plants flourish, but at their own internal clock.

Connections are made slowly, sometimes they grow underground.
You cannot tell always by looking what is happening.
More than half the tree is spread out in the soil under your feet.
Penetrate quietly as the earthworm that blows no trumpet.
Fight persistently as the creeper that brings down the tree.
Spread like the squash plant that overruns the garden.
Gnaw in the dark and use the sun to make sugar.

Weave real connections, create real nodes, build real houses.
Live a life you can endure: Make love that is loving.
Keep tangling and interweaving and taking more in,
a thicket and bramble wilderness to the outside but to us
interconnected with rabbit runs and burrows and lairs.

Live as if you liked yourself, and it may happen:
reach out, keep reaching out, keep bringing in.
This is how we are going to live for a long time: not always,
for every gardener knows that after the digging, after
the planting,
after the long season of tending and growth, the harvest comes.

Marge Piercy



Resilience and Wellbeing Acknowledgements

- Department of Defense
- Kelly Blasko PhD
 - Counseling Psychologist, Defense Health Agency
- Dennis Derammelaere and “Team Flannel”
- Cait McAllister and Professor Robert McGrath
 - Health Management Program, UNH
- Institute for Excellence in Health and Social Systems Team
 - Coua Early
 - Randy Messier
 - Navy Hung
- The Survey Center at UNH
- V. Lynn Foster-Johnson, PhD Evaluation analyst, Dartmouth
- Graduate nursing students-Master’s and DNP
University of New Hampshire
- American Academy College of Nursing (AACN)

Thank You

For Your Help with the Prototype App

- For **being interested** in team coaching and resilience and wellbeing
- For **thinking about system levels** of resilience and wellbeing and interventions
- For **testing the app prototype** and providing us lots of feedback and perspectives
- For **considering coaching resilience and wellbeing at all levels of the system**
- **We want to hear from you if you are interested in continuing our journey!** We have a lot more to do linking the app to a curated resilience and wellbeing resource web site.