Managing Change

Glen Bandiera
Ming-Ka Chan
Damon Dagnone
Anne Matlow
Diane Meschino
Acknowledgments

With Thanks to Rhonda St. Croix
Conflicts of Interest

• None to declare
Change is something that can be done to someone else
## Agenda

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Objectives

1. Identify key elements in understanding the impact of change,

2. Describe an approach to designing an effective change initiative, and

3. Outline common pitfalls and avoidance strategies.
Please finish this quote:

“Change done to us ...”

“Change done by us ...”
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Change is how we realize great solutions

SOLUTION

ENGAGE PEOPLE

UNDERSTAND
ENLIST
ENVISAGE
MOTIVATE
COMMUNICATE
ACT
CONSOLIDATE

Align key stakeholders

Engage the organization

Source: Experience Point
My change examples:

**Clinical World**
- Computerized physician order entry
- New Emergency Department
- Pay for performance flow metrics  
  - New flow models  
  - New roles
- New clinical processes  
  - Sepsis  
  - Early pain management

**University World**
- CanMEDS 2015
- New Accreditation standards and process
- Competence By Design
- BPAS
- Rotation management
Case Study: “Badges – we don’t need no stinking badges!”

• Patients have a hard time figuring out who is who
• Corporate focus on patient centred care
• Is that really what you have to spend your time on?

Elements of success
– Making the case (understand, motivate)
– Involve the stakeholders (enlist, communicate)

Preference
Role description

Dr. Granger noted that, when people introduced themselves, it was comforting and made her feel safer and more like a person than an illness. Dr. Granger sent out a tweet noting this with the now famous hashtag #hellomynameis

Remembering Kate Granger, a champion of human connection
By André Picard

Dr. Kate Granger was diagnosed with terminal cancer – and soon discovered the inhumanity in modern medicine. She leaves a legacy of trying to change that – with a simple introduction

In July 2011, Kate Granger fell ill while on holidays in California. Upon returning home to England, the 29-year-old British doctor was pretty certain she had cancer, but awaited test results in hospital.
Welcome to the Emergency Department (ED)

We are practicing our "NOD and Wave":

<table>
<thead>
<tr>
<th>N</th>
<th>NAME</th>
<th>Staff should introduce themselves by their name.</th>
</tr>
</thead>
<tbody>
<tr>
<td>O</td>
<td>OCCUPATION</td>
<td>Staff should tell you their role.</td>
</tr>
<tr>
<td>D</td>
<td>DUTY</td>
<td>Staff should tell you why they are seeing you and what may happen during your meeting.</td>
</tr>
<tr>
<td>W</td>
<td>WAVE</td>
<td>Staff should clean their hands.</td>
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</table>

<table>
<thead>
<tr>
<th>ROTARY STAFF</th>
<th>Community Support</th>
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<tbody>
<tr>
<td>Rotary staff provide a safe and welcoming environment for vulnerable patients or those requiring people in the rotary.</td>
<td>Community support workers provide you and your family with practical and emotional support, and help make connections to some community resources.</td>
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<thead>
<tr>
<th>CCAC COORDINATOR</th>
<th>PHARMACIST</th>
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<tr>
<td>Community Care Access Center (CCAC) Coordinators assess and arrange services, connecting you to other community services when you are discharged.</td>
<td>Pharmacists assess medications to identify, resolve, and prevent drug-related problems.</td>
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<tr>
<th>CLINICAL ASSISTANT</th>
<th>SOCIAL WORKER</th>
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<tr>
<td>Clinical assistants contribute to the health care team by providing basic patient care, patient transport, and ensure that medical supplies and equipment are available.</td>
<td>Social workers provide professional support to you and your family and help you access all relevant community resources and services.</td>
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<tr>
<th>NURSE</th>
<th>NURSE PRACTITIONER</th>
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<tr>
<td>Nurses provide safe, high quality and effective patient-centred care and help ensure that your overall care is being coordinated.</td>
<td>A nurse practitioner is a nurse with extra specialized training giving them the authority to do some of the tasks of a doctor.</td>
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<tr>
<th>DOCTOR</th>
<th>RESIDENT DOCTOR</th>
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<tr>
<td>Doctors are staff physicians who assume overall responsibility for high quality assessments, treatment, and patient-centred decision-making.</td>
<td>Resident doctors have completed medical school and are training to become a specialist. They may provide complete patient care, supervised by a staff doctor.</td>
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<thead>
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<th>CLERICAL ASSISTANT</th>
<th>MEDICAL STUDENT</th>
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<tr>
<td>Clerical facilitate communication among staff, patients, and visitors; and help coordinate patient transfers, equipment transports, and patient services.</td>
<td>Medical students are not yet doctors but are in the ED as part of their education. Their activities are always supervised by a doctor.</td>
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<th>ADMIN ASSISTANT</th>
<th>MANAGER</th>
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<td>Administrative assistants coordinate daily activities and ensure smooth functioning of the ED.</td>
<td>Managers are responsible for providing leadership and coordination in the ED.</td>
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OK, THERE IS A SMALL CHANGE... RED BAG HAS THE SANDWICHES GREEN BAG IS YOUR PARACHUTE
Complex change in the 21st century

Simplified Stacey Matrix for Complexity and Creativity in Organizations
(Ralph D. Stacey, 1996)
Change is Changing Too!

Change Management

Change Specialist;
Change is Infrequent;
Top down telling & “manage” resistance

Change Execution

It’s a Skillset;
Leaders Support;
People & Projects;
Risk View

Change Leadership

Change meets Complexity,
Innovation,
Neuroscience & CQI;
Engage, Influence,
Empower, Enable,
Develop, Support;
Build change capability & a network of change leaders
The Journey from Challenge to Impact is not linear

What do we expect?

Source: Experience Point
The Journey from Challenge to Impact ...

What actually happens?

Time

Performance
(Productivity, Revenue, Margin, etc.)

WHY?
Feeling the Dip

DENIAL

RESISTANCE

DISORIENTATION

COMMITMENT

EXPERIMENTATION

Source: Experience Point
Moderating the Dip

People who know what to do (models & tools) and how to be (mindsets & reflexes) can moderate the dip and achieve impact earlier and more often.

Source: Experience Point
Cooperate with way people change

- People change if they care;
- Change spreads peer-to-peer;
  - Stimulate the network
- Need clear, doable behavioural changes
  - Simple & easy to use
- Observable progress that matters
MIT research on change

“The idea that somehow organizations can change without personal change, and especially without change on the part of people in leadership positions, underlies why many change efforts are doomed from the start.”

- Peter Senge, The Fifth Discipline
The Journey to Impact: Change is a Design Challenge

Create a great SOLUTION

Realize full potential of the solution in your ORGANIZATION

Source: Experience Point
Change is how we realize great solutions

Align key stakeholders

Engage the organization

Source: Experience Point
Quote for Today

If you want to truly understand something, try to change it.

- Kurt Lewin -

www.oofva.com
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1. Understand need for change

• Why change? Frame it to resonate and to create shared purpose.
• Create your key messages to share with key stakeholders.

Where are you now? Start from your current place.

Gather information
What is needed now?
  Why is this important?
What are drivers?

Create messages for key stakeholders
Create alignment & shared goals with key stakeholders. Frame it to resonate. Make it desirable. Evolve it.

Identify the Problem
Determine root causes and not symptoms.
Define opportunity.

Source: Experience Point
Find the feeling: Speak to the Elephant

Rider: The conscious, verbal, thinking brain

Elephant: The automatic, emotional, visceral brain

Haidt 2006, Kahneman 2013
Craft a Compelling Why
Inspire People to Take Action.

Prosci
Force Field Analysis

Driving

Restraining

Rational
facts, data, overt

Emotional
political, cultural, covert

Adapted from Kurt Lewin
Understand your change

Describe your challenge!

It is a:

- Problem (Fix the pain)
- Opportunity (Maximize gain)

Why is it important to address? (rational, emotional, visual)

________________________
________________________
________________________
________________________

Think. Write key messages about your change:

________________________
________________________
________________________
________________________

Driving
Rational
Facts, data, overt

Restraining
Emotional
Political, cultural, covert
2. Enlist your team & key stakeholders


- **Sponsor**
  Active, visible, builds support, manages resistance, communicates directly.

- **Project Leader**
  Visioning, Motivating, Empowering, Managing.

- **Project Team**
  Leadership, Position power, Expertise, Credibility, Management.

- **Key Stakeholders**
  Map support to understand readiness, willingness and ability to change.

Source: Experience Point
2. Enlist - Key Stakeholders

20% - I can’t or won’t support this.

60% - Let’s see what happens.

10% - How can I help?

10% - I’m all in. Let’s do this!

RESISTER
- Negative

Bystander
- Neutral

Helper
- Positive

Champion
- Leader

Source: Experience Point
How we create resistance to change

Mark Jaben on the science behind resistance

What NOT to do

Issue

→

desired outcome

→

options

→

choice

Engage people here

What TO do

Issue

→

desired outcome → Shared outcome

→

options

→

choice

Engage people here

Instead of buyers (who “buy-in”), we need investors

@horizonsnhs civilservicelive
Change is social

What is the best way to spread new knowledge?

Social connection/discussion is **14 times** more effective than written word/best practice databases/toolkits etc.

Source of image: [www.happiness-one-quote-time.blogspot.com](http://www.happiness-one-quote-time.blogspot.com)

Source of data: Nick Milton

@HelenBevan ICPE2015
# Action Plan

**ENLIST your stakeholders**

<table>
<thead>
<tr>
<th>Who will this affect?</th>
<th>Why would they care?</th>
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<td>Who will be affected directly?</td>
<td>Why might it be desirable (or undesirable) for them?</td>
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<th>What other stakeholders might be affected indirectly?</th>
<th>Why might it be desirable (or undesirable) for them?</th>
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ENLIST

High

Low

POWER / INFLUENCE

High

Low

SUPPORT

Low

High
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3. Envisage — What does the future look like?

• Involve relevant stakeholders in the process

• Facilitate shared vision: “Where are we going to go”

• There are many excellent methods to design solutions

• Change requires new behaviours and motivation

Source: Experience Point
ESSENTIAL CONFLICTS

Resident wellness  
Patient safety  
Sleep deprivation  
Greater evidence for physician certification

Competence  
Volume of experience  
Continuity of Care  
Expanding Medical Knowledge
And when something wasn’t working, you changed it. Breakdowns lead to breakthroughs.

-Chris Bohjalian
American novelist
SOME FUNDAMENTAL TRUTHS

1) We will not revisit the past

2) Current training models are not based in evidence

3) Big challenges require creative solutions

4) We can no longer afford to work at the edges; rather we need to cut to the heart of the problem
Action Plan

ENVISAGE the Future

What is your vision?

What will change?

What will success look like? (metrics)

What new behaviours are required?

RESIDENCY TRAINING MODELS

INCREASED SUPERVISION & ASSESSMENT

ALL 29 PROGRAMS WILL BE READY TO LAUNCH BY JULY 1, 2017
# Envisage

## More Of

<table>
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<th>What behaviours will we expect to hear and see more?</th>
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<td>More supervision by Attending MDs</td>
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<tr>
<td>Regular MSF assessment</td>
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<td>Use of EPAs for assessment</td>
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## Less Of

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<th>What behaviours will we expect to hear and see less?</th>
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<td>Lack of MD supervision</td>
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<tr>
<td>Avoidance of MD teaching/coaching</td>
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My FIVE Key lessons

1) RESISTANCE TO CHANGE is a natural part of the process

2) COMMUNICATION of a collective vision and universal benefits is paramount

3) Have a PLAN and allow it to EVOLVE

4) NEVER aim for PERFECTION

5) STRONG RELATIONSHIPS will allow for bumps along the way
What is your change challenge

• Table Work
Change is how we realize great solutions

Align key stakeholders

Engage the organization

Source: Experience Point
4. Motivate

• Share your compelling ‘why’ (messages) at both a rational, emotional, visual level.

• Create a sense of urgency

• Consider moving towards (opportunity) vs. moving away (problem)

• Make it personal. Help people care.

• Why might the change be personally desirable?
• AMP – Autonomy, Mastery, Purpose (Daniel Pink)
• Encourage input and two-way dialogue.

• The WHY is different for everyone.

• Encourage stakeholders groups to explore their own WHYs.
4. Motivate

• The traditional view of motivation is extrinsic.

• Today, the number one work motivator is emotion, not money.*

• 3 Drivers of Motivation: **
  • Mastery – the desire to get better at stuff
  • Autonomy – the desire to direct our own lives
  • Purpose – the feeling we can make a difference

* Source: Amabile & Kramer (Progress Principle)
** Pink (Drive)
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5. Communicate

How can we ensure leadership communication fails?

TRIZ: http://www.liberatingstructures.com/6-making-space-with-triz/

Listen, engage, empower, fun
5. Communicate

• Mobilize your people around the future state.
  • Establish clear roles, expectations and actions
  • Address anxiety due to lack of certainty
  • Test concepts with various groups to surface barriers to adoption.
  • Meet 1:1 / to create safe environments for criticism and to build trust
  • Initiate multiple pilot projects
  
• What are some particularly effective methods you’ve seen?
  • Analogies: Building a new house analogy
  • Always Face-to-face when possible
  • Invitations for Co-Production
  • Framing errors and missteps as new opportunities for course correction
  • Helen Bevan’s “Go for No”
5. Communicate

Trust- honest, open, transparent (integrity, credible)

Listen & Observe (hear & read the ether->learn)
Personal-engage all in the room, dialogue

Expert (know what you are talking about)
Specific - clarity, brevity

Empathy-no ego
Inspire by communicating to wants, needs & desires
Adapt
5. Communicate
Listen, Observe, Learn, Adapt

MENTALIZE:
Accurate and effective mind reading:
  Automatically going beneath the surface
  Responses based on sense of
  other's behaviour: desires, needs, feelings, reasons, beliefs...

https://www.menningerclinic.com/clinicians/clinical-resources/mentalizing

Self from the outside
Others from the inside
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Case Example

Social media as Education tool

- Championed by Royal College clinician educator (CE)
- Challenged CE group to develop twitter presence – ‘competitive’
6. Act

Empower people to act

• Script the critical moves. Simplify. Shrink it.

• Encourage experimental mindset. Test your ideas for action.

• Make structures compatible with the vision. Align practices, policies, systems.

• Provide the development people need. Build readiness.

• Generate and publicize progress. “Story tell” success.

Source: Experience Point
Behaviours

• Be specific & concrete
• Script the critical moves
  • Reduce anxiety & release cognitive resources
• Support learning of new behaviours by role
• Shrink it

“Ambiguity is the enemy. Any successful change requires a translation of ambiguous goals into concrete behaviors. In short, to make a switch, you need to script the critical moves.”-Dan and Chip Heath, Switch.

Source: Switch & Viral Change
Case Example
Social media as Education tool

• ACT
  – Choose a name (handle)
  – Trial and error
  – Tips e.g. don’t start with @ symbol
7. Consolidate

• Move into a continuous improvement loop. How might we make it better?

• Continue to review which things are working and action which things are not.

• Accelerate storytelling with qualitative and quantitative success stories.

• Encourage, reward and celebrate successes.

• Capture lessons learned for future iterations.

Source: Experience Point
Case Example
Social media as Education tool

• Trial and error
  – lurker vs active voice
  – Professionalism
  – breadth vs depth in topics
  – learning vs sharing/having a voice

• Share success

• Teach others
# Engage your stakeholders

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<th>Who</th>
<th>What</th>
<th>Why</th>
<th>When</th>
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<tbody>
<tr>
<td>Who’s the target audience?</td>
<td>What do you propose?</td>
<td>What is the goal?</td>
<td>When does it need to happen?</td>
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Motivate

Communicate

Act

Consolidate

63
Apply to your change challenge

• Table Work
<table>
<thead>
<tr>
<th>ITEM</th>
<th>TIME</th>
<th>LEAD</th>
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<tbody>
<tr>
<td>Introductions</td>
<td>5 mins</td>
<td>Glen Bandiera</td>
</tr>
<tr>
<td>What is change?</td>
<td>10 mins</td>
<td>Glen Bandiera</td>
</tr>
<tr>
<td>Understand and Enlist</td>
<td>15 mins</td>
<td>Anne Matlow</td>
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<tr>
<td>Envision, Motivate</td>
<td>20 mins</td>
<td>Damon Dagnone</td>
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<tr>
<td>Communicate</td>
<td>15 mins</td>
<td>Diane Meschino</td>
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<tr>
<td>Act and Consolidate</td>
<td>20 mins</td>
<td>Ming-Ka Chan</td>
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<tr>
<td>Summary</td>
<td>5 mins</td>
<td>Diane</td>
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Group Debrief - Learn/Apply/Share

Share your learning and distill into change lessons.

• What do you tell colleagues when your return about how to lead your change initiative?

• What is 1 thing you will think about differently?

• What is 1 thing you will do differently?
Change is how we realize great solutions

Align key stakeholders

Engage the organization

Source: Experience Point
Summary: Model & Tools

- Start with Why, and not a baked solution
- Go slow to go fast. Build a solid foundation
- Enlist champions and change agents – build distributed network for change
- Engage heads and hearts
- Involve others
- Intrinsic > Extrinsic
- Plan for tests and quick wins to learn and build momentum
- Use a Model … any model!

Tools
- Force Field
- Stakeholder Mapping
- More of, Less of
- Align
- Engage

Models
- Kotter
- Viral Change
- Design Thinking
- Appreciative Inquiry
- Complexity Approaches
- Action Research
- Learning Organization
- Communities of Practice

See Handout

- What's the deal with all these change models?
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<td>Damon Dagnone</td>
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Summary: Mindsets

- Human-Centered
  - Involve others
  - Be Open
  - Be Curious
  - Build Trust

- Learning Orientation
  - Listen Carefully
  - Experiment/Do to Learn
  - Reframe failure
  - Lean into Ambiguity
  - Continuous Improvement

- Meaningful Motion
  - Focus Sharply
  - Be Intentional
  - Be Patient
  - Be Resilient
Objectives

1. Identify key elements in understanding the impact of change,

2. Describe an approach to designing an effective change initiative, and

3. Outline common pitfalls and avoidance strategies.
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