

## PRESIDENT'S COLUMN

## Something I Need to Tell You: Improvement and Openness

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Even though being open doesn't come naturally to us, it's critical that we learn to get better at it, both as individuals and as an organization. A culture of continuous improvement hinges on openness. Being open is also an essential element of high trust relationships. And health care clearly is moving towards greater transparency on a variety of fronts.

Several of my past presidential columns focused on the issue of culture. Culture can best be thought of as "the way we do things around here;" a collection of customs and norms, both written and unwritten. SGIM members who are interested in promoting change would be well served to become experts in understanding how cultures develop and evolve. And while we traditionally think of cultures as they relate to groups of individuals and organizations, a willingness to examine culture is equally important for changing our own behaviors.

Last month's column focused on the importance of adopting a culture of continuous improvement, both as individuals and for our Society. Early on in any journey of continuous improvement, one is forced to confront the habits and reflexes that develop over time and drive our current behavior. These habits and reflexes, both as individuals and organizations, represent the status quo. It is essential to recognize that the status quo does not develop by accident. They serve our interests through promoting positive effects but also by avoiding negative or noxious consequences. But over time these ingrained habits often inhibit our progress.

For example, the junior faculty member who reflexively says "yes" to every request to participate in a project may benefit early on from a reputation as a valued team player,

but ultimately will suffer from over-commitment and decreased productivity related to his personal projects. Ideally, if this faculty member were committed to continuous improvement, he would actively seek out feedback from mentors and peers about his current performance, recognize this over-commitment as an area for improvement, and develop strategies to say "yes" to requests more selectively. But for many of us, this commitment to continuous improvement does not come naturally. Continuous improvement can be difficult on our self-image, a particular challenge for physicians who tend towards perfectionism, coupled with patients' and society's extremely high expectations of us.

A critical ingredient in a culture of continuous improvement is a strong commitment to openness. Much of my career has involved studying and trying to improve how we respond to problems in health care, an area where openness is essential. This work has led me to understand how from an early age we develop reflexes that limit our openness, especially if it involves something that has gone wrong. Think about a time when you have made a mistake in your personal or professional life that has caused significant harm. Sometimes it's a mistake that is readily apparent for all to see, and not being open about what happened is not a viable option. But other times, especially for problems

that may not be obvious to others, our tendency to keep what happened to ourselves is overwhelming. We think to ourselves, "Maybe if I just lay low, everything will blow over." And sometimes it appears that this approach works—No one is the wiser about what happened, and we go about our lives thankful that our mistake did not come to light. The root causes of a lack of transparency are multiple, but generally involve a fear of punitive consequences, shame and embarrassment, or uncertainty about how to talk with others about mistakes.

Openness about mistakes includes two major components. The first is information sharing, conveying the essential facts about what happened, its causes and consequences, and ideas about preventing recurrences. A second, and generally much more complicated component of being open, involves addressing emotions. As physicians, we often assume that dealing with emotional conversations is something we are relatively good at. However, having observed hundreds of conversations between patients and providers about care breakdowns, I can report that it turns out we are not nearly as good at dealing with patients' emotions as we think we are. Especially intimidating are situations where we worry that the patient will be angry at us. Responding to patients who are angry at us can flummox even the

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most experienced communicator, which may relate to our obsession with perfection as noted above.

Even though being open doesn't come naturally to us, it's critical that we learn to get better at it, both as individuals and as an organization. A culture of continuous improvement hinges on openness. Being open is also an essential element of high trust relationships. And health care clearly is moving towards greater transparency on a variety of fronts. Patients have open access to their medical records, work pioneered by SGIM leaders. Individual providers' performance data, along with detail patient ratings of their provider, are now just a click away. Whereas a patient may have been hesitant to share concerns with his/her doctor about the care provided during a face-to-face encounter, he/she may be less inhibited about posting critical comments about a provider online. These examples also highlight how transparency is much broader than the issue of being open when something has not gone well (though our willingness to be open about breakdowns is an outstanding litmus test of transparency generally).

Transparency should not be seen as a good, in and of itself, but rather as an important tool to achieving more important outcomes, such as improving healthcare quality or promoting trusting relationships. As such, there are critical boundaries to transparency. A robust debate oc-

curred within the bioethics community two decades ago regarding whether HIV-positive providers needed to disclose their HIV status to patients prior to performing invasive procedures. Ultimately, it was decided that such disclosure was not required and that the harms of sharing this information would outweigh any benefits. Similarly, details about personnel changes that occur at SGIM, information that might be of interest to members, is generally not shared outside a very limited leadership circle to protect the privacy of those involved. Yet, while keeping these limits to transparency in mind, generally speaking when faced with a dilemma, the more open and transparent path should be pursued.

Transparency involves not only being open about things that have taken place in the past, but has crucial prospective as a dimension as well. Through my participation in the leadership coaching process I described in last month's column, I have come to appreciate the importance of being open and explicit about our intentions. Intentions can best be understood as "a plan of action that we chose and commit to in pursuit of a goal." Making our intentions explicit is a critical element of creating shared mental models within a group for what we are trying to accomplish, why the goal matters, and how we plan to achieve that goal. No one can read your mind. So whether that group is

just you and a coworker or a 3,000-member Society, articulating your intentions helps avoid an information vacuum that others naturally fill with their own version of what is going on or why a specific path is being pursued. Council developed a set of intentions for how we plan to behave, which was published in last month's *Forum*.

A particularly valuable aspect of being open about intentions, especially in larger groups, involves setting and articulating policies. Though only one element of an organizational improvement strategy, a policy is both an explicit statement of intentions and a means to enhance quality through standardizing processes and minimizing variation. A few years ago, I attended a session about solving challenging dilemmas related to medical staff. The speaker kept returning to the simple, two-step approach to almost every complex situation the audience threw his way—step 1: Develop a policy, step 2: Follow the policy. Setting and articulating policies not only make an organization's intentions explicit to its members but also help ensure consistency and fairness over time, so that decisions are predictable and principled. But just as transparency does not always come naturally to us, there is an understandable reluctance some have to adopting policies, instead preferring to maintain maximal flexibility to respond to situ-

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ations as they arise. However, especially for an organization such as SGIM, where elected leadership turns over quickly, increasing our use of formal policies can support organizational improvement.

Council recently put several of these principles related to adopting greater transparency and strengthening our policies into action during the review of Committee and Task Force budget requests for the upcoming year. Each Committee and Task Force can request both financial and staff resources for projects they would like to undertake. Typically, Council's decisions related to a specific Committee or Task Force's request would be communicated back just to that group, and the reasoning behind the decision (especially when

a request was denied) could be difficult for the requestor to fathom. This year, we decided to more clearly articulate the principles we were using to make decisions, including: 1) Committees and Task Forces with remaining balances in their budgets should use these funds before requesting additional resources; 2) request for Visiting Professors would not be funded out of SGIM's operating expenses; and, 3) requests needed to be fully aligned with SGIM's strategic priorities, and benefit a substantial segment of the membership. In addition, a full list of all requests, Council's decision, and the rationale was provided back to all the Committee and Task Forces, allowing everyone to see the decisions that were being made. I hope

that this increased reliance on principles to guide funding decisions, along with greater transparency about those decisions, will promote a stronger shared mental model between the membership and leadership about these important issues.

Continuous improvement, whether at the individual or organizational level, is critically dependent on openness. But being open, whether in regards to a problem that has happened or our intentions going forward, does not come naturally to us. Yet with commitment to these principles and with practice, we can rewire these natural reflexes to keep things to ourselves and create high-trust relationships and teams, promoting individuals and organizational improvement. *SGIM*