

Virtual JOURNAL CLUB

May 27, 2016

*Learning from each other, building collective minds, and other behaviors exhibited by highly effective clinical teams:
Implications for CPD*

Presenter: John Parboosingh, MB FRCSC

Facilitator: Curt Olson, PhD

Organizations as Machines, Organizations as Conversations

Two Core Metaphors and Their Consequences

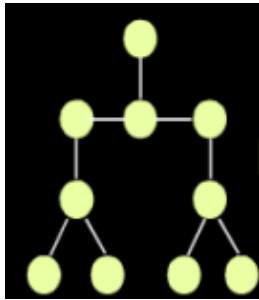
Anthony L. Suchman, MD, MA

The role of conversation in health care interventions: enabling sense-making and learning

Michelle E Jordan, Holly J Lanham, Benjamin F Crabtree, Paul A Nutting, William L Miller, Kurt C Stange and Reuben R McDaniel Jr

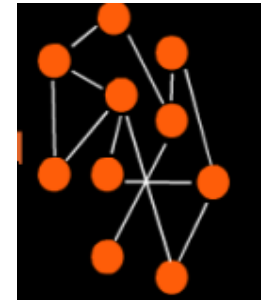
Two types of management models

**Top-down
“Command & Control”**



**Innovations initiated by
leadership, consultants**

**Emergent
Organic Network**



PRACTICE TALK

**Innovations created by workers are
welcomed & rewarded**

Types of conversation at work



Social space

We talk about our practice experiences



Meetings

Best practice is presented and we are expected to follow



Practice

We exchange information as we work

**Traditional education
SESSIONS**

**Social Learning
SPACE**

**How do the learning
processes differ?**

Physical space



Who brings the topic for discussion?

The expert brings a best practice.

A colleague tells a story about a patient experience

Type of conversation

Debate about the best practice takes place.

Others exchange similar stories & the best practice is “pulled” into the conversation.

“We cannot follow this best practice because....”

“we can create our own way of using the best practice”.

Social value of conversation

Limited relationship building

Relationship building ++
Builds networks of professionals

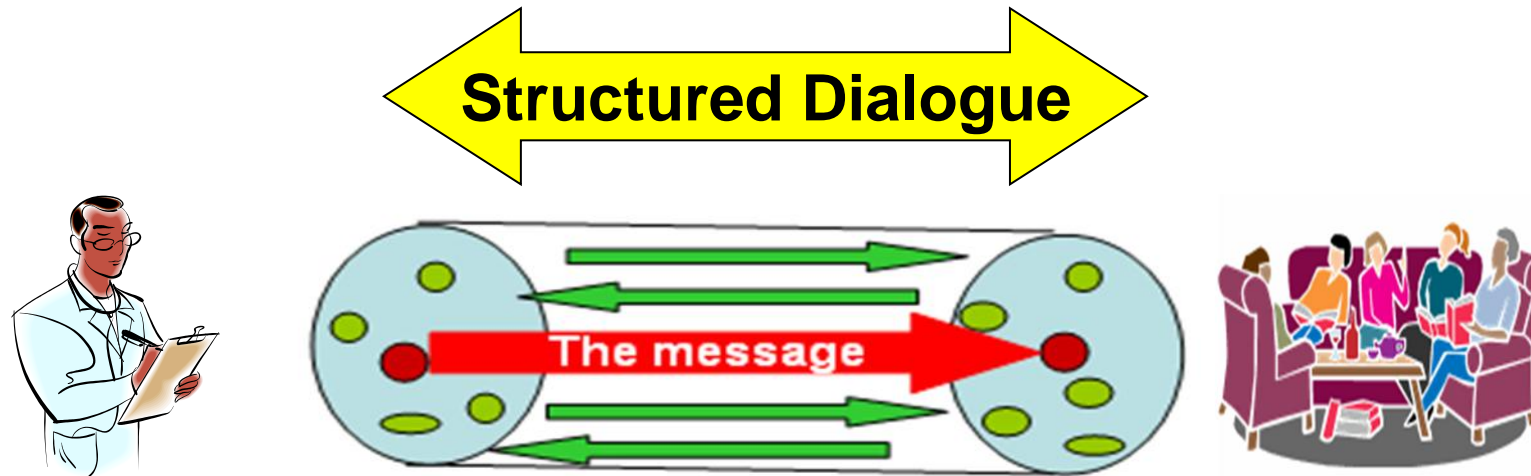
What needs to be in a conversation about a new practice?

**Making
sense of
new
information**

1. Benefits to our world (practice, patients, culture)?
2. Can we make the change (resources)?
3. How it fits our identity & role?
4. How will the change be accepted by my group?
5. Are we convinced of the evidence?

From Godin, Belanger-Gravel, Eccles & Grimshaw. 2008. Implement Sci 2008;3:36.
Healthcare professionals' intentions and behaviours:
A systematic review of studies based on social cognitive theories

Opportunities for CME practices to change - 1



Factors in conversations that foster change in behavior

Benefits?

Capabilities?

Identity?

Social influences?

Evidence?

Stories about Practice



**Networking &
relationship building**

Opportunities for CME practices to change - 2

***We suggest intervention facilitators (CME providers)
consider the following questions:***

- 1. How can we organize CME around people networked by practice, rather than around content?**
- 2. Can we assess the power of existing conversations & relationships to influence behavior?**
- 3. Can we help create time & space in clinical workplaces where conversation can unfold?**
- 4. Can we use conversation to help foster relationships & build social interaction competence?**

RONALD M. CERVERO & JULIE K. GAINES . (2015) The Impact of CME on Physician Performance and Patient Health Outcomes: An Updated Synthesis of Systematic Reviews

Educational interventions under the right conditions can make a difference in performance and patient health outcomes: The primary influencers of improved outcomes were that Education events were:

Socio-cultural learning in practice

(1) based on practice-based needs-assessment -

Listening to practitioners' conversations

(2) is ongoing – sequential sessions -

Social learning space

(3) uses interactive learning methods -

Facilitated Structured dialogue

(4) is contextually relevant -

Sense-making conversations

Thanks for your attention

Feel free to contact me at
John.parboosingh@gmail.com

Thanks to Curt and Mila and my research colleagues for advice and encouragement