



ENABLING QUALITY IMPROVEMENT IN PRACTICE

Tower Hamlets Our Latest Newsletter (27/05/2019)



EQUIP wants to create a Culture of Enquiry

After the buzz of last week (sorry folks, no doubt there are many more Kim Cousins around Tower Hamlets – drop me a line!! but I haven't got one in my pocket to highlight now), this week we return to something more classic – the art of asking questions. Of ourselves, of our teams, of our practices. *Really* asking ourselves questions – not in the way that we do when we feel right, or wronged, and already come with the answer.

There are lots of moments where you want to make sure you are asking good questions – one of these, for example, is when you have your joint review meetings with sponsors to check in on your projects. The best and richest information comes when you approach a project in a spirit of enquiry – exploring your projects with appreciation and respect. Questions that can help are open ones, which elicit discussion and cannot be answered with a “yes” or a “no”.

For example, ask how, what or why – and avoid did, have or should – “*didn't you remember to collect the data*” would probably be better framed as “*what data could you collect to confirm your idea*”. In other words, ask questions to understand and explore, rather than to lead people to guess or confirm your ideas.

Non-judgemental questions will lead to truly shared results. Even if you really think your team has made a mistake, frame it as your own confusion – which may well be at play. So not “that change won't work, why did you think it was logical, we have no time for it”, but “I am confused about the next steps – please help me understand how you agreed the change, what are your best hopes and how can we make it work”.

Our wider team recently came across a wonderful article around the culture of enquiry – I am attaching it here for the more psychologically curious. In a nutshell,

this piece outlines how often our organizational ideas go from being an idea, to becoming an unquestionable truth. An example could be, "this is what general practice is". "This is what doctors should do". "This is what patients need". Not now. Not for me. *Forever*. For *everyone*. And idea goes from being located in a person (ego) to becoming an ideal, and sitting within an untouchable superego. As though questioning the idea, which is held by the group, is almost a moral breach. It is not allowed. And the ability to *think* and *enquire* are removed from a practice – an effective but unhealthy way to manage anxiety and uncertainty. Other mechanisms come alive to make practices *think* that they are practicing open enquiry, but which actually protect the status quo. These are better described in the article attached, but in essence they are:

- **Specific methods of closing enquiry** – defences are created so that enquiry is avoided, and emotional distance and safety can be kept. In this practice, you don't ask. You don't rock the boat.
- **The packed timetable** – meetings and packed agendas are lived experience – but actually as a subconscious way of avoiding true enquiry. Too much noise to hear the vulnerable, unsettling organizational whisper.
- **The projection of despair** – where anything you do is better than nothing, so inadequacy becomes OK (like not having enough appointments for a needy population, anyone?)
- **Paranoid explanations/interpretations** – it's the patients, they want but don't need... it's the government, the CCG, the Care Group... etc... etc... etc...
- **Last minutism** – where crisis prevails upon planning and reflection – but again, actually, as a subconscious means to avoid these.
- **Tribalism** – where's it's my team before The Team, and teams vs teams
- **Inter-professional rivalries** – where professional roles take on identities: receptionists gate-keep; doctors decide; nurses – fill in the blank. You get the idea.
- **Pseudomutualism** – where we are all equal – but on paper, only.
- **The abuse of psychoanalysis as a means of inhibiting enquiry** – where we hide behind psychobabble – but are not really listening or willing to change.
- **Ritual interpretations** – where routine events (ie staff sickness) can be given more meaning than they actually have.
- **The corporate individual** – where we make it about one senior person, rather than about the practice.
- **Competitive interpretation** – where interpreting events becomes a sport, and allows the real issues to be avoided.

Do any of these sound familiar? They all do, to me – and some, even in my own direct experience! Which is OK – because knowing your defence is the first step in knocking it down. Knocking down your assumptions, the things you think you know about your practice, about medicine, about what it means and looks like to be in a caring profession. Which is not to say we are all wrong and need to change all our ideas – we just need to enquire. Discuss. Confirm. Because living in the ivory towers of our habits, certainties and historical truths is unlikely to benefit our teams, or our patients. Joy does not reside in rigidity; it lives in growth and exchange. Which may well lead to... change.

Let's start some conversations.

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