

Adding Mindset to the Order Set

Changing the Way we Change

IN HIS blog, psychologist Wayne Dyer relates a story of “mind fields” entitled *An Airport Parable*.¹ The story describes one of those airline flights from hell— among other annoyances, hearing the 7-hour flight delay announcement while waiting at the gate for his flight from JFK to Athens, Greece.

As one might expect, all of the passengers expressed significant distress, with one exception: an elderly Greek woman “perhaps in her eighties, all dressed in black.” Hearing the announcement, she sat down and closed her eyes with a smile on her face. After Dyer’s 2-hour walk and a movie, he returned to find the woman still in her seat, still smiling. As luck would have it, during the flight, the woman sat across the aisle from Dyer, allowing him to notice that during the entire 13-hours, she never moved once, “...with the same contented look on her face.”

Dyer describes this state as a “mind field of peace,” one that the woman evidently chose over the alternatives: mind fields of agitation, frustration, and the like. The lesson he took away? We have the option to choose our mind fields.

Could the ability to choose mind fields— to replace a dysfunctional one with a more productive one—have value to those of us in health IT? The challenges facing health-care organizations as they find their way through reform are legion. Most of us believe health IT plays a central role in this evolution. Given the speed of change

over the last decade—and the likely speed of change in the coming one—we propose that a deeper understanding of mind fields, particularly related to learning (both individual and organizational learning), may be fruitful. To achieve this understanding, we need to look both backward and forward.

First, looking back, based on the less than stellar performance of the recent past, Black Book Market Research reports about 32 percent of large hospitals are reevaluating their vendor’s electronic health record (EHR) services and products, with 19 percent likely replacing their existing EHRs because of “...extraordinary delays, cost run-ups, extended implementations and glitches interrupting operations.”²

There are varied reasons for such decisions; one is that our industry is clearly responsible for missteps – in vendor choice, acquisition, and implementation project management – over recent decades. Lorenzi calls them “...the significant sins of the past.”³ These missteps now weigh heavy on health provider and IT resources as they consider the array of mind field options ahead.

Second, looking ahead, the near-term

health IT future offers even more daunting mind fields because there truly is no roadmap. During our attendance at a recent Washington state HIMSS (Healthcare Information and Management Systems Society) chapter executive dinner, five regional chief medical informatics officers (CMIOs) defined their perspectives on the IT challenges ahead and how we should proceed— given that none of them could have experience doing what lies ahead. As an example, we are about to accommodate using genome data on a scale never considered before. We also face big data and related analytics issues involving wearable data collection associated with the Apple Watch, a multitude of other wearable data collection devices, and an unending volume of social media data that already inundate us. All of these data serve us well if we make the right choices, but we need much investigation. For example, health organizations need an enterprise data strategy before collecting these data or selecting and implementing tools that best serve their patient populations.

Clearly, health IT decision makers have a broad range of difficult and often unprecedented choices to make in the coming years. Using our experience to make decisions in these new arenas may work well; however, it is helpful to question how we view our experience. We like to think we learn from experiences, including past mistakes, but it may well be that *how we consider* past mistakes – how our societal and organizational cultures influence us—may create unnecessary barriers to optimal learning for the road ahead.

CULTURE: ADDING MINDSET TO THE ORDER SET

The good news is we have a choice. Over the past two decades, Carol Dweck, a professor of Psychology at Stanford University, researched a mindsets concept similar to Dyer's mind fields. Dweck initially worked with learners in educational environments, and more recently, with executives and employees within organizations. She defines a mindset as "...a set of assumptions, methods, or notations held by one or more people or groups of people that is *so established* that it creates a powerful incentive within these people or groups to *continue to adopt or accept prior behaviors, choices, or tools*."⁴ (Italics added for emphasis.)

The basic premise of Dweck's findings on achievement and success is that we all hold very powerful, conscious and unconscious beliefs about the nature of our intelligence and ability. She proposes that there are two basic sets of these beliefs, which she terms the *fixed mindset* and the *growth mindset*.

As she describes it, "In a fixed mindset, people believe their basic qualities, like their intelligence or talent, are simply fixed traits. They spend their time documenting their intelligence or talent instead of developing them. They also believe that talent alone creates success—without effort."⁵ People with a fixed mindset focus on guarding and preserving this limited resource instead of developing it. They are less likely to admit and correct their deficiencies. Instead of learning from failure, they worry about maintaining their fixed intelligence and how others judge it. Conversely, with the growth mindset, failure is not a deficiency but rather an opportunity to experience deeper learning. Failure, therefore, is a necessary intermediate step to greater success.

Dweck explains, "In a growth mindset, people believe that their most basic abilities can be developed through dedication and hard work—brains and talent are just the starting point. This view creates a love of learning and a resilience that is essential for great accomplishment. Virtually all great people have had these qualities."⁵ People with a growth mindset create motivation and productivity even in failure. A key finding of Dweck's research is that *ongoing* success does not relate directly to one's innate

ability; it relates more to how one perceives ability. Those who consider ability as inherent or fixed are less likely to succeed. Those who *perceive* ability as a characteristic that one can improve or learn perform better over the long term.

Dweck and her colleagues researched further, asking if these two mindsets apply to organizational cultures as well. The early answer is yes. Her primary findings are intriguing – employees at fixed mindset organizations were often less committed than those at growth mindset organizations, with those at fixed mindset organizations feeling their employer only really cared about or supported a few 'star' workers. There, worries about failing led to fewer innovative projects, as well as keeping secrets, cutting corners, and cheating to "get ahead."

By contrast, supervisors at growth-mindset organizations were much more positive about their staff than those in fixed mindset organizations, finding them innovative, collaborative, committed to growth and learning, with management potential.⁶

Are there examples of the fixed and growth mindsets operating in our industry? While there is no hard data as yet, we believe they exist. Take the close out or lessons learned report prepared at the end of a key project phase and at project completion.

In our experience, a fixed mindset organization typically either fails to complete their lessons learned report or does a perfunctory job, ignoring the origin of good ideas found in mistakes and failures—perhaps because they feel failure (or success, for that matter) is not a learning opportunity.

A growth mindset organization on the other hand more effectively uses a close out report—as one of a select group of key project outputs—considering it critically important to health IT project success. They see this report as a tool for plowing back lessons learned into each project phase and into the organization as a whole for future projects. This is a hallmark of an organization with a growth mindset: focusing on praising *process*, i.e., pursuing challenges doggedly and with resilience as a result of setbacks, rather than just praising *outcomes*.

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ABOUT 32 PERCENT OF large hospitals are reevaluating their vendor's EHR services and products, with 19 percent likely replacing their existing EHRs because of "...extraordinary delays, cost run-ups, extended implementations and glitches interrupting operations."

The good news is that Dweck's mindsets are malleable. We can change them. We have the ability to choose a growth mindset, very much like the Greek woman on Dyer's flight who chose peace.

Dweck defined four steps for changing individuals from the fixed to the growth mindset.⁷ First, we acknowledge our fixed mindset "voice." As we approach a challenge, do we hear "Are you sure you can do it? Maybe you don't have the talent. If you don't try, you can protect yourself and keep your dignity."

Second, we acknowledge we have a choice in how we interpret challenges, setbacks, and criticisms. We can choose a fixed mindset—we lack abilities and have fixed talents, or we can choose a growth mindset—we need to expand our strategies and increase our effort, stretch ourselves, and broaden our abilities.

Third, we approach new challenges with a growth mindset voice. For example, "I'm not sure I can do it now, but I think I can learn to with time and effort."

Finally, we act with the growth mindset. For example, when hearing both voices, practicing the growth mindset eventually overcomes the fixed mindset. As the Cherokee story goes, the wolf that lives is the one you feed.⁸

In the same way, leaders can choose to create a growth mindset culture within their organization. Dweck offers the following transformational suggestions, recommending that fixed mindset organizations and their leadership: 1) value passion, dedication, growth, and learning, 2) expect their personnel to arrive ready to learn instead of arriving fully formed, 3) expect person-

nel to stretch beyond their comfort zone and take reasonable risks, and 4) reward by praising process, rewarding taking on challenges, teamwork and whole-hearted engagement to foster effort and persistence in the face of obstacles.⁹

Last year, Salman Khan, founder of the Khan Academy, related a story of learning—this one with a decidedly different tone. He was reflecting on his son, then 5 years-old, who had just started to read. Each night, as they read a book together, his son would identify a new word with which he would inevitably struggle. With patience and encouragement from Khan, his son would eventually get it. After a particularly challenging word, his son happily turned to him and said "Dad, aren't you glad how I struggled with that word? I think I could feel my brain growing."¹⁰

We all see healthcare and health IT getting bigger. Growing our brains (in more fertile mind fields) may be essential to understanding and navigating this brave new world. **JHIM**

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