



Hedwig van Ameringen

EXECUTIVE LEADERSHIP IN ACADEMIC MEDICINE

Program for Women

Positive Deviance



POSITIVE
DEVIANC
INITIATIVE

2007 Forum on Emerging Issues

Jerry Sternin and Monique Sternin

Acknowledgments

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**The University of Alabama at Birmingham School of Medicine
& the
West Virginia University School of Medicine**

for their partnership in sponsoring the
2007 ELAM Forum on Emerging Issues



We would like to extend our thanks as well to
Robert R. Rich, M.D., Dean, The University of Alabama at Birmingham School of Medicine
and
John E. Prescott, M.D., Dean, West Virginia University School of Medicine
for their efforts in bringing our institutions together.

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Advancing Women's Leadership in Academic Medicine: An Overview of the ELAM Program

ELAM Overview

Founded in 1995, ELAM is the only in-depth national program that focuses on preparing senior women faculty at academic health centers (AHCs) to move into positions of institutional leadership where they can make positive change. ELAM is a core program of the Institute for Women's Health and Leadership (IWHL) at Drexel University College of Medicine. Together, ELAM and the IWHL continue the long legacy of advancing women in medicine that began in 1850 with the founding of the Female Medical College of Pennsylvania, the nation's first women's medical school and predecessor of today's Drexel College of Medicine.

ELAM's year-long part-time fellowship program mixes traditional executive seminars and workshops on topics pertinent to AHC management, with group and individual projects aimed at developing personal leadership. Throughout the year, there are opportunities to meet with nationally recognized leaders in academic medicine, healthcare, government and industry and to interact with peers from different disciplines and institutions. The program year culminates in a 1½ day Forum, when the Fellows, their Deans, and other invited guests gather with top experts to explore a new methodology or strategy for addressing a timely issue facing AHC leadership.

Recognition of ELAM's importance and the leadership potential of its graduates is evidenced in the following statistics: nearly 90% of U.S. medical schools and 50% of U.S. dental schools have sponsored ELAM Fellows. ELAM participants now hold senior posts (Department Chair or higher) at close to 100 U.S. academic institutions, including 10 deanships.

ELAM Recognition and Support

ELAM has been honored in every facet of its work. In higher education, it has received the American Council on Education's Office of Women in Higher Education Network Leadership Award; in medicine, the Association of American Medical Colleges' Women in Medicine Leadership Development Award; and in dentistry, the Dr. Edward B. Shils Entrepreneurial Education Fund Award.

Because of its pre-eminence in the field of women's leadership education, ELAM received a five-year grant in 2001 from The Robert Wood Johnson Foundation to conduct an in-depth evaluation of the program's effectiveness and develop theory about educating women for leadership. Additional funding for this research project was provided by the Mayo Medical School and Mayo Clinic Rochester, the University of Michigan, Vanderbilt University, Wright State University, and the Jessie Ball duPont Fund.

ELAM is supported by program fees, grants, gifts, and in-kind contributions from ELAM classes, foundations, corporations, and individual donors, notably Patricia Kind, who established partial endowment for the program in memory of her mother, Mrs. Hedwig Pfaltz van Ameringen. ELAM also receives contributions from the ELAM Alliance, a consortium of independent consultants working in academic medicine and higher education committed to the advancement and success of women in leadership positions, and from the Society for Executive Leadership in Academic Medicine (SELAM International). SELAM, founded in 1998 by ELAM alumnae, is committed to the advancement and promotion of women to executive positions in academic health professions through programs that enhance professional development and provide networking and mentoring opportunities.

The ELAM Program's Forum on Emerging Issues

The Forum on Emerging Issues is the capstone event of the ELAM spring session, when Fellows are joined by senior delegates from their home institutions, most often the Deans, along with invited guests (see Appendix A for list of this year's participants). Each year, the ELAM Forum explores an innovative concept or methodology that has direct application to leading and managing an academic health center. The Forum's interactive format enables participants to explore potential applications of the new concept in a collegial and creative environment.

The 2007 Forum, "**Positive Deviance**" led by Jerry and Monique Sternin, explored how organizations can mobilize the community to identify and amplify positive problem-solving practices that already exist.

Past Forum Topics

Tapping the Full Power of the Alpha Leader (2006)

*Working from the belief that the greatest leadership influence is leveraged through openness to feedback and commitment to transparent communication, facilitators **Kate Ludeman** and **Eddie Erlandson** of Worth Ethic offered techniques for moving the "Sludge" out of interactions and communications in order to move to "Results." Underwritten by the **University of Iowa Carver College of Medicine**, the **University of Medicine and Dentistry of New Jersey/New Jersey Medical School**, and the **University of Ottawa Faculty of Medicine**.*

Transformational Philanthropy (2005)

*Participants explored effective ways for attracting and cultivating individual donors to support their institutional mission and vision and help transform their organizations. Led by fundraising expert **Karen E. Osborne**, President of The Osborne Group, Inc. Underwritten by the **University of Texas M.D. Anderson Cancer Center**.*

Uncovering and Overturning the 'Immunity to Change': Personal Learning and Professional Development (2004)

*Looking first at themselves and then at their organizations, participants Identified "Core Contradictions" that impede work commitments or aspirations. Led by Harvard's Meehan Professor of Adult Learning and Professional Development, **Robert Kegan**, an award-winning psychologist, teacher, and co-author of *How the Way We Talk Can Change the Way We Work*. Underwritten by the **University of Texas Medical Branch at Galveston**.*

Energizing Change in Organizations: An Introduction to Appreciative Inquiry (2003)

*Participants learned how to improve their own leadership and facilitate organizational change using the methods of Appreciative Inquiry. Led by **Penelope R. Williamson**, Associate Professor of Medicine at Johns Hopkins University School of Medicine, and **Anthony L. Suchman**, Practicing Internist and Organizational Consultant, participants explored strategies for building more relationship-centered, inclusive, collaborative organizational systems that focus on institutional strengths rather than problems. Underwritten by the **University of Utah School of Medicine**.*

Building the Leadership Engine for Academic Health Centers (2002)

*Led by **Noel M. Tichy**, Professor of Organizational Behavior and Human Resource Management at the University of Michigan Business School and Director of its Global Leadership Program. Dr. Tichy and participants explored how to develop effective leaders and winning organizations. Dr. Tichy's scholarship and research focus on global leadership, strategic human resource management, organizational change and career development. He led participants through a series of exercises and reflections on how to develop effective leaders and winning organizations. Underwritten by the **University of Michigan's Medical School, School of Dentistry, and Office of the Provost**.*

Innovative Thinking and Creativity Tools to Improve Academic Health Centers (2001)

*Paul Plsek, an internationally recognized consultant on improvement and innovation for today's complex organizations and developer of the concept of DirectedCreativity™, introduced participants to a variety of creativity tools to promote innovative thinking and problem solving at AHCs. Underwritten by the **University of Michigan's Medical School, School of Dentistry, and Office of the Provost.***

Balanced Scorecard: Strategy and Performance for Academic Health Centers (2000)

*The tool of the Balanced Scorecard for strategy and performance measurement efforts was applied in the academic health center setting. Led by **Stephen Rimar**, a recognized leader in the application of the Balanced Scorecard approach to academic medicine and Vice-Chairman of the Department of Anesthesiology and Medical Director of the Faculty Practice Plan at the Yale University School of Medicine. Underwritten by the **Colgate-Palmolive Company.***

Exploring Complex AHC Systems Using Computer Simulation (1999)

*Using an innovative model specially designed for ELAM that focused on academic health centers, participants built on the scenario-planning concepts explored in the 1998 Forum. Guided by **Bruce Gresh**, who designed the simulation, participants played out the effects of implementing management decisions in a complex system. Underwritten by the **Colgate-Palmolive Company.***

Planning, Learning and Rehearsing the Future for Academic Health Centers: Success in the Face of... (1998)

*Introduced scenario planning methodology. Led by **Paul Batalden**, Director, Health Care Improvement Leadership Development, Center for Evaluative Clinical Sciences, Dartmouth Medical School. Underwritten by a grant from the **Josiah Macy, Jr. Foundation.***

Creating A Learning Organization: For Renewal of Academic Medicine (1997)

Peter Senge's Five Disciplines was applied to academic health center systems.

Academic Medical Centers 2010: An Organizational Odyssey (1996)

Using future search methodology, this Forum explored the optimal governance structures and leadership styles that will be essential for the future.

The 2007 ELAM Forum on Emerging Issues: Positive Deviance

Traditional expert-driven models for individual, social and organizational change often don't work. Like the human immune system, individuals, communities and institutions such as Ministries of Health, AHCs and hospitals reject what is perceived as "foreign matter". When "external experts" provide strategies for individual or social change which are "not invented here", they are doomed to fail.

The Positive Deviance approach builds on successful but "deviant" (different) practices and strategies that are identified from **within the community or institution**, by the very people whose behavior needs to change, and thus are, by definition, accessible **today** by those sharing the same cultural context.

Positive Deviance (PD) is based on the belief that in every "community" (i.e. village, corporation, school system, hospital, etc.) there are certain individuals or entities whose uncommon, but demonstrably successful behaviors or strategies enable them to find better solutions to problems that their neighbors or colleagues who have access to **exactly the same resources**.

The PD approach has been applied successfully abroad to intractable and varied health issues such as malnutrition in children, HIV/Aids risk reduction among commercial sex workers, neo-natal mortality and Female Genital Cutting. It has also been applied to educational and social issues such as high drop out rates among school children and girl trafficking respectively.

In the US, the PD approach is being applied to health care issues related to Patient Safety and Quality of Care such as Methicillin-resistant Staphylococcus aureus (MRSA) eradication and prevention, medication reconciliation and diabetes management. It is now being recognized as a powerful tool for addressing educational problems as well.

ELAM top topics for use of Positive Deviance included:

- Patient Satisfaction
- Employee Satisfaction
- Inequities in clinical efficiency and productivity
- Infection control in hospitals

ELAM PD Project Groups reported on the following:

1. Team-building with Clinical Transformational Science Awards (CTSAs) – Two groups addressed this topic, with reports presented by Brenda Wilson and Robin Brey
2. Clinical Productivity
3. Quality and Safety Issues (re: Infection) – reported by Veronica Mallett
4. Patient Satisfaction – reported by Sara Jo Grethlein
5. Diversity in recruitment and retention – Reported by Carol Terregino

Selected slides are taken from the presentation by Jerry and Monique Sternin describing the Positive Deviance approach

The Power of Positive Deviance



Solutions before our very eyes

In every community or organization there are certain individuals or groups whose **uncommon practices/behaviors** enable them to find **better solutions** to problems than their neighbors or colleagues who have access to the **same resources**.

Positive Deviance Inquiry



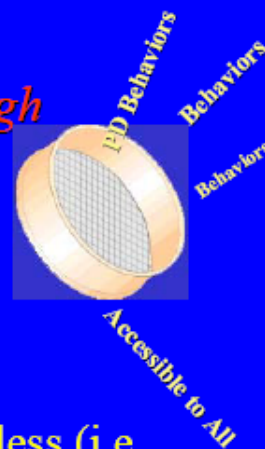
Enables community to discover successful **uncommon behaviors or strategies** practiced by the Positive Deviants

Analyzing PD Findings

PD findings are passed through a conceptual “accessibility sieve”

Only those behaviors/strategies accessible to all are kept

The rest are “TBU,” True but Useless (i.e. not accessible to all) and are discarded



Focus on PD Behavior

We can't (yet) clone people

But we can adopt their successful behaviors/strategies

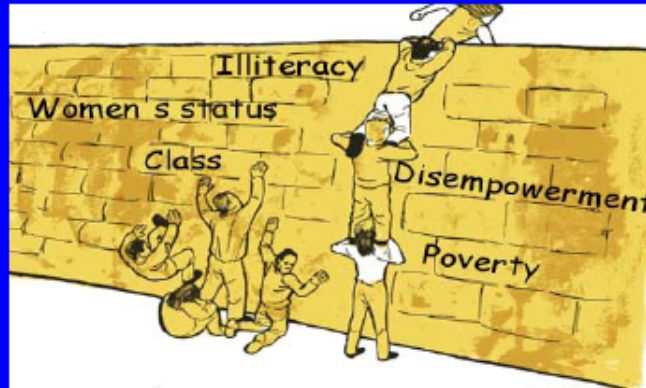


PD Focus on Practice Rather than Knowledge



“It’s easier to **ACT** your way into a new way of **THINKING**, than to **THINK** your way into a new way of **ACTING**”

PD enables us to Act TODAY



Despite the complexity of the issues and their underlying causes

Unique Features

- Something you care about deeply
- Participatory
- Community itself gets data, NOT consultants
- Data driven
- Specific, clear outcome
- Empowers people
- Can have ripple effects

What is Different about The PD Approach ?

- WHO the actors are throughout the process
- The emphasis on PRACTICE versus sharing of information or knowledge
- Going beyond the “usual suspects”
- The use of data throughout the process

D

The Four **D**s of the Positive Deviance Design

D

D

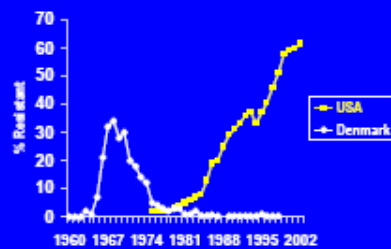
Define

Define the Problem

Define desired outcome

(described as a behavioral
or status outcome)

Emerging Prevalence of Methicillin-Resistance Among *S. aureus* in U.S. Intensive Care Units



Determine



If there are any individuals or entities in the community who **ALREADY** exhibit desired behavior or status (PD identification)

Discover

(through a PD Inquiry)

Uncommon behaviors or strategies enabling the PDs to outperform/find better solutions to the problem than others in their “community”

MRSA – Critical Steps in PD Process

1. PD process introduced by the leadership in the group
2. Then convene cross-sectional group and tell stories re: MRSA
3. In Larger group – what do they know about MRSA? Tell stories.
4. In subsequent follow up focus groups – Ask about:
 - Specific practice?
 - Barriers?
 - Good practices?
 - Know anyone that does it well? (Could be you)
 - Want to volunteer?

**Leader's Role becomes
Chief Facilitator Officer!**

- remove barriers
 - share info
- vs. command and control

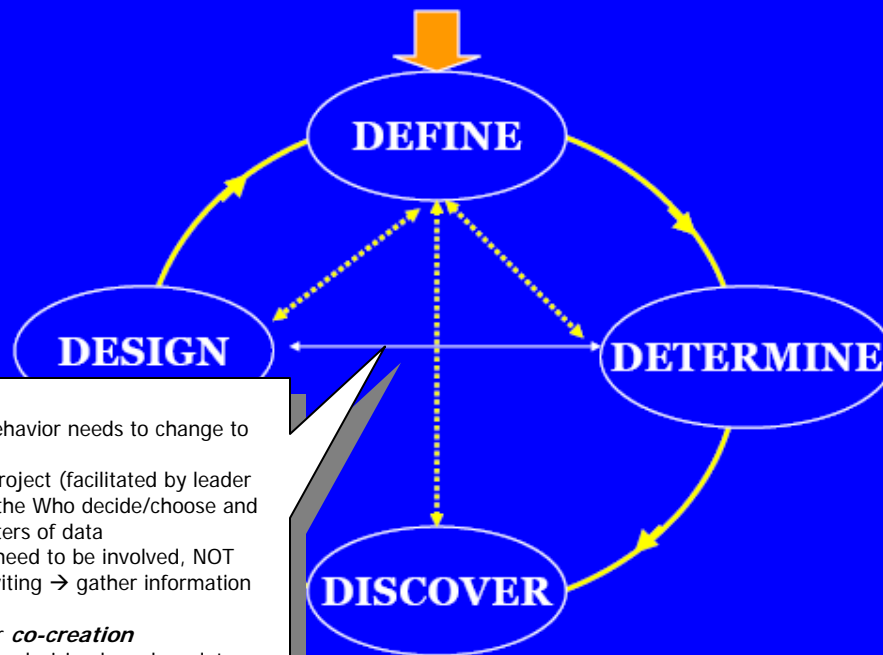
Design or Develop

And implement initiatives enabling others in the
"community" to access and **PRACTICE** new
behaviors

Ideas generated by Forum participants when asked: "How does Positive Deviance resonate with you vis-a-vis addressing your own real-life (social, behavioral) issues at your AHC, school, etc.?"

1. Patient satisfaction
2. Quality and safety issues
3. Civility and professionalism
4. Employee Satisfaction
5. Malpractice risk
6. Effort reporting
7. Women – recruiting and retention across SOM/D & Departments
8. Diversity – recruiting and retention across SOM/D & Departments
9. ROI → how to show that with CTAS
10. Resident Satisfaction?
11. Inequities in clinical productivity
12. Efficient use of revenue - space on \$/sq. foot basis
13. Patient access
14. Infection Control

The Four Ds of Positive Deviance Process



4D Approach – Special Notes

- » **Who:** very people whose behavior needs to change to solve the problem
- » **How:** the Who "launch" a project (facilitated by leader and often by PD experts) – the Who decide/choose and define problem and parameters of data
- » **Who:** As many as possible need to be involved, NOT the usual suspects. Keep inviting → gather information and indicators
- » **How:** = NOT buy-in - rather *co-creation*
- » **Data driven:** Have objective decision based on data the Who collect

Traditional vs PD Problem Solving Approach

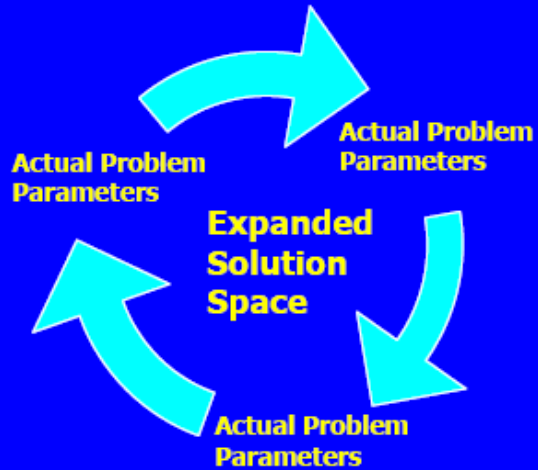
Traditional

Flows from problem analysis towards solution



PD

Flows from identification and analysis of successful solution to solving the problem

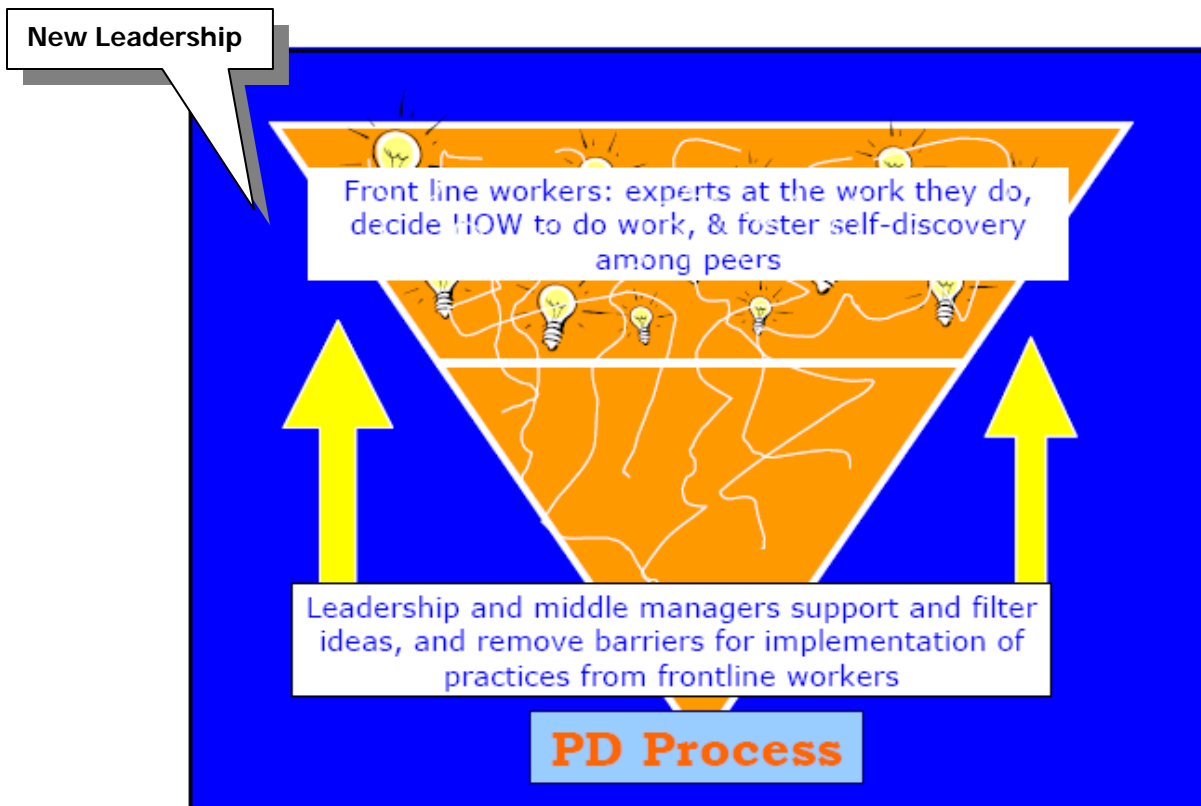
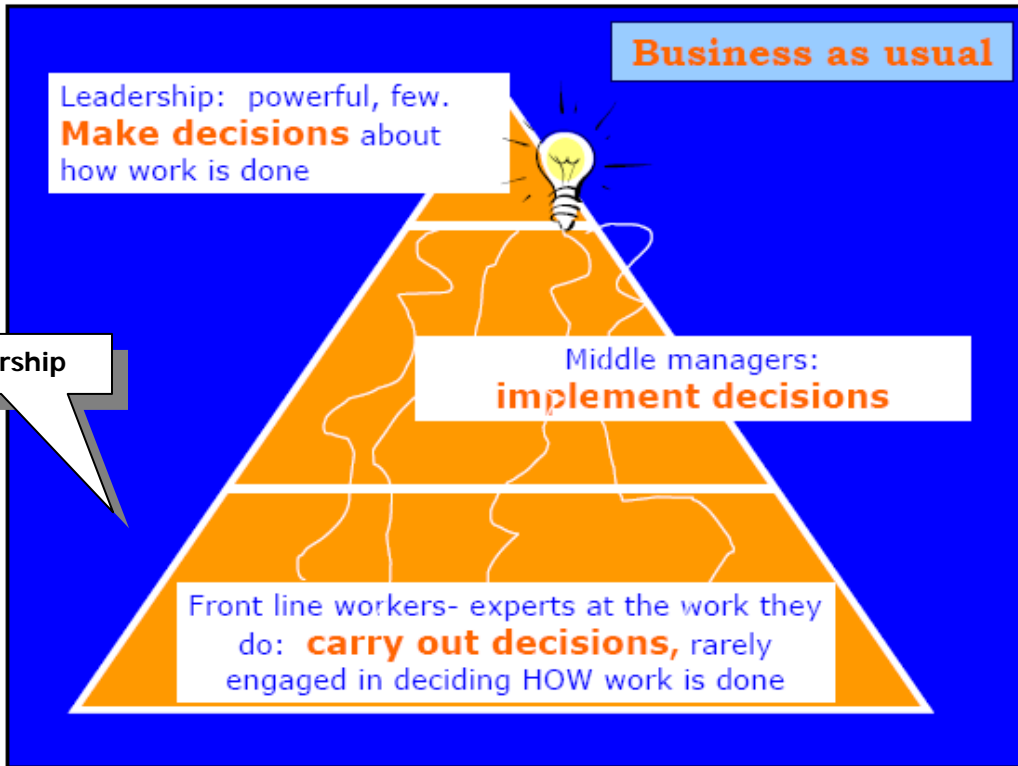


LATENT POSITIVE DEVIANCE

PD PROCESS UNCOVERS EXISTING PD PRACTICES



AND CREATES CLIMATE WHERE
NEW SOLUTIONS EMERGE





How does PD compare with Good → Great?

Good → Great	Positive Deviance
▪ Right people on board	= community
▪ Hedgehog concept	= doing right thing
▪ Outcomes	= data driven
▪ Level Five	= PD facilitator/leader

PD and Attributes Dictating “Speed of Adoption of Innovation”

Diffusion Attributes	PD Behavior Innovation
Relative Advantage	<u>Identified</u> as “advantageous”
Compatibility	Created <u>within</u> cultural context
Complexity	Requires no special resources
Triability	Opportunity to practice
Observability	Through PDI & personal experience

Current Applications of Positive Deviance

Programmatic context	Countries
Childhood development & Malnutrition (PD/Hearth)	> 40 countries throughout the world
HIV/AIDS risk reduction	Myanmar, Indonesia, Viet Nam, Ivory Coast, Burkina Faso
Antenatal care, Maternal & Newborn Care, Breastfeeding	Egypt, Pakistan, Viet Nam, Guinea
Advocacy against Female Genital Cutting	Egypt, Sudan, Ethiopia

Current Applications of Positive Deviance

Advocacy against Girl Trafficking	Indonesia, Nepal
Education Issues	Argentina, Ethiopia, US (NSDC)
MRSA eradication & prevention, Medication Reconciliation Conflict Resolution	US: 12 hospitals (VAHS, MPSC) Colombia Waterbury Hospital Indian Health Services (US)

When to use the PD approach

- Problem requires behavioral or/and social change (adaptive challenges versus technical challenges)
- Seemingly “intractable” problem – compelling enough to require a new approach
- Presence of Positive Deviants (individuals/ groups exhibiting desired outcome)
- Leadership commitment to address issue : “PD champions”
- Skilled facilitation

Assumptions

- At least 10-20% of community will be “positive deviants” in at least some of the necessary behaviors
- Problem can be solved by changing behavior. PD is not for intellectual changes.
- Leadership is willing to move from command and control to facilitation

Challenges

- Paradigm shift for practitioners, i.e.; from expert to facilitator (comfort with power sharing & lack of control)
- Scaling up strategies
- Time & human resources/labor intensive
- Requires comfort with uncertainty (donors, planners, implementers)
- Inability to forecast all outcomes & consequences

PD KEY WORDS

- Community ownership
- Self-Discovery
- The people are “the experts”
- Immediacy of action
- Emphasis on practice
- On-going measurement reinforcing change

Contacts & Networks

- Website: www.positivedeviance.org
- E-mail :
positivedeviance@positivedeviance.org
- To join the PD network:
<http://groups.google.com/group/Positive-Deviance.org>

**The 2007 ELAM Forum on Emerging Issues
Appendices**

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The 2007 ELAM Forum on Emerging Issues Deans & Designees

Steven Abramson	New York University School of Medicine
Eli Adashi *	Brown Medical School
Peter S. Amenta *	UMDNJ Robert Wood Johnson Medical School
Carole Anderson	Ohio State University College of Dentistry
William Applegate *	Wake Forest University School of Medicine
Steven Lee Berk *	Texas Tech Health Sciences Center School of Medicine
David Bjorkman *	University of Utah School of Medicine
Jacques Bradwejn *	University of Ottawa Faculty of Medicine
Edward G. Buckley	Duke University Medical Center
Bruce Buehler	University of Nebraska College of Medicine
Donald Burke *	University of Pittsburgh Graduate School of Public Health
Susan Morris Cox	University of Texas Southwestern Medical Center at Dallas
Pamela Bowes Davis *	Cleveland Clinic Lerner College of Medicine
Peter J. Deckers *	University of Connecticut School of Medicine
Cecile Feldman *	UMDNJ New Jersey Dental School
Joseph Flaherty *	University of Illinois at Chicago College of Medicine
Steven G. Gabbe *	Vanderbilt University School of Medicine
Robert W. Golden *	University of Wisconsin School of Medicine and Public Health
William Henrich *	University of Texas Medical School at San Antonio
Richard V. Homan *	Drexel University College of Medicine
Jeffrey W. Hutter	Boston University School of Dental Medicine
Keith A. Joiner *	University of Arizona College of Medicine
Aaron Lazare *	University of Massachusetts Medical School
Keith Lindor *	Mayo Clinic College of Medicine

* *Denotes Dean*

The 2007 ELAM Forum on Emerging Issues Deans & Designees

Carolyn Mazure	Yale University School of Medicine
Patricia Metting	University of Toledo College of Medicine
Maz Michael *	University of Alabama at Birmingham School of Public Health
Stephen Ray Mitchell *	Georgetown University School of Medicine
Jay A. Perman *	University of Kentucky College of Medicine
Philip A. Pizzo *	Stanford University School of Medicine
John Prescott * FORUM Co-sponsor	West Virginia University School of Medicine
Jerry G. Reves *	Medical University of South Carolina College of Medicine
Robert R. Rich * FORUM Co-sponsor	University of Alabama at Birmingham School of Medicine
Steven Scheinman *	State University of New York Upstate Medical University
Martha J. Somerman *	University of Washington School of Dentistry
Carol Stewart	University of Florida College of Dentistry
Jerome Strauss *	Virginia Commonwealth University School of Medicine
Anne Taylor	University of Minnesota Medical School
Ann Thompson	University of Pittsburgh School of Medicine
Hershel (Pat) Wall	University of Tennessee Health Science Center College of Medicine
David Warltier	Medical College of Wisconsin
James Woolliscroft *	University of Michigan Medical School

* *Denotes Dean*

The 2007 ELAM Forum on Emerging Issues Invited Guests

David J. Bachrach	The Physician Executive's Coach, Inc.
Deborah Diserens	Educational Commission for Foreign Medical Graduates
Clyde H. Evans	Institute for Health Protection
Monica Heuer	Center for Applied Research, Inc.
Jon Lloyd	Positive Deviance Initiative
Diane Magrane	Association of American Medical Colleges
Sally A. Shumaker	Wake Forest University School of Medicine
Margaret Toth	Positive Deviance Initiative

The 2007 ELAM Forum on Emerging Issues Fellows

Donna K. Arnett	University of Alabama at Birmingham School of Public Health
Suzanne E. Barbour	Virginia Commonwealth University School of Medicine
Iris W. Borowsky	University of Minnesota Medical School
Allison Brashear	Wake Forest University School of Medicine
Ferne R. Braveman	Yale University School of Medicine
Robin L. Brey	University of Texas Medical School at San Antonio
Sally A. Camper	University of Michigan Medical School
Joan F. Cangiarella	New York University School of Medicine
Molly Carnes	University of Wisconsin at Madison School of Medicine and Public Health
Karen J. Colley	University of Illinois at Chicago College of Medicine
Doris K. Cope	University of Pittsburgh School of Medicine
Giselle Corbie-Smith	University of North Carolina at Chapel Hill School of Medicine
Linda B. Cottler	Washington University School of Medicine
MyriamJ. Curet	Stanford University School of Medicine
Anne B. Curtis	University of South Florida College of Medicine
Diane D. Davey	University of Central Florida College of Medicine
Cheryl H. DeVore	Ohio State University College of Dentistry
Teresa A. Dolan	University of Florida College of Dentistry
Mona N. Fouad	University of Alabama at Birmingham School of Medicine
Linda French	University of Toledo College of Medicine
Barbara L. Greenberg	University of Medicine and Dentistry of New Jersey, New Jersey Dental School
Sara Jo Grethlein	SUNY Upstate Medical University
Cheryl A. Hanau	Drexel University College of Medicine

The 2007 ELAM Forum on Emerging Issues Fellows

Jeri Hepworth	University of Connecticut School of Medicine
Joanne M. Hilden	Saint Vincents Childrens Hospital
Robin B. Jarrett	University of Texas Southwestern Medical Center at Dallas Southwestern Medical School
Judith A. Jones	Boston University Goldman School of Dental Medicine
Cynthia A. Jumper	Texas Tech University Health Sciences Center School of Medicine
Ella A. Kazerooni	University of Michigan Medical School
Judy R. Kersten	Medical College of Wisconsin
Janice M. Lage	Medical University of South Carolina College of Medicine
Veronica T. Mallett	University of Tennessee Health Science Center College of Medicine
Martha Medrano	University of Texas Medical School at San Antonio
Joyce A. Mitchell	University of Utah School of Medicine
Alicia D. Monroe	Brown Medical School
Wendy E. Mouradian	University of Washington School of Dentistry
Aina Puce	West Virginia University School of Medicine
Michele P. Pugnaire	University of Massachusetts Medical School
Sandra C. Quinn	University of Pittsburgh Graduate School of Public Health
Veronique L. Roger	Mayo Clinic College of Medicine
Shelley D. Smith	University of Nebraska College of Medicine
Carol A. Terregino	University of Medicine and Dentistry of New Jersey Robert Wood Johnson Medical School
Debara L. Tucci	Duke University School of Medicine
Brenda J. Wilson	University of Ottawa Faculty of Medicine
Anne L. Wright	University of Arizona College of Medicine Arizona Health Sciences Center

The 2007 ELAM Forum on Emerging Issues Fellows

Helen L. Yin

University of Texas Southwestern Medical Center at Dallas
Southwestern Medical School

Zofia Zukowska

Georgetown University School of Medicine

Mary M. Zutter

Vanderbilt University School of Medicine

The 2007 ELAM Forum on Emerging Issues Faculty Bio

Jerry and Monique Sternin

The Positive Deviance approach was first developed by Jerry and Monique Sternin more than 10 years ago to address the problem of malnutrition in Vietnam. Their community-oriented action model has since been replicated in 41 countries. In addition, the Sternins have championed the application of the Positive Deviance approach for other public health issues such as HIV / AIDS risk reduction, advocacy against female genital cutting, maternal and newborn care, and quality of health care and patient safety.

Jerry Sternin is currently a visiting scholar at Tufts University, Friedman School of Nutrition and Science Policy, where he teaches a graduate course in "Positive Deviance for Practitioners." He holds a Master's degree in Asian Studies from Harvard University, has been an Assistant Dean at Harvard Business School, and has held leadership positions for more than 15 years with the Peace Corps and Save the Children. He is also the recipient of a Ford Foundation Grant to amplify the use of the Positive Deviance approach in the US and internationally.

Monique Sternin is currently a visiting scholar at Tufts University, and holds a Master's degree in Curriculum Development from Harvard University. With a strong interest in public health and reproductive health issues, her professional career has taken her from working with the Haitian community in Massachusetts to helping young patients in nutritional rehabilitation in Bangladesh, and to many other communities in-between.

The 2007 ELAM Forum on Emerging Issues Bibliography

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