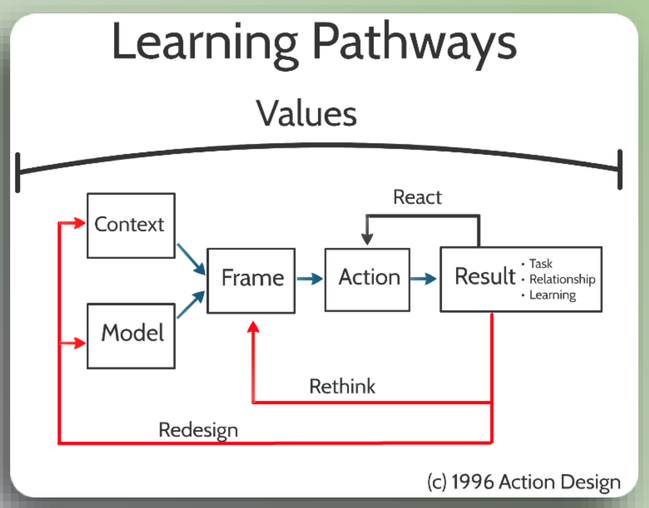
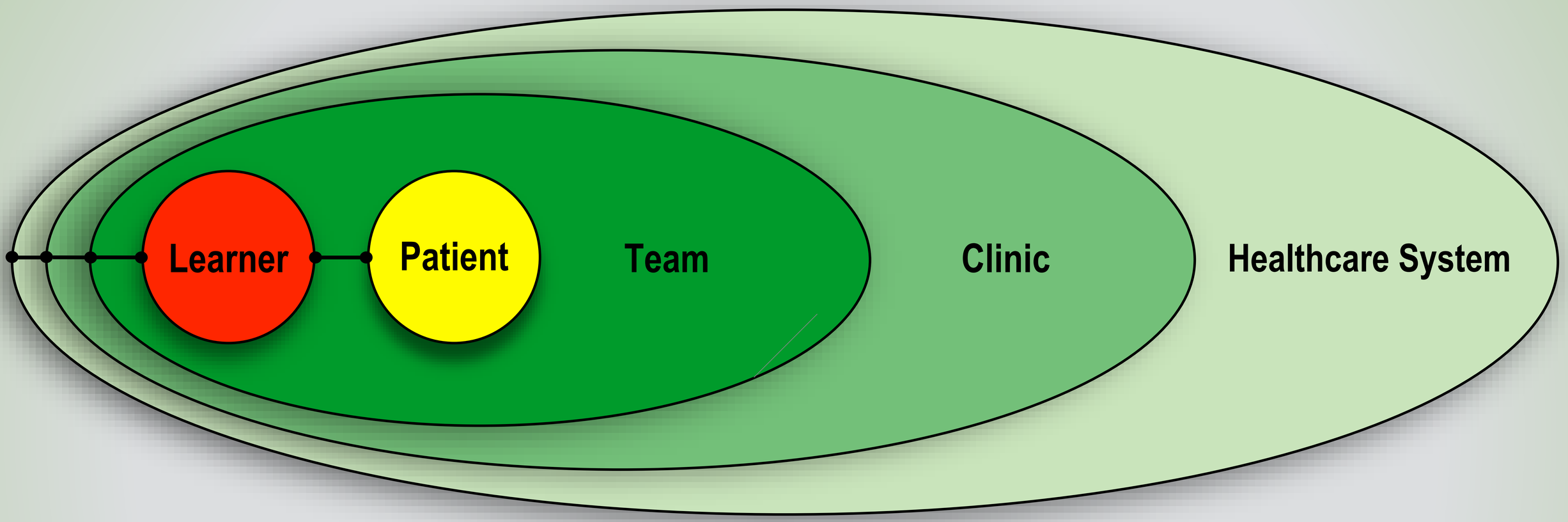
[Systems] Learning Experience

Overview | The [Systems] learning experience teaches complexity to residents embedded within clinical healthcare teams by introducing skills and knowledge through narrative-based reflection, information mastery, and systems thinking. Understanding and managing the complexity inherent in the primary care milieu requires transformational learning of all team members. This transformation enhances the medical model to include an awareness and approach to addressing complex adaptive systems (CAS) in the process of achieving the tenets of the Primary Care

Process | Using Learning Pathways as a model for transformational learning, residents are exposed to 320 hours, over three years, of experiential learning and skill development workshops. The [Systems] learning experience aims to expand mental models of patient care, team membership, and change management, while incorporating Learning Organization process skills.





Mental Model Shift

Phase 1

- Medicine is complex vs. simple or complicated
- All individuals are CAS
- Illness is the lived experience of having a disease rather than simply a diagnosis
- A healer's role in complex care delivery is to influence the patient to eventually emerge with a new identity that is inclusive of this new illness narrative

Phase 2

- All team members are interdependent and equal in this fact, and hierarchy is real and needs to be acknowledged
- Physician-as-hero is a myth that is unsustainable in current healthcare
- Patients experience care as an embedded CAS within the team CAS

Phase 3

- Improvement in the delivery of care (emergence) is possible, especially when achieved via a complexity lens
- Non-linearity allows for small changes to have a significant impact - iterative Plan-Do-Study-Act (PDSA) cycles
- If a different result is desired that goes beyond acting differently, it may be necessary to check assumptions and mental models to reframe

Phase 4

- Creating sustainable culture change is possible, however may require further personal development and leadership training, and an ever-growing understanding of complexity science.

Skills Needed

Phase 1

- **Personal Mastery |** taught via Mindfulness training, Healers Art ™, Narrative Medicine™, and Colors Personality at Work
- **Interpersonal Communication Skills |** taught via Positive Power and Influence™ and Motivational Interviewing™
- **Complex Care Plans |** Learners complete a Patient Centered Care Plan to explore complexity and patient narratives

Phase 2

- **Collaboration and Facilitation |** taught via Situational Leadership™ and Learning Conversations
- **Team Membership |** taught via internally developed workshops

Phase 3

- **Change Management |** taught via Crucial Conversations™, Advanced Positive Power and Influence™ and a quality improvement project
- **Systems Thinking |** taught via internally developed workshops and practice management

Phase 4

- **Culture Change |** taught via a two-year practicum as part of the Dartmouth Health Leadership and Preventive Medicine Residency, using Clinical Microsystems™ as a quality improvement platform.

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Conclusion | Imperative in 21st century healthcare is to go beyond problem-focused methodologies to address issues embedded in a CAS. To achieve transformational learning, it is necessary to provide time, space and resources for the requisite double-loop and triple-loop learning. [Systems] guides healthcare teams to acknowledge complexity and teaches the skills necessary to address complexity in the provision of patient care.