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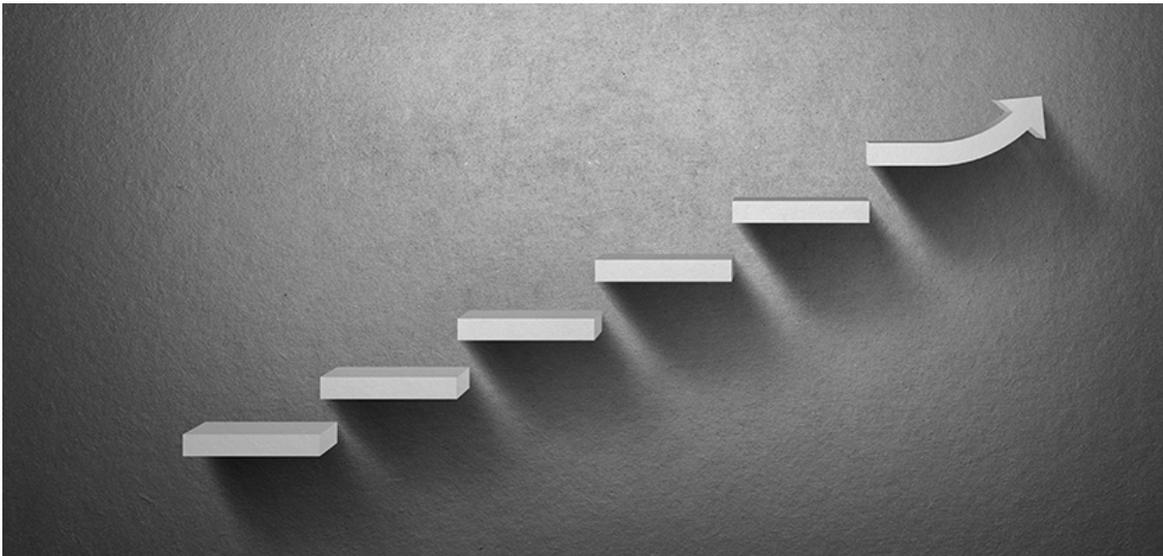
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From one doctor to another: a roadmap for leading departmental change

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We've all heard the adage, "change is hard". And perhaps nowhere is this more applicable than in medicine. While innovative ideas are plentiful, for many physicians the real challenge lies in implementing these ideas within large organizations and entrenched cultures.

As you may imagine, when we suggested introducing an alternative care modality like guided imagery meditation to a department of surgery, we were faced with a unique set of challenges.

So, we turned to one of the best change management models we knew, the Kotter model (<https://www.kotterinc.com/8-steps-process-for-leading-change/>), and slowly broke the process down into 8 steps, following John P. Kotter's advice to "take the right actions at each stage, and avoid pitfalls."

Create a climate for change

Steps one to three of Kotter's model are about setting the stage for change.

First, help others see the immediate need for change. For our surgical department, it was about putting our priority—patient experience—first. No one wants to have surgery, but when you need it, you want high quality care and experience.

The need for surgical care can cause anxiety among patients, whether it's from fear of pain, complications, isolation, anesthesia, or loss of control. In our department we understand clearly that patient expectations affect outcomes (<https://canjsurg.ca/62-1-e7/>) after surgery, so we wanted to find a way to improve that.

The next step is to bring together people who will guide and see this through—the allies, leaders and stakeholders. Our department of surgery was first introduced to guided imagery meditation by our wonderful staff and physician wellness coordinator, Louisa Nedkov. She showed up to a departmental meeting one day and began to lead the entire team through a guided imagery meditation.

Imagine listening to a soothing voice, guiding you by focusing on positive images, music and thoughts intended to change the way you think. As someone completely unfamiliar with this practice, I was also extremely skeptical.

But after just five minutes, I experienced a profound sense of relaxation and calmness. My opinion was changed. I was stunned by the experience—as were many of my colleagues.

Furthermore, this demonstration helped us to understand how this practice, a mind-body therapy, could have benefits beyond our departments' staff. We believed this therapy could help our patients improve pre-surgical stress and post-operative management, and this has been demonstrated in research. From there, we began to build a coalition of surgical staff—early adopters who were willing to join a pilot to introduce this to their patients.

The third step in Kotter's method is to develop a picture, presenting what future this change could create.

Over the past two years, our team has worked collaboratively to create a vision that upholds the importance of patient experience.

"Exemplary patient experiences, always" is the vision statement for Oakville Trafalgar Memorial Hospital, and we saw the potential to approach that vision by teaching our patients guided imagery meditation.

Engage and enable the whole organization

Change is a team sport—no one can introduce it alone. To succeed, it takes trust and many moving parts aligned in the same direction.

Steps four to six in Kotter’s model are about building momentum and communicating the plan throughout the organization. This included rallying a larger group of people, removing barriers to change and beginning to generate short-term wins.

Getting a larger group of people on board wasn’t easy, and it took a variety of approaches. For some, the “show, don’t tell” approach provided the proof they needed. Others needed to see the evidence-based literature that showed the clear benefits of guided imagery meditation.

Since some of the purported benefits have not yet been clearly proven in clinical trials, we sought additional approval, from a variety of stakeholders, to ensure our marketing materials were accurate.

The product we tried was “Successful Surgery” by Health Journeys (<http://www.healthjourneys.com/>), the same product Blue Shield of California (<https://www.ncbi.nlm.nih.gov/pubmed/20671338>) began using for their surgical patients in 2000. In their case, patients reported (<https://www.ncbi.nlm.nih.gov/pubmed/20572403>) reduced anxiety levels, higher satisfaction ratings, shorter hospital stays, better pain scores, lower narcotic use and lower overall costs in the patient group who used the guided imagery meditation.

We started with a small pilot, offering the method to just the patients of two surgeons so that we could begin to collect feedback and test efficacy. We developed a clear and easy to use deployment site (<http://oakvillesurgery.com/guided-meditation.html>).

We also introduced a new patient experience survey to focus on our patients’ experience with guided imagery. The feedback we received was overwhelmingly positive and helped make the case for expanding the pilot.

Implementing and sustaining change

The final two steps in Kotter’s model are about fully realizing the change and making it stick—where process becomes ingrained in culture.

We found that once we began to expand our pilot and integrate guided imagery meditation into our surgical process, it was relatively straightforward to get more caregivers and patients in our department on board.

Today, we use an instruction sheet and verbal coaching to introduce this tool to all of our surgical patients at their pre-admission clinic visit. By fully implementing this step into our procedures, guided meditation has become just another part of our care process.

If you want to advance an idea, start by getting involved. Get to know the leaders, connectors, and early adopters in your organization.

Remember what Peter Drucker said, “Culture eats strategy for breakfast.” If you want the good that you do to live after you, you must entrench these changes in your culture. Or change the culture.

More from Dr. Rozario:

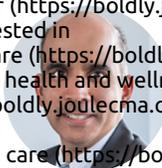
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About the author

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