

## **Problems and Solutions**

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## Dear Residents,

Last week I touched briefly on problems vs. situations. It reminded me of what managers and leaders have been taught - to ask those who report to them to 'bring solutions not problems.' It turns out that this mantra is not as effective as it was <u>once thought to be</u>.



Solving problems is a complex process. We are encouraged to fully understand the problem, often using techniques such as the '<u>5 Whys Technique</u>.' When developing a differential diagnosis, we employ several frameworks as we deconstruct a clinical problem. We take pride in our ability to make a discrete diagnosis. This forms the basis of clinical reasoning and is a *sine qua non* of what it means to be a physician. Your attending will listen to your presentation, analyze your clinical reasoning, and validate or challenge your diagnosis. Repeated several times over, during the course of your training, you will become very skilled at this yourself.

While I do expect you to fully engage with clinical problem solving, I do not extend that expectation to burdening you with solving organizational or operational problems - that is a task for your residency leadership team. What can be helpful are efforts to frame the problems you encounter by defining them well. Just like we have 'illness scripts' we have 'problem scripts.' A problem script could help define the problem by thinking through the extent of the problem, its impact on you or others, and the benefits of fixing the problem. Recently, one of you was concerned about the state of the pagers at the VA and you defined the problem well. You were concerned that the pagers were falling apart, that the tape used to

hold them together was making it hard to read the text and that an undelivered message may lead to patient harm.

The organizational psychologist, <u>Adam Grant</u>, gets why leaders say, 'don't bring me problems, bring me solutions.' They don't want people to whine and complain, but Grant believes it's a dangerous philosophy because if people can only speak up when they have a solution, leaders will never learn about the biggest problems. The 'bring me solutions' approach creates a culture of advocacy rather than inquiry. While intended to empower people as problem solvers, it ends up with each person locked into their way of solving the problem and compelled to lobby for their own solution. This approach also risks people not reporting any problems at all. A serious unreported problem can become a full-blown crisis.

Please keep solving clinical problems – get really good at it. And please do keep reporting operational and organizational problems – get comfortable with that too, because we always need to know what's working, what's not and what could be done better. If it's a patient safety issue, please do enter a safety post. If it's a residency issue, please let us know.

I want to be useful!

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