

SPEAKER:

Good afternoon, everybody. Today's session we will be looking at "rolling with resistance". Just a reminder to you all about general housekeeping. You can get involved in today's session via the chat box on the right hand side of your screen.

You can also get involved via Twitter and using the handle #shcr, don't forget we have a Facebook. To join that you have to send a request. We will be putting all of our materials on the website and releasing Estella.

The team today will include myself, Kate Pound, who will be chairing the session. The presenters Helen Bevan. We also have Pip Hardy, and we are pleased today to have two students from last year. Line Walker and Liz Lamb.

Last week, we talked about 'find your flock'. I'm sure many of you have been able to connect with others. I will give you an update on the latest groups we have been able to find.

We have the SHCR, Mental Health, person centred care, we also have matex, a group forming in New Zealand. Maxine and Mark are forming a group in north-east England.

This Tuesday on Twitter there was a group congregating around digital groups. We have also got Western Australia. There are some people also wanting to connect with Allied health professionals and radiology. If you are in that group, why not set up a hash tag and form a group for the future?

We will move on to our icebreaker. When I meet resistance at work.

When you meet resistance at work, how do you respond? Do you like to bring people together with different ideas and then carries them, use their energy for change?

Do you initiate conversation in hope of understanding other people's points of view? Or do you know that you are right and persuade others?

If you look on the left-hand side, we have some people drawing circles here. If you look on the left-hand side, you have a marker. It looks like the majority of people are going for the middle. That is great. I know it is difficult sometimes when we talk about how we manage resistance.

We get so passionate about the subject, it is difficult to know how we respond sometimes. Looks like most people, I would definitely say, are going for the middle. Thank you for that.

We have another icebreaker. We want to know more about you all, what sort of background you are. Which group do you totally identify with? Are you a receiver of care, a giver of care, a campaigner, a chief listener, just awesome, or a change agent?

Obviously, a lot of awesome people on the session today. Fantastic. The majority being change agents. And of course we have a few rebels in the middle of it all.

Fantastic. We absolutely love to see the rebels joining us in this. Thank you for that. Move onto the next slide, Paul. If you want to take away the pencils, that would be fantastic.

Just a reminder you can catch up with the study guides, they're all on the website for the school. Now I would like to hand over to Helen Bevan for today's session.

HELEN BEVAN:

Thanks, Kate, and welcome to module three. Our topic today is about resistance to change and resilience, it is critical to us in health care or whatever sector in the wider world.

We want to focus on what we mean by resistance to change, and is it what we think it is. What we want to do is look at it from different eyes.

We want to think about the relationship between impact and intent. Sometimes change agents are intent, and the action it takes a really well intended, but the impact we have another people creates resistance.

Let's think about that. We are then going to talk about resilience. Oh, my goodness, to be a boat rocker in the health and care system, whatever we do in life, when we start to challenge the status quo, it is a tough life.

We need to be able to build resilience. We're going to look at a particular model for thinking about resistance to change and how we support people, what we do when we think people are resistant.

We're going to use the status of change model. Finally, we will get to our questions and call to action. Welcome, everybody, from wherever you are in the world.

Whether you work in the health care system, this or in some other system, or you are a student, whoever you are, welcome to our community today.

Resistance. Any force which stops the flow of movement. I have issues about the very word "resistance", and we will come back to that in a moment. When it comes to the world of change, this issue about resistance to change is a very big scene.

This comes from McKenzie. It is McKenzie research which says, if you look at the most common reasons that senior leaders cite for the failure of their large-scale change efforts, the number one issue is employee resistance.

Certainly, in the world that I live in of health and care, we talk about it a lot. Here we have Professor Keith Willett, one of the most senior leaders in NHS England. And he talks about people being resistant to change having cost thousands of lives.

Thousands of patients have died needlessly because of resistance to change. Because of damaging reluctance both among clinicians and the public to accept changes in the NHS.

This theme, resistance to change, is a very big one. In order to talk about this, and think about what we mean by resistance to change, what I want to do is go back to a framework we looked at in module one.

Do you remember two weeks ago we talked about the difference between old power and new power? We said we live in a world where very often the predominant way of working and operating, and the people with the power other people with the old power, which is based on hierarchy and positional authority.

Command and control. What we said was, increasingly we are seeing a world, or a layer of new power, as the world changes. New powers about people coming together with a common purpose. Connecting, mobilising, new power is based on connections and relationships.

What we said in module one, as change agents we need to be able to operate in that very difficult zigzaggy space between old power and new power. As we are talking about old power and new power, and using that as an important frame in the School for Health and Care Radicals, let's think about resistance in the old power and new power terms.

Let's start off by thinking about resistance to change in a world of old power. If you look at the literature and tools available to us, they are based on old power thinking.

They are based on an idea that actually we can plan and manage change through a rigorous process. Many of us in the health and care system, we are working in organisations and systems which have big, complex transformation plans. In a sense, resistance gets in the way of us being able to achieve our planned goals.

As a change agent, our role is to manage resistance happening, and to overcome it. In this old power world of change, if you are a resistor, it is not a positive thing to be. Very often what we do is we put names on people that are resistant.

We call them things like blockers, or in denial. It is interesting, if you have a little look at the literature and the toolkits, and the handbook, and publications about resistant to change, about 80% are in this old power mindset.

And overcoming resistance to change, how to manage resistance to change. One of the most interesting ones, are the most domestic titles, is the blue one in the top right-hand corner. It is called Not Now, Not Ever, and it is how to resolve hard-core resistance to change in the workplace.

It is this idea that resistance is a negative thing that gets in the way of change, and we have to stop it. This is a world where we think about our transformation programs, I certainly see a lot of these in the

health and care world.

We have a big plan for change, and we have 27 work streams, people being accountable, things have got to be achieved within a certain timescale. When we have this hugely complex change process, and timescales within which things have to be achieved, anything that gets in the way of that, that resists that is problematic.

Thinking of the old power mindset, what is the role of the change agent. There was a quote here from David Stonehouse, "The role of the change agent is to recognise the causes of resistance and address each one. If this is not done, if we don't do our job properly, the change will be much harder to implement successfully and may not succeed at all."

In this world of change, success is dependent around each of our 27 work streams achieving the things we need to achieve in the timescale.

OK, let's contrast that with a new power approach, or a new power mindset around resistance to change. In a new power mindset we would think in a different way. What we say is, the way change happens, because it is based on relationships, we said before change can only happen at the speed of trust.

What it means is change is often emergent and hard to predict. And actually change comes from our connections, interactions, and relationships. What these do, they stimulate different viewpoints.

They help us to shape how we think about things and what we do in the future. Rather than being something negative, to be avoided, actually in this world resistance is an inevitable consequence of a complex process.

And we talked before in module one about the importance of diversity. If we're going to have diversity in our change processes, and we want to get many different voices, it is inevitable we are going to have resistance. Instead of seeing it as something negative, we see it as something that is inevitable and that we have to embrace and roll.

I really like this quote from Julian Stodd, we will see more from him later in the module today. He says, "Change doesn't rain down from us on high. Rather it's stories are cocreated and co-owned by the community. Or at least they are if you want the change to stick."

Maybe part of our role as change agents is living in a world of change that is predominantly old power. Thinking of resistance in that way, maybe bringing new ideas and new perspectives and new voices.

This quote comes from Ron We from the Netherlands. I know we have some colleagues from the Netherlands. And what he said was, "Leaders ask their staff to be ready for change." You can apply this not just in terms of employees, but other people involved in change like community leaders.

Always saying, be ready for change. But what we don't do is engage in sense making for change.

When we talk about sense making, this is not about marketing or slogans.

We make sense by making an emotional connection with employees.

Connections and relationships overly important. I love this quote here from Harald Schirmer.

"Resistant behaviour is a case of, we are not making sense." People cannot make sense of the change, therefore they are resistant. What that resistant behaviour allows us to do is think about things in different ways.

We should think about language and new power, we found many different voices that are diverse.

Robert Marshak says language constructs our world rather than reports the objective facts about the world. Therefore changing when, where, how and which people talk about things, changing the conversation, only to organisational change.

When we talk about the role of the change agent in an old power mindset with diagnosing and managing and overcoming resistance, the role of the change agent with a new power mindset is quite different. Again, I think it sets with this theme of conversation, of giving people a voice, where people can have transformational questions by asking questions based on future possibilities and potential. Inviting diversity into the system. Creating opportunities for everyone to express their views and building on people's different ideas and perspectives.

Coming back to sense making, finding meaning and understanding and shared purpose. It is quite a different perspective. I have got some lovely pictures here from the healthcare system where we have got this new power way of operating in practice. The good thing is, more and more in the world I operate in, we are doing the beginning of change processes. Even compared to four or five years ago, we are engaging more people and giving a voice and a foundation for change. Very often, we do this at the beginning of a change process and then as soon as we have got the program management office together and 27 Workstreams, we go back to the old way.

So how do we operate all the way through the change process? Keep going for a little bit longer then we will stop for chat and for reflection.

A program that helps me greatly is impact and intent. Very often, as a leader and change agent, my intentions are really good but the impact I have on other people are really the opposite of what I was intending. Here is an example. What I think about me and my team and the feedback that we have had. Often, I have taken action. My intent was a good one, to get people quick solutions and help them do their work faster and get on to the next problem.

What I did was work in ways that were quite... That appeared to people almost controlling. That was

not my intent, it was to help and support people. But my impact was that people can't take their own responsibility or solve their own problems. My intent was good but impeding development of people. Think about what is your intent and your impact. We don't mean to create resistance that the impact of our words creates that impact on other people. It is important that we are constantly checking back.

I think in a new power world and as a new power change agent, what we have got to do is stop people talking at me and start talking to me. The changes are so great, people will support what they helped to create. If you want to create sustainable change in the long-term, we have got to work in ways that are not only our intent is good but our impact as good as well. I just want to cover one more topic now before we stop. This is this very important issue around resilience to change. As a change agent not only do we need to be able to deal with resistance to change and think about what that means and how we deal with it, we also as individuals need to be resilient. There are a lot of descriptions around what we mean by resilience.

I really love this one. This comes from Jenny Napier, a GP, she wrote a fantastic article. It is so perfect for us as Health and Care Radicals. We are about how we rock the boat and stay in it. Jenny, her themes work together beautifully. We talk about bouncing back when situations are really bad, in times of great adversity or sorrow or bad things happening to us, how to bounce back.

She says if we talk about resilience in materials... As humans, it is more complex. One of the key things we seek from the school is the ability to interconnect and our ability to build our resilience as a community of change agents by the way we connect with each other. It is that strong connection and meaning and purpose and core values and capacity to deal with the things that happen with us to respond flexibly to life pressures and constraints.

Anyone who wants to challenge the status quo to get better outcomes for the people we connect with or provide services for, we need to be resilient.

If you look back, a lot of early thinking and resilience in the literature is about resilient people, as if it is a character trait. People have got this resilient character, it is like a shield and you see these words, "hardy", "invulnerable", "invincible." I think the reality is different. It is not a fixed attribute but a set of processes. We can cultivate them, we can grow them. And it can grow or decline because of what is happening between each of us and the environment we are in and the factors.

We can build protective factors that enable us to reduce the negative things that stress us and create change. What are some of the ways we can build resilience? The first thing is getting social support. Not being on our own, social isolation it is tough to be resilient. Who can we connect with? Our families, friends, colleagues. It is amazing to me how networks and communities that have grown through social media are able to support us in ways that were never there before. It ties back to this

idea that the number one rule of doing a health and care radical that you can't be a radical on your own.

The next point here, it is how we see the world. When we are in a crisis, how do we see that it is not an insurmountable problem and see it in a different way? I think that ties into number three. Change is part of living. There are things we cannot alter, understand what we can do. We can do an awful lot.

Number four is to find ways to move towards your goals. What we know about being an effective change agent is that actually making small changes can be really important. We don't need to be able to change the world in one go but taking small changes give us a sense of possibility and how can we have a hopeful outlook. Number six is about building our own self efficacy. What we know about people who are successful boat rockers? They rock the boat and stay in it. It is efficacy. We mean the extent to which we are able to create the change that we want to see.

If we look at this, what is the good knowledgebase around self-efficacy. The ability to act, Albert Bandura says, "The ability to act is tied to a belief that it is possible to do so." Henry Ford believed this. It is about getting good outcomes. If you like about the evidence base around resilience, there is a huge amount of overlap. What we know about resilient people? Self-efficacy, needs social support, create small wins that move us towards our goal, even in very small ways. Able to look at obstacles as challenges to overcome, not insurmountable.

And, again, just looking at this list, the list around resilience, so much overlap. Number seven, how do we look after ourselves? How to build a time and space and the things we want to do and the people that matter to us. It is so critical.

I was going to relate this back to really interesting things that are coming from Julian Stodd. It ties back to model one about operators leading on the edge. He talks about how we work in organisations where the everyday space that we are operating in is controlled and not a place to create change. We need to move out to a different place, have a space with a foot in and foot out so we can have the conversations, we need to create the conversations and discussion and language that enable us to move between the two.

HELEN BEVAN:

Finally, I wanted to look at this quote from Jenny Napier. Her quote about resilience. She says, "We cannot direct the wind, but we can adjust the sails." We all have the power to do that, we just need to think about how we can do it. I'm going to stop their moment and ask Hannah and only what we are seeing in the chat box, and what is happening in the Twittersphere.

Hannah, what is happening in the chat box? Can you hear me?

HANNAH WALL:

Loud and clear. Sorry, the chat box is on fire.

I have got lots of comments and they're all excellent, but I have just picked out a few as we have gone through the slides.

Really interesting, when you got to the old power, new power slides, Caroline Thomas said she called the bit in the middle with the green and the red the cheese grater.

She says of the change agent, that is where they sit.

Alison Cameron has put lots of really brilliant quotes. When you have the driving change slide, Alison said she had learned how to modify her approach. And her eagerness to bring about change immediately made her go in hand with Semtex, when in fact it was planting seeds that tended to work.

Her new motto is "seeds not Semtex" which I enjoyed. Lots of people talking about the difficulty of dealing with resistance to change.

Hannah recently in the self efficacy slide says resistance can stop people from speaking out. Lots of great comments.

HELEN BEVAN:

I really love this, it is like two alternative universes going on. There is the lecture, and then this incredible exchange knowledge. So many great links and ideas. Please keep doing that, it makes these lectures really fantastic.

Olly, what is happening on Twitter?

OLLY BENSON:

We have quite a few people picking up on comments and reflecting on what you have been saying. Similar to what was happening in the chat.

Emilie McArdle said, "Approach change armed with seeds not Semtex "

Nigel Miller, "If your change programme is a juggernaut, you will only end up with squashed people."

Taylor Brooks was reflecting on what a change agent needs. "The key is to ask great questions, you have to invest in this at all levels."

"Believing wholly in the change yourself is the simplest way of winning others over to change."

These are some of the comments on Twitter, the hash tag is #SHCR.

HELEN BEVAN:

I really like the comment Alison Cameron made in the chat box. She said, "This lecture is like the radical (inaudible)."

It is great, everybody connecting. Let's carry on. So, thinking about resilience and how to be resilient as a leader or agent of change.

One of the things we talked about before, how we think about things makes a huge difference as to how vulnerable we are and we are not.

I just want to give you a particular example of this. This is one of my favourite flies in the world, and I relate to it so much.

50 reasons not to change.

When I think back to so many initiatives and programmes and change ideas that I have been involved in, often what we get is just a massive rejection. "Oh, no, we tried that the radiology department in 1970, and it didn't work."

" No, it is against policy. No, there is no money."

Very often the world we live in as health and care change agents or change activists, is a world of no, no, no. It is pretty disheartening when you get as many rejections as I get.

Maybe we could make ourselves less vulnerable by thinking about it in a different way. I want to show you a model now which comes from Richard Fenton and Andrea Waltz.

What this says is, let's accept the inevitability that if you challenge the status quo, you will get a lot of rejection. Instead of avoiding it because it is horrible, let's increase it.

The thing is, typically when somebody rejects our idea, they're not rejecting us personally, or our personality, they are rejecting this idea at a particular point in time. That is how it is.

The next time somebody rejects my idea, my business case, or my proposal, instead of reacting really badly to it and saying, "I spent hours and hours doing that tender and got rejected again, I made such

a strong case for change and they didn't even think about it. I feel really, really tomorrow live now, and I'm going to calibre like a snivelling ball of resentment."

Instead of behaving feeling like that I will say, no, I am going to go for it no. I am positive about that rejection. We have got to see no as an opportunity and actually value add.

Think back to the quote we had earlier, "Resistance to change is often an indicator that we haven't showed meaning to the other person."

So to what extent have not created that meaning? To what extent is it an opportunity to put things right? Thank you for that no. What we can do, we can even make it a personal performance target. I accept it comes with the territory of being a change agent that I'm going to get lots of rejection. My target this week is five nos.

Just because somebody is saying no now, doesn't mean to say they are going to say no forever. When I think about things I have been involved in, most of them, I got a no to start with.

Quite often it is timing, that no now, may be a yes in the future. I like the quote from Jack Kanter. "You have got to put yourself forward, you don't know you're going to get a no until you ask."

If you don't ask, you give yourself a no. We can laugh about this and think it is funny, but there is really good evidence from other sectors.

The first comes from the sales industry, what this tells us is that only 2% of sales actually get made on first contact. If I try to sell something, there is a 98% possibility that I am not going to get a sale, that I'm going to get rejected on the first contract.

80% of sales are made on the fifth-12th contact. Let's think about that in the context of our change ideas and proposals. Let's go for no, and get the fourth to the 11th one out of the way as quickly as possible so we can get a yes.

This is another source of evidence. This comes from the scientific research community. What this study was about, it was about scientists who are the equivalent of having radicals. These were people coming up with really interesting new ideas which challenge the existing scientific paradigms.

It is very important that these researchers to get their research published in journals. But very often the people that were doing the reviewing, the peer reviewers were people who were in the status quo, who had a vested interest in keeping scientific thinking in the existing paradigms.

These researchers were getting no, no, no, loads of rejection. But what this study did, it looked at what happened over time.

What it showed was those researchers who got the initial no, no, no, in the longer term are more likely to be influential.

Which was against the metric of the number of times they were cited. Once rejected at the early stages were the ones to be most successful later on.

Maybe there is learning for us. We need to think that going for no is an honourable strategy that will bring us returns in the longer term.

Going for no is a really good tactic for resilience. I am going to pose now, we're going to hear from one of our storytellers who is Line Walker. First of all I'm going to ask Pip to introduce Line.

Hi, Pip, can you hear me?

PIP HARDY:

I can hear you.

HELEN BEVAN:

Tell us why Line was selected to be our storyteller.

PIP HARDY:

The two things that really struck me was her determination to go for no when her CEO denied a request to make a change in nutrition for her patients.

The thing that really captured my attention was when she said in her submission, "We need to reach into people's hearts and work with emotion if we're going to make them change. So, thank you for joining us today, and I'm looking forward to hearing you speak.

LINE WALKER:

Thank you, I hope you can hear me. I'm a consultant, I work in a regional hospital in Denmark. It is about outside of Copenhagen, our capital city. Firstly, I am a surgeon and a clinician. I always felt my place was in the ward and the operating theatre.

I'm also a Scottish (inaudible) from cohort six and I graduated from the School for Health and Care Radicals 2015. I have worked in the field of patient safety for about nine years now, primarily on a department level trying to prevent medication errors, identification errors, communication errors and

lack of care errors in my ward.

I did the Scottish Fellowship to gain a deeper understanding of improvement work and learn about tools that will help me do this work.

After doing the fellowship, I found I needed some input and inspiration. I felt alone and isolated in my effort to do improvement work. It led me to enroll on the online course in the School for Health and Care Radicals. It wasn't possible for me to follow the sessions live, so I used the link and I watched everything on YouTube.

I was a bit lonely sitting at home doing this, but it helped me do the ICTs, the randomised trials. I chatted to a fellow radical from Melbourne, Australia. She was an occupational therapist.

It was great fun to connect with her, and I realised geography and work aside, we all struggle with the same issues in our approval work.

I did enjoy all the modules, but what struck with me was the module like this, "Rolling with resistance". At that time we were trying to implement new guidelines on nutrition in our ward.

The nurse in charge of this implementing was met by many problems. There was one senior consultant very opposed to the new process.

After watching this module, and "going for no" in particular, I managed to change the perspective from adverse response, to accepting the challenge of a no, and respecting the no, and embracing the no.

I also opened their eyes to the importance of having advocacy rather than followers. I have used the concept of "going for no" since last February. When challenged with the no, I always consider, "is this the right way to go? Can I do better? What can I do to win him or her over?" In module four, "make change happen" it was an eye-opener for me personally.

We need to reach into people's hearts. Work with emotions as well as numbers and clinical reasoning. Change often comes from emotions, seeing care delivered in a sub optimal way. I was in work on Fridays and helping someone to see a change and new light can alter someone's perspective from negative to positive was a great moment.

I deal with change everyday like you guys but I felt I needed new inspiration, motivating my peers has been hard and I have felt isolated. Making change is something I will be able to use in the future and in the changes I will be part of. Any input from other people is a good thing, whether it supports or opposes your case it will start a discussion and to move forward. Thank you very much.

HELEN BEVAN:

That was really fantastic. You are the perfect speaker at this point in the programme. When we saw your application for certification and a wonderful story, we thought we must get you on to tell the story of this year. It shows the way that these kinds of healthcare radical skills really compliment more mainstream improvement skills and patient safety methods. Thank you so much for that. We did not see your hospital slide. Can you tell us about that?

LINE WALKER:

It is just a small regional Hospital in Denmark.

HELEN BEVAN:

Thank you. Just moving on from that, there are lots of different models and frameworks that we can use for thinking about resistance, resilience and other aspects of change. I like this quote from George Box, he says, "Essentially, all models are wrong, but some are useful." It is a model I come back to time and time again.

When I get things wrong in my own change practice or things don't work out, I applied the lessons of this model and it helps me. It is a model that many of you know. It is a model known as stages of change or trans theoretical model of behaviour change. It underpins motivational interviewing, which is a framework and approach that is used very often the health world around health-related behaviours.

I'm just going to stop there for a moment to see who has used this model in their practice? How many of you have used this, either in a health clinical setting or in a change setting?

Quite a lot of us. OK. Quite a lot of us. Can you put your hand up, can you see where the hand is? Can you see the hand symbol? It is just on the right-hand side, just under... Between the chat and the participants. OK. Yes, lots of us have used it. If you put your hands down, how many of you have used it in the context of change? Using it for a change or improvement of patient safety type project? OK.

Again, lots and lots and lots of us. But it's really good. And it is mostly used around health-related behaviour. The topics it is mostly used around are smoking cessation. I think the familiarity helps with that. It works for organisational and service changed as well. Essentially, what it is about his understanding what stage of change somebody is that and helping them to move round the cycle in terms of shifting behaviour and the practice and things they do.

I thought I'd used the example of smoking cessation. That is the most common use of it. The first stage is pre-contemplation. I'm not thinking about changing, I don't think my smoking is a problem or I have no intention to quit. Next is contemplation. I know that my smoking is a problem and the problem is

whether to stop. I often yo-yo between yes and no.

The next stage is preparation. I'm going to give up smoking on 31 March, for example. The next stage is action. I actually stopped smoking. The final stage is maintenance, I maintained a healthy behaviour. Even with distractions I am continuing to not smoke. Even though I miss it, I am not smoking.

Thinking about this framework and applying it to the changed situation we are in, put some answers to this and the chat box. When we think about change activities we focus on, which do health and care most focus on? Most of you are saying stage four. I would agree with that.

In reality, what stage are most people at? I would agree with what you are saying there. What we are saying is in our world, trying to change health and care, the activities are often at the action stage and stage four, but the person we are working with are at stage one or two.

Looking at that framework, which of the five stages is the stage people are most likely to need help and support and the state we are most likely to take the support away? Five. We help implement the change and then we take away the coaching and support. It becomes hard to sustain things.

When I look at the available tools for health care change agents, about 90% of them are designed out the action stage. By the way, part of the theory that underpins the change model is if you want people to change, people can only shift one state at a time. Someone is pre-contemplating, when it moved them to contemplation. Someone cannot go directly to the contemplation to action. They have to go one step at a time.

We often have people at stage one or two at the desk and trying to get them to take action at stage four. Tools are usually not effective because we are using tools when they are pre-contemplating. People get irritated. We feel, as change agents, powerless in our ability to facilitate the change. Many of us have been in that scenario. Let's look at a particular case study. The one that we have got here is the World Health Organisation surgical safety checklist.

If we think about this, and through what happens is that 8 hospital systems in different parts of the world implemented this checklist. The results, the observational results were published. It said there was further significant improvements in mortality and morbidity of patients if the checklist was followed.

Many systems around the world adopted this surgical safety checklist. Many countries including England and Wales mandated it. This is a classical scenario where we say you have got to do it. It is a stage four action but the people it is imposed on at stage two. They are at a completely different stage. Despite a compelling case for change, people often resisted. Studies that were done afterwards in

other places, for example in Ontario, Canada, even though there was a mandatory implementation, it wasn't having a significant impact on patient safety or outcomes.

People miss the task and disappoint when it comes to change. This study was done in England. If you look at the graphic here, why do checklists fail? Why did people not do it? A couple of cases, staff failed to complete the checklist. People are told to shut up and get on with it. Stage one people me to take action and stage four.

Then 34% of the cases it seem bizarre. A case of not progressing. Think about resistance to change which we were talking about. When people are resisting, it is about missing meaning. The third one, the checklist was thought to be a waste of time, we will have to get less work done. Classic stage one and stage two reaction.

If you look at recent guidance of Leicester, how do you the surgical safety checklist implementation, these are related to moving people through the stages to stage four. Line up all the systems processes and equipment so people can do it. Here is a multidisciplinary approach, identify strong local leaders to act as champions. Help people to move around the circle and we can make sense out of it. Customise it to the local context. And so on. I think that is a good example.

HELEN BEVAN:

So, what are people resisting? We find the people already at the action stage and work with them. We put negative labels on people not already at the action stage. We talked about this already. And then when people still don't do it, we blame the management for not making them do it.

I love this quote from George Bernard Shaw, "The single biggest problem in communication is the illusion it has taken place."

It is the illusion we have worked with people, communicated and created a sense of meaning when very often we haven't. What should we do?

We should listen and understand, and understand that change happens one person at a time. We need to appreciate people's starting point and elaborate on our interests in doing this.

If people do resist, roll with it. Don't argue against them, be curious to people's perspective on it, except people have a different point of view. And get them to elaborate why they don't want to do it.

What makes it so hard, what would help? And finally how do we build meaning, conviction, sense making in terms of the change process.

In the study guide we have a really nice worksheet. What this worksheet does, it looks at this stage, the stages of change people are at. It sets out how to stand in the shoes of those people and how they might be feeling.

It tells us what we should do to move people on to the next stage. This is from the worksheet in the study guide. This is for people at the pre-contemplative stage.

It says, if I am pre-contemplative, it is not even occurring to me there is any issue over my behaviour, actions, or people want to change.

The problem or issue is outside of my frame of awareness. If I am at that stage, what action should the change agent be taking? You cannot force me into action. Make me aware of why I might need to change. We talked about sense making.

We talked about meaningfulness. Make it meaningful for me, this change. The goal is to make me, as someone who is at stage one pre-contemplative, move to stage two. You cannot make me change immediately.

The last thing I just wanted to say about this state of things is that very often people that are pre-contemplative, we have to make a decision about whether somebody really can move on. Very often people are pre-contemplative.

If we help to build a meaning, listen and elaborate interest, we can move people onto a different stage. But there are some who are so change resistant and so sceptical, we're never going to get there. We have to make a decision whether it is worth it or not.

I think we can work this out very early on. In this context there is a saying, very wise old Cherokee proverb, "When your horse dies, get off it."

One of the things we need to build understanding is that sometimes it is just not worth the effort. This person is so cynical, so sceptical, we're never going to move them around to get them to agree to the change. So let's get off our horse and find the people we can move to the next age doing things.

Finally, just think about this. Look at the study guide and the worksheet. Look at what stage of change are the people you need to influence out. What action can you take to help them move to the next stage. Very often people like us who are passionate, enthusiastic change agents, we want urgent action. We can see if action is not taken now, bad things are happening and worst things are going to happen.

We are very impatient for change. My experience and my practice time and time again, I start doing things at stage four when people are only at stage one.

Really think about this, and think about what you might do differently. Coming to the end there of the learning content. What I want to do now is handover at our second storyteller today who is Liz Lamb.

Pip, why did you select Liz as a storyteller?

PIP HARDY:

When Liz started posting on the Facebook group, we are amazed by her doodles. I was just in awe of her amazing pictures that she somehow managed to completely encapsulate the key issues in the model.

From her perspective, I think she's very modest about it, but she has gone on to make some incredible changes in her workplace. I'm really looking forward to hearing you tell your story, Liz. Thank you for joining us.

LIZ LAMB:

It is really nothing, they are stick men. It is a reining morning in Canada, my coffee is kicking in, as I think we are good. I cannot believe it has been one year since we started the school, I wanted to share my personal story about what the year has been like for me.

I have been doodling, Helen, if you could move my doodle up. A little bit of background, I am an art school dropout. Then I trained as a nurse in acute care.

For many years I was then that acute care nursing role, and then I moved right out into primary care and community about two years ago. I found myself in a really isolated position.

I felt I was at real risk of being out of date. I felt very isolated, I had no one around me to talk about improvement work. I also felt properly equipped to deal with large-scale change, I did not know where to start.

I saw the school for radicals was being offered here in Canada, it was the name that appealed to me, "radical school" sounded so cool.

If we go back to February last year, you can see on the top left it is Helen doing her thing on stage. Sorry, Helen, I know it is a little bit crude. I also started the online course and got involved in (unknown term) ABC.

Everything I was hearing at the school really resonated with me. I found myself nodding all the way through. Everything makes so much sense. I try to do things on my own. I have got this, I can cope.

But I really think the whole thing made me look at myself and I realised it is not the way we need to work. I was really isolating myself by doing that. So that "change starts with me" piece was a good place for me to start.

But of all the times of the blame leadership when things went wrong, I started to think differently about all of that. I started to think about how I needed to change to connect with people, to build relationships with people, to try to work things out together.

My change pledge was to use social media to make those connections and it changed my whole perspective on everything. That "weak ties" piece really got to me.

I did a coffee (inaudible) Debbie who is on the line in California. I started to write blogs about change, I got everyone in our organisation to make a pledge for Change Day. I was starting to get back into the drawing, so my doodles were popping up here and there.

I posted them on Twitter and Facebook. What change for me was I started to feel like I was part of a community. As well as feeling supported by everyone else and getting information and new ideas, I felt I was able to give back and share new ideas and give support and encouragement to people.

It felt really, really good. It was not just about me taking it, it was about me being able to give back.

We all shared a common purpose and had new ideas. We were really cutting edge in our thinking, and I loved being part of that community. I have a picture of me in the boat there, rocking away. Seriously, we are going to need a bigger boat.

There are still things I think about a lot. What happened about nine months ago, I started working with local community team, trying to help them improve access to child mental health services.

This was the first time I really started to put some of the things to good use. They really stuck with me. Just a few of them that really stand out for me. I absolutely loved "going for no", it changed my perspective on things.

Before I took it as rejection, but this time I started to think, "I like that you said no. This is really good." It spurred me on to try a different approach with people until I got a "maybe".

The other piece that really stuck out with me, again it was the pictures in my head, intent versus

impact. That picture of a gift, and somebody receiving it as a ticking timebomb. That made me rethink a lot of things.

If I was at the point of trying to present something, I would stop and try to think what it is like for those people.

Really try to emphasise what it is like on the other side for those people. It helped me to reframe or present information differently.

I did use the stage as a change model. That was a good time for reflection firmly. I realise I did a lot of things at stage four, and I was really cognisant of thinking, which stage do I think they are at, and how can remove them on one?

The other one that stands out is if your horse dies, get off it. I will screen and lacking energy some other time. I got off a few horses. I have no regrets about that.

The school really ignited my passion to change. I know it sounds corny, but I had energy and positivity. I was much more resilient in my approach. I felt really supportive but I had shifted my thinking a little bit. I think I have to hold the toolkit and community and a global perspective on things. I always hear about new ideas and new ways of working. I love being on Twitter.

A year on, and started a new role as leader of innovation and engagement. It is about finding ways of sharing information in different ways and a forwardthinking inspirational team. I am bloody lucky to be here. I just wanted to thank everybody who has been involved in the schools, I don't just mean the lovely teachers but everyone who has been a part of it.

I'd love to hear about anybody who would like to know people who want to connect about how things are working for you. This has been considered a great refresher and thank you for asking me.

HELEN BEVAN:

That story is very interesting. Your experience of being promoted at the healthcare school is something which are very often. We think sometimes being a radical is being a disruptor and taking on the old power. But being a healthcare radical who is effective, we are given the resilience and tools to be more effective in an old power world. The irony is the radicals are becoming more powerful than an old power world. I love your story, it is an example what the school stands for and why we do it. Thank you so much.

Before we go into our final summary and notices, overly quickly wanted to ask Hannah and Ollie what have we seen in the chat and Twitter box. Let's start off with Hannah, what have we seen in the chat?

HANNAH WALL:

A lot of the chat has been around the models where you were asking people various questions about what state they thought people were at in the journey. Obviously, we were told a really great story. A lot has been around the slide, your George Bernard Shaw quote and Lisa said that it's true about communication. And some of the comments about what we need to do to deal with people who are resistors and accepting... Having resilience. Caroline says sometimes the biggest resistors become the biggest advocates and powerful to have on your side.

Sonia has made an interesting comment about early adopters reaching the tipping point sooner. There are a lot of people on the chat that have a lot of experience dealing with resilience, being resilient and dealing with resistors of change and also some great ideas they have shared with the community today about how to move things forward from their own experience.

SPEAKER:

Did I see a poem earlier? I am going to start that.

HANNAH WALL:

It might have been believed in.

HELEN BEVAN:

Thank you, Hannah. Follow, tell us some interesting tweets.

OLLY BENSON:

Some interesting quotes have reflected what had been said. One was from some guy called Albert Einstein. Jonathan said the task ahead of you is never greater than the strength within you. And another one about the next opportunities. And a shout out to Lesley Morgan who I noticed in the chart, she is going to start tweeting. Just out of school. We will look out for her quotes next week.

HELEN BEVAN:

Thank you. I will hand over now back to Kate.

Hi Kate.

KATE POUND:

Hi Helen, thank you, that has been an amazing session. I wanted to let people know about the next learning opportunities. Of course, this has the Twitter chat which we hope you will be joining. We will have next Thursday at our fourth model. I can't believe we are over halfway through. If you haven't tried the randomised coffee trial, there is still time. We have had over 150 people join up so far.

Just a reminder, you can apply for certification and that is completing an application form after you have done a change in your local area, and some personal reflections on that. And we still have the 30 day challenge, we have a document on our school website that will guide you through the process and a bit more detail. We hope there will be a lot of teams taking part in that, it would be great if you could let us know if you are doing the 30 day challenge.

We have just got two more modules left before the end of school. I cannot believe we have gone this far. It has gone so quickly. I'm going to hand over to Pip and she will close the session.

PIP HARDY:

Thank you, Kate. Have I got the... Thank you. After today, we would like you to keep on thinking about what you have seen and heard and taught today. A few questions for you to reflect on which are also in the study guide speed only to worry about remembering them. What does it feel like to experience resistance in your body and heart and head? How do you respond? How can you make sure the changes that you make actually achieved the impact he desire and that they are sustainable and don't make other people dependent on you and help create self-efficacy in other people. And finally what do you need to do to develop your own resilience so you can roll with resistance.

And the course to action this week, we want you to think about how you can look after yourself. I spoke to a college in Norway and he said you should get one thing each day that give to joy and make you feel good. We would like you to identify three things you can do to identify your colleagues through this change and it would be lovely to you to make time in your diary for the Edge Talks on resilience. It would tie in very well with this module. We hope you will join us on the edge on 11 March.

I thought this was a nice quote from Winston Churchill, "Success is not final, failure is not fatal, it is the courage to continue that count." So goodbye and good luck during the next week and we look forward to seeing you back here next Thursday. Thank you.