Micromastery spread in a microsystem

Paul Sullivan
Imperial College, London
• Acute medical trainees

• 6 x 4 month groups

• 2 groups = electronic survey

• 4 groups = 25 interviews, grounded theory

“You learn a lot of theory in med school but actually when you get here things are done differently and you learn by seeing what people do.”
“Someone who’s kind to patients and kind to everyone on the ward …... that’s the kind of person I would copy.”

“I think, to be honest, the number one thing is kindness, yeh... kindness.”

“There’s definitely more approachable people who are going to be very helpful and won’t give you a hard time if you’ve forgotten things.”
Who is a technical influencer

- Kind to patients
- Kind to staff
- History of being kind to me
- Contentious
- Thorough
- Visible results

“If I can see there’s progress being made, personality is neither here or there, if goal has been achieved.”

“If someone said “hang on a minute let’s think about what more we can do for the patient”, I think definitely I’d stop and take a moment and think ‘is there more we can do’”
Who is a “kindness” influencer

- Anyone can be
- Interactions are judged on their impact
- That impact seen as medically centered by juniors
- Acts of kindness, going the extra mile, are contagious
- Doctors look for people with their own value set to emulate

Who is an organizing influencer

- Nobody
- Strong emphasis on self developed solutions
- If approach is copied it will be rejected unless clear benefit
- Feeling of helplessness anyway
if it was someone not from this environment someone who doesn’t do a job like this, my initial reaction to that would be “actually you don’t understand how busy this job is”

if someone in a suit asked me to do something differently, I’d think they don’t know how things work
• Different domains micro-mastery diffuse very differently in a microsystem

• Knowing how to enhance influence is useful for an improver or an Improver

• Much more mapping is needed, across meso and macrosystems too