Why do we do what we do?
Practical insights into behavioural science for medical leaders

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My job today…

To mess with your head a little…

To challenge your assumptions of your own behaviours..

To get you to question our usual approach to change…
All day; every day

Rider: The conscious, verbal, thinking brain

Elephant: The automatic, emotional, visceral brain

Haidt J
Re-thinking behaviour change
A sacred cow

We have all been brought up to believe that as doctors and scientists, it is knowledge acquired through education (pedagogy) that drives the practice (behaviour) of doctors…

Is this true?
An example...

Whitby, McLaws, Ross (Infect Control Hosp Epid 2006)
Cognition and behaviour

Assessment in work environment; focus on overall performance, not components
Direct observation of learner performance, portfolios, clinical triple jump, 360 assessment, clinical competency exams, videotaping with follow-up review

Assessment in controlled situations
OSCEs, simulations, lab practicals, standardized patients

Assess capacity for clinical-context application
Essays, triple jump, case-based MCQs

Test factual recognition
Context-free MCQs, reports written by students, oral exams

Adapted from Miller GE Academic Medicine 1990
“There is nothing so practical as a good theory”

Kurt Lewin (1952)
Theory of planned behaviour

- **Behavioural beliefs**
  - Core beliefs about target behaviour
  - WIFM (What's in it for me)
- **Evaluations of behavioural outcomes**
  - Consequences for non compliance
- **Normative beliefs**
  - Subjective norms
    - What do my peers expect me to do?
  - Motivation to comply
    - Do I care what they think?
- **Control beliefs**
  - Perceived power
    - Do I have the power to do it?
  - Perceived behavioural control
    - Will my actions make a difference?

Behavioural intention → Behaviour

Ajzen & Madden, 1986
Using science to stack odds in our favour...

• How do we build a model?
• How do we stack the model in favour of the target behaviour?

Reflection – What is the role of pedagogy (education) in this?
Applying behavioural model

1. Sensor on the door detects when employee enters washroom
2. Sensors on soap dispensers measure how many people wash their hands
3. Real-time data on % of people washing their hands is displayed on hygiene compliance monitor outside washroom
4. Seeing this data makes other users more likely to wash their hands
Lessons for medical leaders

- STOP – don’t leap to education as a fix
- Apply the science! – build a model
- Beware of ‘rational’ and ‘managed’ solutions with blunt levers – they rarely sustain and we are masters of workaround
- Make it easier than the old way or even make it ‘fun’ at the change
- Get the boss doing it first – you do it