

THE POWER OF POSITIVE DEVIANCE

BY RICHARD T. PASCALE, JERRY STERNIN, AND MONIQUE STERNIN

Throughout our military careers, many of us will have the privilege of serving in various leadership positions. These critical roles include being a staff physician at the front line of patient care; running a busy clinic as the officer in charge or department chief; leading residents as graduate medical education faculty; working as a medical advisor to a senior commander, or even advising policy makers at various organizational levels. But, no matter which of these roles we find ourselves in, one consistent leadership skill needed is the ability to elicit positive organizational change. Any problem that an organization faces requires some degree of change, whether it is developing a new process or system or improving an existing one.

There are many popular approaches to process improvement, such as the Six Sigma methodology, lean manufacturing, continuous improvement (“kaizen”), Plan Do Check Act (PDCA), and understanding the theory of constraints. In *The Power of Positive Deviance*, Richard Pascale, Jerry Sternin, and Monique Sternin introduce a less well-known management approach known as Positive Deviance (PD). The use of PD tends to be most useful when organizations know “what” to do but not “how” to do it, and have failed previously with top-down or outside-in approaches.

Pascale, Sternin, and Sternin outline three core elements of PD:

1. There are already answers to a group’s seemingly intractable

problems.

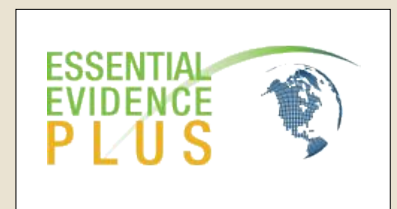
2. Members of the community/organization have these answers.
3. Innovators who have solved the problems (positive deviants) have succeeded despite being faced with the same limitations as others in the group.

The approach came from author Jerry Sternin, a humanitarian, who in the 1980s and 1990s spent his time working to reduce malnutrition in poor Vietnamese villages. For years, the local governments had recruited outside experts to come to Vietnamese villages and analyze factors like living

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conditions and available resources. Non-governmental agencies and other organizations would provide food, educate the population on various agricultural techniques, and offer other “help” to improve nutrition within the population. These efforts typically only led to short-term, poorly sustained improvements. When his organization, *Save The Children*, gave him a small window of time to make an impact there, Sternin tried a novel approach of applying PD to the village where he was working. PD had existed in the academic nutrition literature since the 1960s, but had not been successfully operationalized prior to that time.

Sternin’s team gathered villagers together, identified who had the best nourished children, and then met with the mothers to see what these women were doing differently compared to

their peers. Sternin discovered that the families of the best nourished children employed unique child rearing habits that were not necessarily complicated, and were easy for others to implement. Sternin further recognized that certain cultural norms or ways of thinking were the key barriers to overcome, rather than relying on education provided by outsiders like himself. Families with the healthiest children as assessed by metrics such as Body Mass Index (BMI) and frequency of illness had seemingly small differences in behavior. These differences included small changes like feeding children more food when they had diarrhea, providing more frequent small meals rather than fewer large ones, and adding sweet potato greens which were readily available but often overlooked as “peasant food.” Those groups who adopted these strategies

experienced significant improvements in combatting malnutrition. Over a two-year period, malnutrition dropped 65-85% in every village he visited, and these improvements were sustained for years, as villagers were more open to employing simple solutions already in use by others in their community.

After this success, Sternin and his wife moved to Egypt where they became involved with helping their local community near Cairo address a very different but severe problem -- eliminating the practice of female genital mutilation. Like malnutrition in Vietnamese villages, the practice of female genital mutilation persisted despite years of government education efforts. By leveraging the expertise of those who had successfully spoken out

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to resist this practice in the past (often



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these individuals were older sisters or parents who resisted the practice in their families), Sternin's team created vocal community leaders who generated much more buy-in than outsiders telling the community to stop this practice. This approach created a groundswell movement that led to the local government sponsoring an initiative in multiple governorates that was supported by UNICEF and reduced the number of victims by several thousand people in a five-year period, much greater progress than had been seen in decades.

After experiencing success in two different fields, the Sternins established the Positive Deviance Initiative at Tufts University with the goal of expanding PD to different sectors. In his foreword for the book, Atul Gawande urges our country to apply these concepts to our healthcare system. Jerry Sternin and his team did, in fact, have success working

with the VA Healthcare system in Pittsburgh, PA. By applying the tenets of PD, the Pittsburgh VA drastically reduced the spread of Methicillin Resistant Staph Aureus (MRSA) infection over a two-year period. The key to accomplishing this was empowering employees at the lowest levels to share their individual successes and then promoting these homegrown solutions across the organization instead of relying on outside consultants to recommend solutions.

The Power of Positive Deviance provides several additional vignettes, as well as a field guide for those interested in exploring PD, as a tool for tackling the challenges leaders face in their community. Typically, PD is not a "quick fix" approach, and can take months to years to reap the benefits. PD is not a doctrine or a rigid set of steps to follow, but rather a philosophy or methodology that should be adapted to

the organization and problem at hand.

The key principles of PD include:

- The community owns every step of the process.
- PD focuses on strengths/assets and uncommon, but successful behaviors or strategies (positive deviants).
- The community designs ways to implement these positive deviants to make them more common.
- PD leverages existing formal and informal networks and generates new ones.
- PD promotes further and lasting change by promoting the community to monitor its own progress.
- PD typically depends on leaders or sponsors committing up front to the PD process.

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The basic steps in implementing the PD methodology are:

1. The community defines or reframes the problem. This is done by recruiting members of the community interested in effecting change, helping them visualize a future that is different from the past, and doing so by

exploring behavioral norms, common barriers, and stakeholders.

2. The community determines common practices. This is done by holding discussions with members of the community to learn more about common practices and using “participatory learning and action”

activities like mapping or prioritizing, to help generate data and promote buy-in.

3. The community discovers positive deviants. This step focuses on identifying those in the community who exhibit the desired outcome as well as those who do not, conducting interviews with those individuals, and finding how their practices correlate with the desired outcomes.

4. The community designs and develops activities to expand the PD solutions. The final step engages stakeholders and applies the discovered PD behaviors or strategies, typically starting small to demonstrate success and then involving the community in various ways to more widely promote the PD behaviors or activities.

Hopefully, this review provides you an additional leadership tool to leverage if you are faced with a challenging or persistent problem that requires both technical and behavioral solutions. The PD concept combines elements of bottom-up refinement with empathic, participatory methods, and requires a deliberate commitment that will take time to yield results. It empowers a leader to be respectful of the organization’s culture and norms while tapping into the community’s inherent ability to overcome its problems where outsiders or “experts” have not previously succeeded. For more information, the Positive Deviance Initiative has additional literature and resources available at www.positivedeviance.org.



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Operational Medicine Job Profile: Air Force Flight Surgeon with Lt Col Roselyn “ICON” Fuentes

TELL ME ABOUT YOUR CURRENT AND PREVIOUS OPERATIONAL JOBS YOU HAVE HELD.

I am an Air Force MTF flight surgeon attached to an F-16 unit, but I have flown on over ten different aircraft including the AC-130 gunship and with Air Force Special Operations Command (AFSOC) units. As a flight surgeon, my focus is on maintaining the health of the aircrew and other operators to safely perform the mission. Additionally, the role includes a strong occupational medicine component and the necessity to be familiar with the overall operational mission of the base. I have deployed in support of Operation Allies Refuge as a civil surgeon and helped make aeromedical disposition decisions for some of the several thousand Afghan refugees that were evacuated. I am about to take on the role of Chief of Aerospace Medicine at an overseas base.

WHAT KIND OF TRAINING AND PREPARATION DID YOU HAVE TO DO?

I needed to complete the Aerospace Medicine Primary (AMP) courses (now known as the Air Force Operational Medicine or AFOM 101/102 along with AMP 201/202) at Wright Patterson AFB as well as the Aircraft Mishap Evaluation course; Survival, Evasion, Resistance, and Escape (SERE) school at Fairchild AFB; water survival; the altitude chamber; and the centrifuge up to 9 Gz. Once you start flying, you need to complete aircraft-specific training. The job requires familiarity with the military standards and aircrew-specific health requirements.

WHAT ARE SOME OF THE REWARDING AND CHALLENGING ASPECTS OF YOUR JOB?

The most rewarding aspect is getting a close-up view of operations and seeing the impact that you have on the mission. There is an opportunity to truly integrate with the flying units and know your patients. The challenging aspect is the mission never stops and there are many unique missions happening on the base at any given time. Flying with different aircraft and doing shop inspections really helps with familiarization of the unique missions and position requirements. You'll learn from hands-on experience that the job stressors are quite different for an F-16 pilot, a KC-135 boom operator, an AC-130 gunner/loadmaster, or an air traffic controller.



TELL ME ABOUT A UNIQUE EXPERIENCE(S) YOU HAD IN YOUR POSITION.

Despite my busy operational medicine responsibilities, I still find opportunities to teach, do research, and lead. One unique project I was recently involved with was Operation Blood Rain which was a project with AFSOC to determine the viability of delivering whole blood via airdrop (<https://pubmed.ncbi.nlm.nih.gov/34105118/>).

HOW DID YOU FEEL YOUR FAMILY MEDICINE TRAINING PREPARED YOU FOR OPERATIONAL MEDICINE?

Family Medicine training prepared me well for operational medicine. Like Family Medicine, every day in flight medicine is different – ranging from the clinic, shop visits with public health or occupational medicine, responding to in-flight emergencies in the ambulance, doing the Wing safety brief, and of course, flying. With a background in Family Medicine, you have a strong foundation to address issues that come with normal human physiology in abnormal environments. You provide the full scope of primary care to service members ranging from their late teens to those nearing retirement age. A family physician's training in musculoskeletal injuries, competence in women's health, and chronic disease management make uniformed family physicians well suited for operational assignments.

WHAT ADVICE DO YOU HAVE FOR THOSE WANTING TO GO INTO AN OPERATIONAL POSITION?

If you are a student or resident, seek out operational rotations. You can find additional information on the Air Force Research Laboratory website: <https://www.afrl.af.mil/711HPW/USAFSAM/>.

One of the specific opportunities available to those in residency is to participate in an operational medicine rotation. Additional details can be found here: <https://www.afrl.af.mil/711HPW/USAFSAM/ogme/>.

Also, remember that all military medicine is operational. We are all expected to figure out how to provide the best medical care in sometimes less than ideal conditions. Master the medical aspect but do not forget to take into consideration the occupational and mission effects that medical issues or treatments can have on your patients. If you are interested in learning more, please reach out to the current consultant, Colonel Anthony "MAGIC" Mitchell (anthony.l.mitchell6.mil@mail.mil).



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Dave and I are extremely excited about USAFP 2023 in Orlando. Thank you to everyone for the robust response to our speaker call. We are hard at work reviewing the submissions and shaping them into a cohesive complement of CME. We anticipate sending out speaker invitations by September. Along with our usual robust CME, research and fellowship, we will hold a Fundamentals of Critical

Care Support Course (FCCS) as a pre-meeting event in conjunction with the VA Sim Center (just a few minutes from the Orlando Renaissance Hotel). This course prepares healthcare professionals to manage critically ill patients during the first 24 hours of presentation. Developed by the Society of Critical Care Medicine (SCCM), this course is perfect for those returning to inpatient medicine, deploying to an austere location, returning to Academic medicine or who want to further hone their critical care skills.

For more information you can visit:

<https://www.sccm.org/Education-Center/Educational-Programming/Fundamentals>

We all know that Orlando will bring warm weather, a family friendly atmosphere and awesome entertainment possibilities! Almost equidistant from Universal Studios and Disney, The Renaissance Orlando at SeaWorld provides great accessibility to a wide range of great activities. The hotel is also close to Outlet shopping and multiple highly rated golf courses. So, after registering for CME, don't forget to visit your base's ticket sales office for discounted park tickets.

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