

Temerty
Medicine



Learning from Failure

CFPC Family Medicine Forum
November 7, 2025
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Donald I. Rice Awardee, 2025-6, CFPC



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Overview

- Check-in, introductions
- Frameworks for understanding leading & managing in family medicine
- Explore “failure”
- Practical skills for handling challenges
- Resources, research, aphorisms

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Check-in

- What it is
- Use in meetings
- Personal check-in
- Invitation

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Exercise


Think of...

- A leader you admire – or despise
 - or a leader who has disappointed you
- A quality you admire or deplore

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CFPC Required Competence



1. Contribute to QI
2. Stewardship of resources
3. Demonstrate leadership in professional practice
4. Manage career, finances, HHR

CanMEDS-Family Medicine

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"...leadership and management skills are vitally important to health care quality and organizational performance because **individual physicians can no longer achieve optimal patient outcomes on their own.**"

Blumenthal DM, Bernard K, Bohnen J, Bohmer R: Addressing the leadership gap in medicine: residents' need for systematic leadership development training
Academic Medicine 87(4):513-22, 2012 Apr

Resource: Bohmer RMJ. The Hard Work of Health Care Transformation.
N Engl J Med. 2016 08/25; 2016/09;375(8):709-11

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Definitions

Leadership

- Defines the future, aligns people with the vision
- Inspires them to make it happen, despite obstacles


Management

- Works with people & processes
- To produce predictable results

Physician-leaders normally do both

Reinerstein JL: Physicians as Leaders in the Improvement of Health Care Systems, Ann Intern Med 1998; 128:833-838

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“Judgement comes from experience, and experience comes from bad judgement.”

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What is “failure”

Brainstorm – examples

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What is “failure”

How does it feel?

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Why do we need to learn from failure?

- What do we learn?
- How do we do it?
- Why is it hard?

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Experience is a hard teacher because... she gives the test first, the lesson afterwards.

– Vernon Law

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Failure: a “teachable moment”?

People react more strongly to negative events than positive ones...
—physiologically, cognitively, and emotionally

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What can we learn from failure?

- Resilience
- Humility...and empathy
- Flexibility
- Innovation & creativity
- Motivation

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How do we learn from failure?

- Puts us back to **square one**
 - we can’t approach the task in the same way
- Forces us to **examine** what went wrong
 - Reflection: What went well? What didn’t go well? Can we pinpoint what went wrong?
- Allows us to **innovate**
 - creativity aids in our learning journey.

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Great teams have...

- Meaning: why the work matters
- Structure, clarity
 - who is responsible for each job?
 - what are consequences of getting jobs right?
- Dependability: members are reliable

Google: research on its own teams

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Great teams

Success:

...correlated less with **who** was on the team
...and more with **how** team members interacted

Google research on its own teams

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Great teams’ most important quality

Psychological safety

- Belief that it’s possible to take psychological risks
 - Speaking up with questions, concerns, mistakes, dissenting views, asking for help
 - “permission for candour”

Google: research on its own teams

Tucker AL, Edmondson AC. Why hospitals don’t learn from failures. California Management Review 2003;45:55–72.

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Why is it difficult?

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Why is it difficult?

- Personal
- Organizational
- Cultural

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“Everyday” errors in health care

“To Err is Human” Institute of Medicine, 1999

- 44,000 to 98,000 deaths/yr from medical errors
- Annual cost: \$17 – 29B (50% is health care cost)

Diagnostic error: commonly due to cognitive bias

- E.g.: confirmation, anchoring, availability bias

CPSO Dialogue: <https://dialogue.cpso.on.ca/2024/03/dont-fall-into-a-cognitive-trap/>

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Failures & errors in health care

Large or consequential failures...

- typically have multiple causes,
- that are deeply embedded,
- have been ignored or taken for granted – for years
- and are rarely simple to correct.

A C Edmondson. Learning from failure in health care: frequent opportunities, pervasive barriers. Qual Saf Health Care. 2004;13(suppl 2):i13-9.

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Learning is difficult in hospitals

- Interpersonal climate inhibits speaking up
 - with questions, concerns, challenges
- Hospital culture: workarounds, quick fixes
 - the dominant response to failures
 - rather than root cause analysis and systematic problem solving

A C Edmondson. Learning from failure in health care: frequent opportunities, pervasive barriers. Qual Saf Health Care. 2004;13(suppl 2):i13-9.

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Do we have psychological safety?

Ask:

- Is the work we do **challenging** ?
- Is there significant **uncertainty** in our work?

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Do we have psychological safety?

- ✓ Is the work we do **challenging** ?
- ✓ Is there significant **uncertainty** in our work?

If Yes...

- How often do I hear:
 - Requests for help? Bad news?
 - Unexpected events? Dissenting views?



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An environment for speaking up

- **Framing**
- **Inviting**
- **Responding**



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An environment for speaking up

- **Framing**: describe the nature of the work
- **Inviting**: routinely ask good questions...
 - Open-ended: “What do you think we could have done better”
- **Responding**: Listen thoughtfully
 - Make it a learning experience



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“Knowledge speaks, but wisdom listens”



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Foundational pillars of being a leader

- Awareness
- Commitment
- Integrity
- Authenticity



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Self-awareness

- No human being is fully aware:
 - we process millions of bits of information every second
- We are consciously aware of only a tiny fraction.
- We construct small-scale models of reality
 - to anticipate events, to reason, to explain
 - built from internalized assumptions and generalizations...
 - that influence how we understand and act in the world.



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Enhancing self-awareness

Mindfulness training...

- encourages behavioural and cognitive changes that facilitate well-being
- improves communication with patients and colleagues

Weisbaum E, et al: Improving physician wellness through the Applied Mindfulness Program for Medical Personnel: findings from a prospective qualitative study. CMAJ. 2023;11(6):E1083-92.



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Facilitating well-being

1. Leave work at work
2. Permission to not rush
3. Be kinder to oneself

Weisbaum et al



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Benefits of mindfulness training

Improved Communication

1. During challenging interactions...
 - Enhanced self-awareness
 - Decreased reactivity
2. Increased presence and focus with patients
3. Increased perspective-taking & awareness of personal biases

Weisbaum et al



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If you are asked, say “Yes, and...”



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If you are asked, say “Yes, and...”

- Sioux Lookout: **Interim** Director
- **Co-Chair** ECAC, Chair MAC – at NYGH
- **Interim** Director, UTOPIAN
- **Deputy** Chair, DFCM
- **Interim** Chair, DFCM

ECAC = Equipment Capital Allocation Committee
MAC = Medical Advisory Committee (“Chief of Staff”)



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“Change will not come if we wait for some other person or some other time. We are the ones we’ve been waiting for. We are the change that we seek.”




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When one door closes...

Rejected
 Chief, SMH: 1998

 Chair DFCM: 2007

 Chair DFCM: 2016



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...another opens

Rejected
 Chief, SMH: 1998


 Chair DFCM: 2007

 Chair DFCM: 2016

Accepted
 Chief, NYGH: 1999 – 2012

 Pandemic Planning: 2008 – 2013

 CFPC President: 2016 –2017



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Learning from adversity...

What examples of leadership and learning have you observed?



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Learning from adversity: SARS

Personal example:

- Finding yourself at the epicentre
- The troops are in trouble
- No one gets it

http://www.archives.gov.on.ca/en/e_records/sars/report/v1.html




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Learning from failure

NYGH, Doodnaught, and Palliative Care


- Sexual assaults in the OR
- Stepping up
- Betrayal



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Learning from failure

NYGH, Doodnaught, and Palliative Care



- Sexual assaults in the OR
- Stepping up
- Betrayal

• The power of a Mentor:
 ➤ “Learn how to take a bullet”



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Academic Physician Leaders: Multiple constituencies

Who are the interested parties?

- Department members
- Hospital administration
- Fund-raisers
- Patients
- University
- Learners
- The public (represented by board, gov't, community)

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Research: Portrait of an academic leader

Visionary	Motivator
Role model	Honest
Communicator	Genuine
Networker	Enabler
Relationship builder	Problem solver
Organized	Effective decision maker
Supporter	Excellence in an area
Respectful	Moves the department forward
Understands issues through the eyes of colleagues	Inspiring
	Approachable

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Health Care: what works

- Vision: clear, shared understanding
- Teams: highly functional
- Integration: whole-system approach
 - Including determinants
- Psychological safety
- Accountability: measurement, QI
- Governance: engaging providers & patients

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“Nobody knew that healthcare could be so complicated.”



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Health Care: what doesn't work

- Being defined by others
- Fighting: funders, other providers
- Silos
- Misaligned funding models
- Lack of accountability

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Primary Care: what can work better


- Adequate health human resources
- Focus on needs: patient & community
- Integrated IT & AI
- Governance & funding that support team care
- Links to public health
- Culture: accountability, measurement, QI

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Dans les champs de l'observation le hasard ne favorise que les esprits préparés.

— Louis Pasteur



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Leadership qualities you admire

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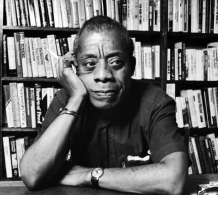
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Authentic Leadership

- The first step: finding “your why”
- Leading system change: finding an approach
- Authentic leadership
 - in the absence of traditional authority

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“I can’t believe what you say, because I see what you do.”

James Baldwin

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Learning to lead

- First-hand experience
- Read about leaders
- Research the skills & techniques
- Then implement them yourself
- Mentoring with an accomplished leader
- Learn from poor leaders
- Learn through empowering other people

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“...the growing good of the world is partly dependent on unhistoric acts; and that things are not so ill with you and me as they might have been is half owing to the number who lived faithfully a hidden life, and rest in unvisited tombs.”

George Eliot
(Mary Ann Evans)

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Thank you again
Please fill out your session evaluation

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Family Medicine Forum
Forum en médecine familiale

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FamilyMedForum

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Resources for this presentation

- Literature scan: medicine, business, sociology, organizational psychology
- Coaching websites
- *The Economist*:
– Bartleby column, “Boss Class” podcast
- Colleagues: Danielle Martin, Michael Kidd

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Resource: book

The Five Practices of Exemplary Leadership®

- Model the Way
- Inspire a Shared Vision
- Challenge the Process
- Enable Others to Act
- Encourage the Heart

Kouzes, James M., and Barry Z. Posner. *The Leadership Challenge: How to Make Extraordinary Things Happen in Organizations*, 2017.

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References 1

Bohmer RMJ. The Hard Work of Health Care Transformation. *N Engl J Med*. 2016 08/25; 2016/09;375(8):709-11

A C Edmondson. Learning from failure in health care: frequent opportunities, pervasive barriers. *Qual Saf Health Care*. 2004;13(suppl 2):ii3-9.

Medical Professionalism in the New Millennium: A Physician Charter. *Ann Intern Med*. 2002;136(3):243-6.

Coelho PRP, McClure JE. Learning from Failure. *AM J BUS*. 2005;20(1):1.

Mylopoulos M, Steenhof N, Kaushal A, Woods NN. Twelve tips for designing curricula that support the development of adaptive expertise. *Med Teach*. 2018;40(8):850-4.

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References 2

Souba WW. The Being of Leadership. *Philosophy, Ethics, and Humanities in Medicine*. 2011;6(1):5.

Ioannidis JPA. Why Most Published Research Findings Are False. *PLOS Medicine*. 2005;2(8):e124.

Blumenthal DM, Bernard K, Bohnen J, Bohmer R: Addressing the leadership gap in medicine: residents' need for systematic leadership development training *Academic Medicine* 87(4):513-22, 2012 Apr

Bohmer RMJ. The Hard Work of Health Care Transformation. *N Engl J Med*. 2016 08/25; 2016/09;375(8):709-11

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References 3

Eskreis-Winkler, L., & Fishbach, A. (2019). Not Learning From Failure—the Greatest Failure of All. *Psychological Science*, 30(12), 1733-1744. <https://doi.org/10.1177/0956797619881133>

Weisbaum E, Chadi N, Young, T: Improving physician wellness through the Applied Mindfulness Program for Medical Personnel: findings from a prospective qualitative study. *CMAJ*. 2023;11(6):E1083-92.

Friedman CL et al: Learning to Lead: An Exploration of Leadership Development in Obstetrics and Gynaecology. *JOGC*. 2024:102407.

Atul Gawande. The Score. *The New Yorker*. October 1, 2006. <https://www.newyorker.com/magazine/2006/10/09/the-score>



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References 4

CPSO *Dialogue*: <https://dialogue.cpso.on.ca/2024/03/dont-fall-into-a-cognitive-trap/>

Croskerry, Pat. "Achieving quality in clinical decision making: cognitive strategies and detection of bias." *Acad Emerg Med* 9.11 (2002): 1184-1204

CanMeds <https://www.royalcollege.ca/rcsite/canmeds/canmeds-framework-e>

CanMeds FM <https://www.cfpc.ca/CFPC/media/Resources/Medical-Education/CanMEDS-Family-Medicine-2017-ENG.pdf>

Reinerstein JL: Physicians as Leaders in the Improvement of Health Care Systems, *Ann Intern Med* 1998; 128:833-838



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References 5

John P. Kotter. What Leaders Really Do. *Harvard Business Review* December 2001 <https://hbr.org/2001/12/what-leaders-really-do>

LEADS Framework <https://cchl-ccls.ca/pld-leads/the-leads-framework/>

Kouzes, James M., and Barry Z. Posner. *The Leadership Challenge: How to Make Extraordinary Things Happen in Organizations*, John Wiley & Sons, Incorporated, 2017.

Stacey RD. *Tools and techniques of leadership and management: meeting the challenge of complexity*. Routledge; 2012.



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More stuff...

- Changing minds – poll
- Promoting EDI as Vice Chair
- System change pearls
- Trivial Pursuit – medical leader



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Changing Minds

- Poll: What was the most-watched event ever?
1. CCTV New Year's Gala (2019)
 2. Funeral of Diana, Princess of Wales(1997)
 3. Live 8: 20th anniversary Live Aid (2005)
 4. The moon landing (1969)
 5. September 11 terrorist attacks (2001)




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"I'd like to be a queen in people's hearts but I don't see myself being queen of this country."

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“You do not change people’s minds by defeating them with logic.”

— Herbert Alexander Simon
(June 15, 1916 – February 9, 2001)

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Changing the culture

- Vision
 - Find your why
- First follower
- Allies
- Small wins



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Promoting equity: Learning with humility

Listening, being guided by...

- People with lived experience
- Advocates
- Allies

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Credit: my teachers



Suzanne Shoush



Onye Nnorom



Ritika Goel

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System Change Pearls



- **Know yourself:**
 - Understand your why
 - Understand your gifts
- **Know your issue:**
 - Understand the data
 - Understand the human impact (narrative)
- **Know the field:**
 - Understand positions vs. interests
 - Understand where you need involved parties to move

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Trivial Pursuit - Medical Leader

Leadership principles:

- Always be constructive and courteous
- Deflect praise to others
- Shoulder criticism
- Stand up for principle, even in the face of defeat
- Do not countenance gossip
- Criticize issues and attitudes, rather than individuals
- If you do criticize individuals, balance with any possible commendations
- Meet potential adversaries afterwards and in private

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Trivial Pursuit - Medical Leader

Leadership principles: *Sir William Osler*

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Please fill out your
session evaluation



Keep Learning
Don't quit your day job

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