

Guest Editor

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When people believe their basic qualities, intelligence, talents and abilities are simply fixed traits, we call that a “fixed mindset.” According to Carol Dweck, a Stanford professor and author of “Mindset: The Psychology of Success,” these people have a certain limit to the development of these traits.

But other people have a “growth mindset.” This suggests that a person’s basic talents and abilities can be developed and improved through experience, mentorship and other factors. It allows success to propel individuals and groups forward. It means that people can move beyond worries of how smart they are, or how they’ll look to others, or what their mistakes might mean. With the speed at which health care is changing, we need a growth mindset: it allows us to take on challenges and to grow through our experience.

As I entered the field of medicine over 20 years ago, I was excited about the possibility of innovation and disruption. But it took merging lessons in engineering and business school classes to make me understand how a growth mindset connected everything. I saw how fast technology evolved and how smart “technicians” could work together in a multi-disciplinary team to solve problems.

Medical training moves in the opposite direction: although we are focused on finding the diagnosis and problem-solving, somehow we also are acculturated to a way of doing things with a “fixed mindset” that does not allow for much deviation. Learning the “art of medicine” requires learning the language, culture, and norms of health care systems, provider-to-provider interactions, and communicating in new nomenclature. It also makes it harder to be in a “growth mindset” because so much of medicine is about recognizing diagnoses and following the time-tested culture of medicine.

As medicine intersects with technology, personalized medicine, and genomics, we will need to evolve into new patterns of health care, new definitions of teams, new ways to deliver primary care and accelerate this work while aligning financial incentives to encourage innovation. We will need to have a growth mindset.

In this issue, policymakers and influencers from our state and beyond explore areas of innovation; and, I hope, push the envelope to help us to figure out how to make big strides in health improvement; expand and develop a new model of primary care specific to our state; address cost, quality and value; but, most of all, figure out how to do all of this with the patient in mind.

We will have to figure out how to do this quickly, or companies such as Amazon, Apple and CVS are going to figure it out and create new models for us. They will address the interests of patients through improved access, convenience and connection. They will allow for price transparency and portable data. And they will make it happen over technology platforms that we have yet to imagine.

We will have to lead the way before it becomes too difficult to navigate. [“Our Road to Value”](#)¹ still exists that includes person-centeredness and improved population health and – with a growth mindset – we can make the journey to improved quality, patient/provider experience, and cost one that ultimately leads to a healthier Delaware for all.

1. Delaware Department of Health and Social Services. (2017). Delaware’s Road to Value. Retrieved from: <https://dhss.delaware.gov/dhss/dhcc/files/delawareroadtovalue.pdf>

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