

# Two Treatments for Transforming Judgmental Thinking

By Bill Carrier

While having good judgment is essential to being a physician, being judgmental is actually detrimental both to good judgment and to the physician's care. As a primary function of their roles, physicians and physician leaders make innumerable decisions about the care of patients and about the activities of their teams and organizations. These decisions literally can mean life or death for others and they often require the input and collaboration of a team of healthcare professionals.

But the shadow side of decision-making—and the enemy of good judgment—is actually the frame of mind of being judgmental. It's a state of mind that can happen when the practice of making professional judgments leads to a habit of excessive judging: making judgments all the time, making really strong judgments even when not warranted, or, as most often occurs, both. It's certainly not restricted to the practice of medicine—this hardening of the arteries of judgment happens for many leaders. Decision-making slides into excessive criticism; the judge becomes judgmental, and, instead of making prudent decisions, hands out strong and constant criticism.

As a physician leader, being judgmental corrodes the human system of caregiving. The power of authority increases the impact of the leader's judgmental criticism, so that those interactions erode confidence and personal relationships among other physicians and nurses (and quite often affect the physician leader, too—have you ever met physicians who were too hard on themselves?). Around judgmental leaders, it becomes harder to collaborate, morale suffers, and individuals look for other places to practice medicine and serve patients.

The decline leading with sound judgment to being judgmental can be seductive and swift; the consequences, unpleasant and harmful. The good news is that all physician leaders have two powerful treatments always at hand to avoid being judgmental.

The first treatment is a good dose of curiosity. When you judge or decide something, you select an option and therefore close your mind to other options. When you decide to take a left turn, you no longer consider going to the right. Curiosity is the opposite: the earnest opening of the mind to more options and more reasons. Which way will you turn and for what reason would you turn that way?

Instead of making declarative sentences, curiosity asks questions while sincerely looking for answers. For example, regarding a resident who has not met a deadline, a physician with a judgmental perspective might decide, "He is not good enough for medicine." A perspective of curiosity may lead to the decision later, but would start with questions such as, "What happened that made his work below standard?" and

“What would have changed the outcome?” (Importantly, curiosity is sincere in its quest to understand. Questions like “Why in the world would you do that?” or “What the heck were you thinking?” of course, aren’t in its vocabulary—they are just judgments masquerading as questions because the questioners already think they know the answers.)

The second treatment, or rather tool is, paradoxically, more judgments. Stuart Heller, PhD, a world-class teacher of coaches and leaders, tells the story of one of his insights into effective judging. Many years ago, he was in a conversation with a circuit court judge and he asked (with curiosity, no doubt!) how the judge was able to make such difficult decisions. The judge revealed his secret was to build larger, definitive judgments by making many smaller, provisional judgments; “Guilty” and “Innocent” grew from many other judgments, such as “I don’t believe that witness” and “He seemed to tell the truth about something difficult.”

In healthcare, for example, instead of the large decision that, “This treatment process review is a total failure,” a more effective, cumulative judgment might note that the deadline was missed, that the numbers were wrong, that the department head wasn’t included early enough to identify crucial requirements, and, despite these issues, that generally physician relationships have been improved due to the conversations about the process.

Not only do leaders tend to make better big decisions, but also, by accumulating small judgments, leaders create and keep more alternatives to take action. For example, considering the judgments above, instead of a “total failure,” the physician leader who makes more decisions has options for improved morale and increased collaboration among physicians in the department, as well as insights about how to include the department head in future efforts.

More, curiosity and cumulative decision-making work hand-in-hand. More questions permit for many incremental judgments to build solid, substantive decisions without being judgmental.