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Session 1: Experiences with FRAM

Adjustments in

a complex socio-technical system

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In complex socio-technical systems.......

What do adjustments of every day work look like?

How can they trigger functional resonance?

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Adjustments

Work-as-imagined

Work-as-done

WAI

WAD

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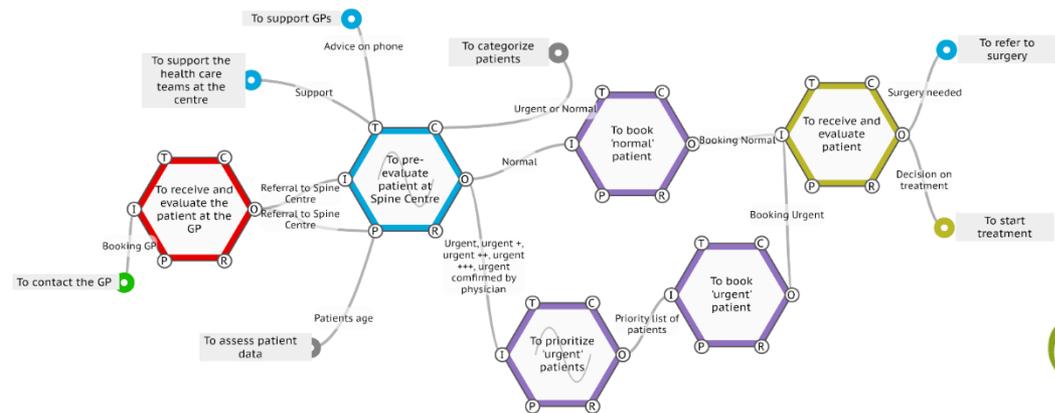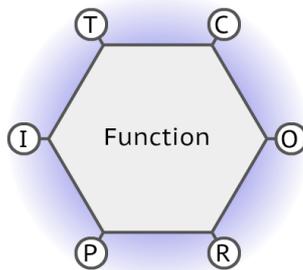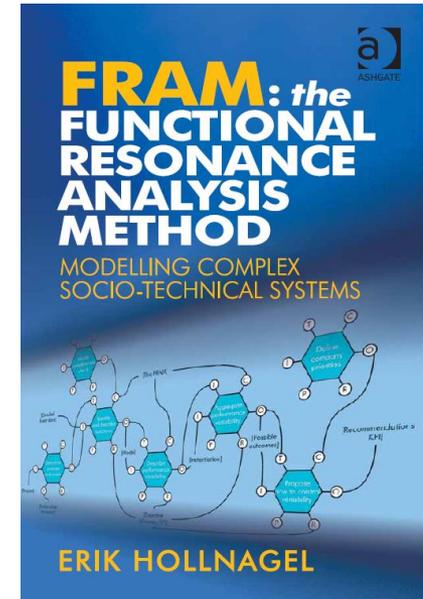
FRAM

- To decribe '*what we do*' and the variability

- To model the interactions and dependencies of '*what we do*' and to understand how functional resonance is triggered by variability
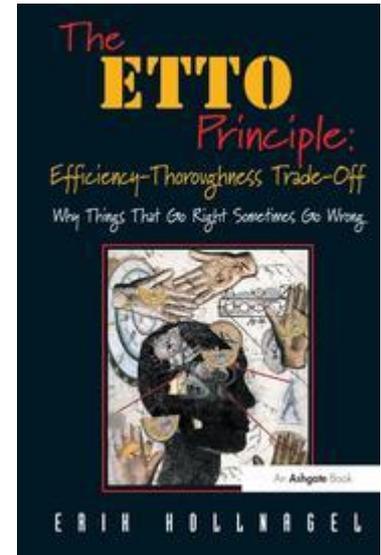
ETTO

- To understand '*why we do what we do*'

Thoroughness ←→ Efficiency

No.	Work related ETTO rules
1	'It looks fine'
2	'It is not really important'
3	'It is normally OK, there is no need to check'
4	'It is good enough for now'
5	'It will be checked later by someone else'
6	'It has been checked earlier by someone else'
7	'Doing it this way is much quicker'
8	'There is no time (or resources) to do it now'
9	'We must not use too much of X'
10	'I cannot remember how to do it'
11	'We always do it in this way here'
12	'It looks like a Y, so it probably is a Y'
13	'It normally works'
14	'We must get this done'
15	'It must be ready in time'
16	'If you don't say anything, I won't either'
17	' I am not an expert on this, so I will let you decide'

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ETTO rules

- *"It normally works"*

  People use well-established routines that have shown to be effective and safe, to gain time to handle the unexpected

- *"It has been checked earlier by someone else"*
- *"It will be checked later by someone else"*

  People trust their colleagues to be thorough so that they themselves can be effective in the actual work situation

Adjustments

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Adjustments

Work-as-imagined	Work-as-done	ETTOing
The GP expects that the heading of the CT-scan report highlights all critical findings	The hospital only highlights the answer to the request. Incidental findings even though critical, are only described in the text below	'*It will be checked later by someone else*' '*It normally works*'
The hospital expects the GP to read the full text of the test result report	The GP is only reading the heading, to gain time for other patients	'*It has been checked earlier by someone else*' '*It works normally*'

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Adjustments

Work-as-imagined	Work-as-done	ETTOing
The six physicians at the Spine centre pre-evaluate the patient according to the written procedure using to categories 'Urgent' and 'Normal'	The six physicians have expanded the category 'Urgent' in different ways. 'Urgent +', 'Urgent ++', Urgent +++', verbally saying 'This patient is more urgent than the other urgent patients'	'*Doing it in this way is more quicker*'
The 'Urgent' patients are booked in chronological order	The 'Urgent' patients are overtaken by 'Urgent +',..	'*It is really not important*'
The six physicians assess the full text of the CT-scan report	The six physician only assess the GP's written referral and the age of the patient	'*It has been checked earlier by someone else*' '*It will be checked later by someone else*' '*It normally works*'

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Functional resonance

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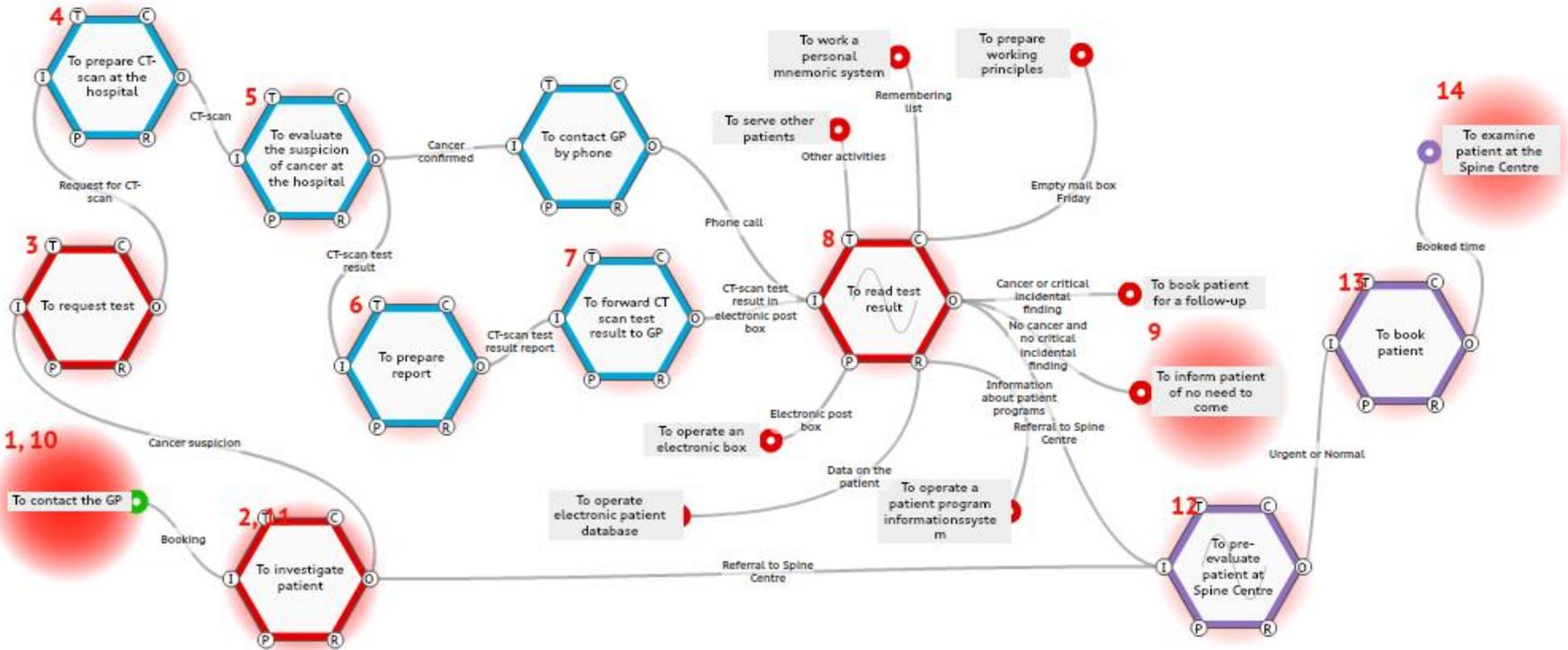
Related to organisational learning, Argyris and Schön (1978) distinguish between single-loop and double-loop learning:

Assess what we obtained by assessing what we did

Single-loop learning

| Why we do what we do | → | What we do | → | What we obtain |

Double-loop learning

Assess what we obtained by assessing why we did what we did

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Argyris (1974) (1982) (1990) argues that double-loop learning is needed to make decisions in rapidly changing and often uncertain contexts.

A FRAM analysis uncovers 'what we do' and 'why we do what we do'. A FRAM model shows the interactions and dependencies of 'what we do'.

Can the insight and understanding of a FRAM model increase the organisations capacity of learning?

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Thank you for your attention!
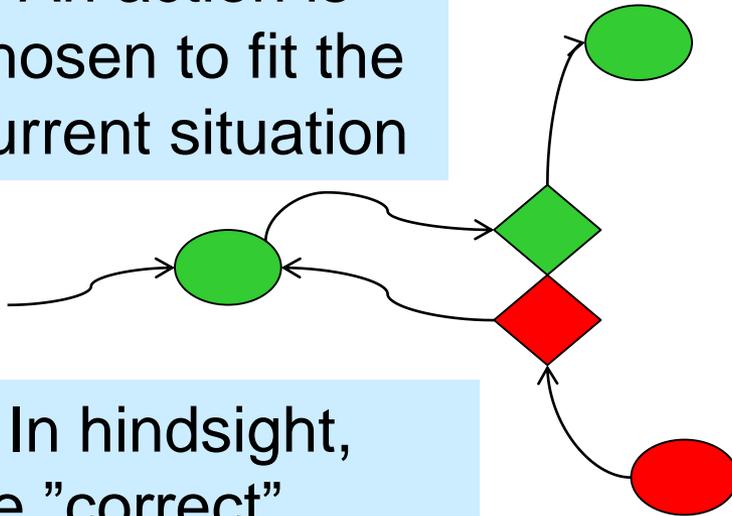
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FRAM: www.functionalresonance.com

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"The hindsight bias"

1. An action is chosen to fit the current situation

2. An action leading to the expected outcome, is seen as an correct action

4. In hindsight, the "correct" action is identified

3. An action leading to unexpected outcomes, is classified as an "error"

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