ANATOMY OF EXCELLENCE

JOSEPHINE ELIA

HOW TO EXCEL?

What makes people excel? What makes some stand out from the rest?

When we measure our performance against the crowd, we typically benchmark ourselves against this amorphous concept of the average. Average can be a praise or an insult, depending on where you see yourself in the scale of greatness. If you think you're above average, being called average is infuriating. But if you think you're below average, being called average brings a certain kind of relief.

In many areas, like bowling, height, or playing guitar, average is probably our fate. And in these areas, being average is not that consequential.

But, as Atul Gawande writes in his book, *Better: A Surgeon's Notes on Performance* , "in your surgeon, your

child's pediatrician, your police department, your local high school? When the stakes are our lives and the lives of our children, we want no one to settle for average." For high stakes situations, "what is troubling is not just being average but settling for it."

This book is about the striving toward excellence. It is the fight against settling for average, against being content with the way things are and the way *we* are without thinking about something better. There's always something better ahead of us, some way better, no matter what it is that we do.

Inspired by Atul Gawande's *Better*, this short book breaks down the anatomy of excellence: what is it about excellent people that makes them stand out from their peers? In breaking down the components of excellence, I hope that excellence will become less abstract, more tangible and achievable by all of us. Because in fact, it is.

If you picked up *Better*, which is an excellent read, Gawande writes about the three things that make a person successful in medicine: diligence, moral clarity, and ingenuity. Here, I add to his list and compile the 5 virtues that make up the anatomy of excellence.

The Anatomy of Excellence

1. Diligence
2. Commitment to do right
3. Personal responsibility
4. Ingenuity
5. The striving towards something better

1

DILIGENCE

The first virtue of excellence is diligence. What is diligence?

Diligence is the steady drive to complete the smallest, seemingly insignificant tasks day in and day out. It is attention to details and the consistency to do the best even when no one is looking.

Diligence is easily overlooked and underestimated because it sounds so simple. But in fact, it is awfully hard. Atul Gawande describes an example of diligence in his book, *Better*, by describing the tireless efforts to minimize patient infections in hospitals due to unsanitary contacts with doctors and nurses. The solution is simple: they need to wash their hands. Wash them well and often. But as it turns out, implementing this easy and known solution is not straightforward at all because people get lax, forgetful, lazy, and busy.

The problem is not knowledge. Otherwise, knowing the answer would have solved the problem. Instead, it's about doing what you know is right, translating that knowledge to real life action. This is a behavioral problem. How do you solve a behavioral problem?

As it turns out, it takes diligence on the part of the safety supervisors to make people diligent about washing their hands. The efforts to monitor hand-washing face many failures. They don't work or work only temporarily, because simply, changing human behavior is hard.

In one hospital, many trials and errors were made until finally they found a way that seemed to motivate medical workers to wash their hands consistently. While previous efforts were top-down, this time around, they gathered inputs from everyone on the floor, creating a wider ownership to the hospital's safety performance. A culture of accountability emerged where everyone was watching out for everyone else.

But here's the crux of the matter. There will not be a time when washing hands will cease to be important in hospital work. This hand-washing thing is not a phase. Diligence is necessary, forever.

Wouldn't it be great if there was a giant miracle wand that could eliminate all bacteria and germs from the earth? One easy button that solves the entire problem. Here's a deep insight from Gawande,

"We always hope for the easy fix: the one simple change that will erase a problem in a stroke. But few things in life work this way. Instead, success requires making a hundred small steps go right–one after the other, no slipups, no goofs, everyone pitching in. We are used to thinking of doctoring as a solitary, intellectual task. But making medicine go right is less often like making a difficult diagnosis than like making sure everyone washes their hands."

Small details matter. And diligent people who consistently pay attention to these details stand out from the rest. Why? Because diligence is a prerequisite to achieve great things.

Some things cannot be achieved without diligence. You don't get to the breakthrough unless you go through the tedious, unglamorous work of showing up every day and applying yourself to the task at hand. And because it's hard, it filters many from continuing on the path of growth.

But *you* don't have to be filtered out. Be diligent. Pay attention to the small details that can make your work better. You'll be on the path to excellence.

2

COMMITMENT TO DO RIGHT

Moral clarity is doing the right thing because it is right. Moral clarity would not be part of this book if it were easy. Often, the right thing to do is not the easiest, cheapest, or most expedient option. When priorities conflict, which approach would you take? Yes, this approach requires a certain moral compass, a belief that there are ethics associated with your work.

In medicine, human lives are at stake. A mistake or wrong decision by a doctor or surgeon can result in life or death. This makes medicine an inherently moral profession. But even when we don't see the results of our mistakes as immediately as doctors do, it doesn't mean that our own work is not moral in nature. Every work has a moral component that requires us to do the right thing. There is a right way to engineer, and there's a wrong way to engineer. There's a right way to use words and there's a wrong way to

use words. When we don't see the direct consequences of our work, it doesn't mean we are not culpable or responsible for our mistakes.

With each line of work, there are rules and regulations that we have to follow. There are times when those rules guide us to do the right thing, to make the right choices in solving the problems at hand. But there are also times when the written rules do not spell out exactly what we should do.

Each day there are conflicts and dilemmas that require us to choose the best actions to take. Our choices do not always present obvious advantages one over the other. All we have then is our judgment, discernment, and wisdom.

Further, we also have a responsibility to not follow rules blindly and without question. In the last chapter, compliance in hand-washing is not exactly an enforced rule, but it is the right thing to do. Sometimes the written rules do not cover all the right that we ought to do. On the other hand, sometimes the established rules need to be challenged, if they do not hold up against the true essence of the work.

The commitment to do right involves asking hard and uncomfortable questions about our work. Are the rules I'm following right? Is what I'm doing right, in the truest sense of

the word? The act of asking these hard questions and the pursuit to answer them is a mark of excellence.

Part of the commitment to do right is to also acknowledge the limit of our knowledge. There are times when our expertise equips us to make the right decisions, and there are times when it doesn't. What do we do when we don't know what to do? When there's a possibility of us being wrong, do we have the guts to quiet down our ego and seek the help of others? Gawande's reflection on self-awareness is worth quoting here:

"In the end, no guidelines can tell us what we have power over and what we don't. In the face of uncertainty, wisdom is to err on the side of pushing, to not give up. But you have to be ready to recognize when pushing is only ego, only weakness. You have to be ready to recognize when the pushing can turn to harm."

"The right thing to do" may be a vague concept, but perhaps it is good that it is vague. The key here is the striving to seek what is right and to commit ourselves to pursue it. When the majority is satisfied to follow rules blindly, do we have the moral courage to ask the hard questions?

3

PERSONAL RESPONSIBILITY

I have found that it's possible to get rid of a problem by pushing it around, involving as many people as you can in the effort, and waiting until it becomes someone else's problem. When the responsibility of a certain task gets diluted, it's easier to blame failure on another person.

This is NOT problem solving, and NOT what excellent people do.

What they do instead is this: they lean (hard) into their problem, take ownership of the task, and make it their personal responsibility to get it done and get it done well.

This is a rant against the "Not my problem" syndrome, the attitude that seeks to do as little as possible before passing the task on to another person.

Imagine a person charged with uploading videos to a website, but the videos are long and people can't find what they're looking for–the key message as promised in the title–easily. He throws up his hands and says, "Not my problem. I did my job." What he means is that the perfecting of the video is not his job; it's someone else's problem. What can I do, I'm just an uploader?

Well, there are, in fact, things that he can do. He can point people to the minute and seconds where the key message appears, he can learn to cut and edit the videos, or at the very least, he can deliver the message to the right person on the team that can solve the problem.

If you're a part of a team and you have a message you want people to hear, then it is incumbent upon you to make sure people get that message as easily as they can. And yes, it *is* your problem.

The key point here is having personal stakes in the work, making sure that once you touch the task, it will come out better at the other end. It's about adding as much value as you can to the work.

Excellent people don't just accept the scope of their task blindly. They investigate the wider scope–why do they need to do this task, what is the context. Once it is done, who are

the recipients of the results? How can they receive this as easily as possible? They make it their business to not just finish the job, but to complete it. The think about the life cycle of the product, not just when it's off their desk.

I don't deny that there are limits to what we can do, that at some point, it really is not your problem anymore. But the point here is the attitude, because likely, the person who tends to say, "It's not my problem. I've done all I can." is likely not the person who has pushed the farthest in his effort.

Lean into your problem and contribute. Not everything is your problem, but the ones that are on your plate, make them yours and finish them with finesse.

4

INGENUITY

Ingenuity is the creativity someone brings to the table to solve a problem. It is something that does not appear out of a vacuum, but rather out of diligence and personal investment. It is the deep learning, the nonstop testing, and the continual improvements in making your work, your craft, and your art better.

My favorite part of Gawande's book is the chapter titled "The Bell Curve." It tells the story of a small field in medicine that has been "far ahead of most others in measuring the results its practitioners achieve: cystic fibrosis care."

Part of improving performance is conducting diligent measurements, data gathering, and benchmarking. What doesn't get measure often doesn't get improved. The Cystic Fibrosis Foundation has collected data from treatment centers across the country since the 1960s. It all began with a

pediatrician named LeRoy Matthews, who had a bold claim that his patients had an annual mortality rate of less than 2 percent at a time when the rest of the field averaged at more than 20 percent. The average patient died at the age of three.

The Foundation assigned another pediatrician, Warren Warwick, to investigate Matthews' claim. When the results came in, they confirmed that he was a positive deviant. In Matthews' center, the median estimated age of death was 21 years, seven times the age of patients treated in other centers. At the time, he had not had a single death among patients younger than 6 years old in 5 years.

What did he do to achieve this off the charts result? He made his patients undergo aggressive preventative treatment before the symptoms of the disease appeared. They were to sleep each night in a tent filled with water mist to thin their mucus, making it easier for them to cough it out. Their families were taught to clap on their chests to loosen the mucus too. The key difference between Matthews and other doctors was the way he viewed the disease. He saw cystic fibrosis (CF) as a result of an accumulation of causes, each of which can be tackled to help lessen the overall symptom.

This one doctor changed the entire field. By 2003, the average life expectancy of a CF patient is 33 years.

In writing the chapter, Gawande visited two hospitals to compare their practices. First, he went to Cincinnati, a place that had middle ranking in CF treatment. He was surprised to be impressed by the quality of medical practice there. Everything was practiced “carefully and conscientiously—as well as anyone could ask for.”

Then he went to Minneapolis, where he met Warwick, the doctor who did the study on Matthews many years before. Having learned from Matthews, Warwick seemed to add something different to the treatment compared to the other hospital.

In an interaction with a high school patient named Janelle, Warwick started with the friendly banter between doctor and his teenage patient. He found out that there had been a slight dip in her lung-function. Three months earlier, she had been at 109 percent, better than kids without CF, and now she was at 90 percent.

Most people would have settled for 90 percent, but not Warwick. He started asking, why did it go down, asking Janelle to find out what had been going on in her life. Met with a series of “I don’t know” plus attitude, he went on to do a lecture,

"'A person's daily risk of getting a bad lung illness with CF is 0.5 percent.' He wrote the number down. Janelle rolled her eyes. She began tapping her foot. 'The daily risk of getting a bad lung illness with CF plus treatment is 0.05 percent,' he went on, and he wrote that number down." He went on to describe the different between a 99.5 percent vs. 99.95 percent chance of staying well. On a given day, there seemed to be hardly any difference. But, showing his calculations to the patient, in a year, it is the difference between an 83 percent and 16 percent of making it through the year without getting sick.

He eventually found out that Janelle had a new boyfriend. There were also changes in her school policy that disrupted her treatments. He then insisted on Janelle to come for a few days to recover lost grounds. The interaction ended with this, "We've failed, Janelle… It's important to acknowledge when we've failed."

Gawande reflects on the core of Warwick's worldview that makes his center better than average,

"He believed that excellence came from seeing, on a daily basis, the difference between being 99.5 percent successful and being 99.95 percent successful. Many things human beings do are like that, of course: catching fly balls, manufacturing microchips, delivering overnight packages. Medicine's distinction is that lives are lost in those slim margins."

Warwick's ingenuity, creativity, and focus were what got him excellent results. He continued to innovate unconventional solutions to CF, such as inventing a new stethoscope, a new way of coughing, and a mechanized chest-thumping vest for patients to wear.

When you lean hard into a problem, diligent in paying attention to details, committed to do the right thing, and use your individuality and creativity in trying new solutions, doors of innovation open us. Behind those doors lie the solutions that are uniquely you, solutions that will never be found by doing superficial work.

5

SOMETHING BETTER

Continuing the discussion on CF treatment, even though Matthews and Warwick's methods described in the last chapter had improved the entire field, their centers managed to stay ahead of the pack. From the gathering of data over the years, patterns emerged. Those at the top quartile seemed to main the highest rates of improvement, as if breaking away from the rest. "What the best may have, above all, is a capacity to learn and change–and to do so faster than everyone else," is Gawande's succinct conclusion.

Humanity is gifted with an infinite capacity to grow. Those who know how to harness this capacity out of their own volition, excel. It is the striving toward something better that distinguishes those at the high end of the bell curve.

Paul Kalanithi, another doctor, wrote in *When Breath Becomes Air* that "the defining characteristic of the organism

is striving." In *Mind, Character, and Personality, Vol 1*, Ellen White writes, "'Something better' is the watchword of education, the law of all true living."

There's always something better to do, some way better to try.

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Excellence in any field requires more than talent. There are many skilled people who still get mediocre results because they lack diligence, moral clarity, personal responsibility, and creativity. The great news is that these determining factors are accessible to everyone. Everyone can be diligent, commit to do right, claim personal responsibility, try new things, and strive to be better.

These are not natural-born talents. These are the stuffs of discipline, attitude, and approach to life, work, and learning. They can be acquired and practiced by all. Do one, and you may already do better than your peers. But do all of them and you can't help but be excellent.

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ABOUT THE AUTHOR

Josephine Elia a chemical engineer by day, a bookworm and blogger by night. She believes that life is about learning, that education never stops, and that we need to always strive towards the betterment of ourselves, our work, and our relationships. In other words, she's a big nerd.

To connect, visit her through any of the following channels:

Blog: josephineelia.com

Email: josephinesletter@gmail.com

Twitter: @JosephineElia

Google Plus: +JosephineElia

She also sends out a bi-weekly newsletter filled with reading, books, and podcasts recommendations. You can sign up for the newsletter here, and you'll also be notified of future ebook releases!