

The innovation blueprint



Giuseppe Guaiana, MD, PhD

In her keynote address, Dr. Chika Stacy Oriuwa explored the relations among innovation, leadership, neuroscience, and human connection, arguing that meaningful innovation begins not with technology itself, but with the ability to recognize “invisible strings” connecting ideas, people, and possibilities. Blending personal storytelling, neuroscience, poetry, psychiatry, and leadership theory, Oriuwa presented what she described as an “innovation blueprint” for cultivating curiosity, creativity, critical thinking, compassion, and psychological safety within health care organizations.

Oriuwa began with reflections on her mother, a personal support worker whose acts of care shaped her understanding of unseen human connections. She linked these early experiences to both her lifelong love of poetry and her current work as a psychiatry resident, in which identifying patterns and hidden relations forms part of clinical diagnosis. She argued that innovation similarly depends on the ability to recognize unseen connections across disciplines, experiences, and perspectives.

Central to the talk was the “innovation blueprint,” a three-part framework. First, individuals must prime their own minds for innovation by strengthening neural networks associated with curiosity, creativity, and critical thinking. Second, leaders must ignite innovation in others through authenticity and compassion. Third, organizations must harmonize



collective innovation by creating psychologically safe environments where individuals feel comfortable collaborating and taking intelligent risks.

Drawing on neuroscience, Oriuwa described the interaction between the brain's "discovery domain" (the default mode network associated with curiosity, imagination, and reflection) and the "decision domain" (the executive control network associated with focus, analysis, and critical thinking). Highly creative individuals, she explained, demonstrate strong functional connectivity between these systems, enabling them to both generate broad ideas and execute them effectively. Curiosity, novelty, and daydreaming were presented as mechanisms that strengthen innovative thinking.

At the same time, Oriuwa emphasized that fear suppresses innovation. Using the example of a physician presenting before a highly critical panel of executives, she described how stress and fear activate the amygdala and increase cortisol level, impairing critical thinking, creativity, and cognitive flexibility. In contrast, psychologically safe environments characterized by trust and encouragement increase oxytocin and allow individuals to remain cognitively agile under pressure. She argued that physician leaders must, therefore, create cultures where trust triumphs over fear and where learners feel safe asking questions, making mistakes, and thinking creatively.

Oriuwa illustrated these principles through both organizational and personal examples. She described how Fujifilm survived the collapse of the film photography industry by becoming "boldly curious" and identifying new applications for its proprietary technologies in cosmetics, pharmaceuticals, and medical imaging. This transformation, she argued, depended on interdisciplinary collaboration, risk-taking, intellectual humility, and the willingness to connect seemingly unrelated ideas.

She then paralleled this organizational story with a personal anecdote involving her young son's broken toy train set. Rather than responding to the child's distress with criticism or immediate problem-solving, Oriuwa first approached him with empathy, emotional validation, and physical reassurance. Only once emotional safety was restored could curiosity, creativity, and collaborative problem-solving emerge. For Oriuwa, the lesson extended directly to leadership: innovation and learning flourish only when individuals feel psychologically safe and emotionally supported.



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Throughout the keynote address, Oriuwa repeatedly emphasized the importance of authenticity and vulnerability in leadership. She recounted a pivotal medical school interview during which she was unexpectedly asked to perform her own poetry exploring her experiences as a Black woman. Choosing authenticity despite uncertainty, she performed the poem and was subsequently admitted to medical school. She later reflected that this willingness to bring her “full humanity” into professional spaces became foundational to her identity as both physician and leader.

Question-and-answer discussions following the address expanded on themes of racial trauma in psychiatry, physician motherhood, identity, and inclusion within medical training. Oriuwa argued that medicine must better support trainees with intersecting identities and recognize that personal experiences, including parenting and lived experience of marginalization, can strengthen rather than weaken leadership capacity.

Oriuwa concluded by encouraging physicians to embrace curiosity, compassion, intellectual humility, and authentic human connection. Innovation, she argued, is ultimately not only about systems or technology, but about creating environments where people feel safe enough to imagine, collaborate, and “do hard things” together.

Author

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