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CANADIAN CONFERENCE ON MEDICAL EDUCATION

The Quest for Quality Improvement:
GOING FOR GOLD THROUGH MEDICAL EDUCATION

APRIL 20 – 23, 2013
QUEBEC CITY, QC

WELCOME

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Transforming our System: Are we moving in the right direction?

Dr. Jeffrey Turnbull MD, FRCPC

Dr. Jack Kitts MD, FRCPC, MBA

Dr. Pierre Cossette, MD, M.Sc., FRCPC

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Is our Current Healthcare System Sustainable?

Dr. Jeffrey Turnbull. MD, FRCPC
Chief of Staff
The Ottawa Hospital

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Disclosure Statement

☑ I have no actual or potential conflict of interest in relation to this presentation.

Is our Current Healthcare System Sustainable?

Are we receiving value for money?

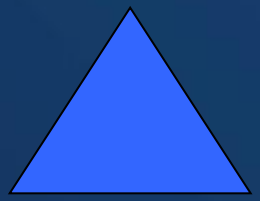
Value: not meeting the principles proposed under the Candida Health Act especially access, portability and universality

Money: The increasing cost of healthcare in total dollars, percentage of GDP and percentage of Provincial total expenditures

Reframing the Different Perspectives of Health Care

Health Care: Professional Model & Public Service

Health Care as a Business



Tinkering Around the Edges Versus Wholesale Transformative Change

- This will involve new principles, models of care, scopes of practice, governance and funding structures
- All at a time of increasing demand and limited fiscal capacity

Evolving Consensus

Need to sustain:

Universal access to quality patient-centred care that is adequately resourced and delivered along the full continuum in a timely and cost-effective manner.

From Consensus to Action
Picking at the Seams vs Transformative Change

Paradigm Changes

Provider-focused	→	Patient-centered/Community centered
Acute care paradigm	→	Chronic disease management
Individual, isolated practice	→	Group-connected, team-based, complex and accountable care
Rhetoric	→	Data/evidence/quality
Silos	→	Integrated regional systems-based care
Unrestricted growth technology	→	Evidence informed innovation with CPG's
Unsustainable value proposition	→	Sustainable cost effective/money services
Social inequity	→	Health equity

The Roles and Competencies of Physicians Within this New Healthcare System

Service Provision

- Quality and safety
- Collaborative and team based care
- Patient centred care with a focus on wellness
- Chronic care, home based care and end of life care

The Roles and Competencies of Physicians Within this New Healthcare System

Systems and Sustainability

- Systems management
- Responsibility and accountability
- Advocacy and communication
- Efficiency and effectiveness: (ethical medical decision-making :wise use of Limited resources, CPGs)
- Patient centered while focused on outcomes
- Regional and integrated care

The Roles and Competencies of Physicians Within this New Healthcare System

Research and Education

- Data driving policy
- Education of all team members, practicing professionals and the public

The Roles and Competencies of Physicians Within this New Healthcare System

Above all

Leadership and Engagement

Health Care is Changing & We as Leaders Must be Engaged as Part of the Solution

- Without engaged physicians there will not be effective systems change
- Without embracing change physicians will not enjoy the same support that currently exists: the theory of enlightened self interest
- Physicians must feel that the successes of the health care system (quality, safety, satisfaction, financial) are their successes

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Physician Leadership: The Catalyst for Change

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President and CEO, The Ottawa Hospital
Associate Professor in Anesthesia, University of Ottawa

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True or False?

"The Ottawa Hospital provides high quality patient care."

How do you know?

We Need a Quality Plan…

- Accessible
- Efficient
- Effective
- Safe
- Satisfied

Each of the quality pillars is populated with outcome indicators, targets and actions

"Going for Gold"
at The Ottawa Hospital

A BHAG:

To be in the top 10% of hospitals in N.A. for quality and safe patient care.

Our Focus:

1. A better patient experience
2. Better value for money

   higher quality / less cost

Transformation…
A new "buzz word" in healthcare

Transform to what?

1. A Healthier Population
2. A Better Patient Experience
3. Better Value for Money

Key Drivers of Transformational Change

1. Increasing demand from a growing, ageing population
2. Healthcare focus has shifted from predominantly acute care to chronic disease management
3. Increasing costs are not sustainable
4. Increasing evidence that quality of patient care should be better

What do we mean by transformation?

1. Standardize patient care processes (decrease variability)
2. Streamline patient care processes (lean transformation)
3. Measure *and* manage patient care outcomes (performance)

The Impact of Transformation on Physicians?

1. Best Practice Guidelines (BPGs) / (QBPs)
   - shift from acute to chronic disease management
2. Compliance with efficient use of resources
   - evidence based decisions (quality and cost)
   - smoothing patient flow
     (shift work / 7 day work week)
3. Transparency and public reporting on performance
   - hospital and individual physician measures

If physicians don't lead: *We will fail!*

But we have a challenge:

- Most physicians do not see themselves as leaders
- Most physician leaders did not set out to become leaders
- Most physician leaders are not trained to be leaders

A suggested approach…

- Support physician education on business essentials and system management
- Invest in leadership development for physicians
- Identify and support physician role models as mentors and coaches
- Challenge the *“hidden curriculum”*

Investment in Management and Leadership Development at TOH

The Physician Leader 's Role

- **Focus on the patient** – *actions speak louder than words*
- **Be professional** – *communication, respect and collaboration*
- **Make quality your passion** – *make it personal*
- **Commit to lead** - *inspire others*

"How do we inspire everyone around us to accomplish more than they themselves believe is possible?"

(Invictus)

Questions to ponder…

1. How many of you worked with a physician you couldn't wait to get away from?
2. How many of you worked with a physician that was an ideal role model?
3. Which one do you want to be remembered as?

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What transformation are we talking about?

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Outline

- What transformation are we talking about?
- From the planned to the learned curriculum
- Change drivers
- Conclusion

What transformation are we talking about?

Patients in care

- Older, comorbidities, chronic diseases
- Informed partners

Professionals in the field

- Knowledge explosion, subspecialization, team work

Health system

- Primary care, care delivery, prevention
- Shift toward quality and safety

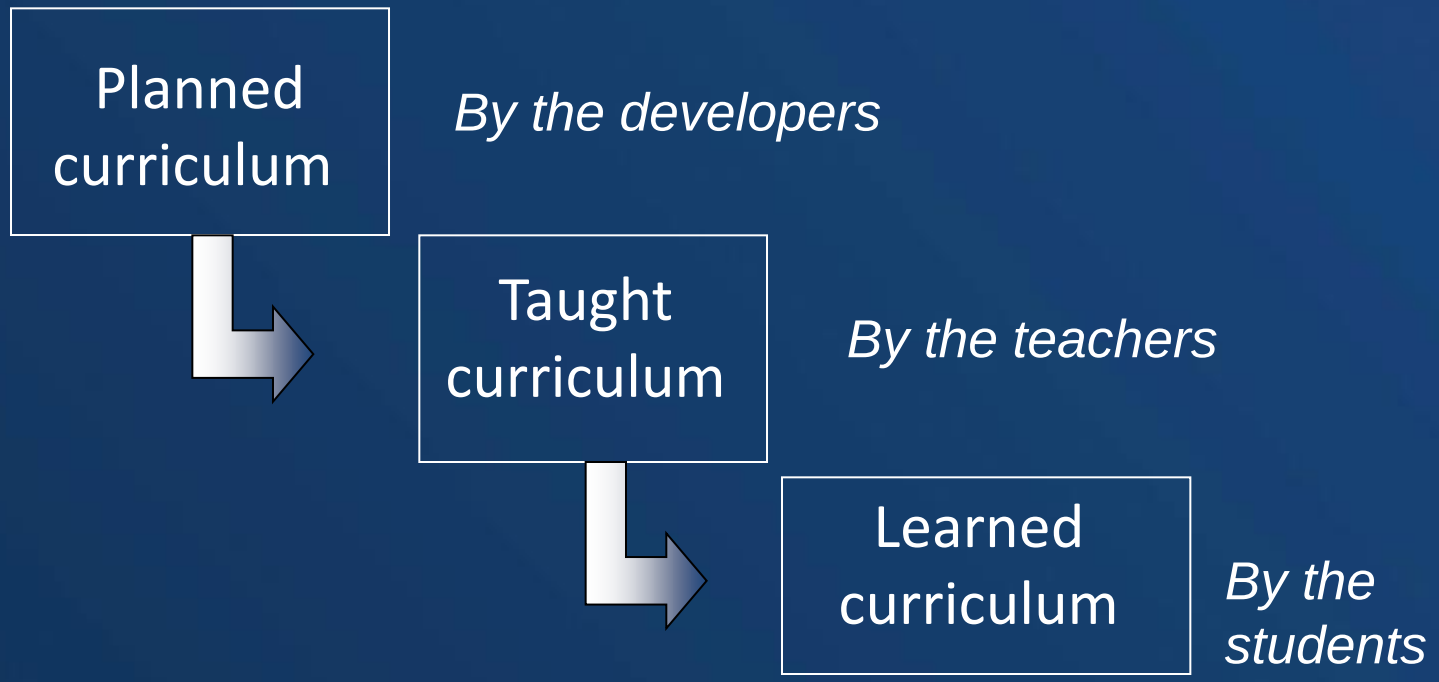
What transformation? Some things never change

- Patients in care
  - Need to be listened to and understood
  - Need to be treated
  - Need to understand and search for meaning
- Professionals in the field
  - Limited knowledge, and uncertainty
  - First do no harm
- Health system
  - Not enough resources to address needs

What transformation are we talking about?

- Patients
  - Aging and comorbidity
  - Partners
- Professionals
  - Subspecialization and interdisciplinary work
- Health system
  - Network deployment and approach
  - Quality and efficiency
- ICT

From the Planned to the Learned Curriculum



D. Bédard and J.-P. Béchard (eds), Innover dans l'enseignement supérieur (pp. 249-266), Paris: Presses Universitaires de France (2009).

Planned and Taught Curriculum

- Response from the regulating bodies
  - CanMEDS roles
  - Triple C curriculum
  - FMEC MD
  - FMEC PG
- Several major structured processes with broad consultation
- A constant finding: need and desire to adapt the curricula!

Planned and Taught Curriculum

- CanMEDS roles
  - Medical expert
  - Professional
  - Communicator
  - Collaborator
  - Manager
  - Health advocate
  - Scholar
- Transformations
  - Aging and comorbidity
  - Partners
  - Subspecialization and interdisciplinary work
  - Network deployment and approach
  - Quality and efficiency

Planned and Taught Curriculum

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  - Network deployment and approach
  - Quality and efficiency

Planned and Taught Curriculum

- FMEC MD
  - 6-Diversify learning contexts
  - 7-Value generalism
  - 8-Advance inter- and intra-professional practice
  - 10-Foster medical leadership
- FMEC PG
  - 1-Right mix of required specialties
  - 2-Social accountability, diversity of learning environments
  - 3-Creating positive and supportive environments
  - 8-Leadership

Planned and Taught Curriculum

- Response from the regulating bodies
  - Social accountability
  - Centred on patients and their needs
  - Competency-based learning
  - Team work and interdisciplinary work
- Several points of convergence
- A lot of work has already been done and is ongoing in terms of adapting our programs
- Where is the problem then?

From the Planned to the Learned Curriculum

- In the programs
  - Objectives based on new formats
    - Difficulty in integrating interdisciplinary collaboration . . . a hidden curriculum?
  - Addition of content
  - Task inventories and logs
  - Everyone has to have seen everything
  - Evaluation of adapted … and proliferating … internships
  - Competencies dissected into multiple subcomponents

From the Planned to the Learned Curriculum

- The program is overloaded and there is no longer enough time for self-learning?
- Forget about the evaluation position and adopt the learning position?
- What do you say to externship students who say they have seen enough retrosternal chest pain by 4:45 p.m.?
- How much time is spent filling in logs?
- Do you find that the younger generation wants the learning content to be provided in pre-chewed mini-bites?

Change Drivers

Assistance question:

What drives curriculum?

Change Drivers

Assistance question:

What drives curriculum?

a) evaluation

b) evaluation

c) evaluation

d) other things

Change Drivers

- Transformed accreditations
  - Addition of numerous criteria (and sub-criteria)
  - Everything must be covered (checklist approach)
  - Everything must be the same everywhere
  - Documentation, documentation, documentation, document ...
    - A bias toward the lecture format?
  - Standardization of learning content
  - Mobilization of time and resources
- Illusory perfection required

Change Drivers

- What would you say to screening tests
  - BP
  - Lipids
  - Lung x-ray
  - Pap test
  - PSA
  - Mammography
  - Urine analysis

for all patients every year?

Change Drivers: Accreditation and Curriculum Renewal

- Evidence-based medicine vs evidence-based education and management
  - Resources are lacking
  - Risk of false positives
  - First do no harm
- Risk of a new “hidden curriculum”
  - The whole exceeds the sum of its parts
  - Real, overall human experience at the heart of learning and medicine

Conclusion

- The elements required to adapt our programs have already been clearly stated
  - Changes to clinical simulation and ICT are yet to be defined
- Absolute need to review accreditation mechanisms
  - Issues vs processes
  - Disclosure vs concealment
  - Evaluation of capacity for adaptation and continuous improvement

Conclusion
Tomorrow's Curriculum

Competency-based curriculum

- Key competencies vs content overload
- Generalism
- Decompartmentalizing disciplines
- Intra- and inter-professional collaboration
- Flexible curriculum pathways
- Appropriate evaluation methods
- The patient and real experience at the heart of learning

Conclusion

Enriched programs reflecting real practice needs but . . . watch out for the side effects of pedagogical treatments!

Less is more.

“The best is often the enemy of the good.”

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