

Critical Issues as Healthcare Professionals Transition into the Work Place: *An Example From Another Profession*

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Objectives

To clarify something you have thought about all of your professional lives: competence

Lessons learned to date from the ACGME Initiative

Provide a frame that may be useful

Before we begin....

A moment of gratitude

The Way It Is

There's a thread you follow. It goes among
things that change. But it doesn't change.
People wonder about what you are pursuing.
You have to explain about the thread.
But it is hard for others to see.
While you hold it you can't get lost.
Tragedies happen; people get hurt
or die; and you suffer and get old.
Nothing you do can stop time's unfolding.
You don't ever let go of the thread.

--William Stafford

The National Context of the Work: Medicine

Medical school – 16,000 graduates

Residency – 3-7 years of practical training (GME)

ACGME – sets standards and accredits 8000 residency programs that house 100,000 residents

Federal Gov't recognizes but does not control our work

Licensure - USMLE

Board certification

Hospital credentialing

The National Context of the Work: Medicine

Residents: students or employees

GME: national or corporate standards

Programs: sets of relationships

Purpose of GME: improve patient care

Individual formation: role of context

The public – the 38/53 problem

The National Context of the Work: Nursing

Variable skills at entry

Multiple accrediting bodies

No standardized postgraduate curriculum

Corporate rather than national standards

Licensure is required

Employees rather than students

A Relevant Question:

Using people to get work done?

or....

Using work to form professionals?

Developing Health Professional Competence

*What one book would you like to have with
you if you were stranded on a desert island?*

Asked of G. K. Chesterton

A Practical Guide to Shipbuilding

Trends in Play that Could Help...

Shift from process to outcomes

Focus on microsystems

Institutional competence

Interprofessional learning

Evidence-based practice

Learning portfolios

Shortages of health professionals

Medicine: The General Competencies

Patient care

Medical Knowledge

Practice-based Learning and Improvement

Interpersonal and Communication Skills

Professionalism

Systems-based Practice

For 119 different specialties....

A focus on process tends to divide; a focus on outcomes tends to unify.

What we have learned about
competence?

Whatever we measure we improve

Different types of measures done over time help.

Cognitive exams

360 evaluations

Direct observation and evaluation

Portfolios

Lessons Learned to Date

Competence is a habit.

Competence develops along a continuum.

It is more than just knowledge and skill.

It is not enough to know the rules.

Competence is a Habit

Assessment of habits requires relationship over time.

*Our Work is: a **cooperative***
rather than a productive art...

*The quality of the activity is dependent on
the quality of the relationships.*

Cooperative Arts

Healthcare

cooperates with the body's natural tendency to heal

Teaching

cooperates with the mind's natural tendency to ascend to the truth

Management

cooperates with people's natural tendency to form communities

Underlying Assumption

The quality of life for our patients and ourselves is directly related to the quality of the conversations in our lives.

Competence is Hard:

The important things are hard to measure.

Dee Hock's Criteria for Hiring People

Integrity

Motivation

Capacity

Understanding

Knowledge

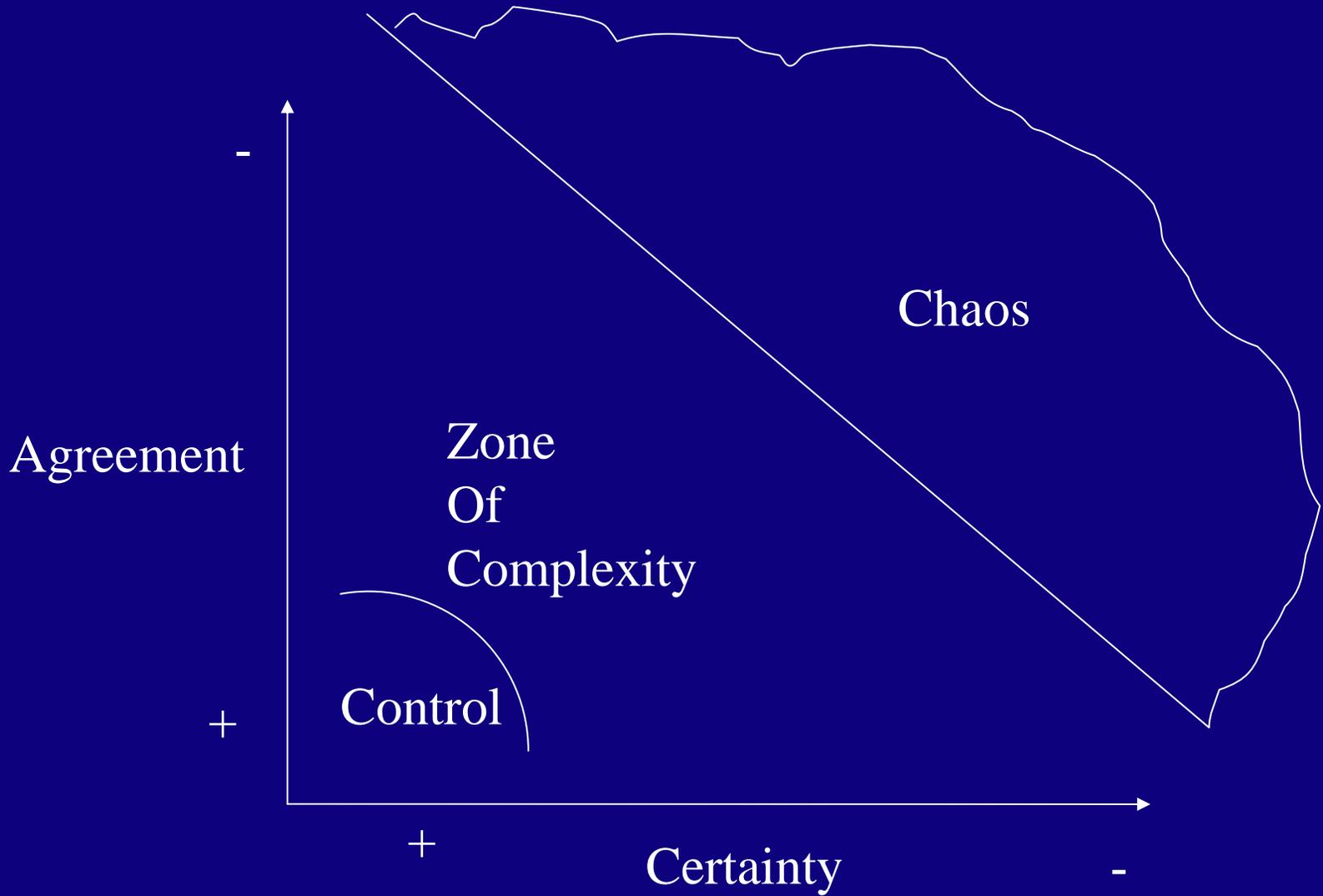
Experience

Knowing the rules is not enough.

Learners need to prepare for the unknown.

***How they think is as important as what they think.
(and may be more important over time)***

Stacey, 1996



Competence

The Continuum:

Novice

Advanced Beginner

Competent

Proficient

Expert

Master

Dreyfus Brothers

Dreyfus Model

Novice	Rules
Advanced Beginner	Rules + Situation
Competent	Rules + Selected Contexts + Accountable
Proficient	Accountable + Intuitive Immediately Sees What
Expert	Immediately Sees How
Master	Develops style Loves Surprise

“To become competent, you have to
feel bad.”

Hubert Dreyfus

Another Reason:

While knowledge and skills are prerequisite, our real value to society comes from our capacity to make good clinical judgments. Learners seek practical wisdom.

Aristotle

Episteme

- Cognitive knowledge, science

Techne

- Craft/Art of medicine

Phronesis

- Practical wisdom

Phronesis:

Knowing exactly which rule to break
and exactly how far to break it to
accommodate the reality before you

John Kostis, M.D.

A Premise

Improvisation engages both rules and values; health professional formation must pay attention to both.

Quality isn't something you lay on top of subjects and objects like tinsel on a Christmas tree ... it comes from the cone from which the tree must start.

*Robert Pirsig
Zen and the Art Of
Motorcycle Maintenance*

Character is determined by community;
community is determined by character.

Good Work

Howard Gardner, Mihaly Csikszentmihalyi, William Damon

“Why is it that experts primarily teach techniques to young professionals, while ignoring the values that have sustained the quests of so many creative geniuses?”

The Journey to Authenticity.....

How can we prepare the next generation of health professionals to have values as well as knowledge and skill?

Human

Institutional

Social Values



Professional



The Individual as Nurse



The Journey to Authenticity Education or Formation

Dumping into ...

Drawing out....

or Shaping

The Journey to Authenticity Values – From the Inside Out

Individual Values

- Unconditional imperative – Karl Jaspers
- A command of my authentic self to my mere empirical self; defines who I am; timeless

Professional Values

- Shared assumptions
- Foundation for action

The Journey to Authenticity

False Self vs. True Self

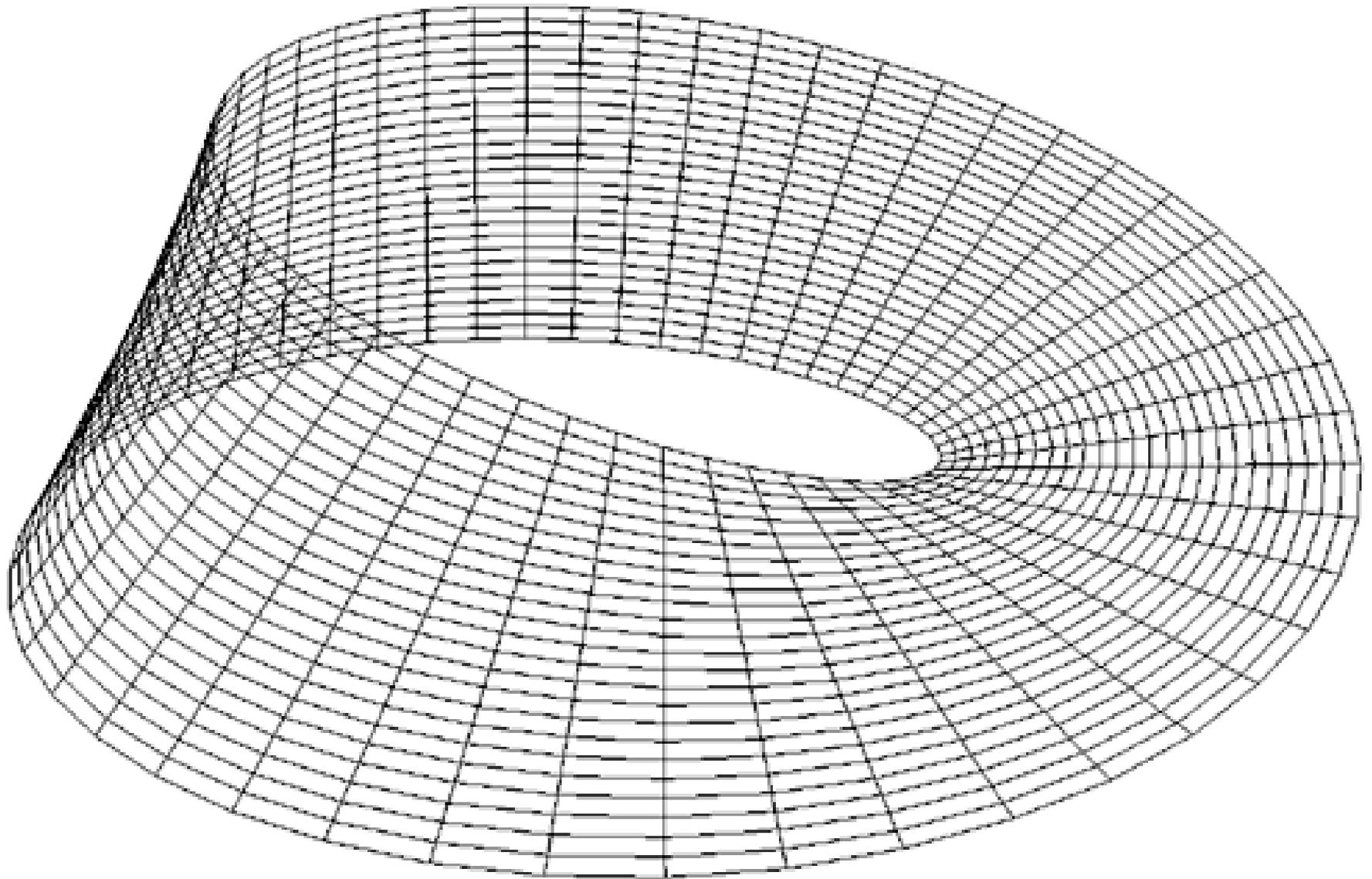
Journey to Authenticity

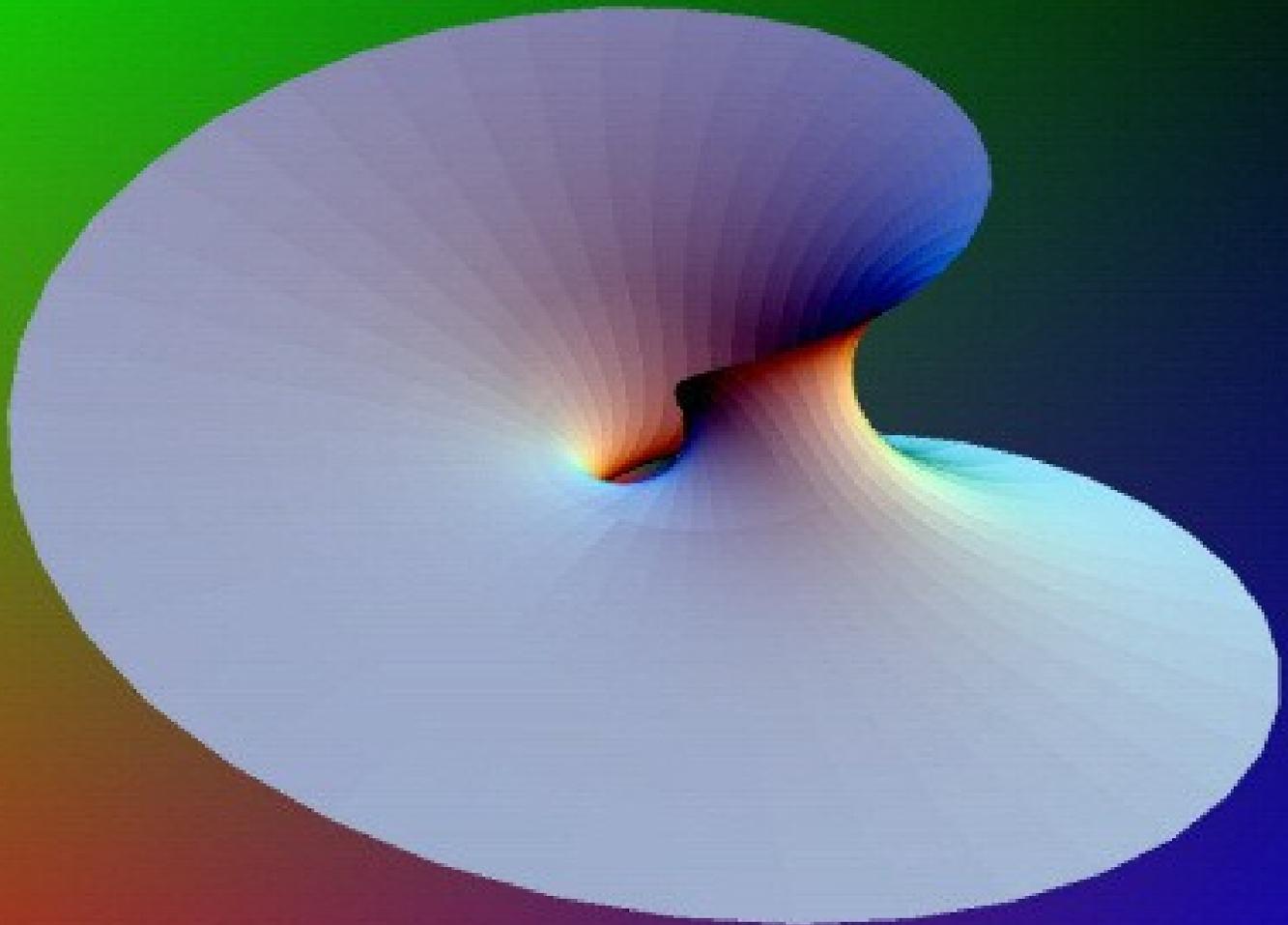
Incomplete self vs. True self

Inviting the whole person to show up

The inner teacher

Life on the Mobius strip





What Kind of Community Might Invite the Whole Person to Show Up?

Frenzy doesn't help.

There is a pervasive form of modern violence to which the idealist ... most easily succumbs: activism and overwork. The rush and pressure of modern life are a form, perhaps the most common form of its innate violence.

To allow oneself to be carried away by a multitude of conflicting concerns, to surrender to too many demands, to commit oneself to too many projects, to want to help everyone in everything is to succumb to violence.

The frenzy of the activist neutralizes his (or her) work ... It destroys the fruitfulness of his (or her) work, because it kills the root of inner wisdom which makes the work fruitful.

Thomas Merton

Working with Nature

Three Faculties and their Objects

Intellect – seeks Truth

Will – seeks Goodness

Imagination – seeks Beauty

Human Faculties and the Work of Medicine

Intellect

- discern the truth

Will

- make good clinical judgments

Imagination

- do so with harmony, creativity and beauty

Primary Values in Healthcare with which to Arm Oneself

Integrity

- discerning and telling the truth

Altruism

- putting what is good for the patient before what is good for the doctor

Practical wisdom (Prudence)

- beauty in clinical judgment

Arete: Integrating all the virtues to excellence

Arete: Excellence Integrated Virtue in Action

The quality of patient care and the quality of professional formation are inextricably linked.

The Problem

Some have assumed that education and patient care are merely complicated phenomena.

A Model

*Complicated and Complex Systems: What Would
Successful Reform of Medicare Look Like?*

Sholom Glouberman and Brenda Zimmerman,

July, 2002

Future of healthcare in Canada

Simple, Complicated, Complex Glouberman & Zimmerman

<u>Recipe</u>	<u>Rocket Moon</u>	<u>Raising a Child</u>
Recipe is essential	Formulae are critical	Formulae of limited use
Recipes are tested	One rocket helps prepare for second	Raising one child does not assure success with the second
Standardized product	Similar in critical ways	Every child unique, emergent outcomes
No expertise needed	Expertise essential	Expertise not necessary or sufficient

Fundamental differences between two ACGME initiatives

Competence was framed as a complex problem and an invitation

Duty hours was framed as a complicated problem requiring a prescription.

Conversations about Competencies

ACGME – “We invite you to respond to the challenge of assessing the competence of your residents.”

Program Directors – “What would you like us to do?”

ACGME – “We don’t really know. Do something and we’ll let you know if you did the right thing.”

Program Directors – “You’ve got to be kidding.”

Conversations about Duty Hours

ACGME – “We will tell you exactly what to do to reform duty hours.”

Program Directors – “That won’t work for my program.”

ACGME – “Every program must do the same thing.”

Program directors – “You’ve got to be kidding.”

Duty Hours vs. Competencies

Complicated

Linear

Solution external to system

Adaptation to static
environment

Designed outcomes

Analysis

Rules helpful

Complex

Nonlinear

Solution is part of system

Interaction with dynamic
environment

Emergent outcomes

Synthesis

Values helpful

Particularly important at this time: Rules vs. Values

Performance Measures

Science

Rules

Easier to measure

Evidence-based

Present or absent

Stacey control zone

Competence

Art and science

Values

Hard to measure

Context and evidence-based

Continuum

Stacey control, complex, and
chaos zones

Qualified or Competent?

Qualified

**Graduate of ACGME
accredited program**

Board certified

**Emphasis on medical
knowledge**

No warrants

Useful to doctors

Competent

Habit

Actual performance

**Balanced set of measures
and attributes**

Implied warrant

Trust

Useful to patients

Community leads to clarity; clarity leads
to courage

Why we need values:

Those who have no absolute values cannot let the relative remain merely relative; they are always raising it to the level of the absolute.

Flannery O'Connor

Particularly important at this time: Postmodernism vs Critical Realism

Postmodernism

Reality cannot be known with certainty

Reality is a social construct

Perception is reality

Analogy – spin doctors

Critical Realism

Reality does exist

It can be known

Analogy – real doctors

Substance is enduring; form is
ephemeral; preserve substance; modify
form; know the difference

Dee Hock

Values are enduring; rules are
ephemeral; preserve values; modify
rules; know the difference

Dee Hock Modified

Health Care Professionals: On the Way

“We don’t receive wisdom; we must discover it for ourselves after a journey that no one can take for us or spare us.”

Marcel Proust

Yet Community Can Help

Good conversations about professional values

Healthcare professional formation is never complete; we are pilgrims, on the way and oriented toward fulfillment.

Practical Things that Can be Done

Every new nurse needs mentorship for at least 3 years – avoid abandonment

Faculty could come from other disciplines

- Pharmacy, Physical Therapy, Respiratory Therapy, Medicine, etc.

Use data – patient outcomes, patient satisfaction, costs, functioning of unit.

*“To teach is to create a space in which
obedience to truth is practiced.”*

Abba Felix

Desert Father

To Teach/Learn is to create a
Space/Community in which obedience
to truth is practiced.
