



**C-Suite Perspectives  
Graduate Medical Education  
as a  
Strategic Asset**



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No Conflicts of Interest to Report



# A Continuum of Learning

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## The CLER Journey

- 2 National Reports
- >500 Site Visits
- >10,000 Programs
- A New Focus on Importance of the CLE & SIs

## Pursuing Excellence Initiative

- 8 Leading Organizations
- Integration of Learners, Faculty & Staff in Quality, Safety, Equity & Value
- Establishing a Common Ground of Understanding
- Creating a Common Language

## SI 2025

- >1000 GME/AMC Leaders Interviewed
- Future Opportunities and Challenges Identified
- A Call to Action to Ensure a Capable & Vibrant Workforce
  - Standards
  - Education
  - Recognition
  - Scanning the Horizon



# So What Have We Learned?

- CLER

- There are signs of systematic improvement...but full integration of learners eludes us.
  - Gaps in Learning
  - Education in Quality & Safety
  - Variation in Approaches to Patient Safety
  - Variation in Inter-professional Culture / Participation
  - Variation in Approach to Provider Wellbeing



# Pursuing Excellence Initiative

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- Dedicated Academic & C-Suite Leaders
- Common Goals can Benefit Medical Education AND Health System Operations
- Common Language is a must
- Integration and Culture Change are Hard Work



# SI 2025 Forces of Change

- Changing healthcare needs
- Changes in healthcare delivery
- Evolution of the healthcare systems
- Evolution of other healthcare professionals
- Evolution of the role of the physician
- Evolution of Graduate Medical Education
- Uncertainties in the models of GME funding
- Role of GME in the continuum of medical education



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Learners

Boards

# PRESSURE

Faculty

C-Suites











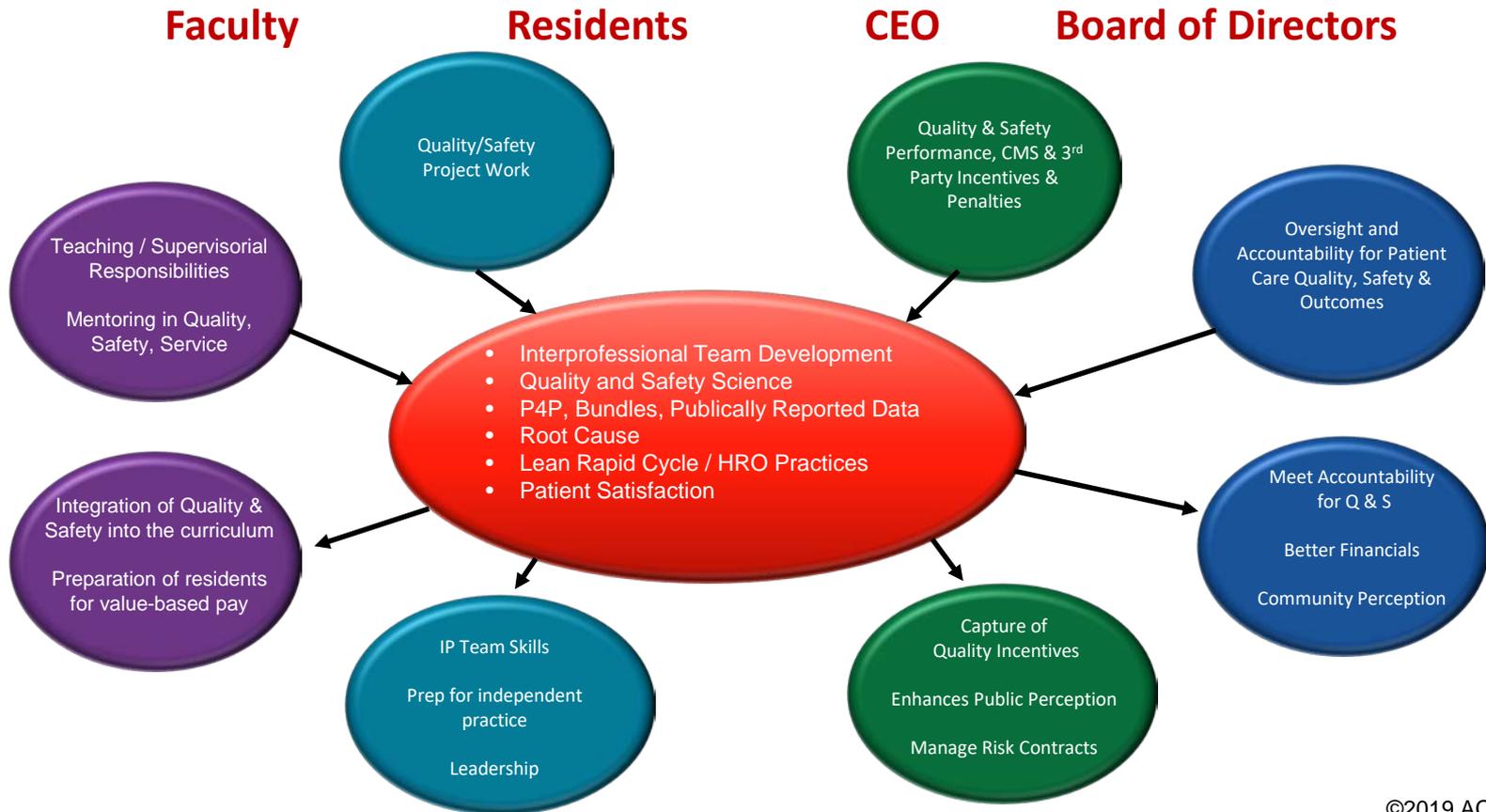
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So.....

How Do We Change the  
Narrative on GME to that of a  
**Strategic Focus & Priority?**



# SI Quality & Safety Priorities





“There is nothing more difficult to take in hand, more perilous to conduct, or more uncertain in its success, than to take the lead in the introduction of a new order of things.

Because the innovator has for enemies all those who have done well under the old conditions, and lukewarm defenders in those who may do well under the new.”

Niccolo Machiavelli



# Creating a Common Language

Education            Learning Organization

Workforce            Collaborative Learning & Practice

Productivity            Value Creation



# Imagine a Future Where:

- Health care organizations and sponsoring institutions (SI) consistently embrace workforce development and their educational missions as strategic priorities.
- Staff, physicians, faculty and learners are as skilled in the tools and methods of quality improvement and the science of safety as they are their clinical arts.
- There is clear alignment and integration between faculty, learners, and the quality/safety apparatus of the SI.



# Imagine a future where: continued...

- There is a shared focus and accountability among faculty, learners, and the SI on ensuring the richness of the CLE while, as a team, addressing both external and internal demands for clinical performance improvement.



# Imagine a future where: continued...

- GME's contributions to the health of a nation as well as our communities are understood and embraced.
- Educational models prioritize quality and outcomes while providing high value clinical care and eliminating, wherever possible, unwanted clinical variation.



# What are the barriers that must be overcome?

- We speak different languages!
- Historic gaps between the governance & administration of GME and the administration of the CLE.
- Unclear ownership/accountability of the SI for educational outcomes.
- Unclear ownership/accountability of faculty for operational, quality and safety outcomes of the SI.



# What are the barriers that must be overcome?

- Engagement of faculty and learners in the quality and safety apparatus of the SI.
- Differences between academic and CLE culture and priorities.
- Differences in the responses of governance/administration of GME and the SI's to the rapidly changing healthcare environment.



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What does the changing practice of medicine mean for graduate medical education?





# **The successful current and future practice of medicine has vastly outgrown any individual's capacity to:**

- store total knowledge,
- have complete mastery of technical skills, or
- fulfill the 20<sup>th</sup> century concepts of professionalism in medicine.



## Examples of the types of newer skills required of current and future physicians:

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### Cognitive skills

- rapid (often immediate) new knowledge acquisition, synthesis, and translation to practice
- adaptive technological skill acquisition and maintenance
- ability to comprehend big data used in medical diagnosis and treatment



## Examples of the types of newer skills required of current and future physicians:

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### Cognitive skills

- rapid (often immediate) new knowledge acquisition, synthesis, and translation to practice
- adaptive technological skill acquisition and maintenance
- ability to comprehend big data used in medical diagnosis and treatment

### **Socio-behavioral skills**

- including patient in all medical diagnosis and treatment activities (co-production), accepting democratization
- working effectively in complex care teams
- ability to work effectively within large health care systems
- accepting of life-long professional assessment and accountability
- providing shared agency in the patient care



## Examples of the types of newer skills required of current and future physicians:

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### Organizational and managerial skills

- Skills in organizational problem solving, including health care quality improvement and the science of safety
- Skills in organizational design and change
- Aptitude for strategy development, prioritization, and implementation
- Acceptance of individual professional risk in driving organizational change



# Educational Legacy

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# Educational Future



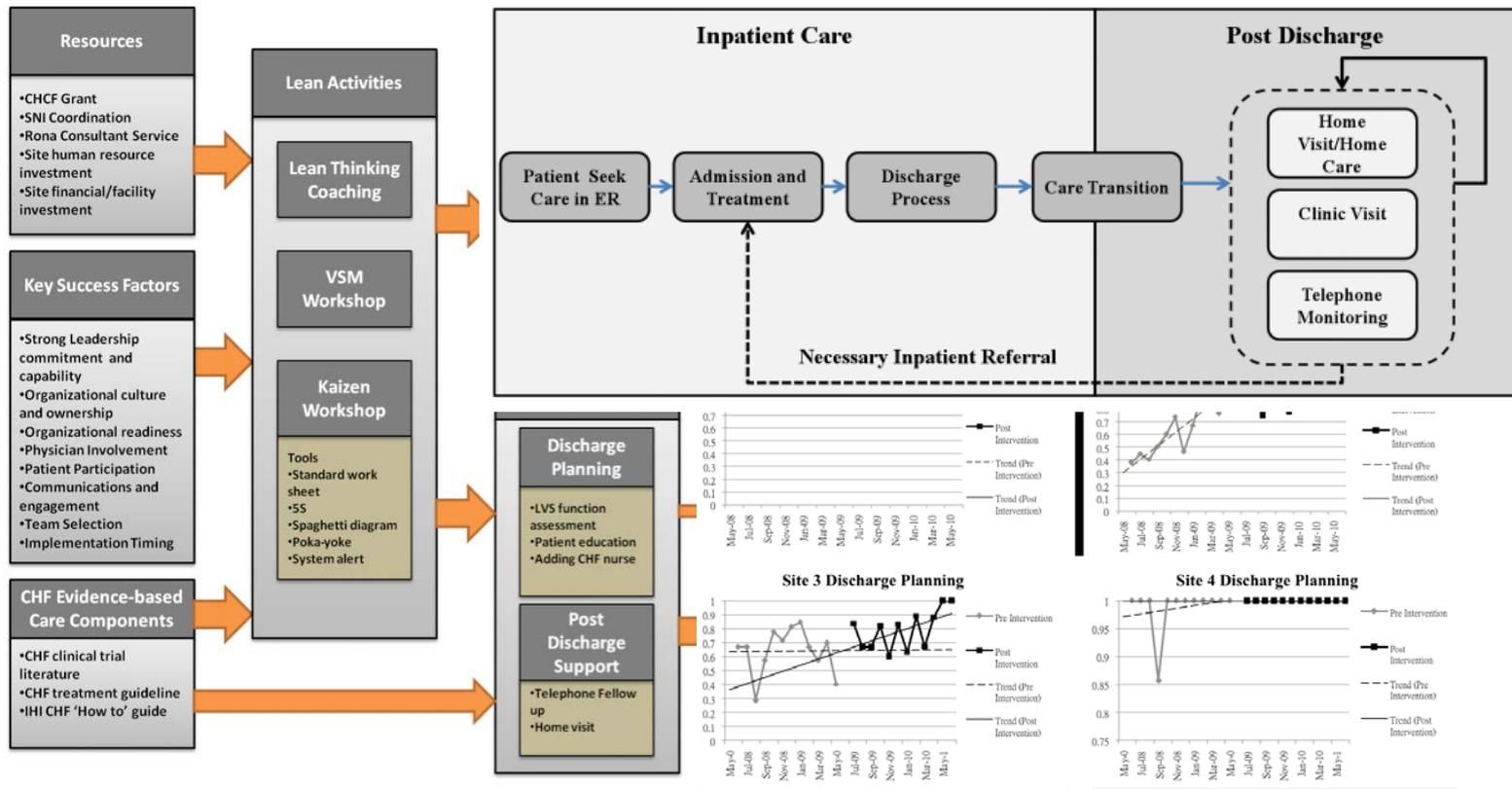


# ACGME and ECHO collaboration with ACGME Program Directors on rapid deployment of skills in educational programming around patient safety and quality improvement





# Using LEAN to Improve CHF Care





# Examples of topics that will need emphasis:

- Patient centered care
- Partnering
- Quality Improvement
- Information and Communication Technology
- Public Health Perspective

World Health Organization

- Population and Community Health
- Individual and Family Engagement
- Biomedical and Precision Medicine
- Digital Technology and Telemedicine
- Clinical use of “Big Data”

US National Academy of Medicine

- Care anywhere
- Care by teams
- Care by large data sets
- Care by machines
- Globalization of health economy and health services

Assoc. of Acad. Health Centers (USA)



## Beginning activities to enhance your GME to physicians best prepared for 21<sup>st</sup> century practice of medicine

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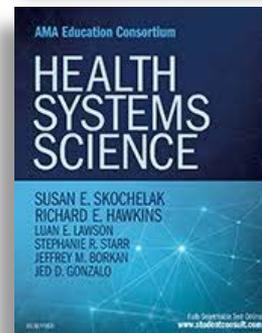
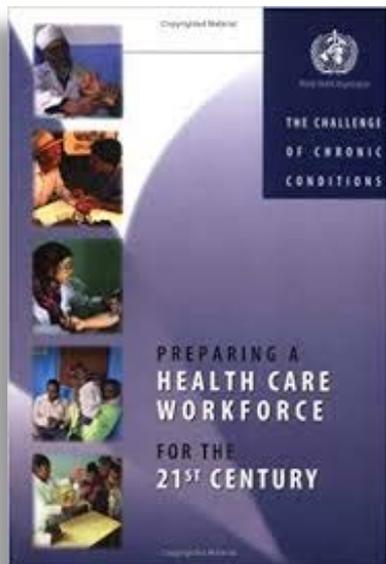
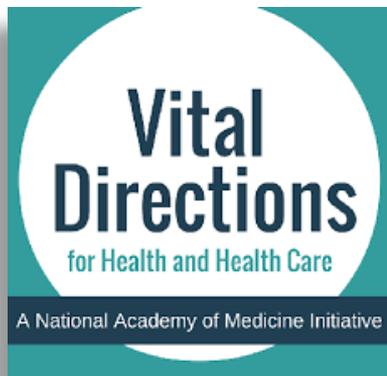
- ➔ • Focus on learning more about how health care is changing
- Re-examine educational programs to see how much emphasis is placed on new types of 21<sup>st</sup> century practice skills
- Set up current educational programming to add new 21<sup>st</sup> century practice learning



# Beginning activities to enhance your GME to physicians best prepared for 21<sup>st</sup> century practice of medicine

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- Focus on learning more about how health care is changing, examples include:





**CONFERENCE RECOMMENDATIONS**  
April 15-18, 2018 | Atlanta, GA

**Improving Environments for Learning  
in the Health Professions**  
Recommendations from the Macy Foundation Conference

## Conference Recommendations

### I: Engaging Academic and Health Care Organization Governance

Governance bodies and executive leadership of organizations responsible for health professions education and health care delivery should ensure positive learning and work environments and be held accountable for allocating the resources necessary to achieve this.

### II: Engaging Executive Leadership to Provide Organizational Support

Executive leaders of health professions education and health care organizations should create cultures in which resources, policies, and processes support optimal learning environments across the continuum of health professions education.

### III: Creating Physical and Virtual Spaces for Learning

Those in positions of responsibility for learning environments in health professions education and health care organizations should ensure

appropriate, flexible, and safe spaces (physical and virtual) for learning.

### IV: Providing Faculty and Staff Development

Leaders of health professions education and health care organizations should ensure continuous learning and development opportunities for their faculty and staff to improve learning environments.

### V: Promoting Research and Scholarship

Those in positions of responsibility for learning environments should be committed to continuously evaluating, improving, and conducting research on those learning environments.

### VI: Setting Policy

Health professions education and health care organization leaders and accreditors should engage in policy advocacy for improvements in health professions learning environments.



## More challenging, high leverage activities to enhance your GME to physicians prepared for 21<sup>st</sup> century medicine

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- 1) Engage program directors, faculty, and physicians-in-training in envisioning their view of 21<sup>st</sup> century physicians roles.
- 2) Engage your health system leadership in this vision and alignment of this with the strategic planning of the organization
- 3) Ensure these efforts are being conducted with other members of the patient care team.



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For GME leadership to ponder



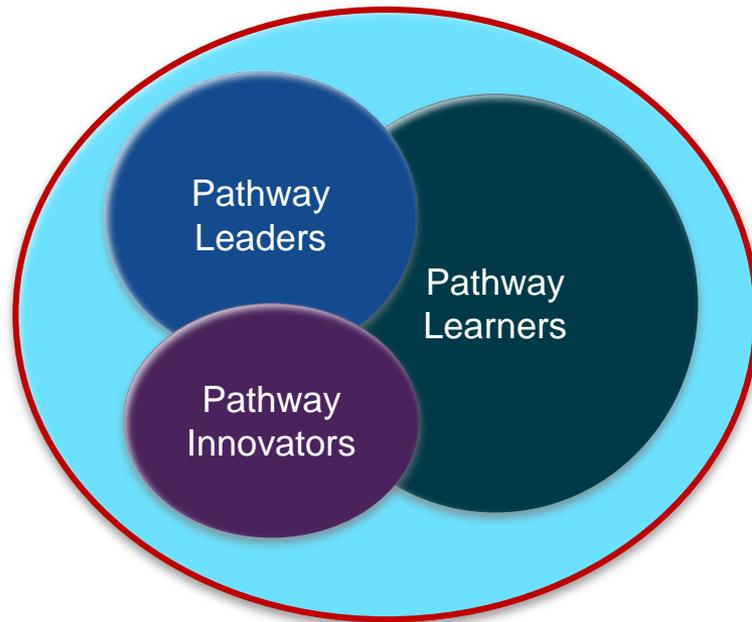
Is your GME programming meeting both its need to both provide a great training environment and your health system's needs for continually enhancing the quality of its patient care?



# Pursuing Excellence Initiative

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- Explores the variability identified in the CLER National Report
- Seeks new models to enhance integration of education and clinical care
- Facilitates dissemination and sharing of successful models, practices, and outcomes



**Enhanced Shared Learning Community**



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# CLER Pursuing Excellence: Innovator's Collaborative



Pursuing Excellence



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## 'UPP' and Running: Care Improvement Program Mends URM's Biggest Priorities

Just a month ago, Strong Memorial Hospital rolled out the "Unit-based Performance Program" (UPP), a major initiative that will—by braiding the three together—help inpatient units better coordinate their improvement efforts around 1) patient safety, 2) the ICARE experience, and 3) operational efficiency.

Pat Reagan Webster, SMH associate quality officer, Quality Improvement, pointed out that safety, great service, and great value absolutely overlap.

"To look at these things independently makes for a false separation of the three," she said.

Nurse managers and medical directors from all forty-two Strong Memorial Hospital units are leading the program on their units. They've sharpened their pencils, sifted through materials, and attended trainings. They're now busy completing pre-program work—everything from naming UPP liaisons to assessing staff culture (e.g., Do workers on the unit feel valued, and that they can speak up on the job? Believe it or not, this has huge implications for safety.). Next, teams will outline specific challenges to tackle via UPP. The pace will pick up after the new year, as preparations end and all parts of the program, poised and ready, spring into problem-solving action.

"It's a way to integrate smart safety practices, ICARE behaviors, and lean strategies into our daily work," Reagan Webster said.

### A quick word on those three priorities

Let's back up a few steps. You've had an earful at URM about patient safety, ICARE, and lean efforts. But why are they so important, and how do they fit together?

Keeping patients safe and satisfied doesn't require much explanation—they entrust us with their care, and it's simply the right



### About the Blog

#### Striving to be Ever Better

We refuse to settle.

As a medical center, no work is more important to us than earning the trust of our patients, their families, and the providers who refer them to us. Here, we chronicle our relentless pursuit of improvement: safer medicine, higher-quality care, and the best possible experience.

Ever Better is always on the lookout for story possibilities. Please send us your improvement, safety, and quality-related suggestion, and we'll be happy to consider them.

### Tag Cloud

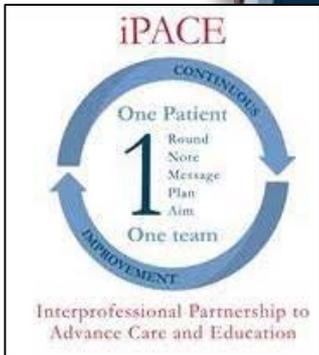
care quality best practice safety reducing complications patient- and family-centered care communication Hospital patient satisfaction ICARE culture infection prevention care readmissions innovation access

### Archives

February 2017 (3)

September 2015 (1)







## IPACE

### Interprofessional Partnership to Advance Care and Education

18-Bed Adult Internal Medicine & Cardiology unit on P2C at Maine Medical Center




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**A Learning Laboratory**  
 Redesigning the clinical learning environment with the goal of Improving Interprofessional partnerships that enhance safe, high quality patient centered care and education.

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**Educational Model**  
 Care team members from different professional backgrounds, learning from and with each other to deliver the highest quality care for patients.

IPE Lunch & Learns

Simulation

Bedside Rounds

Clinical Reasoning Sessions

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**Team Rounds** (see Bedside Teaching Rounds handout for ac/pting and timing)  
 We round together as an interprofessional team on every patient. The patient is the most important member of the team. To improve communication, decrease redundancies, increase efficiencies, enhance safety and quality outcomes and patient experience the team will:

- place real time orders
- complete progress note
- answer questions/concerns
- establish a plan of care and address patient discharge plan before the team leaves the room

(there are exceptions, talk to your team for more information)

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**Team Roles** (for information about your role during the Bedside Teaching Rounds, see above and associated handout)

All successful team members will

- be a learner, a teacher and a leader
- be prepared, ask questions when you don't understand something
- look for opportunities to learn from your teammates
- suggest ways the team could be more efficient

Role specific responsibilities

**Nurse:** You are expected to role model the team behaviors of interprofessional collaboration. You are the most constant presence on the unit and are best suited to identify areas of opportunity for the care team.

**Resident:** You are expected to help teach Interns and medical students on your team and partner with your chief residents and attending on service to plan education on the unit for the month.

**Intern:** You are expected to be an active member of the interprofessional team and to advocate for yourself in identifying learning opportunities in which you need experience.

**Attending:** You are expected to role model the team behaviors of interprofessional collaboration and coach residents and interns leading IPACE morning rounds. When necessary/appropriate, you may need to briefly step into the Intern or Resident role.

**Other/Consultant:** Collaborate with team members to support learning opportunities. Work with team to schedule your time on the unit.

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Patient Centered    Respect    Integrity    Excellence    Ownership    Innovation

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“We should recall the error of the dinosaurs who in the last great meeting of the species voted unanimously against change.”





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