

The New Business of Medicine: Clinical Leadership, Teamwork, and High Reliability

Course Description:

For many organizations, quality, outcomes and patient safety have been regarded as public relations and liability management issues. In the new world of health care, it's what will drive the bottom line. This session outlines how we must move from autonomy to teamwork, how to communicate effectively as team members, and how to change the culture to highly reliable and safe care for patients.

Part I - Clinical Leadership

Health care reform has brought Accountable Care Organizations (ACOs), the patient-centered medical home, and similar integration strategies to the forefront, linking physicians with hospitals and insurers more tightly than ever before.

Objectives for Part I include:

- Review the evidence supporting the push towards clinical integration and clinical leadership in health care
- Explore the thought processes of clinical leaders
- Differentiate the cultures of medicine and management as well as the cultural impacts related to patient care outcomes
- Describe the importance of the blunt end-sharp end organizational model
- Examine methods for making positive organizational decisions and minimizing complications through metrics

Part II - Highly Reliable Care

The engineering sciences of safety, reliability, and teamwork has brought very high levels of reliability to high-risk, high-consequence industries such as nuclear power and aviation. This exists because of a greater understanding of when autonomy and authority are critical to safety – and when it's detrimental. Although health care has significant differences in comparison to other high-consequence industries, there are many lessons that clarify how health care can move beyond its present reliability of 10⁻⁴ to 10⁻⁶.

Objectives for Part II include:

- Recognizing the meaning of safety
- Examine the characteristics of both a highly reliable and safe organization and a physician that positively contributes to such an organization
- List the various ways in which humans make errors
- Practice one or more methods for identifying inefficient care processes and minimizing the opportunity for human error

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Part III - From Autonomy to Teamwork

There are many challenges for a physician trying to move from a clinical culture to a leadership or management role. The most daunting is often the change from an autonomous, authoritative role to one who works with groups of people with questions and different (but equally valuable) viewpoints. This segment will provide clinical leaders opportunity for success in the change process.

Objectives for Part III include:

- Recognize the differences between authority and leadership, and the appropriate time to use each

- Explain the behaviors of the team member and team leader

- Identify characteristics of a high-performing team

- Explain the link between autonomy, teamwork, and safety along with the communication techniques that promote them

- Explore the concept of the “Level 5” physician leader (based on Jim Collins’ concept of the best leaders in all industries in his book Good to Great).