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# TEACHING TIPS & TOOLS

## Building Bridges Between Medicine and Management

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### ABSTRACT

Collaboration between clinical medicine and healthcare management is increasingly essential for healthcare systems to reach high levels of performance. This collaboration does not emerge with passage of healthcare reform legislation or time pressures for innovative contracts. Sustained understanding of the multiple agendas and perspectives of both groups over time is an essential ingredient to building bridges and replacing silos among the health professions. In considering and pursuing the many pathways to building the bridges, one approach is to introduce early health management careerists and clinical care teams to their respective workplace requirements and demands in clinical care settings. This article reports on a teaching project at The Ohio State University Medical Center (UMC). In a required course for graduate students in a health management degree program, the students are assigned to clinical care teams throughout the medical center to join the teams. They observe the clinical process at the bedside and the operating room and interact with all members of the clinical care teams to which the students are assigned. Results suggest that understanding is improved, a foundation for collaboration is established, bridges are started, and confidence in working with a multidisciplinary team is enhanced.

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## THE PURPOSE

At 5:57 A.M. on a cool Tuesday morning the chief resident of surgical oncology walks onto the 6<sup>th</sup> floor of the cancer hospital at The University Medical Center to join his rounding team. Included in the chief's team are two junior residents, two medical student interns, a nurse practitioner, a pharmacist, and two Master of Health Administration (MHA) students. Why are the health administration students a part of this clinical care team? They are students in a Clinical Rotations course required by the MHA program at The Ohio State University. This course, designed specifically for future hospital executives, places masters of health administration students within a patient care team to expose the students to the vast array of dynamics and issues that direct patient care providers face on a daily basis. It also provides members of the clinical care team a chance to learn about the work of healthcare managers.

The course evolved from discussions between The Chief Medical Officer of The Ohio State University Medical Center and the MHA Program Chair. The Chief Medical Officer concluded that an opportunity to observe the clinical care process was essential for all health management students so that bridges between clinical care providers and managers would be built and sustained. He volunteered to obtain responses from chairs of the clinical departments in the Medical Center. The responses were positive and this support has been renewed each year.

An essential function of any healthcare manager is to collaborate with clinicians and other direct care healthcare providers on issues such as quality improvement, patient safety, evidence-based medicine, and cost containment. Collaboration has many dynamics to it that must be appreciated and understood by managers for them to be effective healthcare leaders.

The Baldrige National Quality Award has criteria that speak directly to clinician engagement. The leadership criteria of the Baldrige National Quality Award includes sections addressing how senior leaders of an applicant organization "communicate with and engage the entire workforce," and also how senior leaders "encourage frank, two-way communication throughout the organization" (Baldrige, 2009). These criteria for health system performance excellence implicitly support and encourage an opportunity for health administration masters students to have interactions with a clinical care team as part of their graduate coursework and career development.

The National Center for Healthcare Leadership (NCHL) identifies twenty-six competencies that all successful healthcare leaders should embody. Three of those competencies are leaders who are: 1) information seeking, 2) collaborators, and 3) have organizational awareness (NCHL, 2005). These three competencies speak to the need for healthcare executives to gain an

understanding of the patient care process and clinician responsibilities so they can seek out information from clinicians, collaborate with them, and have the organizational awareness to understand how to help clinicians provide the best patient care possible.

The Commission on Accreditation of Healthcare Management Education (CAHME) has established expected curricular content for graduate programs in healthcare management to “include integrative experiences that require students to draw upon, apply, and synthesize knowledge and skills” (CAHME, 2009). Other criteria refer to collaboration with health professionals and quality assessment for patient care improvement. Graduate health management programs who desire national accreditation from CAHME must provide evidence that their curriculums include this content. These requirements add to the bases for a learning experience like the Clinical Rotation course at the university.

## THE COURSE

The Clinical Rotations for Graduate Students in Health Services Management and Policy course (Clinical Rotations) at The Ohio State University is designed with the goal of developing healthcare leadership competencies like those mentioned above by providing a structured learning environment for students to learn about the daily trials and duties of the clinicians and other direct care providers. It is also designed to direct healthcare providers to expand their understanding of the role and function of healthcare management.

Many dynamics exist in the day to day activities of patient care at an academic medical center that cannot be fully described in a classroom or by a guest lecturing clinician. One of these dynamics is the balance required for surgeons to navigate their stressful schedules. Another is the complex communication channels between nurses, residents, medical students, technicians, senior attending physicians, patients, and families. The Clinical Rotations course is an effective way for health administration students to learn about these dynamics in a safe and controlled environment.

The final impetus for a course such as Clinical Rotations is the recent healthcare reform legislation. According to a report by PriceWaterhouseCoopers (PWC) Healthcare Group, “The government’s financial incentives under healthcare reform will motivate hospitals and physicians to become financial and clinical partners” (PWC, 2010). As we move toward a time in healthcare that has increased focuses on quality, more integrated delivery of services, and a reduction in medical errors the necessity of management/direct care providers interaction only increases. This makes an educational opportunity for the healthcare leaders of tomorrow, like the Clinical Rotations course, all the more vital to a master of health administration curriculum.

## THE PROCESS

The course is scheduled in the first year of the two year master of health administration degree program. This timing is not fixed, although early experience in this course seems effective for subsequent learning experiences. The Course Director, a member of the MHA Program faculty, meets with the Chief Medical Officer of the Medical Center and the Medical Director of University Hospitals four months in advance of the course to request support and collaboration for the Clinical Rotations course. This early date is selected to provide time for any unforeseen planning meetings or requests for additional documentation. The communication between the senior medical staff leadership and Course Director has been an essential ingredient to the course's success.

Two months before the course starts, the Course Director meets with UMC staff members who are assigned by medical staff leadership to the preparation process. The process includes arranging and recording that all the students complete required HIPAA training, complete the proper immunizations required to enter clinical areas, and obtain lab coats or scrubs to wear when with a clinical team.

A key component of the preparation process is identifying physicians who are interested in participating in the course and matching them with a pair of students. A month before the class starts, an email message is sent to all the chief residents at UMC. This message succinctly describes the purpose of the Clinical Rotations course, and the volunteering physician's role. Within two weeks of sending that message, 90% of the needed physicians usually volunteer. At this time a second email is sent to the chief residents, again asking for volunteers, and the needed number of physicians always volunteers at this point. There are often more physicians who want to participate than there are students who need to be matched up. The students are assigned randomly in teams of two each. Students are encouraged to submit any personal problems or objections to being in any clinical area. These are taken into consideration by the staff member who assigns the teams.

The five week Clinical Rotations course is divided into four parts: orientation, direct clinical observation and interaction with the direct care team, a writing assignment and an oral presentation before a multidisciplinary audience. The orientation section of the course is a crucial piece for describing the importance and potential of the experience that students will have during clinical observation and interaction.

## ORIENTATION

Orientation begins before the academic quarter/semester in which the clinical rotations occur. The first part of orientation includes a meeting to encourage students to ask questions they might have about clinical rotations and what

they are about to observe. The key is to meet with the students at least a month before the start of clinical rotations to explain expectations, protocols, and importance of the experience. It also reduces anxiety as most students have not observed clinical care in any setting.

Once the academic quarter starts, there are three official orientation sessions. These are arranged for the week before the clinical rotations begin. The first is for students to learn their rotation assignment. The assignment includes the name and phone number of the contact person on the clinical care team, usually the chief resident of the team. Also at the session the students receive their lab coats and, if necessary, scrubs that they will be wearing for their clinical observation. At this session the Chief Medical Officer and the Medical Director of University Hospitals make presentations of introduction to the students about their experiences with this course and what implications it can have for promoting management rounding. The composition of a typical clinical care team and the usual dynamics among team members are described.

The second orientation session involves presentations by senior administrators and senior attending physician leaders from UMC and other local health systems to share their perspectives on the medicine-management collaboration, physician alignment, and recommendations to maximize the rotation experience. Participants include senior attending physicians and senior healthcare executives.

The third orientation session includes a presentation by the Chief Nursing Officer of the Medical Center and a direct care nurse. The purpose is to provide the students a better understanding of the skills and perceptions that nurses bring to the clinical care team. A tour of the medical center concludes this session.

These orientation sessions are presented in the Board Room of the UMC. The location is specifically selected to introduce the MHA students to the environment in which they will eventually be working. These sessions could be combined but the length of presentations and coverage of topics suggest separate sessions work best.

#### DIRECT CLINICAL OBSERVATION

After the orientation sessions, the actual clinical rotations commence. They occur two days a week from 6am to 12 noon for four weeks, with the hours contingent upon the time periods when the clinical care teams are making rounds. Students are prepared to be on site at 6am. During this time, students observe morning rounds, surgical operations, physician education seminars, and clinic patient care at the bedside or in ambulatory settings. Students attend all meetings and education seminars, such as quality and safety meetings.

The clinical areas to which the students are usually assigned include: general medicine, obstetrics, surgical oncology, urology, orthopedics, neurosurgery, anesthesiology, cardiology, plastic surgery, emergency medicine, the burn unit, and cancer pain and palliation. Students are also encouraged to volunteer for extra clinical observations at night or on the weekends to experience the difference in patient care during those times compared to daytime operations.

#### REQUIRED ASSIGNMENTS

The final section of the course is completion of required assignments. These include written assignments and a five minute oral presentation. One written assignment requires a book review of student's choice with particular attention to congruency with their rotation experience. The second assignment requires the students to apply their observations to the Baldrige Performance Excellence Program. The expectation is for students to identify the role and activities of the management teams in collaboration with the direct care team to achieve recognition as a high performing healthcare system. The oral presentations are allows each student the opportunity to learn from the other students' experiences.

#### THE OUTCOMES

The Clinical Rotations course must be judged by the outcomes it produces in health administration students and, more informally, on the direct care providers on the clinical care teams. A non-random survey was conducted of MHA alumni who have completed the Clinical Rotations course. Alumni were asked questions about their experience with the course. The recurring themes of the survey responses are summarized in Table 1 below.

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Table 1.

Recurring Themes in Surveys of the University MHA Graduates in Evaluation of Clinical Rotations for Graduate Students in Health Services Management and Policy

##### **Highlights of the Experience**

- 1) Observe Patient Care Process
- 2) Ask questions of direct care providers about their concerns
- 3) Enhance awareness of Management impact on Patient Care

##### **Career Advantages**

- 1) Improve understanding of direct care providers' motivations
  - 2) Makes Healthcare More Tangible for Management
  - 3) Improve understanding the complexities of an Academic Medical Center
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### **Value of the Course**

- 1) Improved Ability to Relate with Clinicians
- 2) Dedicated Time to Observe Patient Care and Ask Questions
- 3) Real Life Experience with Healthcare Delivery

### **HIGHLIGHTS OF THE EXPERIENCE**

The main highlight for many students who have completed the Clinical Rotations course is the opportunity to observe direct patient care. In a health administration curriculum there is a vast amount of academic discussion about patient care, but the Clinical Rotations course is often the students' first opportunity to see what patient care is actually like on a daily basis. Another common experience for students completing the course is observing how management decisions can directly affect patient care. This is a very empowering realization for students as they are able to see that their work can directly impact the patient care process. When asked a student who completed the course had this to say, "I truly enjoyed the clinical rotations course offered through the university MHA program. Being able to round with a surgical team, observe patient care in clinic, as well as witness surgeries first hand allowed a wonderful understanding of the day to day workings of clinical teams and how they interact with patients and administration. The course allowed us to see the medical system through the provider's eyes—something no other class allowed us to do."

### **CAREER ADVANTAGES**

Based on survey responses, the course has the potential to improve students' ability to communicate with physicians and other direct care providers. This skill aids them throughout their entire careers, and will become more essential as more physicians are employed by hospitals and health systems in the coming years. The Clinical Rotations course also gives students a tangible perspective of healthcare that aids them with discussions of and seeking solutions to patient care problems. A healthcare manager's ability to empathize with the daily struggles of clinicians and other direct care providers is a valuable asset for effective leadership and continuity.

### **VALUE OF THE COURSE**

The main value of the Clinical Rotations course is the experience to observe patient care and interact with direct care providers. Health administration students cannot fully comprehend patient care by merely talking about it in a classroom setting, or reading about it in a textbook. This course provides that higher level of comprehension through nearly fifty hours of observing

patient care and physician duties. Through this period of observation students also increase their ability to relate to clinicians and understand the causes and concerns of the clinical staff. There is also a reservoir of interest from physicians who repeatedly volunteer to take on health management students year after year. This implies that there is value for the physicians who participate in the course. This utility is summarized by the Chief Medical Officer of The University Medical Center, who stated that the Clinical Rotations course is, "a great opportunity for us to share the emerging trends in the healthcare environment with the future leaders of the healthcare delivery system" (Personal communication, UMC Chief Medical Officer, May 3, 2010)

#### LIMITATIONS AND CONCLUSIONS

There are limitations to the course. One limitation is time in clinical observation. The students spend eight mornings with their assigned clinical care team. Would fifteen mornings, for example, be significantly better? Another limitation is the choice to focus on depth instead of breadth. Currently the students spend all their observation time with the same care team. Would the course experience be more valuable if they rotated to new clinical areas each week? A final limitation is that the course is organization specific. This course takes place in an academic medical center and may not expose students to the same dynamics that exist in other types of teaching hospitals and health systems.

Regardless of these limitations, there appear to be positive attributes for the value of the Clinical Rotations course as designed at The Ohio State University. The time students spend in Clinical Rotations is often the highlight of their MHA curriculum. This is particularly true for those students who have never had exposure to the inpatient operations of a hospital before. Furthermore, the course is repeatedly cited as a driving reason for students choosing the Ohio State MHA program over other programs. Informal responses from senior attending physicians have been positive.

The second perspective is that of program alumni who have completed the course. Their perspectives are showcased in the outcomes section above. Alumni conveyed that through the course they gained a better understanding of how management can support patient care and what the trials of day to day patient care are like. The alumni also stated that the course helped their careers by improving their ability to communicate with physicians and empathize with the struggles that physicians often face. Improved communication and empathy that was developed in Clinical Rotations has helped alumni to better collaborate with physicians and other direct patient care providers.

The final perspective that highlights the benefits for the Clinical Rotations course is that of outside observers. In 2009, CAHME conducted a site visit and

accreditation review of the Master of Health Administration program at Ohio State. As a result of this review, the Clinical Rotations course was distinguished as a best practice that could be a model for other health management programs.

This experience can be arranged anywhere after the groundwork for a high level of trust is maintained between clinical leadership, physicians, and the MHA program. At Ohio State, all parties involved have worked constantly at building and sustaining this high level of trust. Based on the perspectives of students, alumni, and CAHME the Clinical Rotations course at Ohio State has sustaining utility for its students by providing knowledge of direct patient care, and they therefore will hopefully become better healthcare leaders.

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