Examining the Relationship between Clinical Efficiency and Education in the Departments of Ophthalmology and General Internal Medicine

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Je n’ai aucune affiliation (financière ou autre) avec une entreprise pharmaceutique, un fabricant d’appareils médicaux ou un cabinet de communication.
Agenda

• Context
• Study Design
• Results
  » Institutional focus on efficiency detracts from focus on education
  » Learners can be negatively impacted
  » Reorienting resources can help to better optimize both efficiency and education
• Conclusions
• Future Directions
Context & Study Design
“We’re going to have to make tough trade-offs and shift spending to where we get the best value for the dollar”

- Deb Matthews, Ontario’s Action Plan for Health Care, 2012

A Drive for Efficiency Pervades Ontario’s Health Sector

Healthcare reform through greater efficiency
Policies applied in top-down approach
Institutional changes to operationalize efficiency

Impact on Education?

General Internal Medicine
Ophthalmology
Investigating Education & Efficiency

- **Design**
  - Key stakeholder interview series

- **Participants**
  - Purposive sampling
  - 15 GIM & 10 Ophthalmology interviewees

- **Data Collection**
  - Conducted 60-minute, semi-structured interviews

- **Analysis**
  - Generated key themes and coding structure
  - Triangulated findings with literature

- **Future Directions**
  - Synthesized findings and discussed with leadership to generate strategies for improvement
RESULTS
Both UHN and KEI Target Efficiency

“The drive for clinical efficiency is relentless.” GIM

“KEI’s primary mandate is reducing wait times and completing a certain volume of cases.” OPHTHO
An Institutional Focus on Efficiency Detracts from a Focus on Education

“As focus shifts to driving efficiency and operations, attention has been taken away from education. Leaders are putting more time into managing operations.”  GIM

“KEI has always been efficient and continues to be that way. This is positive for patients but negative for education.”  OPHTHO
Individual Learners are Negatively Impacted

Increased clinical demands erode protected teaching time...

- “Residents are not able to attend noon rounds even though a part of their core curriculum... mostly due to the clinical responsibilities.”  GIM
- “Increased throughput means decreased teaching.”  OPHTHO

The high efficiency setting limits the type of educational opportunity...

- “Teaching more limited to specific instances of patient care.”  GIM
- “… No longer involved in pre-op care... Can’t access charts before hand... Less independence in decision making.”  OPHTHO

Surgical involvement and therefore learning opportunity has been reduced...

- “Spend more time assisting... Number of resident cases falling from 800 when KEI opened to 300.”  OPHTHO
The Repercussions are More Severe for Early Learners

“With increased volume you need to be quick... More problematic for early learners”  GIM

“Teaching and learning needs between junior and senior residents differ.”  OPHTHO

“It’s difficult for PGY4s to learn because there’s such a push for surgeons to meet their quota.”  OPHTHO
The Negative Impact is also Exacerbated in Ambulatory and Surgical Settings

“….bigger impact on outpatients – higher volume, less information, short time...” GIM

“In the surgical setting, little service is provided by residents... vs. the medical setting, where residents provide service and learn at the same time.” OPHTHO
Excess Focus on Educational Opportunity also Takes Away from Clinical Efficiency

“Education slows down efficiency... different systems at each hospital... Residents don’t want to learn irrelevant facts.”   GIM

“Learners are slow and inefficient...less efficient ORs may be better for learners”   OPHTHO
The Key is to Reorient Resources to Better Optimize both Efficiency and Education

Enhanced education today can drive future efficiency

- “Building a knowledge base helps you to be efficient in the future.” GIM
- “Education is a long term investment for future quality and efficient care.” OPHTHO

Heightened efficiency can also increase educational opportunity

- “Efficiency helps force residents to be better managers, collaborators, and interprofessional health care providers.” GIM
- “Being efficient helps reduce time pressures” OPHTHO
Four Factors Have Offset the Balance Between Education and Efficiency....
#1. University Goals are Subsumed by Clinical Demands of the Institution

“In the hospital setting, the education department has much less power because clinical efficiency is more important.” GIM

“Education leaders do not have enough decision-making power” OPHTHO
#2. Lack of Clearly Defined Expectations

“The roles should be clear within the hospital – nursing and house staff should be made aware of the residents role – residents are learners.” GIM

“No guidelines regarding numbers needed to complete. It’s hard to quantify what surgeons should be able to assign because it varies based on the case.” OPHTHO
#3: Ambiguous Accountability

**The organization?**

- *Schedule, increase structure of the day – helps with both efficiency and education.*  
  
  GIM & OPHTHO

**The teachers?**

- *“Balance being a health care provider and a teacher.”*  
  
  GIM

- *“Individual surgeon needs to be a good time manager.”*  
  
  OPHTHO

**The residents?**

- *“A good senior resident will look after [ALC patients] themselves and allow junior learners to look after more acute patients.”*  
  
  GIM

- *“Students and residents should give up some freedom in their schedule and be more micromanaged.”*  
  
  OPHTHO
#4: The Incentives to Teach are Intangible

“Not many explicit drivers for education.”  GIM

...Camaraderie and sense of community...

GIM & OPHTHO

...Paying it forward and personal gratification...

GIM & OPHTHO
Recommendations
Strategy
Give education a voice at the decision making level and reorient resources to support educational needs using each of the subsystem levers

Information & Decision Making
- Develop a metric for measuring and monitoring educational opportunity
- Develop an algorithm to generate educational feedback and incorporate it into operations planning

Structure
- Set educational targets when streamlining daily operations
- Consider educational productivity a part of institutional productivity
- Define and disseminate resident and teachers roles and responsibilities throughout institution

Incentives
- Encourage positive recognition from learners
- Facilitate opportunities for residents to communicate positive teaching strategies and learning environments with all staff

Human Resources
- Enhance opportunities for senior resident and faculty development in the teaching role
- Enhance opportunities for discussion among all healthcare disciplines about residents’ dual roles

Culture & Values
Adapted from Golden and Martin, 2004
IT’S A BALANCING ACT....

Efficiency

is the imperative

Education

is the responsibility
Questions???
References


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