



IMPARTING CORPORATE SKILLS TO CLINICIANS: A SERVICE-LEARNING MODEL



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SINGHEALTH



Largest & most comprehensive healthcare system in Singapore

\$S1.6b enterprise

3 hospitals

5 national specialty centres

3,400 beds

42 specialties

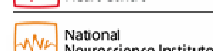
2,000 doctors; **13,000** staff

3 million patient visits per year

175,000 surgeries per year

51% of all day surgeries in Singapore

... and a network of primary healthcare clinics



“Doctors and managers have different cultures, which opens up possibilities not only of fruitless fighting but also of rich learning.”

Richard Smith, former editor of the British Medical Journal
BMJ 22 Mar 2003

INTRODUCTION- CLINICIANS ARE ILL-PREPARED FOR A MANAGERIAL ROLE AND ARE UNHAPPY ABOUT IT

- Clinicians are increasingly taking on managerial roles and clinical heads of departments now have wide-ranging duties including budgeting and strategic planning

BUT

- No formal and systematic management training
- Inexperience with management tools, lingo and culture

Views of doctors and managers on the doctor-manager relationship in the NHS

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A well functioning relationship between doctors and managers is crucial if government plans for “modernising” the NHS are to deliver real service improvements.^{1,2} We aimed to shed some light on current perceptions of the doctor-manager relationship by examining areas of convergence or divergence of view among a large sample of doctors and managers in the NHS.

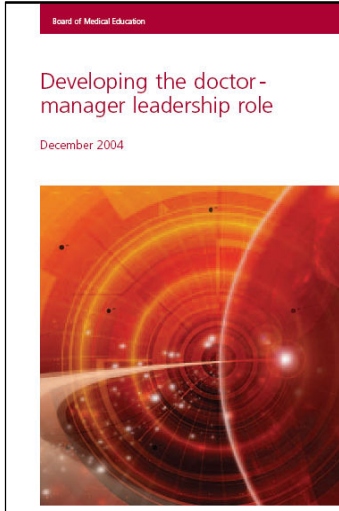
Participants, methods, and results

We conducted a postal questionnaire survey in NHS acute trusts across Great Britain during the summer of 2002. The survey included a census of chief executives and medical directors (from 197 trusts), together with a stratified cluster sample of both medical and non-medical managers at directorate level (clinical directors or their equivalent and non-medical directo-

and 376 non-medical directorate managers (or equivalent). The response rate was 66% at board level and 73% at directorate level, giving a total of 1092 respondents.

Overall, chief executives were the most optimistic about the state of doctor-manager relationships, and clinical directors the least. About three quarters (78/109, 76%) of chief executives rated the quality of current doctor-manager relationships as 4 or more on a scale of 1 (poor) to 5 (excellent), compared with just 37% (164/443) of clinical directors. Further, 78% (80/102) of chief executives thought that doctor-manager relationships would improve over the next year, compared with just 28% (123/439) of clinical directors (indeed, 26% (113/439) of clinical directors thought that the relationships would deteriorate). Differences across all four groups were significant at $P < 0.01$.

LEARNING OBJECTIVES FAIRLY UNIVERSAL REGARDLESS OF MEDIUM



Box 1 Management levels

- Level 1: doctors manage their own time, their staff and patients. This is called operational management and applies to most doctors.
- Level 2: doctors will contribute to management decisions beyond their own departments. At this stage managers have to live with their management successes and failures.
- Level 3: doctors as clinical directors who are responsible for delivering a service and for managing other consultants delivering a service. In addition, they may be responsible for managing a budget.
- Level 4: doctors as medical directors or clinical directors who contribute to the strategic direction or strategic management of the organisation.

Some common themes seen in management courses for doctors are:

- the broader healthcare context including healthcare policy, strategy and NHS management issues
- management development issues and leadership skills
- clinical governance
- team work and team building
- motivating and inspiring
- mentoring
- key principles of management
- problems in management
- appraisal skills and systems
- communicating and influencing
- medical research development
- service redesign
- Board level thinking and decision making.

COUNTRIES AROUND THE WORLD FACE THE SAME ISSUES IN HEALTHCARE



2006/2007 Master of Science in Health Care and Management (MCHM) Handbook

6.2 Core Curriculum	
<i>First Semester:</i>	
90-709 Intermediate Economic Analysis	
90-710 Applied Economic Analysis	12 units
or	
90-711 Empirical Methods for Public Policy and Management	
90-786 Intermediate Empirical Methods for Public Policy and Management	12 units
or	
90-729 Organizational Design and Implementation	6 units
91-808 Performance Management	6 units
or	
90-728 Database Management Systems	6 units
90-732 Information and Communication Technologies	6 units
90-761 Principles of Health Care Management	12 units
Electives	6 units
<i>Second Semester:</i>	
90-922 Management Science I: Optimization & Multi-criteria Methods	6 units
90-760 Management Science II: Decision Risk Modeling	6 units
90-735 Health Economics	12 units
91-853 Health Care Information Systems	12 units
90-xxx Systems Synthesis Project	12 units
Electives	12 units
<i>Third Semester:</i>	
91-831 Introduction to Financial Management of Health Systems	6 units
91-830 Advanced Financial Management of Health Systems	6 units
91-861 Health Policy	12 units
90-832 Health Law	12 units
Electives	24 units

FORMAL MANAGEMENT TRAINING AND EXPOSURE TO SENIOR HEALTHCARE LEADERS INADEQUATE IN AND OF THEMSELVES



Launch of Inaugural Clinician Leadership Programme

The Clinician Leadership Programme, jointly developed by SingHealth and the Singapore Management University (SMU), was launched by GCEO Phua Kah Kee on 3 October.

The five-day programme was specially tailored to meet the needs of clinician leaders and was attended by 20 selected clinicians from the various SingHealth institutions as they worked towards effective leadership, hospital operations management and administration.

GCEO shared his own journey as a clinician leader and emphasised the need for clinicians to broaden their skills beyond clinical excellence in order to play a pivotal role as future leaders. The programme enabled participants to engage in learning and discussions around topics such as Strategy and Implementation, Managing Financial Resources, Service Operations, Evidence-based Service Delivery, as well as Leadership and Talent Management.

It was an interactive and engaging day of discussion and debate around case studies and real-time scenarios, challenging of thinking styles of thinking and critical. At the end of the five-day programme, participants analysed a better understanding of the business and healthcare environment as well as trends and strategies that are necessary for organisational growth. They also gained greater insights into business and group dynamics, giving them more confidence and know-how on how to make an immediate difference in a given situation. Several business tools were tapped on to help them improve and align their departments to SingHealth's overall development and direction and they also had the opportunity to work more on the collective knowledge of future leaders to work more effectively for better outcomes in the workplace.

Feedback from past participants
 This course gave us a great insight into the areas in which we need to develop ourselves over the next five to ten years. We got a lot of ideas on financial, operational, financial and leadership issues. This is a great opportunity to step outside our bubble approach.

"It was very helpful in understanding our management approach and why they do some of the things they do."

"I think our work with many potential benefits today thanks to my exposure. Definitely would support future leaders."

Developing Our Future Leaders

The SingHealth Emerging Clinical Leadership Programme, a partnership with the Singapore Management University (SMU), aims to prepare our young clinicians for future leadership roles.

Held on 3-8 November 2009, the inaugural programme covered the two topics of "Managing Professional Relationships" and "Evidence-based Service Delivery For Emerging Healthcare Leaders".

At the end of the programme, participants walked away with a deeper understanding of the latest challenges in the health care environment and a greater awareness of the need to ensure good customer experience as a service provider in a healthcare setting. They also learnt how to balance professional relationships with others through better self-awareness.

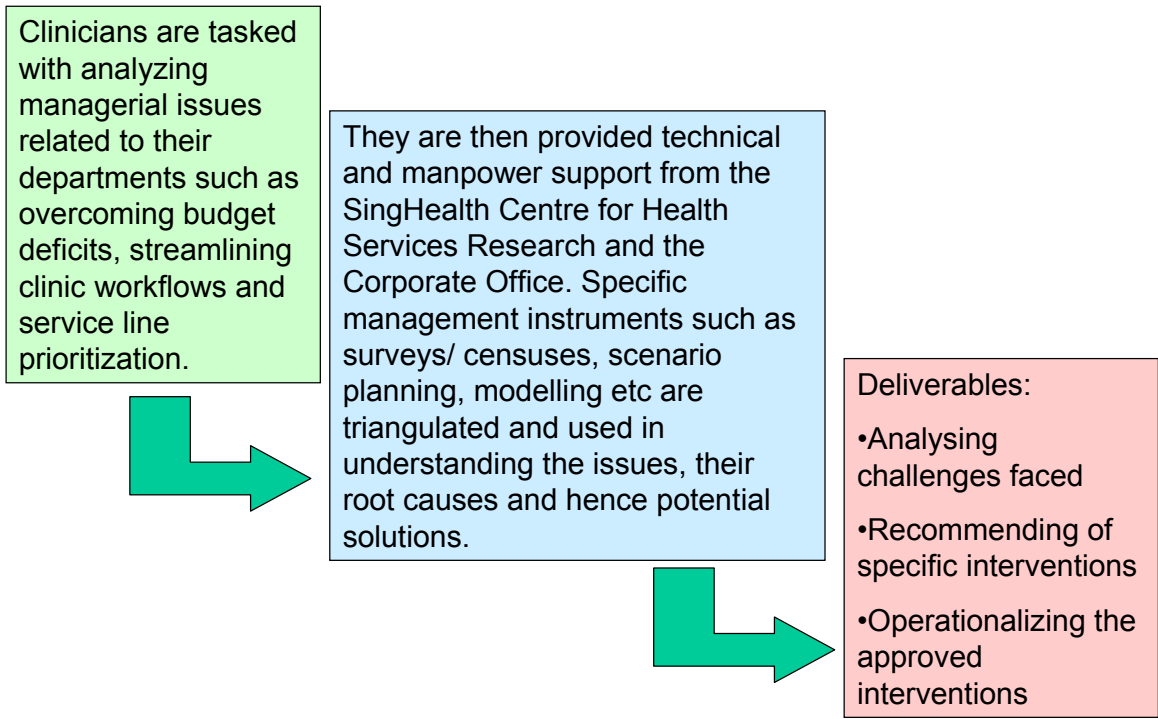
One of the participants, Dr. Joan Khoo said, "The SingHealth Emerging Clinical Leadership Programme was an enriching and useful experience which provided opportunities to interact with medical and nursing colleagues from other hospitals and hospitals. The sessions on Evidence-based Service Delivery provided us with insights into successful hospital administrative and patient care problems in different healthcare systems. In subsequent group discussions, we identified the processes that helped and hindered service delivery in our workplaces and came up with solutions to the problems."

SingHealth Leaders Gain New Perspectives at the SingHealth Leadership Series 2006

For three days from 17-21 April, SingHealth was privileged to host distinguished visitor, Mr. Malcolm Sharp, Chief Executive of Cambridge University Hospitals National Health Foundation (NHF) Trust as part of the SingHealth Leadership Series 2006.

Since its launch five years ago, the SingHealth Leadership Series has been a successful cross-learning platform where experienced industry professionals are invited to share their experiences and expertise with management and leaders of the SingHealth Group. An integral part of SingHealth's investment in education, including the Leadership Series reflects SingHealth's commitment to the professional development of our staff.

JOINT PROJECT TEAMS ADOPTING A SERVICE-LEARNING MODEL HAS BEEN ADOPTED IN SINGHEALTH



CLINICIANS 'LEAD' A MULTI-DISCIPLINARY TEAM



- Paired with senior physician-administrator/ administrator
- Team typically comprises staff from operations, finance, human resource and policy depts
- Project charter drawn up at first meeting
- Work carried out in smaller groups and communication mainly through emails, SMS and phone calls
- Meetings called when decisions needed and issues best discussed face-to-face
- Short, discrete projects to maintain momentum and minimize demands on time

SERVICE-LEARNING IS 'SUBCONCIOUS' AND NOT MADE EXPLICIT TO CLINICIANS



- Ownership of the challenge forces active participation, engenders buy-in and hands-on problem solving
- In the process, corporate skills and understanding of organizational behaviour are imparted in a service-learning framework to clinicians.
- Mutual understanding and respect fostered together with cross-pollination of ideas

THE EXPERIENCE OF THE RENAL SHARED CARE PROGRAMME



- **PROBLEM**
 - Too many patients seen in Renal Specialists Outpatient Clinics (SOC) leading to increasing waiting times for appointments and insufficient time for consultations
- **ANALYSIS**
 - 29% of SOC patients have Chronic Kidney Disease Stage 1 and 2
 - Amenable to enrolment in shared care programme with family physicians

BUT

 - Differential pricing, no regular family physician
- **PROPOSED INTERVENTION**
 - RENAL SHARED CARE PROGRAMME
 - Clinical content and guidelines developed by renal physicians
 - Pricing and policy barriers overcome by administrators
 - Recruitment of family physicians done jointly: renal physicians educate on clinical care; administrators brief on process



THE EXPERIENCE OF IN-PATIENT PALLIATIVE CARE



- **PROBLEM**
 - Too many patients admitted to Medical Oncology appear to be ‘terminal’ and better suited for community hospice care
- **ANALYSIS**
 - 25% of Med Onco patients admitted to acute wards are for ‘Best Supportive Care’
 - Amenable to palliative care service take-over and/ or transfer to community

BUT

 - Resistance to ‘hospice in acute hospital’ concept
 - Community hospice service providers insufficient in numbers, long waiting times
- **PROPOSED INTERVENTION**
 - ENHANCE INPATIENT PALLIATIVE CARE SERVICE, AUGMENT PALLIATIVE CARE CAPACITY BUILDING
 - Increase staffing for palliative care team
 - No take-over by palliative care team but co-management with “need to” primary oncologist input
 - Movement of ‘BSC’ patients to long-stayers ward
 - Discussions with philanthropic organization to support training



Patients in the Centre of our Universe



CONCLUSION

- The clinico-managerial combination has proven highly effective, imparting valuable corporate skills to clinicians, enabling deeper understanding of clinicians and clinical practice by administrators and promoting mutual respect and cross-pollination of ideas.

“Doctors are, I believe, losing out in modern healthcare systems because of their discomfort with leadership, strategy, systems thinking, negotiation, genuine team working, organisational development, economics, and finance. Learning more about these things from managers, their colleagues, may make them not only more effective but happier, less lost within modern health care.

Managers in their turn might learn from doctors more about creating an evidence base, encouraging research based debate, becoming a full profession, and staying close to patients. Mutual learning could lead to a harmony that would benefit both groups and, more importantly, patients.”

Richard Smith

BMJ 2003



THANK YOU

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