



Wake Up and Smell the  
Rubbing Alcohol:

Could Teaching Hospitals  
Provide a Model for  
Corporate Learning  
Environments?

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***“You start out with the recognition that everyone around you is smarter than you are...so that everyone you encounter you can learn something from. And, that everyone you encounter wants to help you learn something new.”***

# Why?



Parallels to business: level of risk, stress and pressure, highly regulated industry, constant need for knowledge acquisition, time is money

Hypothesis: Corporations can improve their learning environments and in the process improve learning, particularly in professional services.

# History and Core Components

- We've thought about this for a while – created a **Metaphoric Experience™** Learning Method called *Medical Rounds* at a program in 2002.
  - Coming to a point of view
  - Assessing the data / diagnosing the problem
  - Validating opinion
  - Communicating the news
- Five common components at teaching hospitals:
  - Evidence-based medicine
  - Problem-based learning
  - Constant assessment and feedback (culture)
  - Simulation
  - Role as teacher

# About Johns Hopkins Medical Center

- Recognition:
  - 16 consecutive years as #1 in American hospitals (US News and World Report)
  - JH University School of Medicine one of top 3 in the U.S.
  - 12 consecutive years as top recipient of federal research dollars
  - Awarded \$3M grant in 2004 from US Dept. of Labor upon recognition of its commitment to growing its own employees
- Vision:
  - To maintain its position as a preeminent academic medical center and health delivery system with state-of-the-art facilities and systems of care to ensure the highest quality research, teaching and patient care.
- Values:
  - Excellence, integrity, and collegiality
- People:
  - 2,333 full time faculty, 1,170 part time faculty
  - 695 House Staff, 696 Graduate Students, 481 Medical Students, 1,379 Fellows
  - Patients – 1,467 acute care beds
  - Employment totals – 24,500 people in Johns Hopkins Medicine

# Johns Hopkins Medical Center

- Video:
  - Owning the Patient
  - The Osler Way
- Video:
  - Morning Rounds
  - Noon Conference
  - Afternoon Reports
  - A Culture of Learning

# The Structure: Firms and Routines

- Firms comprise ~30 residents
- 4 Assistant Chiefs of Service (ACS)
  - Heads of a Firm
  - Clinical and supervisory (teaching) duties
  - Hand picked by Dr. Wiener
- What are the learning routines?
  - Morning rounds (every day)
  - Noon conferences (4 days/week)
  - Afternoon Reports (2 days/week)
  - Simulations



# Mock Code





# Core Beliefs of the Teaching Hospital

- *"It's everyone's role to teach"*
- *"Show me the evidence"*
- *"Testing is a way of life"*
- *"Hierarchy works"*
- *"Learning is valued"*
- *"Problem-based and group learning is the way to go"*
- *"We learn from our mistakes"*

# Key Takeaways

- Culture of learning and teaching at work
- Problem-based learning (around evidence)
- Formal and informal exchanges
- Assessment and feedback (continuous)
  - Portfolios for capabilities / skills
  - RIME (Report, Interpret, Manage, Educate)
  - Competencies (visible and coachable)
- Simulation and practice
  - Economics and risk – mitigates risk and creates efficiencies in terms of teaching resources; business process streamlining
  - Technology and simulation
  - Live clinics with actors



## 6 Competencies

- **Patient Care:** compassionate, appropriate, and effective
- **Medical knowledge:** application of biomedical, clinical, and cognate sciences to patient care
- **Practice-based learning and improvement:** investigation, evaluation and improvement of patient care by appraisal and assimilation of scientific evidence
- **Interpersonal and communication skills:** effective information exchange and teaming with patients, their families, and other health professionals
- **Professionalism:** commitment to professional responsibilities, ethical principles, and sensitivity to a diverse patient population
- **Systems-based practice:** awareness of and responsiveness to the system of health care and the ability to effectively call on system resources to provide care that is of optimal value

*Is there any one of these you'd want your doctor to be without?*

# Discussion

- Transferability
  - Our perspective: Hospitals reacted to learning needs differently than most organizations. Instead of creating programs, they embedded learning at work. They:
    - Teach everyone (especially leaders) how to teach and coach
    - Create mechanisms for problem-based learning within teams
    - Activate their competencies: make them observable so that people recognize when they see them and can give feedback on them in the moment. (Don't have 20 competencies! These hospitals just have 6.)
  - What do you see as the applications?
  - How might this apply in your organization?
- Have corporations forgotten how to develop professionals?

# More traditional uses: Coaching and Development

- Program application
  - Setup:
    - DVD with actors, plus real doctor and physician's assistant
  - Questions:
    - Paul acts as a teacher and strikes a balance between allowing Lia to learn and not failing. How would you have felt if you were Lia? If you were Paul, how would you grapple with the balance of letting Lia learn and err vs. your own responsibility to not let the procedure fail and likewise your liability if it did?
    - What values, beliefs, & norms keep us/corporations from cultivating these relationships?

# Principles of Learning Cultures

- **See learning as a cultural value and process rather than a one-time event**
  - *Focus and support is given for informal on-the-job learning (teaching and coaching) and formal learning (education and training programs)*
  - *Deliberate routines integrate learning and knowledge sharing into the course of work (e.g. After Action Review, Rounds, Error conferences)*
  - *Integrate learning, education and knowledge sharing with other human performance systems*
- **See the linkages between learning in the course of work and the creation of new knowledge to be shared**
  - *See mistakes as an opportunity to learn and drive systemic change*
  - *Avoid “stability traps” and hold few sacred cows---ask why?*
  - *Knowledge is shared and knowledge sharing is supported – user friendly methods for knowledge sharing are available; competition between groups or business units is minimized (when it harms sharing)*
- **Align learning initiatives with the business goals of the organization**
  - *Set standards and expectations for culture and performance at a high level*
  - *Measure the impact of learning and knowledge sharing*
  - *Focus on competency development and proof of proficiency*
  - *Learning is moved outside the “four walls” of the organization to include other members of the overall value chain, such as customers and channel partners*
- **Leaders model, engage in, and reward learning**