

HELPING CLINICIANS HELP PATIENTS

Facilitating the
Transition into the
Clinical Learning
Environment

CPR

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Chapter 5

IMPLEMENTATION ROAD MAP

Chapter 5 discusses the needs analysis design process, including its role in customizing the program to the specific needs of the target population. Ch. 5 also discusses the selection and training of group leaders, as well as formation of trainee groups.

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CHAPTER 5:

IMPLEMENTATION ROAD MAP

In order to customize a program to the specific needs of the target population, meet their real rather than assumed needs, and to maximize the program's effectiveness, several pre-implementation steps are necessary.

PRE-IMPLEMENTATION STEPS



CONDUCT A NEEDS ANALYSIS

*Several months prior to initial implementation**

**Prior to each module in subsequent years*

Before designing any organizational intervention to deal with stress management, burnout reduction, employee well-being improvement and developing resiliency, and prior to prescribing any form of training, it is important to conduct a thorough needs assessment and organizational analysis to ensure the training program is addressing the stressors present in the target environment and experienced by the majority of the target population. Organizational stressors can vary by institution. Even within the same organization, stressors can differ from one department to another, and the needs of employees in the same organization can change. Employees working in organizations are exposed to a wide range of challenges and situations that are potential stressors.

CONDUCTING AN EFFECTIVE NEEDS ASSESSMENT

In order to conduct an effective needs assessment in any organization, both organizational stressors and individual-related stressors should be identified. Both have long been recognized as being expensive because they take a toll both on the employee and on corporate health.

Dysfunctional stress in organizations is associated with:

- turnover
- absenteeism
- industrial accidents
- decline in the quantity and quality of production

Organizations, like individuals, can have distinct personalities. The personality of an organization is often shaped by its top executives and leadership, and can often be a learned behavior among new employees.

Organizational stressors include:

- An autocratic management team – This can create a culture of fear and cause other organizational stressors such as intra- and intergroup conflict.
- Poor relationships within and between groups in the organization – These may result in low levels of trust, lack of cohesion or sense of support, and lack of interest in identifying and dealing with problems.

- Inadequate employee participation – This limits the extent to which a person's knowledge, opinions, and ideas are included in the decision-making process. Organizations that do not allow or encourage participation can be a source of frustration for those who value it.
- Lack of performance feedback – Employees want to know how they are doing and how their superiors view their work. Lacking constructive performance evaluation feedback or receiving it in a highly critical manner can create stress in the employee. In order to minimize stress, performance feedback should be an open, two-way communication system.

Individual stressors include:

- Role conflict – How an individual behaves in any given situation depends in large part on the demands and expectations he places on himself versus those placed on him by others. Role conflict arises when one set of these demands and expectations makes it difficult to comply with another.
- Role ambiguity – Arises from a lack of clarity about the job objectives and the job responsibilities. Chronic ambiguity can elicit a stress response that can be negative and maladaptive in nature, and poses a threat to the employees' adaptation.
- Work overload – Quantitative work overload occurs when a worker has too many things to do and not enough time to do them. Qualitative overload occurs when the worker feels he does not have the ability to do his job or cannot perform his job at the expected level, no matter how much time he might have to complete it. If this feeling is chronic, it may affect the quality of decision-making and interpersonal relationships, leading to costly and dangerous mistakes.

In order to conduct an effective organizational assessment, two forms of needs analysis—that coincide with the two types of stressors—are essential: organizational and individual. An individual analysis should be combined with the organizational analysis data. Each analysis provides different sets of data. The organizational stress-induced problems can impact individuals in different ways. Both can be addressed in a well-designed stress management training program.

Organizational Analysis: The organizational analysis should determine what is causing or contributing to difficulties and areas that employees are reporting to be a problem. Both employee and management input are needed for an informative and accurate organizational needs analysis. It is important that top management be supportive of the training and be aware of what objectives the training program is attempting to achieve. The following questions should be addressed:

- What are the main producers of stress in the medical institution?
- Do they detract from the attainment of organizational goals?

- Is it possible to alleviate them through a training program?
- How can its effectiveness be evaluated?
- What are the specific goals of the training program?

Individual Analysis: An individual analysis should provide specific clues about the difficulties individual employees are experiencing. Deficiencies can be due to lack of knowledge or skills, a poor attitude, or unmanaged stress on or off the job. When deficiencies or problems are identified, the cause or reason should be uncovered. The following questions should be addressed:

- What are the prevalent difficulties individual trainees are experiencing?
- Will the individual benefit from some form of training in order to best perform in the organization?
- What knowledge will be useful for the transition?
- What skills can be developed to assist in areas of struggle?

SUGGESTED FORMAT FOR AN INITIAL NEEDS ANALYSIS (BCM)

Any medical institution can conduct a needs analysis to identify its own unique stressors.

It is suggested to utilize a two-phase process that includes an organizational analysis and an individual analysis. They both form the basis for an effective program design.

Please note that, at BCM, although a needs analysis was conducted every year to update the session topics, strategies to deal with challenges, and materials, the thorough analysis as described below was only conducted during the first year of implementation.

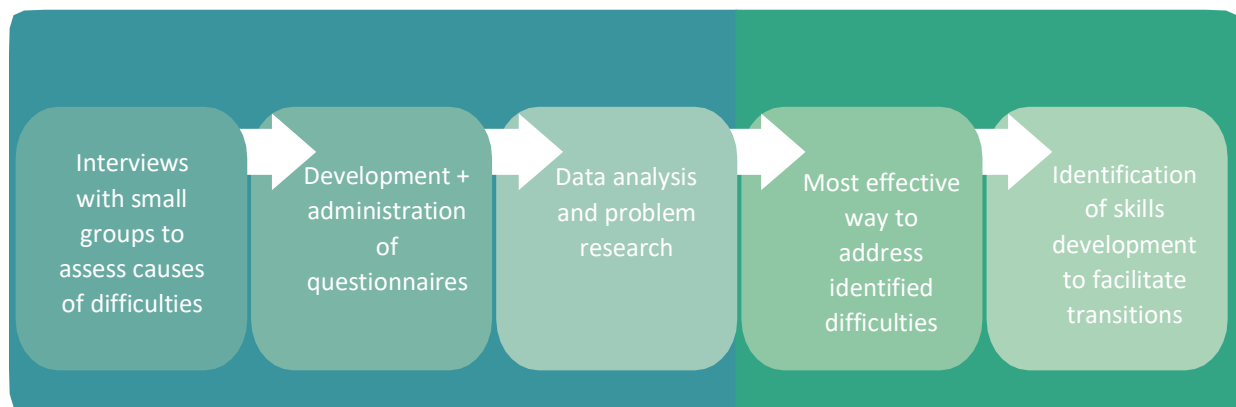
PHASE I: IDENTIFYING PROBLEMS

- Conduct an **Organizational Analysis:**
- Suggested steps for implementation:
 - Meetings with small groups of trainees, senior clinicians, chief residents, and faculty to identify general causes of difficulties during first year of training
 - Based on feedback, develop questionnaires to validate information
 - Administer questionnaires to large groups of trainees to identify additional common issues
- Conduct an **Individual Analysis:**
- Suggested steps for implementation:
 - Individual interviews to identify individual trainees' needs and recognize common themes
 - Group interviews/exercises to identify individual stressors
 - Identification of common themes in the individual stressors reported

PHASE II: IDENTIFYING WAYS TO ADDRESS THE PROBLEMS

- Small groups of three or four senior clinicians offer their perception of the most effective ways to address the difficulties identified in the first stage. (Organizational analysis)
- Based on their cumulative experiences, they identify those personal attributes and skills that would have helped them most throughout their first year of training. (Individual analysis)
- Senior clinicians discuss their preferred remedy modes (such as problem-solving approaches, case studies, group discussions, role-playing and various relaxation techniques) and determine which could be most effective for their population.

Figure I: Needs Analysis Design Process (ADD)



SELECT GROUP LEADERS

One month prior to implementation

In order to create more opportunities for mentorship, facilitate the transfer of collective wisdom, and formalize informal training:

- Senior clinicians should be selected as Group Leaders (GLs) considering input from:
 - Trainees
 - Senior clinicians
 - Chief residents
 - Program director
- Selection criteria included:
 - Leadership skills
 - Perceived professionalism
 - Efficiency as a senior clinician
 - Academic performance
 - Performance in teams (i.e., willingness to help peers)
- The GL selection process should include demographic considerations that reflect the diversity of the trainee groups. Factoring in demographic considerations contributes to the optimal functioning of the group and to individual professional development, since group members tend to identify with role models from similar backgrounds/cultures. In addition, group members' professional development is enhanced as they are exposed to and learn about different cultures.

CONDUCT GROUP LEADER TRAINING

Several weeks prior to implementation

The first GL session should be dedicated to training the GLs and providing tools to optimize their leadership in the groups. During the training session, the facilitator poses the following questions to the future GLs and conducts a discussion based on the responses:

- How would you describe the differences between being a group leader and a group participant?
- Can you identify attributes of effective group/team leaders and role models?

- In reflecting on these attributes, can you identify your own potential strengths and weaknesses as a group leader?

Additional tips for effective group leadership:

- **Foster a professional environment where:**
 - Everyone is treated with respect even during a disagreement
 - It is safe for differences to be expressed
 - Differences and difficulties are dealt with in a constructive manner
- **Listen carefully.** Focus on listening rather than being concerned about what to say next. Participants' ideas and thoughts are the best source of follow-up questions and comments. Listening intently also sends a message that participants' contributions are valuable.
- **Get everyone to contribute.** Make it a point to address questions to those who speak rarely or not at all. Do not let a few articulate members dominate the discussion.
- **Ask follow-up questions.** Many times, participants do not say exactly what they mean or may offer what appear to be superficial comments. Ask one or more follow-up questions to help participants articulate their ideas more clearly. Follow-up questions are also your "contact" with your group. Your questions keep participants attentive and help them focus on the central problem.
- **Be a role model.** The goal of these training sessions is to create a professional environment where everyone participates and shares experiences in a nonjudgmental and respectful manner, even when there is disagreement. It is the GL's responsibility to:
 - Foster an atmosphere in the groups that will be carried out to the hospital wards
 - Model behavior in the groups that you would want to see replicated outside the group
 - Listen nonjudgmentally and use what you hear in a constructive manner

CREATE TRAINEE GROUPS

Several weeks prior to implementation

Diversity Considerations: It is important when creating the trainee groups to reflect the diversity of the trainee class. Developing heterogeneous groups and insuring diversity:

- Facilitates understanding and sensitivity to each other.
- Leads to a more supportive training environment. It also allows the trainees to learn from each other about cultural differences and considerations when taking care of patients.

Geographic Considerations: Every healthcare institution has trainees that have come from within the organization, as well as applicants from other states and countries. Each of these trainees has a contribution to make, and it is recommended that the small groups reflect this geographical diversity in order to ensure cohesiveness in the training program.

Important Guidelines: To foster a positive organizational culture and relationships among the trainee groups, the following guidelines are important to communicate:

- Professionalism is defined not only by how patients are treated, but also by how clinicians treat each other.
- The meetings are completely confidential.
- Should participants experience a problem requiring external intervention from program management, their consent will be obtained prior to any sharing of information.
- The facilitator and group leaders are always available to assist, including outside of the group setting.
- Trainees have different needs. At times, one segment of the program will not answer your particular needs but will address other participants' needs. There might be other times when your needs will be addressed, rather than someone else's.

GROUP STRUCTURE USED AT BCM

- Balanced mix of male and female trainees
- Several graduates from the medical school affiliated with the residency program
- Graduates from other medical schools in the country
- International medical graduates

- We are here to help each other and address everyone's needs; the objective is that, while participants enter the group as individuals, they will support each other and leave the session as a cohesive group.

TAILOR PROGRAM TO MEET REAL VS. ASSUMED NEEDS

Several weeks prior to implementation

The continuous tailoring of the program to meet trainees' real rather than assumed needs is instrumental to any training program's longevity and success.

This goal is achieved through ongoing needs assessment as described above. Although the initial material for the program can be based on a one-time analysis, it is only through ongoing needs analysis and participants' feedback collection that the program can continuously meet the needs of both trainees and management.

In an ongoing program:

- **Annually**, facilitator and GLs review the previous year's modules, goals, and materials in the first GL meeting, analyzing which modules are still relevant and applicable to the needs of future incoming trainees.
- Program management's recommendations are also considered. New materials are developed prior to every module to make sure the information is current.
- **Monthly**, the curriculum of each individual module is continuously tailored to meet the emerging needs of both trainees and management. Modules and materials are updated as the training program and the hospital work environment changes.

Due to its commitment to ongoing needs assessment, the program constantly evolves. Because of these factors, the program remains consistently useful for professional development and promoting well-being and resiliency of clinicians in training, serving as an effective mechanism to bring constructive organizational change.