Teaching Hospitals: Adding Culture to the Curriculum

Teaching hospitals have the unmatched opportunity to shape a more collaborative, team-based and patient-centered culture of medicine.

By Dr. James Merlino

Although teaching hospitals represent only 5% of U.S. hospitals, they provide 23% of all clinical care, 37% of all charity care and 26% of all Medicaid hospitalizations. As such, they are responsible for delivering care to some of our nation's most vulnerable populations while also developing and cultivating the doctors, dentists, nurses, social workers, pharmacist and other professionals who will lead our health care system into the future.

Along with this awesome responsibility, academic medical centers (AMCs) and teaching hospitals have the unmatched opportunity to shape a more collaborative, team-based and patient-centered culture of medicine by transforming the traditional education model—which is primarily lecture-based and segmented by discipline—into one in which students from multiple disciplines learn how to work together in teams to improve the patient experience, and then take these collaboration skills with them when they enter the workforce. By transforming the educational model through these interprofessional programs, AMCs and teaching hospitals can transform the health care culture, promote engagement, optimize outcomes and improve safety.

Culture Change Challenges

We invest millions of dollars each year trying to improve. We teach caregivers to be nice, improve safety, use Lean principles and foster better and more effective teams. All of this work is important, difficult and critical to our success in improving the patient experience. And all of it is directly related to organizational culture.

Culture is the foundation of the work we do in safety, quality and patient centeredness. Engaged caregivers pay more attention, support their colleagues, do better work, make fewer safety errors—the list goes on. Our ability to create and sustain a culture of satisfied and highly engaged caregivers is the bedrock that supports what we do.

Even with this understanding, sometimes we feel as though the work we do to “change” our culture is akin to swimming against a strong current in which multiple influences undermine our efforts to reach our destinations. For example, our caregivers are experiencing record levels of burnout, stress and compassion fatigue, which is eating away at our culture. Another culture divider—despite our collective progress—is bullying: both the overt acts of intimidation and the microaggressions that are harder to spot and fix.

Compounding the challenge of culture change is the fact that our organizations often work against our culture. We fail to engage our employees, effectively communicate our objectives to them or treat them with respect, which creates suspicion and fuels distrust. In such an environment, the opportunity to message partnership and engagement is lost, and our culture suffers.

Ineffective leadership can also erode organizational culture. Poorly developed leaders with neither good emotional intelligence nor the competencies needed to succeed can lead to unhealthy, competitive and sometimes vicious internal rivalry that fuels anger, suspicion, distrust and fear.

Despite our best efforts, these undercurrents thwart our ability to improve the care we deliver and sustain the improvements we make. This contributes to an unhealthy environment, paralyzes our progress and wears down our caregivers, relegating much of the cultural work we do to mere window dressing that becomes difficult to sustain.
Building a Strong Cultural Foundation

While we will continue to fight these battles on the back end through cultural development and transformation efforts, we must be proactive on the front end by investing more time and resources in our future caregivers. If we build a stronger cultural foundation, we will avoid having to continually reengineer our culture.

Our goal is for health care professionals to enter the workforce equipped with the tools, mindset, competencies and skills necessary to deliver safe, high-quality care in a culture of patient centeredness. To achieve this ideal, we must teach students across disciplines how to collaborate with one another. If future caregivers spend more time learning and working together as a team rather than in segmented lecture halls and clinical rotations, and if we continue to train them together as they develop their skills post-graduation, they will be better able to model that teamwork in practice.

To accomplish this task, we must teach future health care professionals the skills and behaviors that form the culture of the organizations we are responsible for leading. We can tackle this critically important issue by driving and insisting on more interprofessional education and interaction among aspiring health care professionals.

We can begin to teach many competencies at this level, but at a minimum we should focus on the following:

- Make teamwork a core value of every professional training program.
- Model respect and humility and demand it of those we teach and mentor.
- Ensure that humanism, compassion and empathy start at the education stage and continue through training and career maturation.

Shifting our collective focus to these considerations will ensure that when subsequent generations of health care professionals enter the workforce they have the behavioral attributes required to improve the patient experience.