



# Education Grand Rounds

University of Oklahoma Health Sciences Center

## **Changing Educational Culture**

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Jay L. Grosfeld Professor

Chair, Department of Surgery, Indiana University School of Medicine

Co-Sponsored by Office of the Vice Provost for Academic Affairs & Faculty Development, Educators for Excellence Advisory Panel, College of Medicine Academy of Teaching Scholars and the HSC Bird Library Society

*Cell phones and electronic devices should be turned to silent or off.  
Thank you!*

# Building Education Culture: the Flywheel Effect

Gary Dunnington MD  
Academy of Teaching Scholars  
University of Oklahoma  
October 18, 2019



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# Disclosure

- Only that in changing educational culture, I have learned more from my mistakes and failures than from my successes



# IU Surgery and IU Health in Indianapolis



IU Health University Hospital



IU Simon Cancer Center



Roudebush VA Medical Center



IU Health Methodist Hospital



Riley Hospital for Children



Eskenazi Health Hospital



IU Health North Hospital



IU Health Saxony Hospital



IU Health West Hospital



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# Objectives for this session:

- Identify some of the key traits of great organizational culture
- Apply change literature to the challenge of changing educational culture
- Identify vital behaviors for change in the culture
- Measure and coach for improvement in teaching performance



# Organizational Culture



# What is Organizational Culture?

“Culture is what people do when no one is looking.”

- Herb Kelleher, Chairman  
Southwest Airlines

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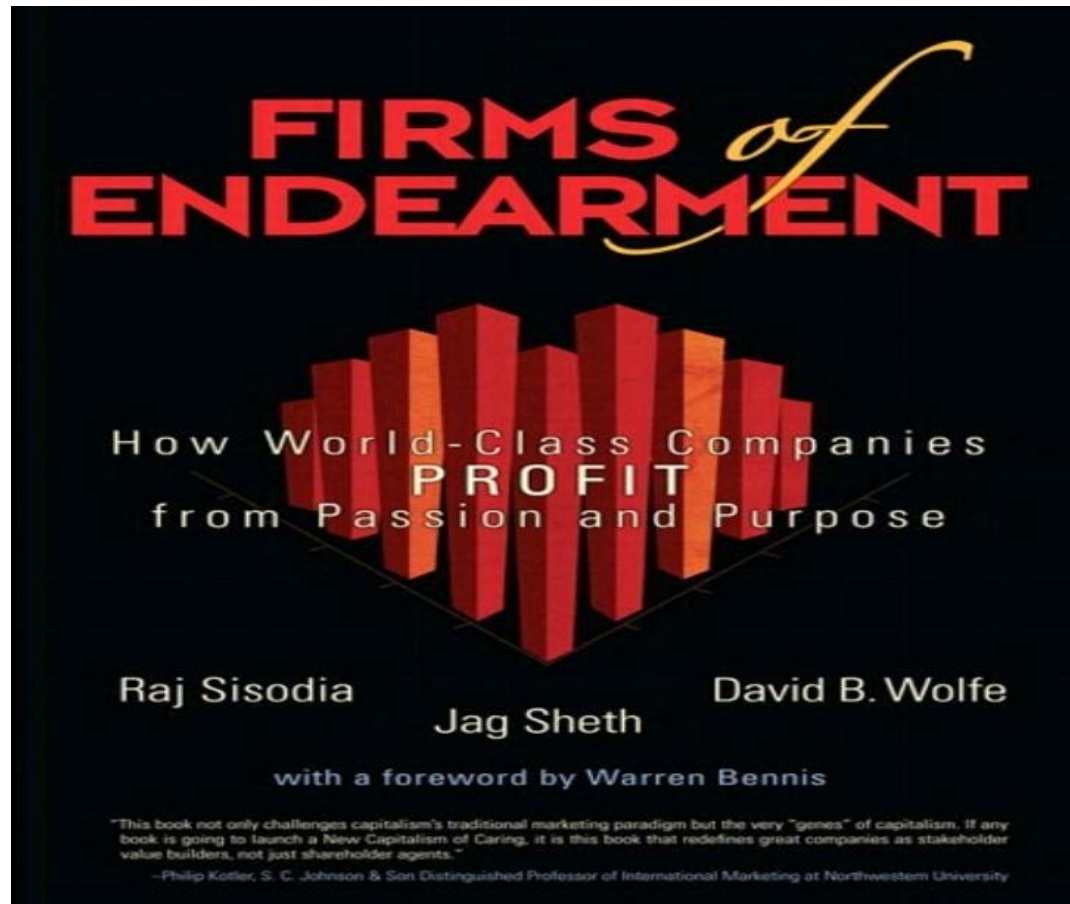


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# Changing Culture



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# Traits of Companies with Great Organizational Culture (Sisodia)

- Employee compensation/benefits greater
- *More time for employee training*
- *Hire for passion for company and products*
- *High levels of integrity and transparency*
- Customers will pay high price for high soul
- *Challenge industry dogma*



# A Practical Model for Change (Heath): The Rider, the Elephant and the Path



- Is it logical, reasonable?
- Have you appealed to emotion
- Did you consider the path forward





# Assessment of Residency Program Culture

- Study of 7387 residents at 260 programs
- Culture best defined by “wellness and negative exposures”
- The 26 programs in worst quartile had higher rates of duty hour violations, verbal/physical abuse, gender discrimination, sexual harassment, burnout and thoughts of attrition, not structural program characteristics

Ellis, Hewitt, Hu, et al, Ann of Surg, October 2019



# Creating a Culture of Excellence in Surgical Education

Learn the Culture



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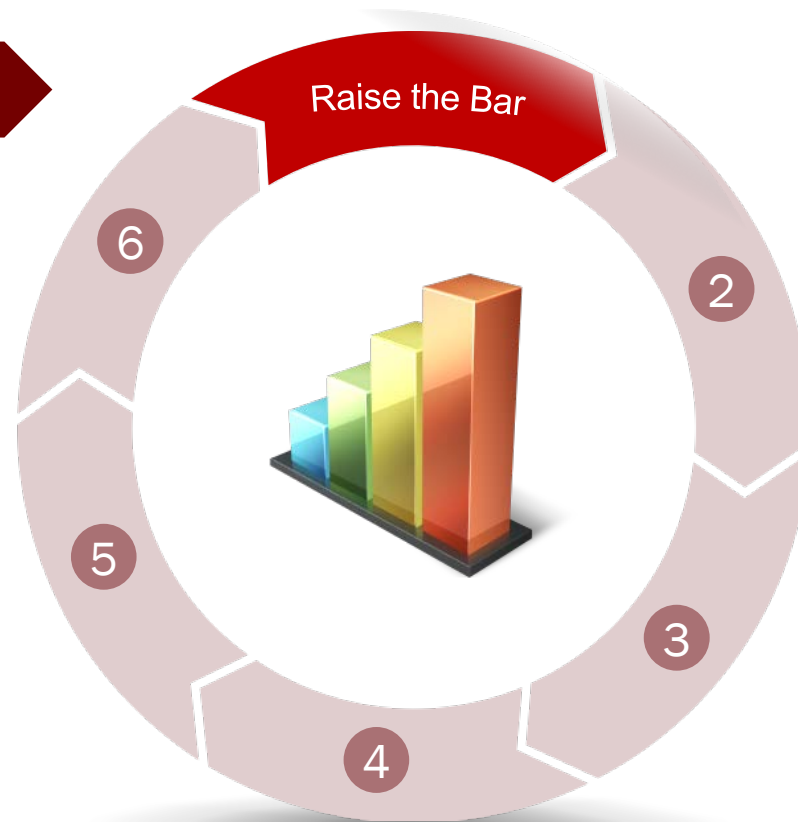
# Listen and Observe to Learn the Current Culture

- “You can’t trade in your company’s culture as you would trade in a used car” (Katzenbach)
- Identify the strengths of the culture
- Identify the “thought leaders” you will need for next steps (when they speak, people listen)
- Assess the current culture to determine the barriers to change and the pace of change



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# Surgical Simulation at IU

- New 1600 SF Surgical Skills Laboratory
- Center for Surgical Simulation: live animal surgery
- IUSOM Simulation Center at Fairbanks Hall





# IU Surgical Skills Laboratory



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# Team Based Training



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# Multidisciplinary Intern Trauma Team Training

## Participants

- Surgery and EM Interns (26)
- Trauma Nurses (3)
- EM Faculty (3)
- EM Simulation Fellows (3)
- Surgery Faculty (5)
- Surgical Education Research Team/Staff (4)



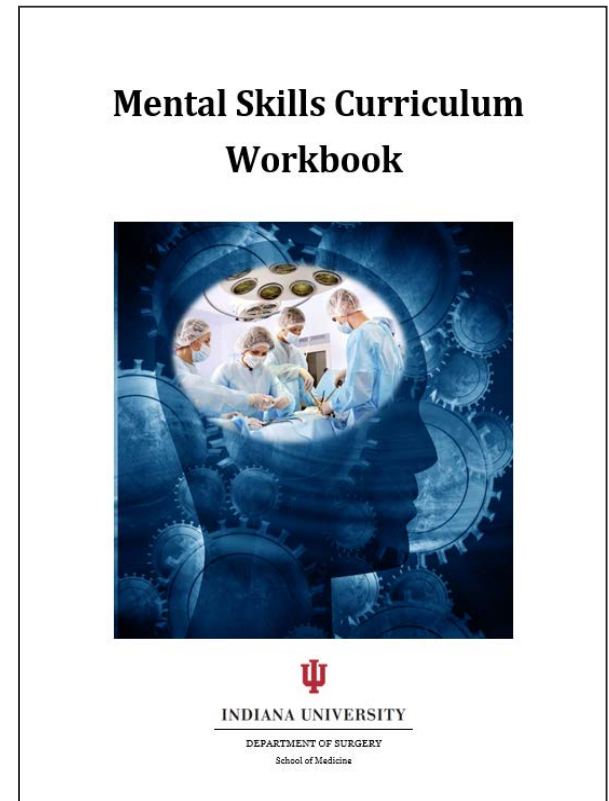
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# Comprehensive Mental Skills Curriculum

- Video education modules, workbook and applied practice during simulation training
  - Mental Imagery
  - Goal Setting (Action Plans)
  - Energy Management (Relaxation)
  - Attention Management
  - Refocusing Strategies
  - Performance Routines



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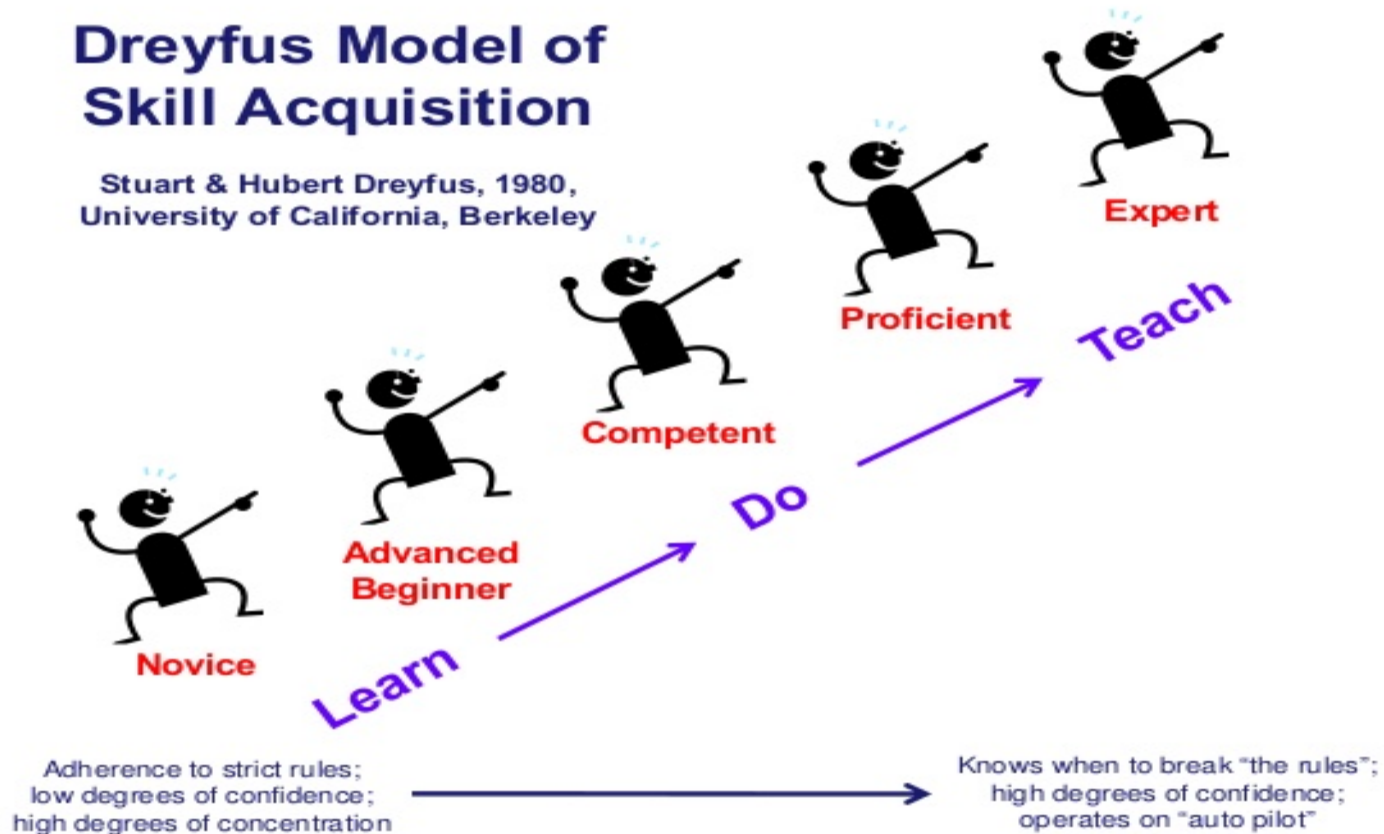


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# Assuring Competency in Residency Training

## Dreyfus Model of Skill Acquisition

Stuart & Hubert Dreyfus, 1980,  
University of California, Berkeley



13



# Case Numbers and Competence?



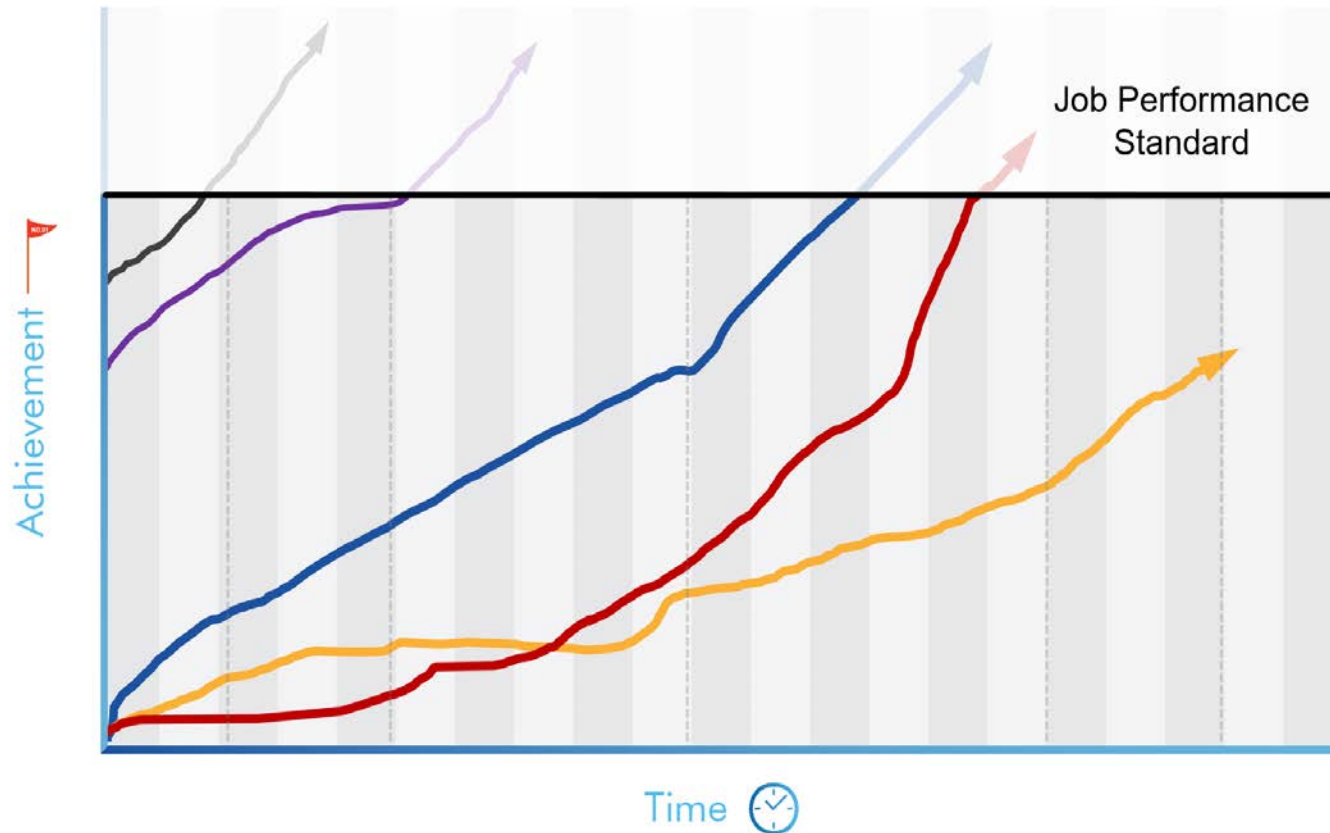
# Barriers to Assuring Competency

- Multiple short rotations
- Discontinuity of care
  - long intervals between similar service rotations
- Variability in practice/teaching creates trainee confusion
- Limited attention to individual trainee performance monitoring

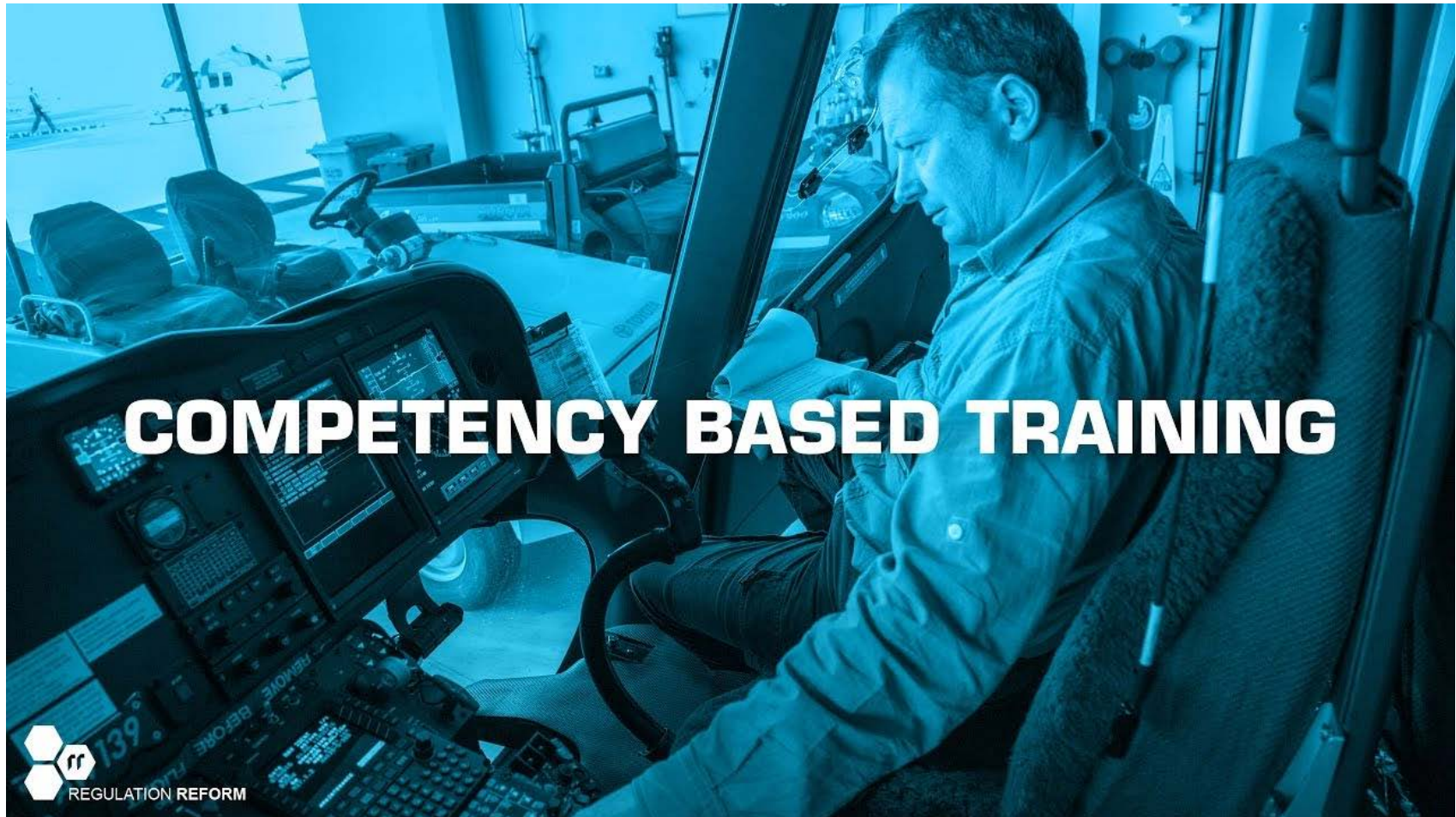




# Competency Based Training



# CBT is Not a New Concept

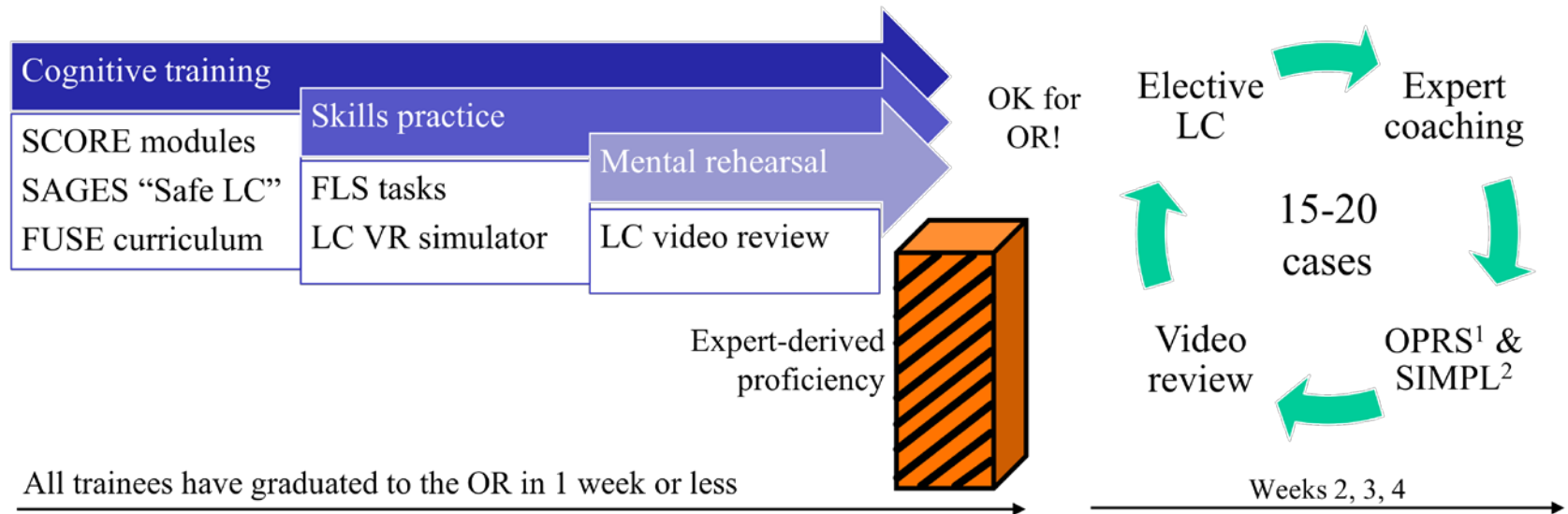


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# The Competency Based Curriculum for Laparoscopic Cholecystectomy (PGY II)

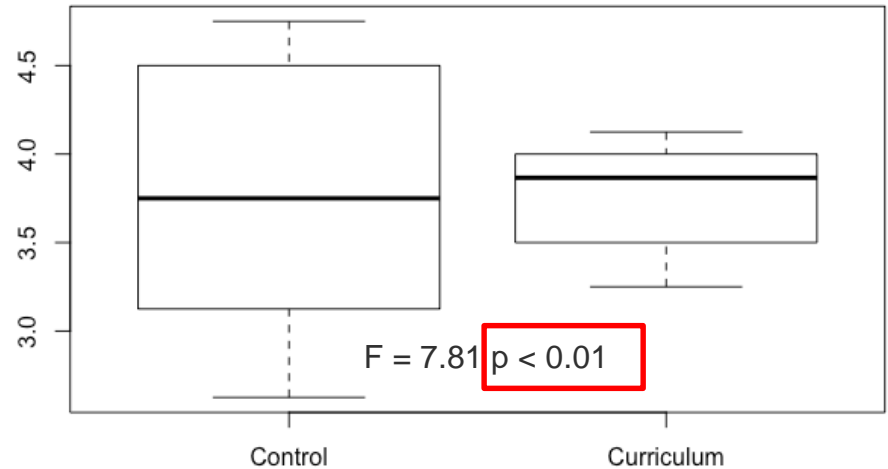
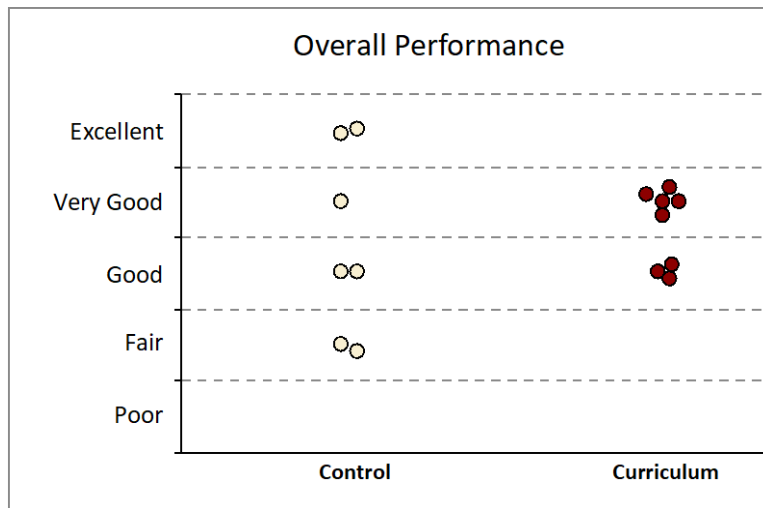


<sup>1</sup>OPRS: Operative Performance Rating System

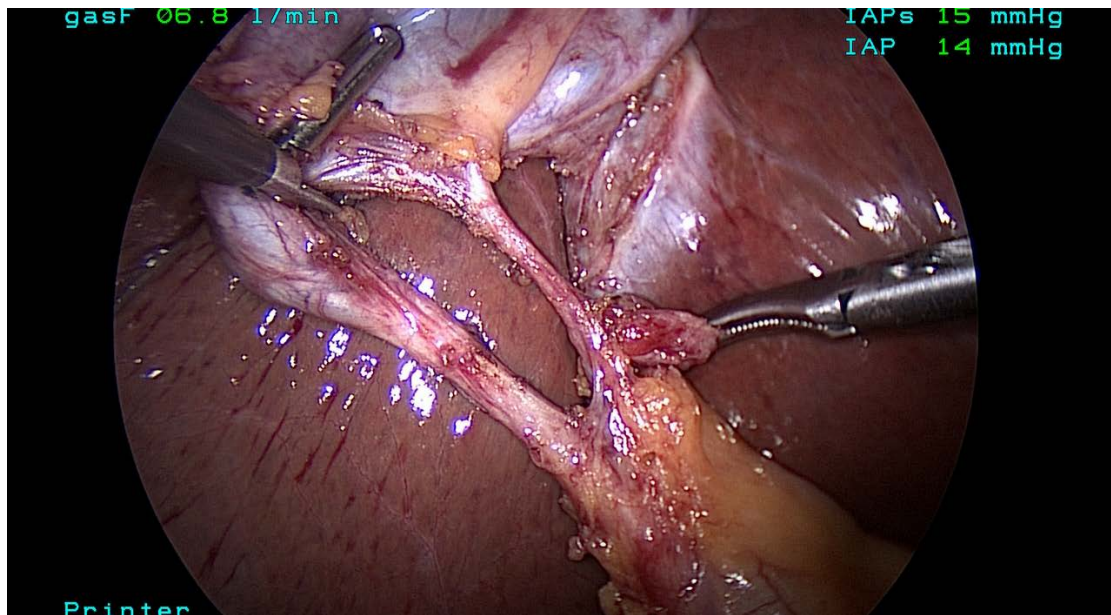
<sup>2</sup>SIMPL: System for Improving and Measuring Procedural Learning



# Performance Variance Between Groups



# Did Resident Attain Critical View?



State of the Art Consensus Conference  
on Prevention of Bile Duct Injury During  
Cholecystectomy

Saturday, October 20, 2018 • Boston, MA



Curriculum

100%

Control

71%



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# Hallmarks of a Competency Based Curriculum: the Toronto Experience

- Increased cost
- Dramatic increase in assessment
- Need for an IT platform for tracking assessment
- Significant increase in faculty development

Nousiainen et al, Medical Teacher, 40, 2018



# Chief Resident Assessment Day 2019



- Lap Chole
- Lap Nissen
- Stapled and Handsewn Anastomosis
- Ileostomy
- Gastrostomy



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# Competency Based Training and Operative Performance Assessment

- Competency (75% practice ready with autonomy) for high frequency procedures (20 procedures performed at least 10 times)
- Minimum of 32 observations by at least seven raters for these procedures
- Aggregated assessments for mid frequency procedures (performed at least three times, approximately 40 procedures)

Williams and the SIMPL Research Collaborative



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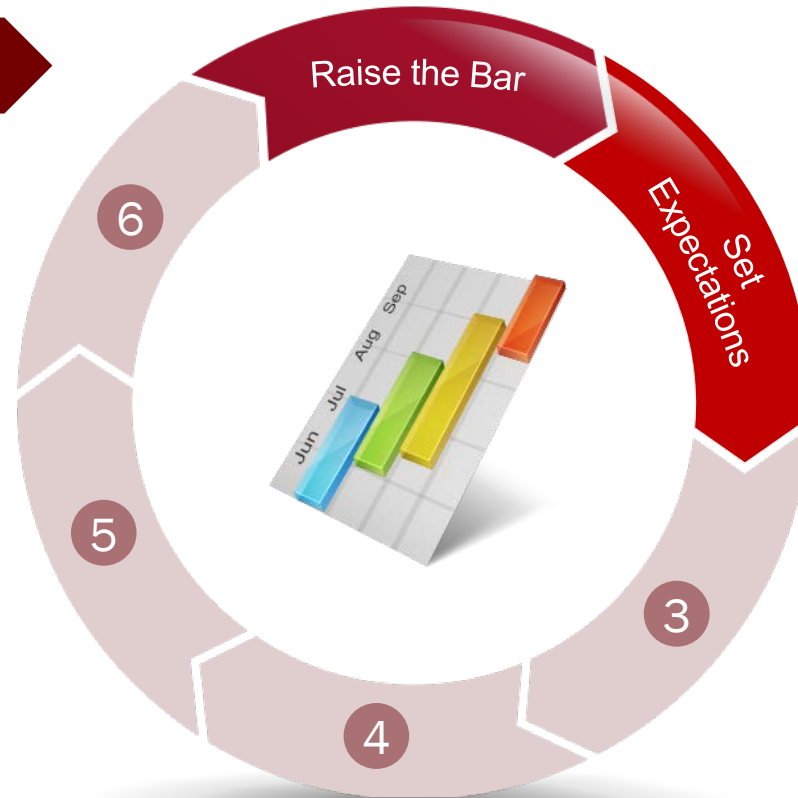
# Competency Based Training in Surgery at IU: a Five Year Goal

- Project led by Dimitris Stefanidis MD, PHD and Jen Choi MD
- Task Force with team leads from each surgical specialty
- External consultation from Orthopedics, University of Toronto
- Recruited IT specialist to build assessment platform



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# Teaching Expectations Document

- Teaching in skills lab, OR, clinic and bedside
- Teaching style (approachability, enthusiasm, feedback, role modeling)
- Timely performance evaluation
- Participation in faculty development
- % requirement for attendance at educational conferences
- Structured teaching activities “when requested”

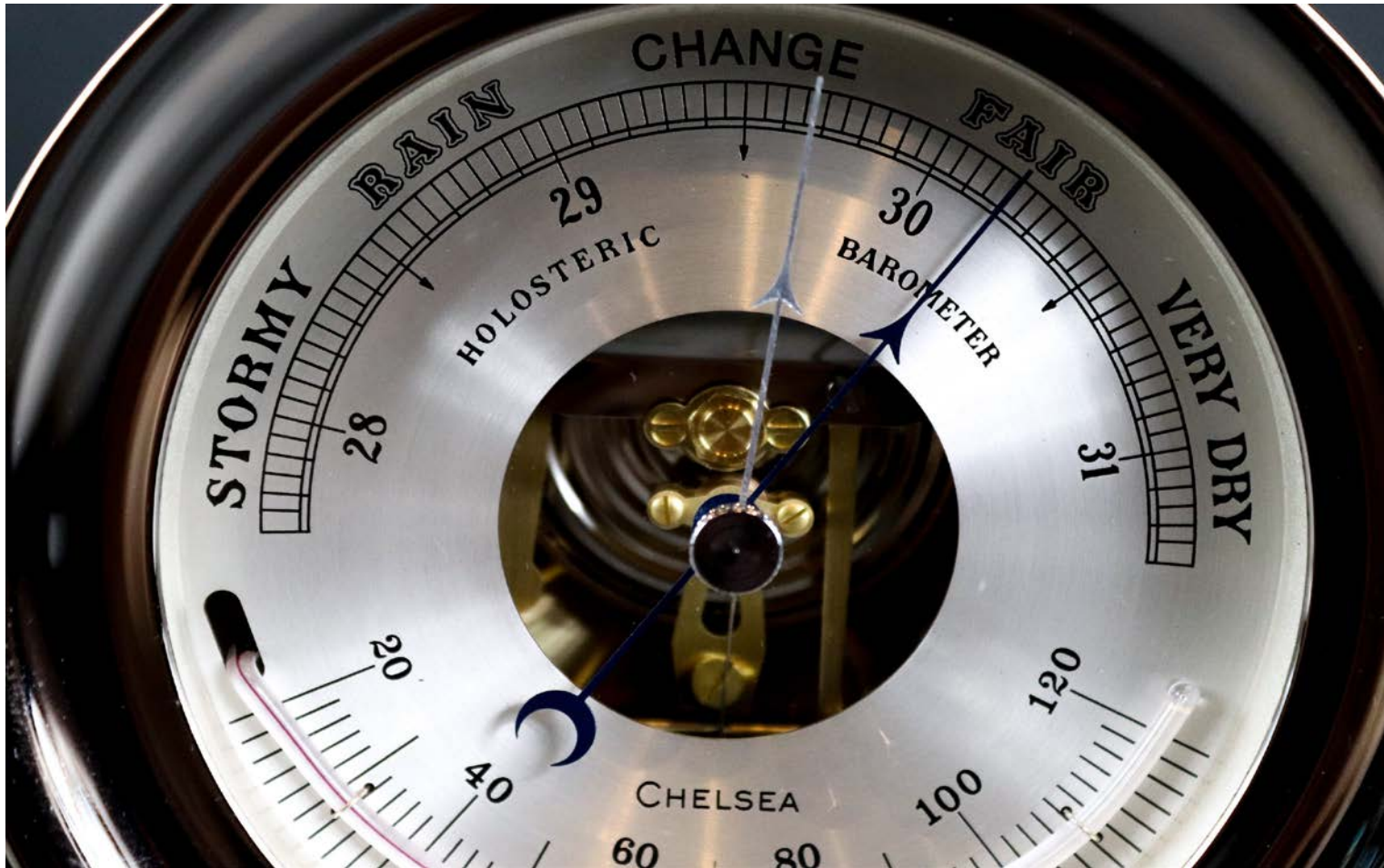


# IU Surgery Teaching Expectations

- Clarified by Chair in residency applicant interviews – “teaching is not optional”
- Emphasized for all faculty recruitment
- “Faculty Teaching Expectations” document part of Letter of Offer for all faculty (9 student, 19 resident teaching expectations)
- Provides template for annual faculty reviews



# Beginning with Changing Clerkship Culture



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# The IU Surgical Clerkship

*“The Surgery clerkship is always last or tied for last with Ob/Gyn”*

Craig Brater  
Former Dean, IU School of Medicine



# The Burning Platform for Change



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# Investment in Clerkship Culture Change

- Face to face end of clerkship evaluation
- ALL faculty and residents engaged
- Residents as Teachers for every PG Year
- Increased simulation
- Weekly professor rounds at every hospital
- Clear expectations for student performance
- Nurse Educator





# Simulation in the Surgical Clerkship



- Abdominal pain
- Postop hypovolemia
- Hypoxemia due to fluid overload
- Pulmonary embolism



# The Surgery Nurse Educator

- Teach exam skills
- Coach technical skills
- Coach simulation
- Orient students to ICU
- Train standardized patients
- Provide feedback
- This is a partial list!!!



Lindsey Haskett, MSN, BSN, RN



# Vital Behaviors for Change

- Focus on key behaviors rather than on desired outcomes
- Buy skim milk versus lose weight
- “Shrink the change”

Katzenbach, HBR, July/August, 2012  
Switch, Heath and Heath



# We Treat Residents Like our Children



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# We Treat Medical Students Like Guests in our Home



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# House Rules for Guests

- They are few rules
- No chores for guests
- They come and go
- Hosts are engaging when guests are present, think about them when they're gone
- Hosts always put their best foot forward



# We Treat Residents Like Division I Athletes



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# We Treat Medical Students Like our Team of Recreational Soccer Players



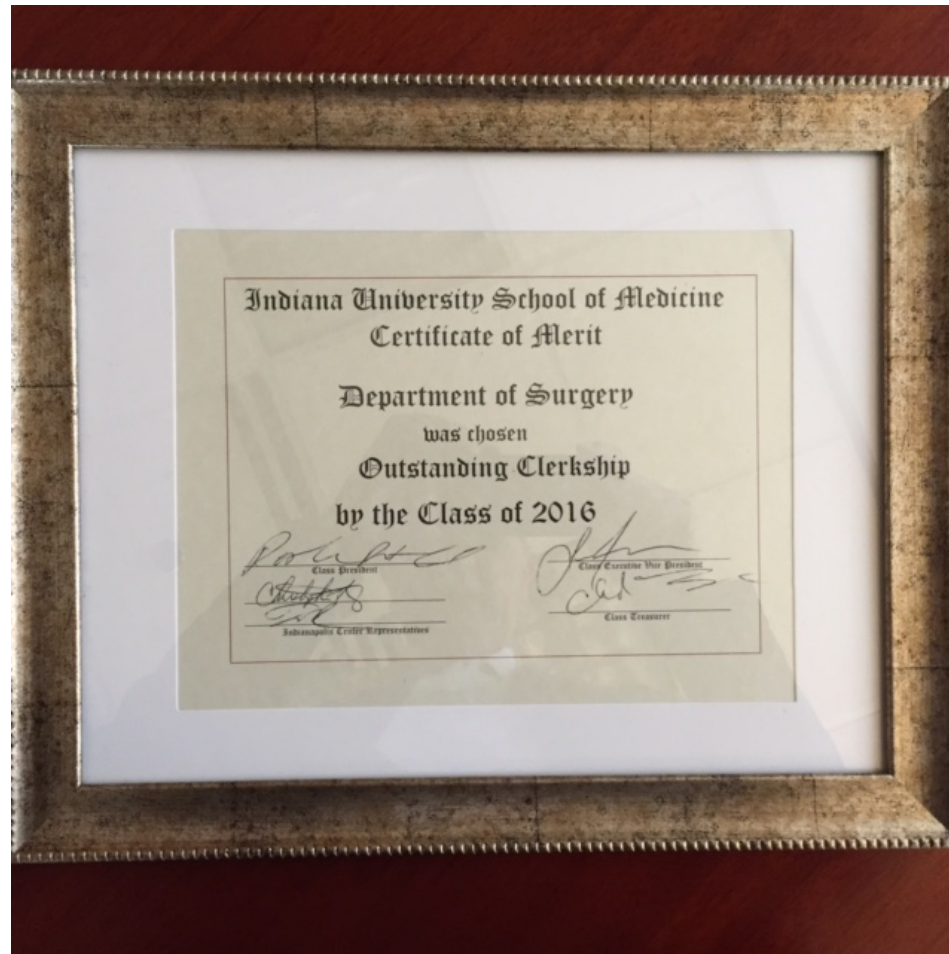
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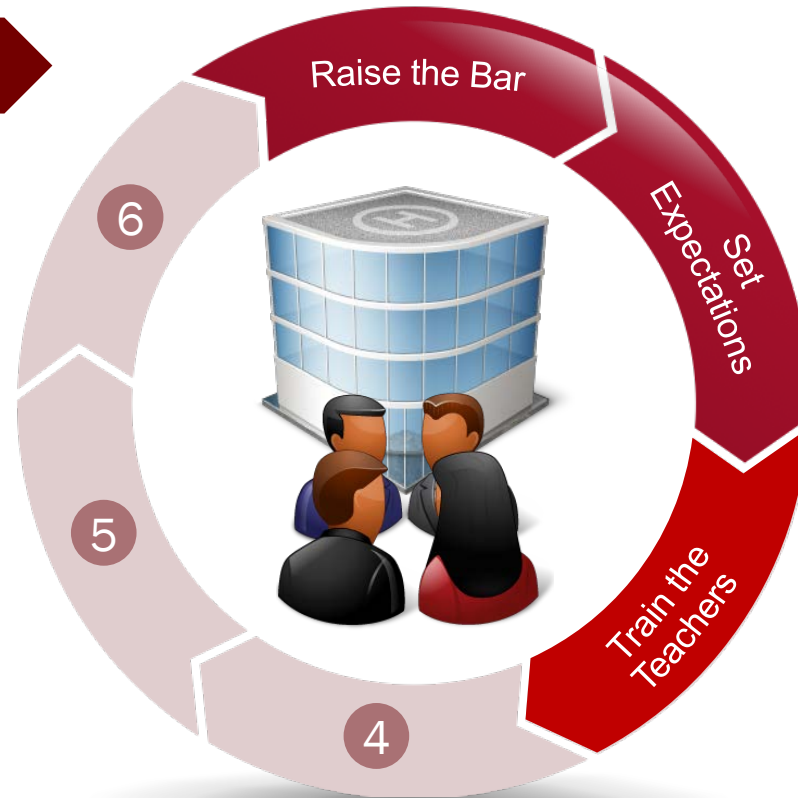


# The Story of the IU Surgical Clerkship



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# Laura Torbeck, PhD: Vice Chair of Professional Development and Diversity



- New Faculty Series
- Leaders Growing Leaders
- Peer Coaching for teaching performance
- Peer Coaching for new faculty
- APP Development
- Faculty Learning Community for Outcomes Research



# Resident Professional Development Programs

- Technical skills program
- Team based skills program
- Mental skills curriculum
- Residents as teachers
- Research skills curriculum
- Business skills summer curriculum
- Life skills for physician wellness



# Motivating Faculty to Teach



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How the Best Managers  
Use Recognition to Engage  
Their People, Retain Talent,  
and Accelerate Performance

Based on  
a 10-year  
study of 200,000  
managers and  
employees

# THE CARROT PRINCIPLE

Adrian Gostick  
AND Chester Elton

BESTSELLING  
AUTHORS OF  
*The 24-Carrot  
Manager*



# SIU Academic Incentive Program

- Department-wide incentive credits for
  - 53 educational activities
  - 21 research activities
  - 29 service activities
- 5% of professional receipts
- Quarterly incentive bonuses awarded
- Program revised annually

Williams, Dunnington and Folse, Acad Med, Feb, 2003

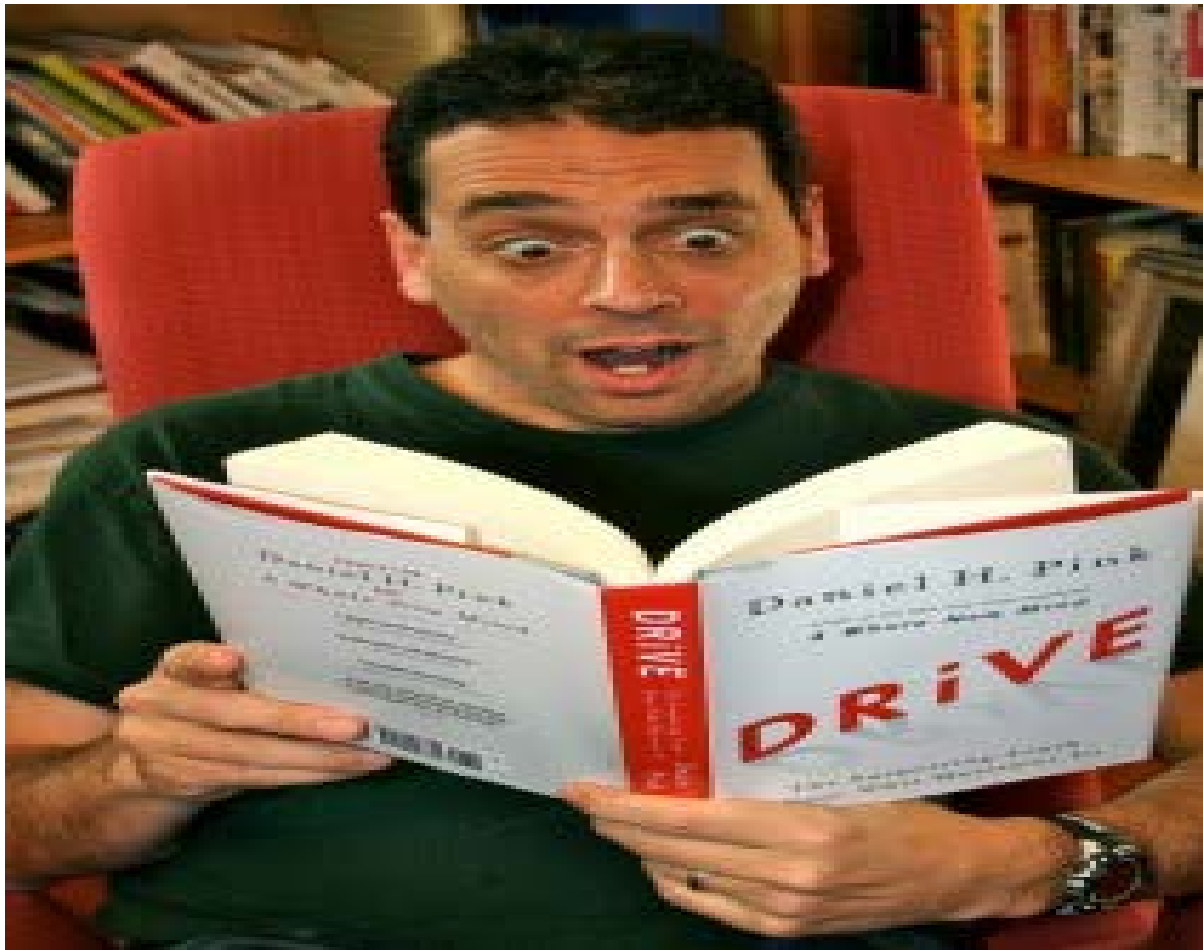


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# Carrots May Not Work??!!!!



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# Seven Deadly Flaws of Carrots and Sticks

They can . . .

- extinguish intrinsic motivation
- diminish performance
- crush creativity
- crowd out good behavior
- encourage cheating, shortcuts
- become addictive
- foster short term thinking

Drive, Daniel Pink

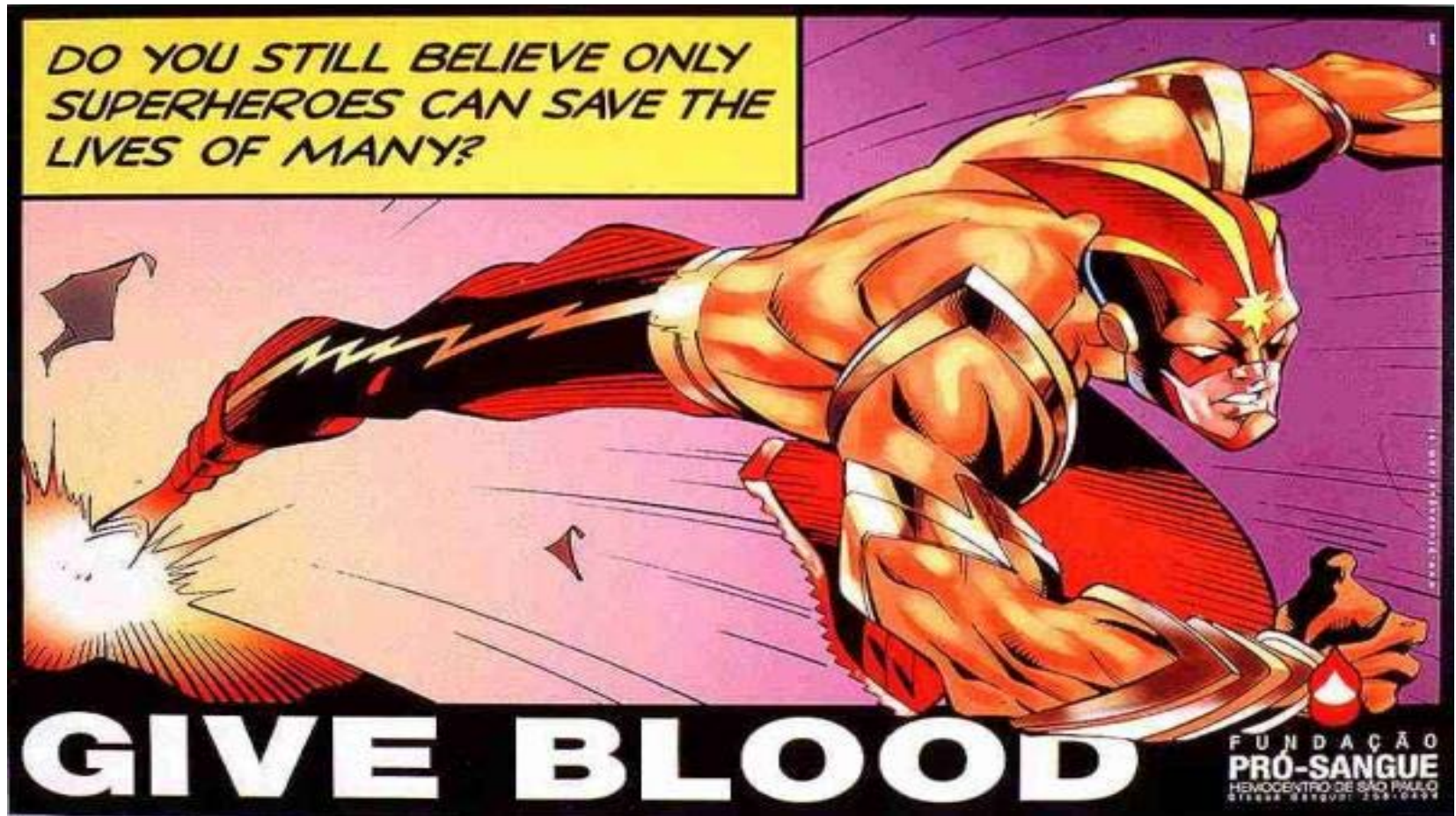


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# Extrinsic Rewards and Altruism



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# Why Motivating Faculty Doesn't Work



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# Getting the Right People on the Bus – the Solution to the Problem of Motivation (Collins)

Are we recruiting for great teaching?



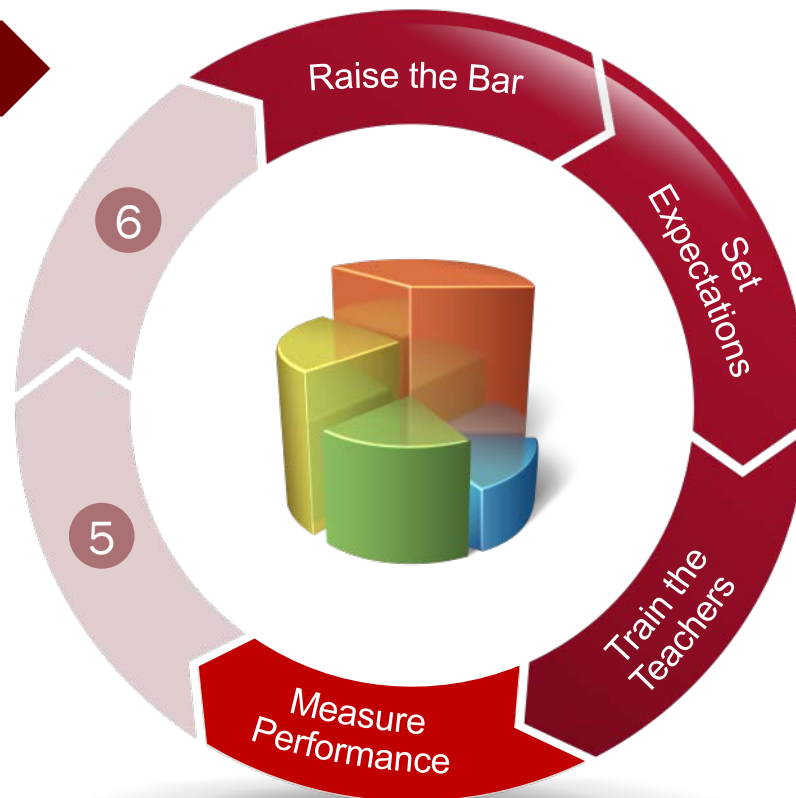
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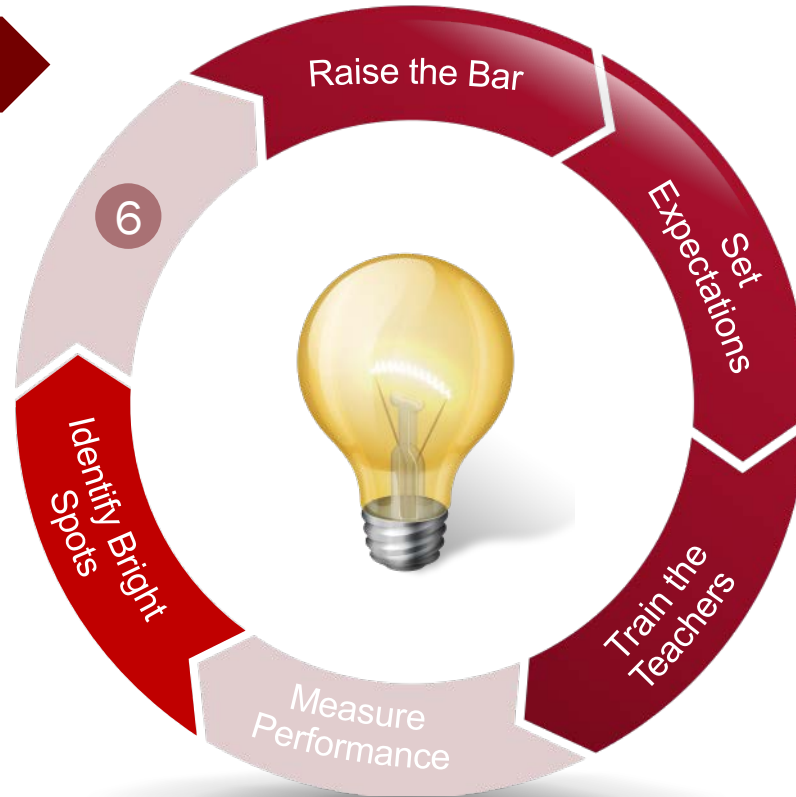
# Measuring Performance

- Review of faculty and resident teaching evaluations by Vice Chair of Education and Chair every six months
- Faculty, resident outliers identified for coaching
- Teaching performance addressed in annual reviews with **ranking of faculty**
- Value of informal performance evaluation



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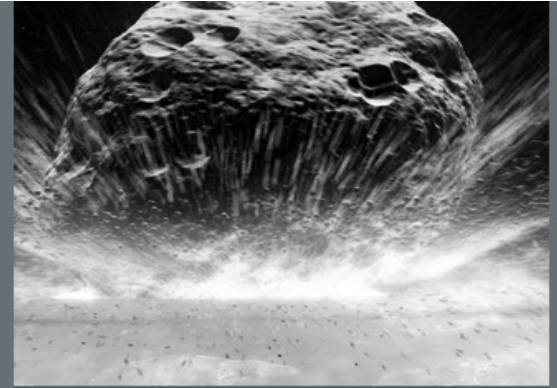
# The Power of Story in Culture Change



in the past...



and we liked it because...



but then one day...



and that caused



so we want to

Create alignment  
for change through  
stories



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# The Carter Center and Guinea Worm Disease in Sub-Saharan Africa



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# Identifying "Vital Behaviors" (Influencer, Patterson and Grenny)



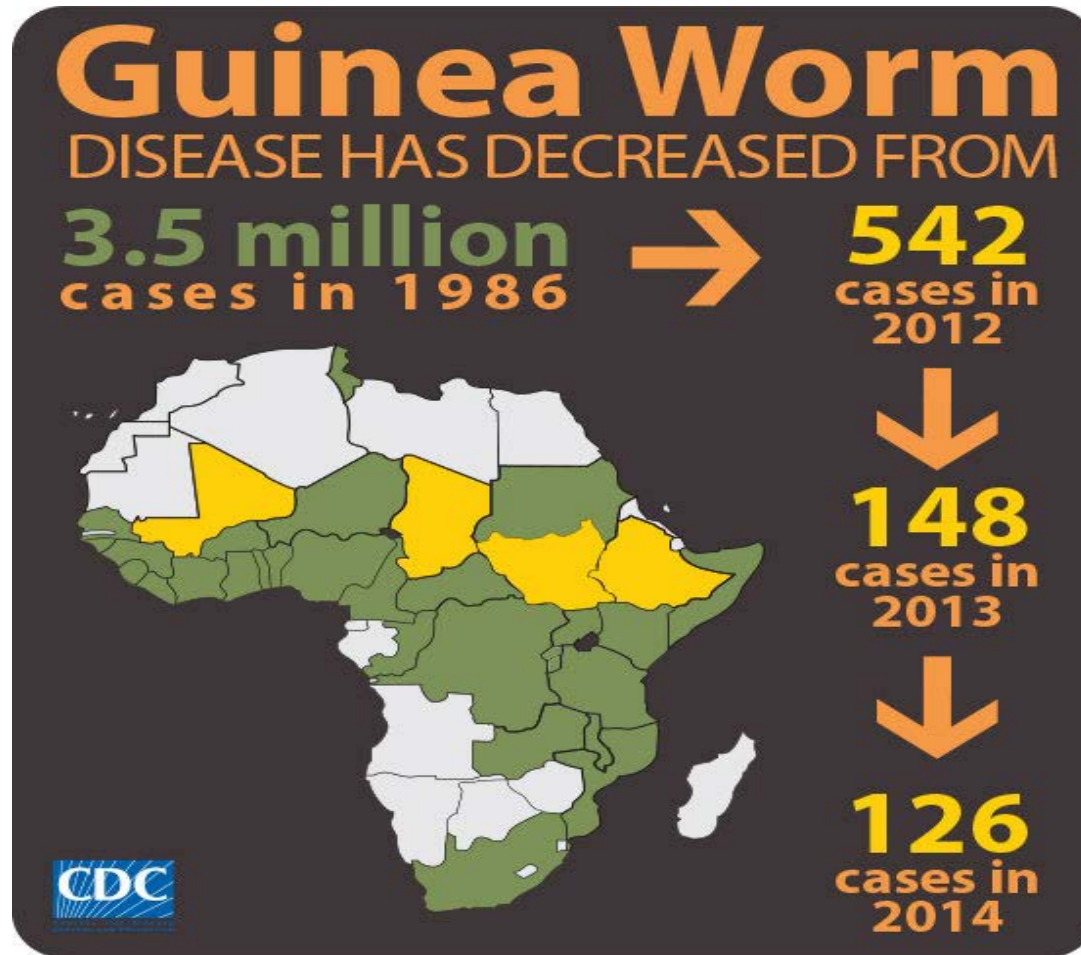
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10/21/2019



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# The Carter Center and Guinea Worm Disease



# SIMPL Leadership Dashboard



## *FACULTY LEADERS JULY 1 - JULY 7 2019*

Dr. Landman	16
Dr. Mong	12
Dr. Mossler	10
Dr. Nakeeb	10
Dr. Rescorla	9

**TOP 5**

## *RESIDENT LEADERS JULY 1 - JULY 7 2019*

Dr. Rumrill	19
Dr. Kays	10
Dr. Groh	10
Dr. R.Carr	9
Dr. Mesfin	9

**TOP 5**





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DEPARTMENT OF SURGERY

General Surgery Residency Program

## 10,000 SIMPL Evaluation Challenge!

### Rules!

*For every milestone reached starting at 8,000 SIMPLs, a member of the surgical education leadership team will be added to the stage on June 24th 2020.*

*The top two SIMPL leader counts from each PGY level will have their name put into a hat for a chance to have their name drawn and the opportunity to PIE a surgical education leader in the face.*

*Each milestone met after 8,000 adds a surgical education team member to the stage.*

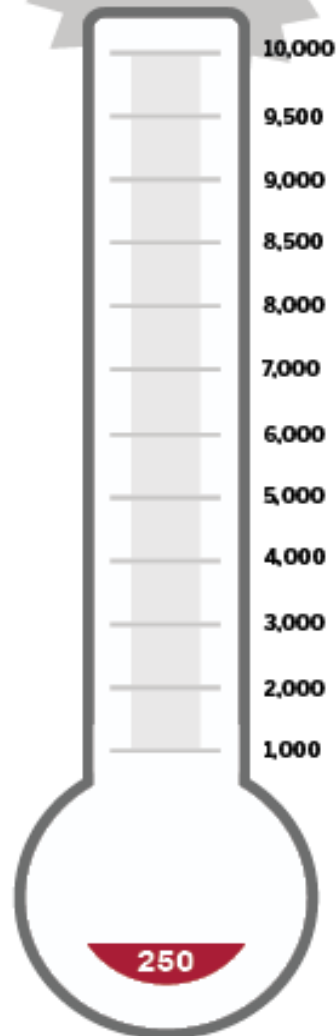
*More people on the stage means more names drawn out of the bag for an opportunity to throw a pie!*

**FUN FACT:** THE GENERAL SURGERY RESIDENCY AS A WHOLE LOGGED 10,984 TOTAL CASES IN THE ACGME SYSTEM FOR 2018-2019.

**Q:** IS THIS 10,000 GOAL ACHIEVEABLE FOR 2019-2020?

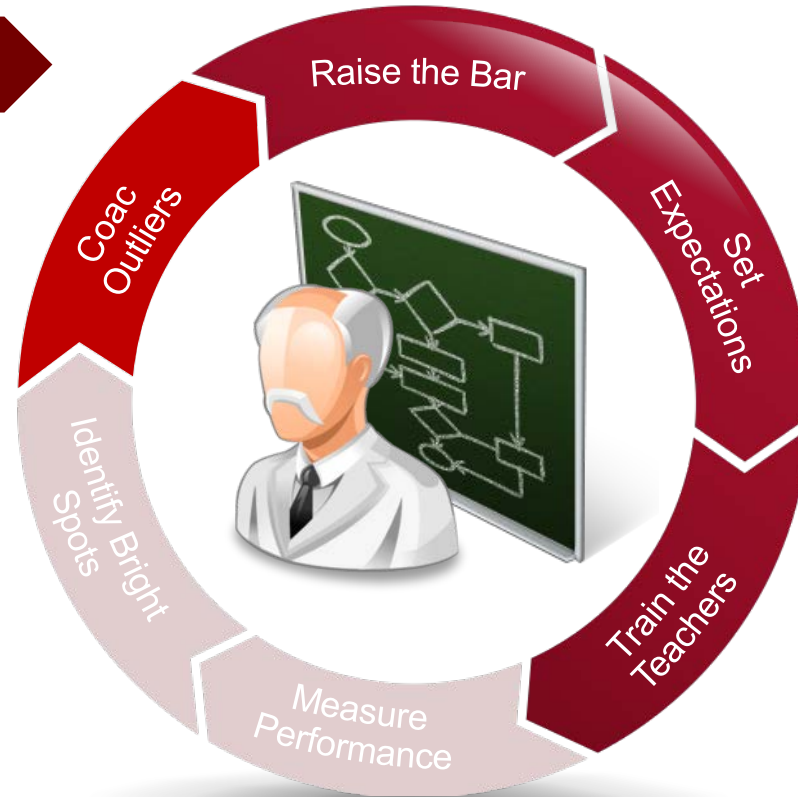
**A:** YES!

**SIMPL Count  
2019-2020**



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# Time For *Coaching*



# Common Reasons for Outlier Coaching

- Poor clinic teaching – residents and students as workforce
- Failure to engage learners in the OR
- Student mistreatment
- Ignoring students



# Three Step Peer Coaching Program

- Preliminary meeting with faculty to assess opportunities, barriers for improvement
- Two to three hour observation, completion of assessment instrument for OR or clinic teaching
- Post coaching debriefing with faculty self-reflection



*“The most important people to the culture are those who leave.”*

Andy Dunn

Founder, CEO of Bonobos



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Richard H. Thaler  
Cass R. Sunstein

# Nudge



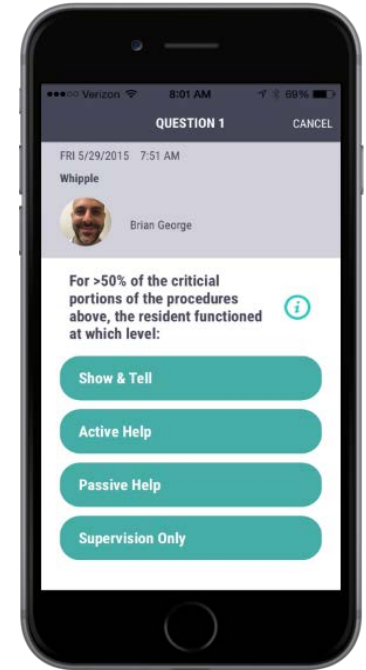
Improving Decisions  
About Health, Wealth,  
and Happiness

# Orange Vests and Medication Errors at Kaiser



# SIMPL: System for Improving and Measuring Procedural Learning

- Combines Personal Best with Zwisch rating
- Three click system
- Case difficulty, overall quality, autonomy
- Optional dictation for feedback
- Long evaluation instrument for remediation



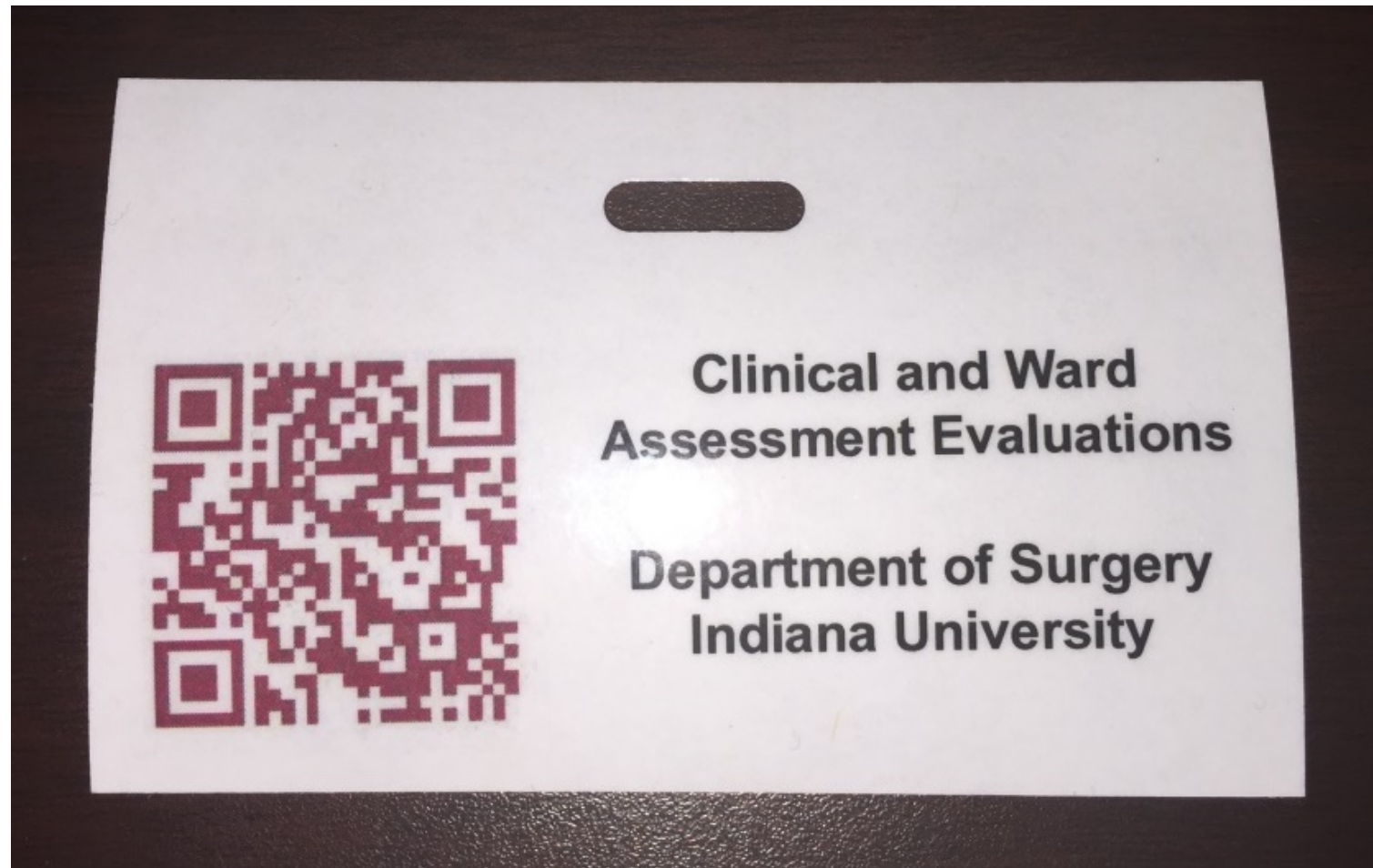


# Major Recent Advances for SIMPL

- Linked with ACGME case logs
- Capture of dictated feedback for use in Milestones Committees
- Makes it easier for faculty and residents to “do the right thing”



# Making it Easy to do the Right Thing: Clinic, Pre and Post EPA Assessment



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# Metrics for Culture Change: Tom Morris and the Cleveland Orchestra

- Ticket demand ( the expected metric)
- Number of standing ovations
- Invitations to prestigious festivals
- Programming style copied by others
- Growth of endowment
- Cab drivers say “We’re proud of our orchestra.”

Good to Great and the Social Sectors, Collins



# Metrics of a Changing Educational Culture

- Faculty engagement in filling needed teaching roles
- Student/resident evaluation narratives
- Resident morale (engagement in resident recruitment)
- M and M Conference engagement
- Program evaluation
- Departmental awards

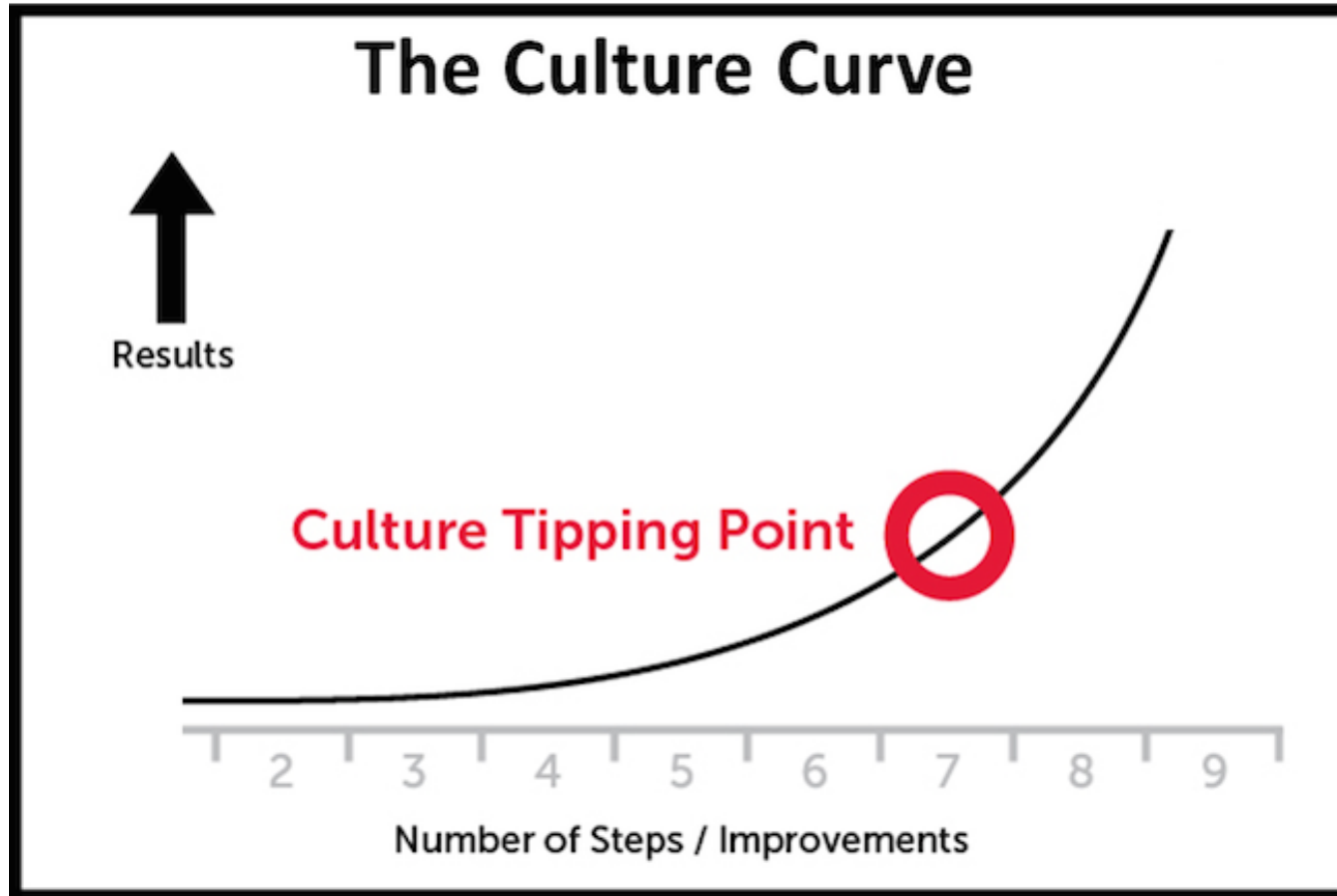


# Why Culture Change Fails

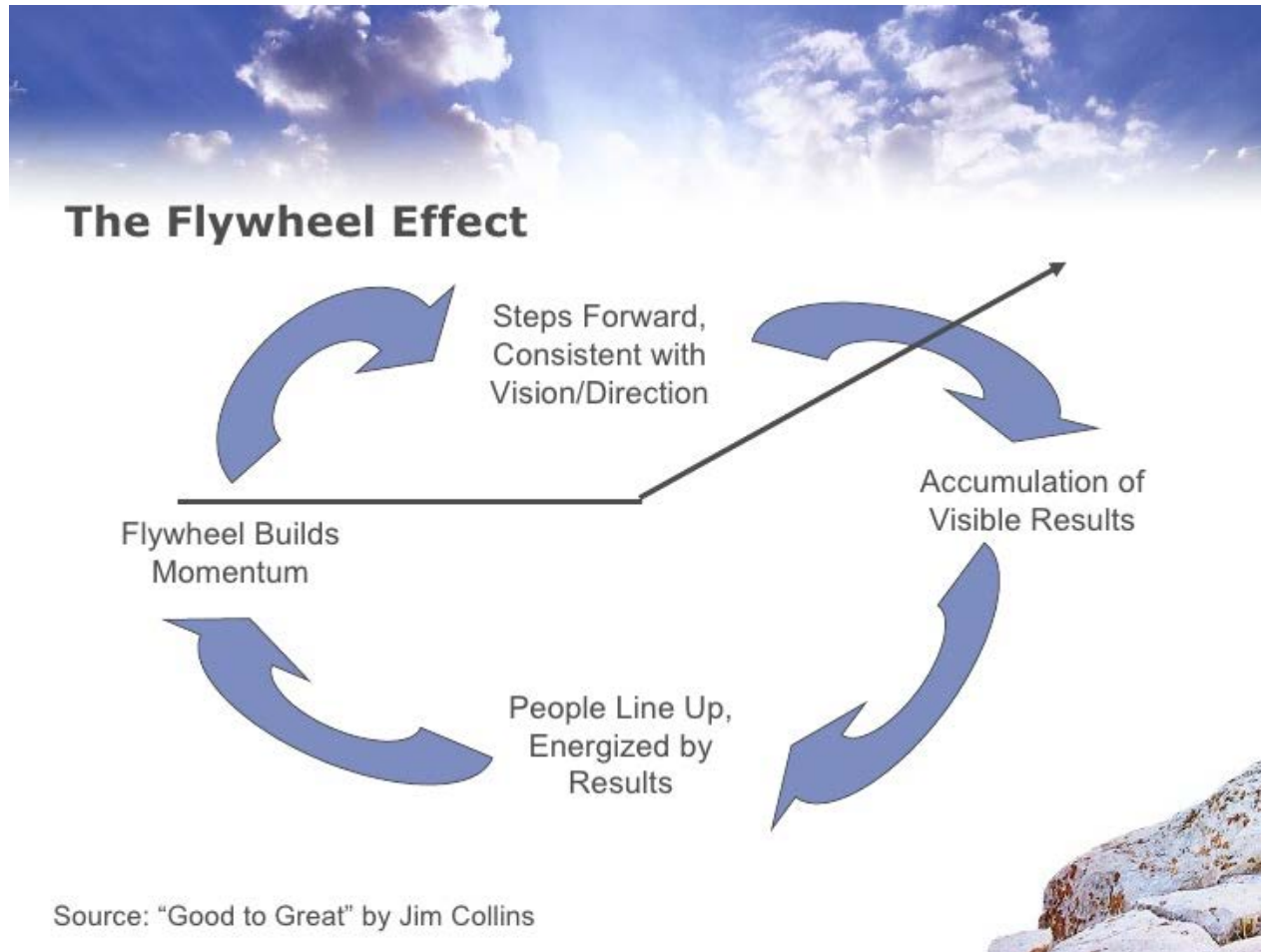
- Failure to respect the existing culture
- Lack of top down engagement
- Absence of a compelling vision
- Focus on outcomes instead of behaviors
- Too much, too soon (pace of change)



# Start with Small Interventions

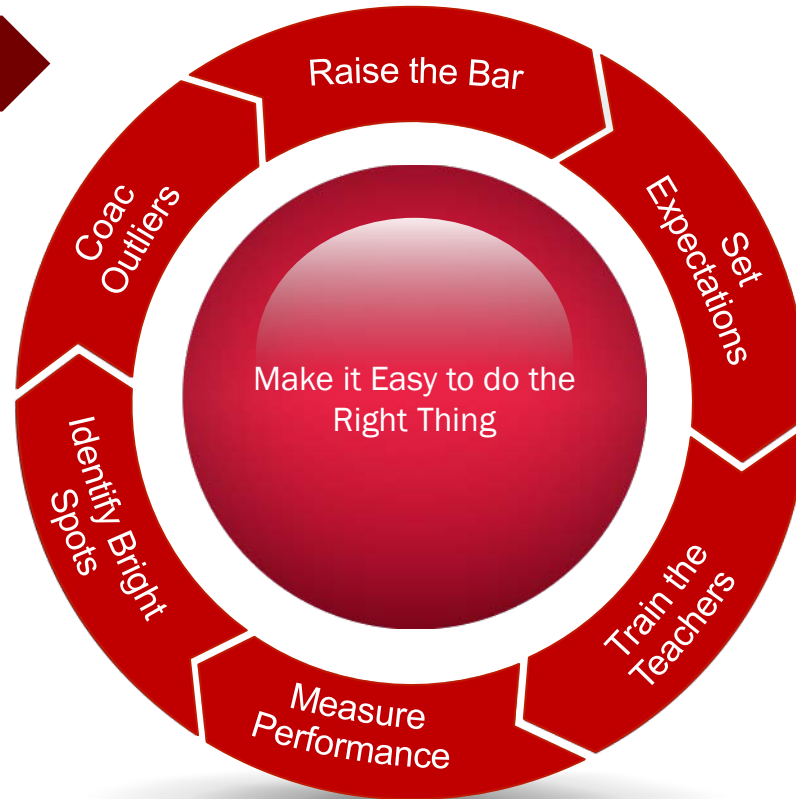


# Collins' Flywheel Effect



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