Conversations on Leadership and Management
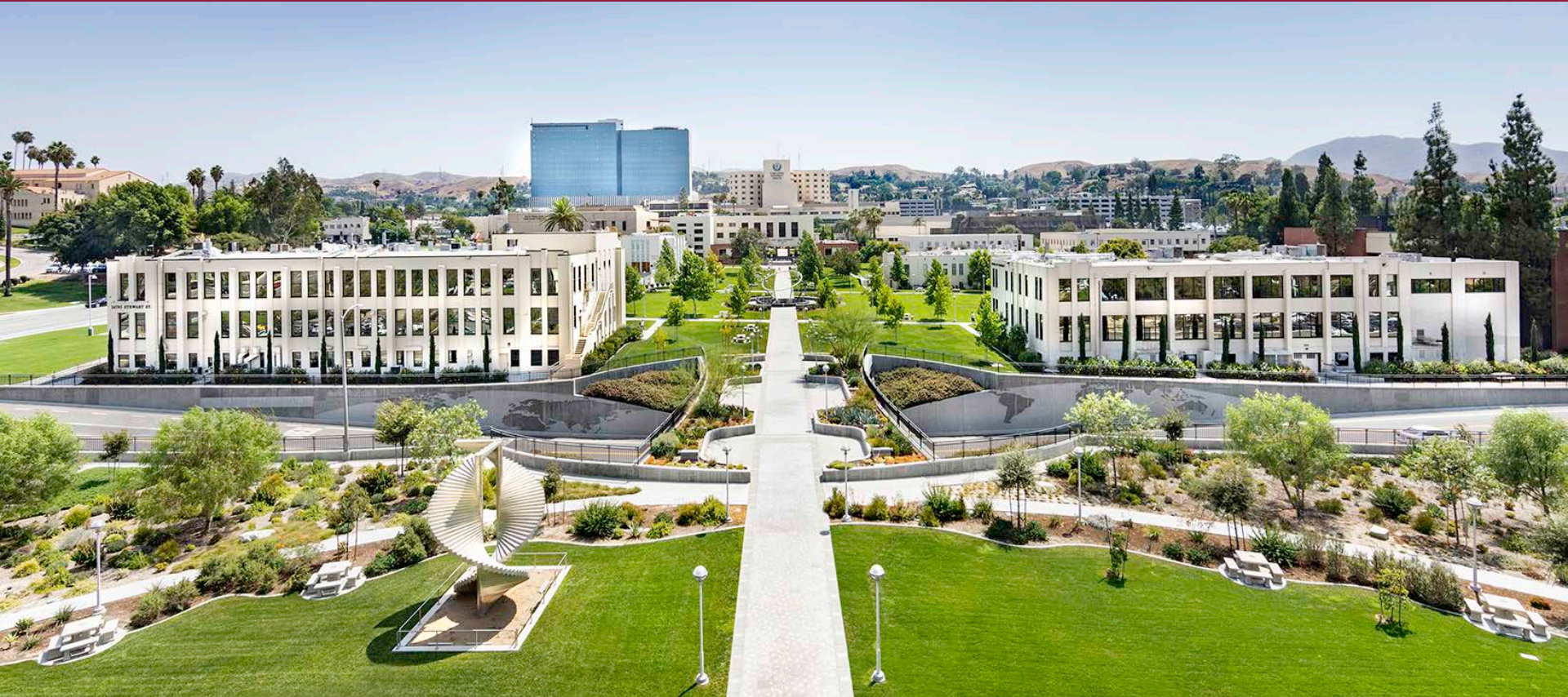
David López, EdD, RRT
Professor and Chair
SAHP

Abdullah Alismail, PhD, RRT, FCCP, FAARC
Associate Professor
SAHP & SM

LOMA LINDA UNIVERSITY HEALTH

Many Strengths.
One Mission.

Conversations on Leadership and Management: Nature of the Problem

»-How to nurturing proctors at other institutions with different values/points of view

  ~ Issue: busy, over worked, bedside practitioners with little time. (wRVU equivalent)

»-How to get quality supervision for students who rotate there from different values/points of view

  ~ Issue: bridging the gap between academic clinical requirements and busy, over worked, bedside practitioners with little time.

'Christ like' Point of View-Respecting Others

» Effective communication and building relationships
  ~ Meeting needs,

» Move away from the 'us vs them' mentality

» Building Good will, Good food – Break bread with 'our people'

» Working together as a team for common goal(s), i.e., mission, best patient/client care, etc.

» 'Touch Points' and opportunities for mission/service – Every time we interact, communicate, meet.

Leadership Management - Both

» The management portion, 'doing things the right way' With a respectful, 'Christ like' attitude

»

» The leadership portion, 'doing what is right': With a respectful, 'Christ like' attitude, developing relationships,

» Most are both Leaders and Managers
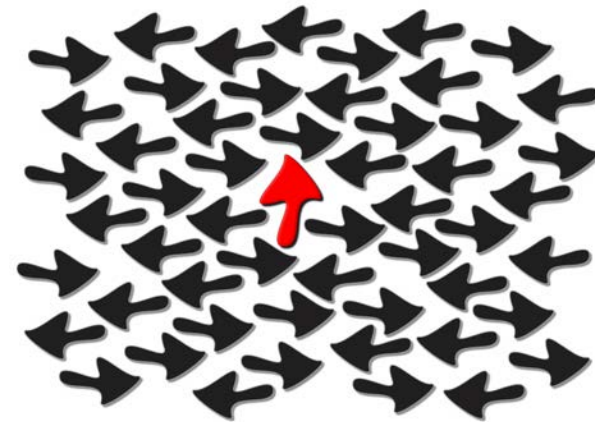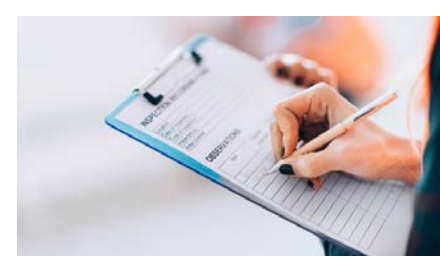
Leadership **Management** Both

» The management portion, 'doing things the right way': In a respectful, 'Christ like' attitude:

» Working within, abiding government and license laws, policies, mandates,
            Examples: supervision requirements, student to preceptor ratios,

»   Following institutional policies and guidelines relating to off campus/institution learning, externships, institutional student to caregiver rations, etc.

»   Examples: vaccination requirements, institutional orientation, practitioner workloads, etc.

»   If our policies are not where we would like them to be is change or modifying an option? What is our preferred outcome or future? Can things be changed, should they be changed?

Leadership Management Both

» Developing and finding areas of commonality, a starting point. Working together as a team for common goal(s), i.e., mission, best patient/client care, 'what's in it for me' at the bedside, etc.

»   Examples, Islam, Saudi- we do not eat pork, do not drink ETOH, have a day of rest, accepted teaching, healing ministry of Jesus Christ.

»   Cedar Sinai – Shared day of rest, diet, and many values.

»   Not as successful- government mandates that require control of curriculum,   hiring, etc.

»   Adding education and training as part of evaluation, and step increases when possible

» Nurturing networking opportunities to work together:

»   Examples, forming working committees with an expanded communities of interest in our students, alumni, future employees and community.
   ~ Focus groups, sampling engagement, etc.

» If our policies are not where we would like them to be is change or modifying an option? What is our preferred outcome or future? Can things be changed, should they be changed?

» Note: We are called to plant seeds

Leadership Management: Aligning Mission Goals and Values

» Education – Wholeness, We are who we are, an SDA, Christian, Faith Based Institution.

» training,
  ~ Is proctoring, supervision as part of the institutions mission and goals?

» If it is, then it should be evaluated, valued and assessed along with other intuitional imperatives- shows commitment to education and training.

» Part of employee evaluation and training process (yearly, etc.), when the budget allows, bonus, or part of the yearly raise evaluation, proctor hourly adjustment.

  ~ Getting bedside practitioners to want to proctor students instead of view students as an extra burden
    • Added value, added support, decreased costs,

» Also, part of recruitment, admissions, hiring process-future employees.
       Decreased training costs
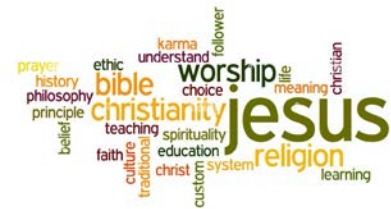
Leadership Management: Aligning Mission Goals and Values

» **LLU Mission**

» Loma Linda University—a Seventh-day Adventist Christian, health sciences institution—seeks to continue the teaching and healing ministry of Jesus Christ "to make man whole" by:

» **Educating** ethical and proficient Christian health professionals and scholars through instruction, example, and the pursuit of truth.

» **Expanding** knowledge through research in the biological, behavioral, physical, and environmental sciences; and applying this knowledge to health and disease.

» **Providing** comprehensive, competent, and compassionate health care for the whole person through faculty members, students, and alumni.

» **LLUH Mission**

» Our Mission

» The mission of Loma Linda University Health is to continue the teaching and healing ministry of Jesus Christ. We are committed "To make man whole," in a setting of advancing medical science and providing a stimulating clinical and research environment for the education of physicians, nurses and other health professionals.

» **Mission Alignment**

» Measure and recognize your mission and values.

» Staff, employees, managers, leadership evaluations should include Education if part of Mission, Goals, Vision, Core Values-

» If not included, it should be to further an organizations mission and values.

Leadership Management: Aligning Mission Goals and Values

» Sliding scale of Acknowledgement, Recognition (cost) –

» Provide recognition, incentives and/or perks:
  Acknowledgement give certificate of appreciation in institutional publications, new letters, emails, at committees, etc.

» Leadership, management shadowing, intern and externship opportunities, etc.

» Where appropriate, LLU Faculty Appointment.

» Continuing education opportunities/credit, life-long learning professional development: in class, in-services, laboratory opportunities, wellness, fitness, wholeness, etc.

» Department Textbooks, yearly professional publication subscriptions, conference, seminars, etc.

» Part of employee evaluation and training process (yearly, etc.), when the budget allows, bonus, or part of the yearly raise evaluation, proctor hourly adjustment.

Identifying and Supporting a Clinical Champion

- Sought out by contributing clinically and or becoming part of the institution training-
- commitment and desire to be a preceptor and clinical educator
- clinical competence with the willingness and patience to work with students
- caring attributes- responsive, constructive, practical feed back, etc.
- Pick the best to get the best outcomes for your students, Social learning and role modeling
- Integrating students into clinical practice: rethinking skills and procedure training- One patient vs multiple learning opportunities.
- Communication, on going
- What do student/learners bring clinically- prepared to contribute clinically

Leadership Management: Aligning Mission Goals and Values

» Ongoing culture of recognition, acknowledgement, Good Will and Good Food

» Celebrating, joining, and inviting clinical affiliates to institutional events-reciprocity.

» LLU/SAHP/CPS Respiratory Care Program established yearly Outstanding Preceptor Award, voted by the students for each clinical site and each shift.

» Service learning - conducting and joining community health fairs (employee and student participation from each institution)

» Good Food, Good Will - 'Breaking Bread Together'

How might This Be Applied- Planning and Data Driven

When it Works Well
- Leadership, Mission, Goals, Values Aling at both Institutions
- Middle Management are brought in for buy in and planning.
  - Communication, recognition and acknowledgment of bedside staff.
- Bedside Practitioners are brought together for roll out and buy in.
- Good Will, Good Food

Transition
- New vs Current staff will need to be trained in an ongoing basis (part of culture)
- Ongoing communication, recognition and acknowledgment of bedside staff.
- Good Will, Good Food

When it does Not Work Well
- Little to no communication to bedside staff of student training
- Bedside staff will and can refuse to take student

Accountability

~ Training.

~ Clinical Handbook.

Webpage

» Available to all via web.
  ~ Students
  ~ Faculty
  ~ Preceptors
  ~ Hospital sites
  ~ Accreditation

» IRR Training.
  ~ Recorded a video.
  ~ Disseminate via email.
  ~ Asked staff/preceptors
    to evaluate.

» Describes the clinical
model, Syllabus
Competencies, etc.
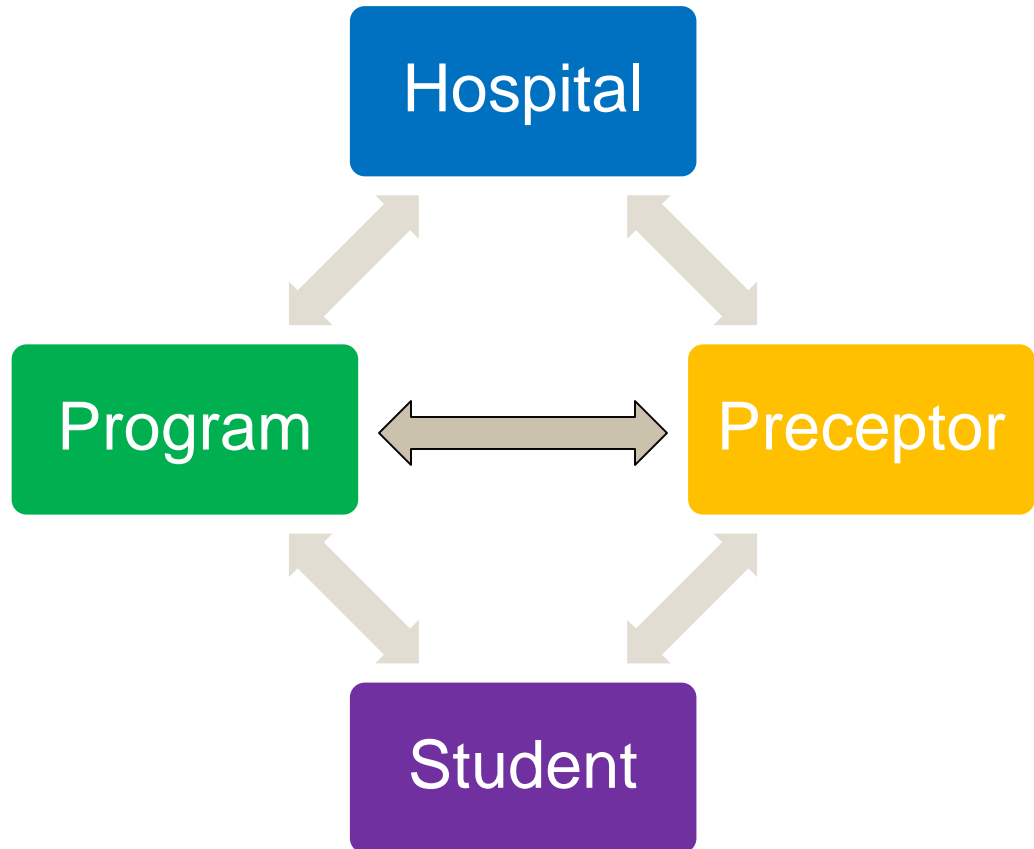
Clinical Education Resources

Welcome to the Clinical education resources page for Cardiopulmonary Sciences. This page is dedicated for students, clinical sites, and their preceptors to access the clinical education resources for our programs such as (clinical syllabus, evaluation methods, inter-rater reliability, and preceptor education tools).

Cardiopulmonary Sciences
- Admissions
- Respiratory Care Programs
- Polysomnography Certificate
- Clinical Education Resources
- Faculty & Staff
- Research
- Contact Us
- Louisa and Peter Jazerinac Scholarship Endowment

QUICK FACTS

1	2	3
Paperless Clinical Evaluation System	Comprehensive evaluation model to close the loop in students-preceptor evaluation	Live monitoring of data

RESOURCES

Our Clinical Education Model

Clinical Syllabus

Clinical Competencies

Accountability, Assessment and Evaluation

» Feedback = Success

~ Formative Vs Summative.

~ Student.

~ Instructor.

~ Preceptor.

~ Hospital Management.

• Supervisors, managers, directors, etc.

Tracking Students Performance

» Clocking In system.

» Evaluation of student performance.
  ~ Daily evaluation by preceptor.
    • Cognitive, psychomotor, and affective.

» Clinical competencies.
  ~ Check of specific procedures and skills to evaluate performance.

» Evaluation of preceptor by the student.

» Evaluation of the clinical site.
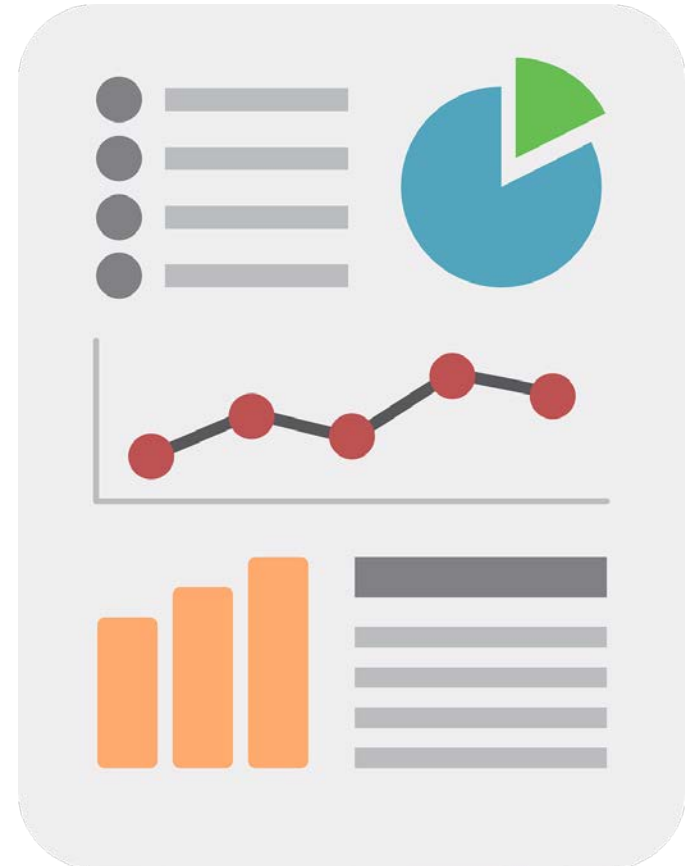
Frustration Drives Innovation

» Paper Vs Electronic.
» Time   Vs Cost .

Open Access Full Text Article

PERSPECTIVES

Designing a Clinical Education Tracking System: An Innovative Approach

Abdullah Alismail [ID] [1,2]
Braden Michael Tabisula [3]
David López [1]

Abstract: In clinical education, there is a need for constant evaluation, assessment, and at times immediate feedback for students to recognize areas of success, learning, and areas for improvement. The clinical educator is expected to manage the number of student evaluations and assess their performance, regularly, as needed, and over time. This allows appropriate

Alismail, Tabisula, López. Adv Med Educ Pract. 2021; 12: 539–546.

LOMA LINDA UNIVERSITY HEALTH

Inputs → Process → Outputs

Inputs
- Preceptor & Student evaluations (via web-based survey- i.e. MS Form, Survey Monkey, Google Forms)

Process
- Evaluation data sync to the University's secure cloud database

Outputs
- Reports
- Students and Instructors Dashboard (Excel, Power Bi, Tableau, Google, etc)

- Review and analyze dashboards, reports, and evaluations.
- Evaluate any outliers
- Corrective action or follow-up if needed
  o Talk to student
  o Talk to evaluator
  o Clinical educator advises students of the corrective action

Alismail, Tabisula, López. Adv Med Educ Pract. 2021; 12: 539–546.

Total Competencies Completed by Student

	ABG	ACT	Code Blue	Cont Neb	Extubation	HFNC	DPI	MDI	Nebulizer	NIV	O2	Mechanics	RRT	Suctioning	12 Lead	Vent Mode	Vent Setup	Vent We
	5	1	1		3	4	1	4	3		1	1	1	2	2	1	3	
	6	3	2		2	1			4				3	4	2	1	5	
	3	3	2	2	1	2		1	4		1	4	1	5	1	3	5	
	4	4	4		4	3		1	1	2	5	6	4	7	2	1	3	
	6	4			2	3			2		1		1	5	1	1	3	
	8	4	6	1	4	6	1	1	6	1	6	6	2	5	1	3	9	
	9	5	4	1	6	3	2	4	13	3	10	7	4	12	2	3	7	
	5	6	1		3	3	3	4	10	2	5	2	1	9	3	2	4	
	6	9	4	5	4	5	1	2	9	3	6	7	4	11		6	11	
	14	16	1	1	3	7	3	3	6	1	2	5	4	11	2	6	7	
Timothy Diamzon	5	18			4	2			26	2	2	11	2	22	3	3	12	
Total Per Competency	71	73	25	10	36	39	11	20	84	14	39	49	27	93	19	30	69	

Total Competencies Completed by Student

DPI 3 — ABG 5 — O2 2
ABG 14 — 12 Lead 3
Suctioning 7 — ABG 9
NIV 2 — HFNC 3
ABG 4 — NIV 3
Vent Mode 6 — RRT 4
Resp Mech 7 — Vent Setup 7
Nebs 9 — HFNC 2
Code Blue 4 — Vent Setup 5
Vent Setup 4 — Cont Nebs 1
NIV 2 — ABG Resp Mech 6
Vent Setup 3 — HFNC 4 — 6

Student Name — All
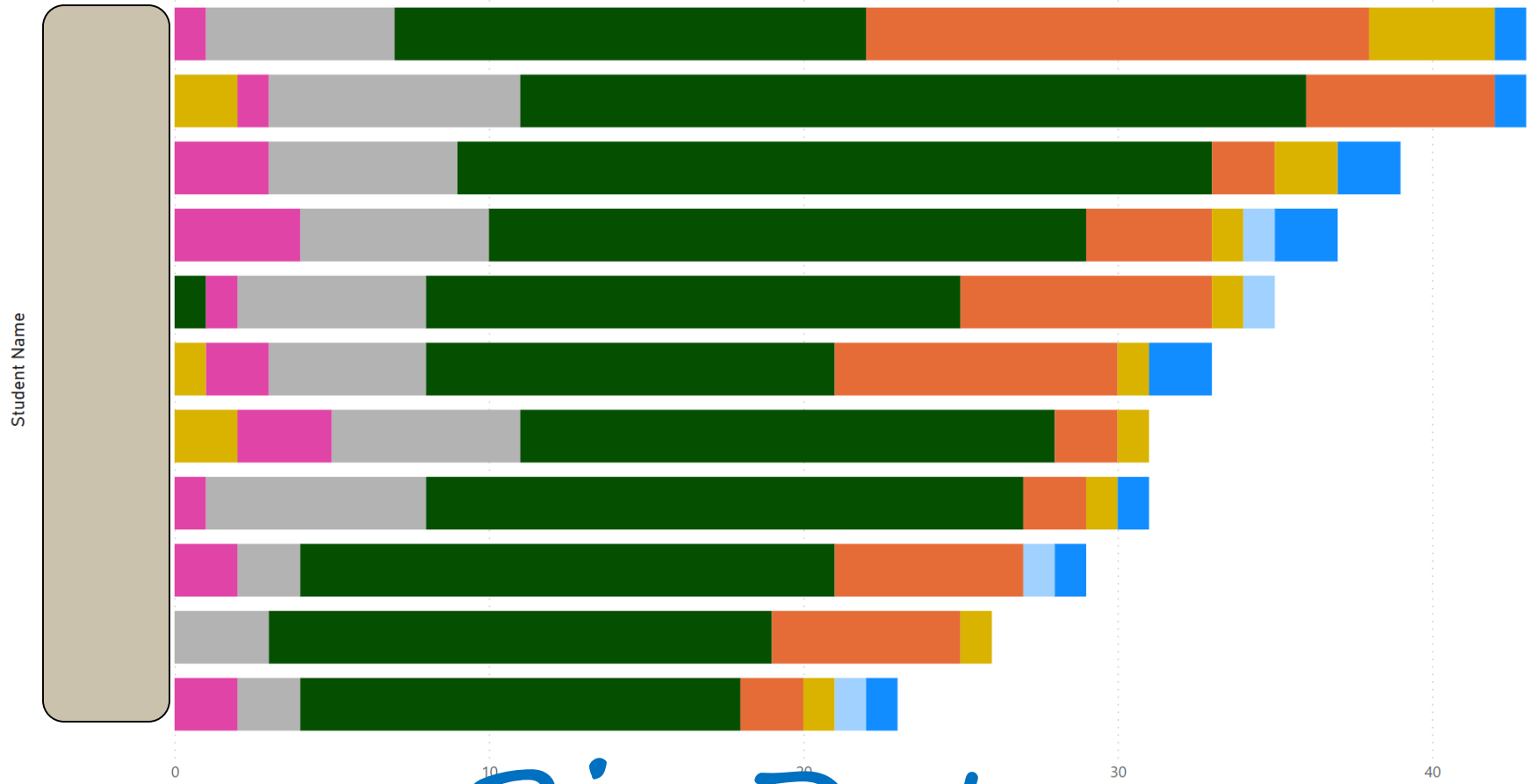
10/1/2021   1/2/2024

Big Data

LOMA LINDA UNIVERSITY HEALTH

Count of Clinical Site by Student Name and Clinical Site

Clinical Site ● HBO ● In-House Transport ● LLU Children's Hospital ● LLU East Campus ● LLU Medical Center ● LLU Murrieta ● PFT ● Totally Kids ● VA Hospital

Student Name
All

Big Data

LOMA LINDA UNIVERSITY HEALTH

Case study

» A Preceptor at a clinical site complained to their management about the following:

  ~ LLU students are not good students.

    • **Reasons**: lack of motivation and professionalism; skills.

    • Provided **_general_** examples of incidents.

  ~ **Recommendation by the preceptor:** They [LLU] shouldn't be rotating at our hospital.

» Management reached out to LLU with the complain.

  ~ Removing our students was on the table.
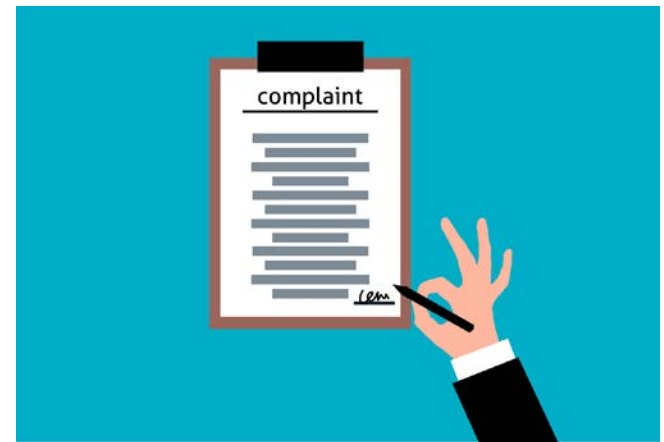
Case: Investigation and Results

» Took around 5-10 minutes to complete.

» Went back to the database and dashboard.

~ Students' daily evaluations by the same preceptor.

~ Clinical competencies from the preceptor of the students.

» Completed an **Inter-rator reliability evaluation** from the clinical site of all preceptors to our students.

» **Results:**

~ Preceptor/s was/were evaluating the students above average with no complaints or comments in the daily evaluation?!

~ IRR: high IRR of our students at that clinical site.

~ ?????

Case Study: Findings

» Reports sent back to the clinical site management.

» Preceptor wanted another college to rotate instead of LLU.

» Case dismissed.

» Hospital preferred to stay with LLU and not bring the other college due to excellence and performance as well as alignment of both institutions mission, goals, and values.

» Hospital elected to use our system and build it as part of their employee [orientees] evaluation.

» Trust between program and hospital increased.

Case study 2

» While attempting to place a student with a bedside practitioner the Clinical Supervisor/Instructor is told:

  ~ I don't have time for students

    • Provided **_general_** examples of incidents-workload

  ~ **To busy and what do i get for taking students** They [LLU] shouldn't be rotating at our hospital.

» The Clinical Supervisor/Instructor contacted the Director of Clinical Education on next steps.

  ~ Consider removing our students from the clinical site was not a good long term solution.

Case Study 2: Findings

» There are issues of workload

» Bedside clinician did not feel they were adequately prepared or notified

» Alternative placement of students was necessary at this time and another preceptor was located (during the time to locate a preceptor, the clinical supervisor provided clinical instruction with case study preparation time)

» The hospital and academic program met to discuss issues related to communication of program goals and student and preceptor placement.

» Ideas on recruitment and retention of preceptors: acknowledgment, recognition, hourly rate differential, etc.

  ~ Follow up based on the above, staff want to be preceptors.

References