Incorporating Personal Values into Innovative Curriculum Development

Ian Osburn
Lehigh Valley Health Network, Ian.Osburn@lvhn.org

Follow this and additional works at: http://scholarlyworks.lvhn.org/select-program

Part of the Medical Education Commons

Published In/Presented At

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.
Incorporating Personal Values Into Innovative Curriculum Development

Ian Osburn MPH
Lehigh Valley Health Network, Allentown, PA

Background

3 main pillars of healthcare reform
• Control cost
• Improve quality
• Increase access

United States ranks 37th according to the World Health Report in 2000
• SELECT students challenge validity

Reorient discussion to incorporate SELECT competencies, emotional intelligence, values-based patient-centered care
• Self awareness
• Self management
• Social awareness
• Relationship management

Understand political pressures on health care system
• Pay for performance finance restructuring
• Bundled payments
• Population management
• Continuous quality improvement
• IHI Triple Aim

Develop change agents
• Enhance educational alliance with bidirectional conversation
• Reduce variation in care delivered

Discussion

Incorporate personal values to develop educational alliance with educators and advance knowledge of SELECT competencies

1 Healthy Systems:
• Advance knowledge of US and international health systems
• Understand how policy affects healthcare delivery
• Incorporate core values into outcome based performance review
• Participate in investigating systems errors and implementing potential solutions

2 Leadership:
• Form educational alliance with students to empower them as change agents
• Use crucial conversations to effectively manage conflicts between personal and group core values
• Recognize strengths and weaknesses of source credibility with one’s personal values

3 Values-Centered Care:
• Improve educational experience by focusing on method of delivery in addition to content delivered
• Engage in emotional intelligent communications with team members
• Identify value-based deficits in US healthcare system

Methods

• Discussion on one’s core values
  – Concepts of value
  – Value guided decision making

• Break into small groups to identify values/measures to gauge performance of United States healthcare system

• Expert facilitator introduces findings of Commonwealth Fund Report

• Hand out real world data on a variety of measures
  – Commonwealth Fund
  – World Health Organization
  – Organization for Economic Co-operation and Development

• Reform into small groups to re-rank United States according to group’s identified core values

Conclusions

The Triple Aim orients Healthcare Improvement to focus on Population Health, reducing per capita cost, and improving the experience of care. Redesigning the curriculum and method of delivery empowers students to become change agents. Empowering students through their own core beliefs and core values encourages them to take on various aspects of the IHI Triple Aim. By allowing each student to be a change agent in a topic meaningful to their core beliefs, collectively as a class, the students will be leading change to address all 3 pillars of healthcare reform.

The SELECT program has the unique vision to develop future change agents who will help lead the US to a better and more integrated system of care. Medical educators will form an Educational Alliance with the students, negotiating an environment for students to delve deeper into the reported data, and grasp a more meaningful understanding of the content. Discussions will be reoriented towards creating a supportive educational relationship, to allow the free flowing of ideas to come from the student. The resulting educational alliance reframes delivery away from simple transmission of information to negotiation and dialogue, skills that will prove vital for change agents to lead departmental redirections in the provision of care.

REFERENCES


4. Sackett, David L; Rosenberg, William M; Gray, Jarette M; Haynes, Robert B; Richardson, Walter S. Evidence Based Medicine: How to Practice and Teach EBM. Edinburgh: Churchill Livingstone; 1997

5. Lakovics, M; Classification of Countertransference for Utilization in Supervision; American Journal of Psychotherapy, April 1993; 47: No. 3; pg. 239


