

MAKING A MID-CAREER TRANSITION

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In this article...

An intense fellowship allows a mid-career physician to transition into a quality and patient safety leader.

I AM A MID-CAREER ANESTHESIOLOGIST WHO

has spent nearly two decades in clinical practice. Several years ago, I was in the operating room (OR) taking care of a young healthy patient for an elective orthopedic procedure. She had chosen to have general anesthesia and went to sleep uneventfully.

Surgical prepping and draping was accomplished, and for some reason the surgeon asked to see the procedure consent form prior to starting the procedure. This was not his usual practice, nor was it our institutional practice at the time. However, he did ask to review the consent just prior to incision.

In the next few minutes the OR team was horrified to discover that the incorrect limb had been positioned, prepped and completely covered with surgical drapes; we were only seconds away from participating in a wrong-sided surgical procedure.

In my clinical practice I used checklists for a variety of tasks: checking the anesthesia machine, performing preoperative evaluation and creating differential diagnoses of intraoperative events. However, I didn't have a checklist for the surgeon, and in those days, the personnel working together on any given case each considered themselves to be individuals caring for the patient, rather than being part of a team working together.

After this near-miss event, I realized that continued focus was needed on health care quality and patient safety, particularly as the evolving health care landscape seemed to increasingly emphasize efficiency and cost reduction.

But how could I acquire the knowledge and building blocks necessary to become a quality and patient safety leader? In the past, apprenticeship, otherwise known as residency, was the norm, yet the field of patient safety was so new that such programs were in the nascent stages. Additionally, as a

mid-career physician, I was keenly aware that time was not necessarily on my side for learning a new set of skills and knowledge.

FELLOWSHIP FORMED—Fortunately, as I was trying to come up with a transition plan, the malpractice insurer for the Harvard teaching institutions (CRICO) committed to funding a new Harvard Medical School Fellowship in Patient Safety and Quality.

One of the first physician fellowships of its kind in the U.S., it was designed to provide unique exposure to the core principles in quality and patient safety, as well as to help fellows develop leadership, communications and operations skills in order to become effective change agents.

Since I was transitioning to quality and patient safety after many years in anesthesia, time was of the essence. Total immersion in the quality and patient safety world would optimize my learning in the shortest period of time.

The fellowship incorporated didactic teaching of formal epidemiological and statistics methodologies with hands-on operations experience by having fellows alternate between sessions at the Harvard School of Public Health (ultimately graduating with a Masters in Public Health) and one-on-one mentorship at one of the Harvard teaching hospitals.

Site directors, who were nationally known leaders in quality and patient safety, provided expert guidance as we fellows gained experience in hospital administration, participated in setting organizational strategic goals, and implemented patient safety and quality improvement projects within our institutions.

In July 2012, three physician colleagues and I formed the first fellowship class. The four of us came to the fellowship



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from different disciplines and at different points in our professional careers: two fellows in training in pediatric rheumatology and pediatric endocrinology, one junior staff pathologist, and a mid-career anesthesiologist.



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That summer, we found ourselves in the basement of the Harvard School of Public Health. We spent the next six weeks attending six hours of class daily, followed by evenings of

problem sets, papers and projects. It was by far the most challenging learning environment I had ever experienced, the last time I had thought about biostatistics being well before the turn of the last century.

The first two weeks were a blur of epidemiology, biostatistics and the Affordable Care Act, which I discovered was far more complex than I had previously thought.

My first few weeks of fellowship and classes were filled with anxiety — what had I gotten myself into, was it too late to withdraw from the fellowship, was it possible to fail all three of my classes simultaneously?

However, by week three I began to recognize terms (like chi square, t test, and power calculations). Slowly, I learned. My children taught me how to use PowerPoint, friends in class who almost were young enough to be my children helped me survive biostatistics, and I learned how to use software programs to cite references. By the end of August I realized that I had learned an enormous amount, and the rewards were well worth the effort.

PROJECT PLANNED — When that first summer was over, thanks to my wonderful anesthesiologist mentor, I had a project to tackle at my fellowship site, “Standardizing Perioperative Management of Antithrombotic Therapy.”

With the encouragement of my site director, I spent the next two years assessing organizational culture and developing

strategies to effectively lead change. My onsite experience complemented the coursework I continued to take at Harvard School of Public Health, which in my second summer focused on leadership, management and change strategies.

In my opinion, the fellowship succeeded in its goal to train a new cadre of leaders in quality and patient safety. Course content alone, delivered by otherwise inaccessible leaders and giants in the field, proved to be invaluable as I embarked upon a new career.

In addition to more traditional core concepts, the HMS fellowship emphasized the importance of leadership and change management principles. These skills are not often found in more traditional medical residencies and fellowships, but are as essential as mastery of systems theory and improvement methodology in order to effect change in quality and patient safety.

Additionally, didactics complemented by hands-on experience at my clinical site led to enormous personal growth. Almost every aspect of my improvement project, from the initial needs analysis to literature review, to achieving consensus and adoption of our protocols by previously autonomous groups, required skillful application of the concepts covered in our twice-weekly didactic sessions.

I learned to appreciate the importance of creating a sense of urgency, identifying and including all stakeholders and leveraging diverse sources of influence.

Two-thirds of the way through my fellowship my site director left to take another position many miles away from Boston. I was suddenly offered an interim opportunity to lead my own department of quality and safety — a team of dedicated nurses, data analysts and administrative personnel. It was exciting and nerve-wracking at the same time. The scope of responsibilities was huge. Was I ready?

After some deliberation, I accepted the role. This was a golden opportunity to apply the concepts and skills that I had studied during the prior year and a half and to acquire hands-on experience in leading change initiatives and working with various stakeholders to improve the quality of care for patients at my institution, which was the primary motivation for my career transition.

I would like to think that as a “mid-career clinician,” I came to the fellowship with emotional maturity developed from years of clinical experience. However, I quickly appreciated that the skill set that is required to be a successful physician is very different from the skill set required for successful leadership. Moreover, it is often difficult to acquire the latter solely from experience.

In my new leadership role I realized that the fellowship had provided me with exactly the tools and skill set I needed in order to lead my department through tumultuous times.

As I assume my new role as the chair of the Department of Quality and Safety, I deeply appreciate the value provided by completing the HMS Fellowship. The educational content supplied during our didactic sessions was tremendous, but equally important was our unparalleled access to true leaders in the field. Their receptivity, engagement and dedication to teaching us was truly remarkable.

The connections that were forged during those sessions have helped me become a better leader and given me access to expertise for areas where I am still learning.



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