

ON THE LEARNING CURVE

Leadership Skills, Part V

The ability to teach is a skill that transcends all aspects of leadership and management. Through teaching staff members, patients and families, and partners in the community, you can share your vision, train others to work effectively as a team, and provide critical health education. Through effective teaching, you can bring your team to higher levels of achievement and productivity.

Most of us can remember sitting in lecture halls, taking notes and trying hard not to fall asleep. When we are asked to give a talk now, the general expectation is that we arrive with a PowerPoint presentation in hand. Yet, this is probably not the best way to teach adults: When you think back to that lecture hall, you probably learned only a small fraction of the information presented. It is generally believed that adults learn best when they are engaged in the process, and not just passive participants.

Malcolm Knowles is considered one of the leading theorists in this area. He described four main postulates of adult education:

- ▶ **Self-concept.** Adults are independent beings who are able to identify their own interests and needs. Thus, they value participation in the planning and execution of their learning.
- ▶ **Experience.** Learning is guided by a person's prior

experiences. Experience provides background knowledge in addition to affecting attitudes.

- ▶ **Readiness to learn.** Adults are increasingly interested in learning things that are directly relevant to their lives.

- ▶ **Orientation to learning.** Adults' goals are to gain skills to be used immediately, rather than at some distant time in the future; thus, learning becomes focused on the problem rather than the content.



BY LEE SAVIO BEERS, M.D.

Knowles's principles can be put into practice in pediatric leadership in many ways. For example, imagine that you would like to start an obesity prevention program in your practice. You are hoping to get others excited about your ideas, teach them about how best to prevent and treat obesity, and successfully implement a long-term program. You could begin by talking with your colleagues and staff to find out what they see as the needs of the patients in your practice; then

ask these professionals what they would like to learn. Find out what they already know and what they have done in the area previously. Plan to take advantage of their experiences and address their perceived gaps in knowledge.

Don't spend a lot of time talking about basic science during your trainings—instead focus on how to take care of the patients who walk into your office. By engaging

your team as partners in learning, they are more likely to take ownership of the process and be successful.

Adult education is something that can't be covered in one short column; however, there are a few additional tips that may be helpful. When you are teaching, do your best to encourage discussion. Ask questions and wait—even if it seems like a painfully long time—for responses. Even if the response isn't right, it keeps your audience thinking and gives you an opportunity to further clarify your points. When you are talking to a very large group, you can use techniques such as asking for a show of hands or pausing to let everyone write down their differential diagnosis. Break up into small groups, if possible, to further encourage discussion. Consider using cases or anecdotes as a way to make the information practical. Be sure to request evaluations of your teaching; we all have room for improvement!

Improving your teaching skills can strengthen your abilities as a leader in many ways. An inspiring teacher can motivate others and give them the information and skills needed to carry out the task. ■

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Kaiser Sees 26% Drop in Visits With EHR System

WASHINGTON — Use of a comprehensive electronic health records system in the Kaiser Permanente Hawaii region reduced physician visits by 26% per member between 2004 and 2007, while scheduled "telephone visits" per member increased nearly 10-fold.

The "sit up and take notice" finding was reported at a briefing held by the journal Health Affairs.

According to Dr. Louise Liang, former senior vice president of Kaiser's quality and clinical systems support division, who continues to consult with Kaiser, in 2004 the Hawaii region implemented a health information system known as KP HealthConnect. The system includes an EHR that allows documentation in both inpatient and outpatient settings, with real-time connections to the laboratory, pharmacies, radiology clinics, and other systems; Web-based messaging between patients and providers; and electronic interprovider messaging that is automatically entered into a personal health record.

Among the roughly 225,000 Hawaii Kaiser Permanente members, total office visits, including visits with nonphysician providers, fell from an average of 5.01 per member in 2004 to 3.70 in 2007, a highly significant net change of 26% (Health Affairs 2009;28:323-33). The decrease was seen in specialist visits (down 21%) as well as primary care visits (down 25%).

During the same time frame, scheduled telephone visits increased from an average of 0.17 per member in 2004 to 1.68 per member in 2007, or nearly 10-fold.

—Denise Napoli

Coalition Pledges to Reduce Rise in Health Care Costs by \$2 Trillion Over Next Decade

BY JOYCE FRIEDEN

Leaders of several health care and labor organizations met with President Obama at the White House last month and proposed ideas to reduce the growth in health care costs by as much as \$2 trillion over the next decade.

In a letter sent to the president, the six organizations—the American Medical Association, the American Hospital Association, the Pharmaceutical Research and Manufacturers of America, the Advanced Medical Technology Association, America's Health Insurance Plans, and the Service Employees International Union—vowed to help achieve the cost reduction. Among their proposals:

- ▶ Cutting costs by focusing on administrative simplification, standardization, and transparency.
- ▶ Reducing overuse and underuse of health care by aligning incentives so that physicians, hospitals, and other providers are encouraged to work together toward the highest standards of quality and efficiency.
- ▶ Encouraging coordinated care and adhering to evidence-based best practices and therapies that reduce hospitalization and manage chronic disease more effectively.
- ▶ Implementing proven prevention strategies.
- ▶ Making common-sense improvements in care delivery, health information technology, workforce development, and regulatory reforms.

The AMA told the president that although evidence-based guidelines will be helpful in reducing costs, the reductions could be enhanced if physicians had more liability protection. "For example, if everyone who walks into the emergency room gets an MRI for a headache, it's a costly procedure," AMA President-Elect J. James Rohack said in an interview. "We know that in some areas of the country [that test has] been done because people sued when they didn't get the test. If we create scientifically based guidelines that say not everyone needs to have the MRI for a headache, physicians have got to have liability protection so they don't get sued if they follow that guideline."

Dr. Rohack said he felt the president heard what the AMA was conveying. "Clearly the message of defensive medicine costing dollars in the health care system was received, as was the recognition that prior attempts at tort liability by just creating global caps hasn't been successful. We are going to have to work at other creative ways of achieving the goal."

The president called the White House meeting historic. "As these groups take the steps they are outlining, and as we work with Congress on health care re-



President Obama called the meeting of health care reform stakeholders last month 'historic.'

form legislation, my administration will continue working to reduce health care costs to achieve similar savings."

In reaction to the meeting, Rep. Michael Burgess (R-Texas) noted that while he was glad the groups were trying to work together, they weren't taking the correct approach. "From what I can tell, the announcement by the health industry leaders misses the mark in several areas," he said in a statement. "It promises no protections against a Washington takeover of health care, no guarantees that Washington bureaucrats won't stand in the way of Americans getting the treatment they need when they need it, and no promises that patients will be able to control their health care decisions. . . . Until more details are revealed, I would encourage Americans to be circumspect about today's announcement." ■