Clinicians and managers: different professions a single goal

Primary Author: Giulia Beatrice Crapelli Medical Doctor - Specialist in anesthesia and Intensive Care
Royal Brompton & Harefield NHS Foundation Trust

Co-Authors: Siân Isobel Jaggar, MBBS FRCA FFPMRCA MD CertMedEd;

BACKGROUND

Healthcare is becoming very complex, articulated and specialised, including many disciplines and skills allied to traditional clinical ones. The primary aspiration must be to “make the patient the central objective”. “Unity is strength.” Easy to say but challenging to achieve; particularly in environments such as healthcare, where clinical specialisation is stressed and managerial processes seem alien. This concept stresses team working to line up priorities in the interest of the patient.(1,2) It involves three dimensions: clinical, managerial and leadership/interpersonal skills. Managerial skills include organisational, clinical and technological skills, and process optimisation. Leadership/interpersonal skills involve emotional intelligence: team working, aligning personal interests to a common intent, developing a common language, and moving away from hierarchical models towards a “flatter” leadership model.(3,4) These are necessary requirements to make “unity is strength” work.

THE “MANAGEMENT BLOCK”

Upon this premise, there has been an increased range of management courses directed towards clinicians; unfortunately, many lack interaction between clinicians and managers. Thus, each group learns in “silos”, failing to maximise their understanding of the practicalities of each other’s roles. (5)

The Royal Brompton Hospital has organised over the years a management course where senior registrars have the opportunity to learn from a range of hospital managers of all grades. For more than ten years clinicians from different specialities have attended this course, and I recently had the opportunity to enjoy it.

The “Management Block” consists of a whole week set aside for meetings with managers from a range of areas. The small number of participants (3-4) ensures everybody interacts with each manager. Managers explained their roles, their aims and the difficulties they face everyday. In return I appreciated their curiosity in hearing our points of view, and encouragement to remain in contact for further help developing projects or understanding management topics.

Since a significant number of NHS doctors come from abroad (I am one) having worked in different health systems, this is a great opportunity to gain insight into this system. The managers where
keen to analyse different health systems with us, considering ways to improve practice within the NHS.

The course promotes paired learning; encouraging both clinicians and managers to learn about each other’s roles. This deeper understanding of one another’s points of view and language, encourages both working together to deliver the best health care to patients, and clinicians to engage in managerial roles working with managers. The success is demonstrated by higher management’s view that consultants who took part in the programme as trainees are easier to work with. This resulted in the course being rolled out to new consultants, and new managers being given protected time with clinicians in a range of environments during their induction process.

CONCLUSION

Despite different perspectives, the aim is the same: improving patient care. This course allowed me to understand that I can impact on my hospital mission, and there are enthusiastic and competent managers wanting to work together with clinicians to optimise patient care.