



Finding And Forming Dedicated People

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CEOs, mission leaders and human resources executives point to change management as one of the most important organizational challenges they face. When it comes to managing the changes that accompany health care reform, some executive leaders view the process as much like trying to build a plane while it is in flight.

The image describes our work environment in an extreme way. We shouldn't lose sight of the fact that whatever changes are in store, health care "in flight" means good, dedicated people taking care of other people in need. This issue of *Health Progress* focuses on how we educate, form and encourage them now and in the future.

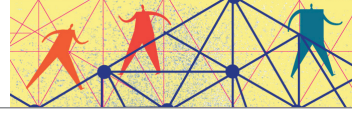
Whatever else it brings, health care reform will challenge us to move from a focus only on a patient and his or her disease to a broader focus on populations and community health. We will no longer be paid just for a service, no matter the outcome. Instead, we will be reimbursed based on quality criteria that assure a level of wellness beyond simply being discharged from our facilities. Efforts to reduce medical errors will require a collaborative, interdisciplinary effort that will break down traditional "castes" among practitioners and authority structures within our facilities.

In health care, there is a strong preference for long-standing methods and

habitual practices based on rigorous training. Reform will require a more critical look at long-held assumptions. It will require new skills for delivering care in new ways — making changes and adjustments in the midst of offering care on a daily basis.

While we work with our current groups of physicians to adjust to new demands, medical education already has begun to adjust its approach to the preparation of future clinicians. We anticipate health reform will bring up to 32 million newly insured people who will attempt to access primary care services on a more regular basis. We already know we don't have enough practicing clinicians to handle basic primary care needs. What is going to happen as more insured patients come into the system at the same time a generation of medical caregivers reaches retirement age?

In this issue of *Health Progress*, you will read about some programs already in place that encourage medical students to consider choosing pri-



mary care and family medicine as their career focus. You also will notice a consensus about the need for professional education that teaches and stresses interdisciplinary models of care as an essential response to new criteria for clinical quality and reimbursements. Is it possible to change decades-old hierarchical practices in favor of interdisciplinary collaboration that, to use writer and medical doctor Atul Gawande's images, move away from training solitary medical "cowboys" towards building race-car "pit crews"? Medical schools have begun to take this need for team effort into account, shaping a new generation of physicians who welcome the expertise of others alongside their own.

The mission and values of Catholic health care presume a sense of idealism that is often found in medical students as they start their education. Yet many physicians today report a drastic loss in the sense of purpose that first led them to choose medical careers. Building on its commitment to holistic care, the Catholic health ministry, collaborating with Catholic-sponsored and other medical schools, may help to nurture this idealism and call to service, allowing it to animate the work of doctors as their careers progress. As a health care ministry keenly interested in recruiting physicians who embrace our mission, such collaboration may be foundational to the ministry's future.

While we work to reshape practice patterns and support the chosen careers of physicians, Catholic health care also is challenged to find common ground with clinical practitioners of diverse backgrounds. Many medical students are introduced to ethics in Catholic health settings with a focus on the few "don'ts" listed in the *Ethical and Religious Directives for Catholic Health Care Services*. It is no surprise that many physicians often see Catholic medical ethics as a challenge to what they consider to be accepted standards of care.

Such an attitude affects the possibilities for partnerships, and it challenges our efforts to maintain the integrity of our ministry. In response, some Catholic teaching hospitals are working to broaden their students' understanding of our ethical tradition and demonstrate a common purpose in how we care for patients and families.

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Another expression of holistic care in medical education is found in efforts to balance the traditionally scientific focus of physician preparation with the integration of the humanities into the curriculum. This is an interesting effort that puts the empirical quest of scientific medicine in dialogue with the quest for meaning in life. Efforts like this enable physicians to sort out how their own careers contribute to something larger than themselves and equip them to listen with more compassion to the life questions of those whom they serve. This kind of reflection certainly supports a unique vision of health care rooted in the Catholic tradition.

Along with creative efforts to reshape how physicians of the future are

prepared, we also face the challenge of keeping our current work force engaged. Having worked in a health system setting, I have witnessed firsthand the effects of frequent leadership changeovers, including those of nursing leadership, and I have learned that one contributing factor to this turnover is the stress that our work environment creates. Again, the principles of holistic care inform some important efforts already in place in our ministry to address this stress and help to maintain a fruitful and supportive relationship with our associates. These efforts enmesh our ministry commitments and position our co-workers to do their best for our patients, residents and families.

While impressive efforts are underway in the areas of medical education and workforce retention, we also are faced with the challenge of inviting a new generation of administrative leaders into our ministry. We already rely heavily on the expertise and ministry commitment of lay leadership in every administrative role. Leading practices are in place designed to invite new leaders to join this work. It is essential that we share what we have learned so that we can deepen the pool of leaders who share the vision of health care first shaped by our founding congregations. It is only in this way that Catholic health care will continue to act as a leaven for the U.S. health system, keeping us committed to care for the most vulnerable and affirming the basic dignity of every person.

We hope this issue will encourage lively thought and discussion for you and your colleagues about issues that are taking on new urgency in our changing environment. Let it affirm your good work and open new possibilities for creative thought and action.

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