Introduction

Although many educational opportunities are relevant to physician management and leadership, Ontario Long Term Care Physicians (OLTCP) is the first to tailor education to the medical director role in long-term care (LTC) in Canada. The impetus for this curriculum came from implementation of a new Ontario LTC Homes Act in 2010 including a rigorous compliance process, along with the increasing medical complexity of residents being cared for in LTC homes.

OLTCP, a well-established charitable organization, has for 38 years organized an annual clinical conference for practitioners working in LTC homes. The need for focused training in medical direction was identified in a learning needs survey and supported by evidence of improved outcomes of care with an organized medical staff and education of medical directors.

As a sub-component of the larger curriculum evaluation, this poster describes the findings arising from survey and interview data related to medical director perspectives on the director of care role and director of care perspectives on physician involvement.

Description & Curriculum

The target audience for the curriculum was current or prospective medical directors practicing in any setting across the LTC continuum and geriatric/care of the elderly residents in training who were considering the inclusion of LTC medical direction in their practices.

The overall goals for this blended learning course were to develop medical director knowledge and skills to effectively support quality medical services in the LTC home. The 3-part curriculum consisted of 2-day blocks:

Block 1: Regulatory and Legislative Environment, Compliance and Inspections, Medical Director Role, Medical Staff Management, Documentation, Residents Rights

Block 2: Quality Improvement, Quality Framework, AIM statement, PDSA, Fishbone, 5 Whys, Process Analysis, Run Charts, Quality Improvement Plans, Working in Teams

Block 3: Safety and Risk Management, Leadership, Program Development and Evaluation, Ethics, RAI-MDS, Working with Families, Infection Control

The evaluation of the new curriculum included Blocks 1 and 3.

Methods

Dillman’s Tailored Design Method (2008) was used for web survey design and delivery. Post-training, participating physicians (n=49-60) were surveyed at 6-12 weeks (response rates of 84-86%) and participated in focus groups (n=7-10) at 3-5 months. Directors of care (n=55) were interviewed at 4-5 months following course completion. Descriptive statistics and thematic analyses were conducted.

Preliminary Results

Medical Directors

Medical Directors reported a positive impact on relationships with directors of care:

- 24.2% a stronger mutual understanding and respect of each other’s role
- 38.9% a better understanding of director of care role
- 51.5% better collaboration with the director of care for overall improvement of LTC, problem solving and quality indicators
- 54.5% improved communication with the director of care.

The quality of our discussions of issues has improved. I’m better informed and can dig a little deeper and answer their questions with them.

I feel like they are listening more and that I’m asking using the right words … I might be asking the same questions, but there is more response.

Within a week of the course, I sat down with the nurse managers with a list to follow up on and other initiatives I thought we should be going forward with … Because I am now in a position more to advise than to absorb, I think I gained their respect.

Directors of Care

Directors of care observed positive changes in medical directors’ approaches towards care quality, role performance, and relationships. The following statements were representative of key interview themes:

The medical director is more aware of some legalities and has since identified policies that we weren’t following. The physician is bringing back information and supporting us so that we’re doing the right thing.

The medical director is communicating, listening and providing feedback more … there’s a bit more going back and forth. The physician seems to realize more that this is not a simple job for the director of care, at the other end.

Our medical director has been implementing changes, is more involved with the units and is actively participating in our meetings. I’m finding there are more ideas offered and more follow-up to results.

The medical director thought that learning about the regulations was brilliant. I think it opened his eyes to what his actual role is here - as a physician you can always get a job, but whether you actually know what to do once you get the job is a whole other issue.

Discussion & Implications

Enhancing expertise in medical direction and strong team partnerships are key elements of medical director involvement and satisfaction in long-term care. This study advances the evaluation of medical leadership education by considering the effect of the training on the collaboration and mutual appreciation between medical director and administrative leaders – strengthening that collaboration contributes to improving the quality of care for residents in long-term care.

Although not primary learning objectives, two unexpected themes were identified in the qualitative data, namely improvements in knowledge of the director of care role as well as interprofessional competencies. Further evaluation is required on the impact of medical director education on improving clinical team integration, clinical outcomes, and strengthening collaborative relationships with administrative and nursing leadership and direct care staff.

Evaluations were very positive overall, particularly with respect to the small group case discussions relevant to LTC. The response of the provincial LTC Sector has also been very positive and grant funding has been received to further develop e-learning components and enhance the program going forward.

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