

Invited Commentary

Finding Purpose, Passion, and Happiness in Your Profession



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My colleagues and I have the privilege of working at one of Canada's many academic hospitals. We choose to work in this setting for the challenge that it brings to us on a daily basis—demanding, complex patient care that always pushes the limits of new knowledge, new technology. We work alongside superb radiologists and other clinicians who commit to and value the academic agenda. Surely, there is no more laudable professional setting given the organizational commitment to learning, discovery, and innovation. Two years ago, I discovered that we missed the mark entirely. What an underestimation of our own professional abilities to think all we needed to do was work alongside academic clinicians and not expect ourselves to actively contribute.

Two things happened simultaneously that put us on our journey to truly finding purpose and passion in our health care profession (whether, that is, as a medical radiation technologist, imaging nurse, manager, IT professional, etc). First, when I was lamenting about our low staff engagement results, my HR colleague suggested that I read the book *Delivering Happiness: A Path to Profits, Passion and Purpose* by Tony Hsieh. The book was an easy read about the author's immensely successful but difficult journey in creating Zappos; but more importantly, the book revealed how important organizational culture rooted in a shared purpose and passion is the magic to “profits” (or in our case, superior patient outcomes and experience). I loved the message of the book so much that I bought a copy for everyone on my management team. The question that rattled in my head for months to come was: Why do people choose to work in an academic setting...instead of someplace closer to home where arguably you serve a greater community need and touch more patient lives? How can we bring purpose and passion back to our profession(s)?

The second profound event that happened was when our Senior Vice President of Health Professions and Collaborative

Academic Practice invited me to join the committee that was comprised of all the leaders across all health professions at our hospital. Historically, our department chose to be separate from “allied health” and had no relationship to our health professional leadership across the hospital. This has been by design, with the egocentric thought that we would have little to gain in being part of “allied health” since the Medical Radiation Technologist (MRT) profession is uniquely rooted in advanced technology and intertwined with the need to have strong clinical skills and judgement. With little time for more meetings, and not being a clinician myself, I was skeptical that joining the committee would be of value to me or the MRTs and other imaging professions that I represent. I could not have been more wrong. It took about four meetings in the span of half a year but, one day, while I was trying to not let my mind wander to the dozens of things that I needed to get done, lightning struck and I had an epiphany. I came to realize that these practice leaders and educators were talking about mechanisms to make each person the best they could be for their patients—that this was about continuous quality improvement for the individual person, for the team, and for the clinical professions. Academic practice is the single biggest influencer to drive quality improvement. A clinician who embraces academic practice would fundamentally commit to best practice for their patients and actively seek and contribute to improving practice through discovery and learning.

Those two specific events led me to launch a new strategy—the most important, legacy-building strategy for the department—to create a culture of academic practice for all imaging professionals in our department. This has always been the mission of our radiologists, but it has been a foreign concept to have the same expectations for our technologists. Furthermore, it is a completely different mindset to think of the elements of academic practice (leadership, research, education, and advanced practice) as the driver for purpose and passion and positive culture transformation and not as another workload burden for our already overworked staff.

Our department is similar to many hospital imaging departments—we have high wait times and significant challenges

The author declares that they have no potential conflicts of interest.

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keeping up with our emergency, inpatient, and outpatient demands. Many of our modalities run 24/7. Our staff engagement scores are consistently on the lower end of the hospital. Where do you start in changing the mindset and culture for a department that is so pressured to maintain appropriate service delivery to the hospital? There were several key elements that put us firmly on our journey of creating a culture of academic practice.

Empowerment and Engagement of a Misunderstood Profession

“Beauty is in the eye of the beholder.” Somewhere along the way, MRTs have lost their appreciation for their profession’s “beauty.” As a result, the ability to provide leadership and portray the best of their profession amongst other health professions has also been lost. To actively participate in and contribute to collaborative academic practice with our radiologists and the other health professions, you have to see your own profession as an equal worthy of higher expectations beyond direct patient care no matter how hard that is to do in reality. Step one in our journey in academic practice kicked off at our annual Education Day, with a video that had several of our technologists talking about what it means to be an MRT in their own words. It was a heartfelt video that explained the art and science of being a technologist—the melding of precision advanced technology with complex patient care needs. The purpose was a call to action for our staff to recall what drew them to the profession, remind them as to why they choose to work in an academic health science centre, and invite them to participate more fully in the academic mission beyond as active bystanders. This video was rebroadcasted several times across our hospitals to help educate and bring awareness of the MRT profession to the other health professions. A key milestone in marking the MRTs’ commitment to academic practice was a presentation to the leadership of the various health professions. Many of them knew very little about MRTs beforehand and now can articulate with considerable knowledge the various aspects of the MRT profession. Like a debutant ball of yester year, we had arrived.

There have been various elements that have been put in place to engage our staff in academic practice since the debut of our strategy. First and foremost was the startup of our Practice Council. Under the leadership of our Professional Practice Leader and our Advanced Practice Nurse Educator, the Practice Council is one of the department’s most important committees, comprising some of our most energetic, committed staff across our various sites and modalities. In its inaugural year, they focused on hand hygiene as well as elements of reflective practice. In its second year, it is carrying on its leadership in hand hygiene and is catalyzing the startup of journal clubs across the department. The committee meets monthly and has been a significant contributor to shifting our culture from the ground up. These are point-of-care staff whose role is to actively contribute to improving practice across the department and to champion and spread learnings and language of academic practice amongst their colleagues.

A second profound engagement strategy for our staff has been the introduction of an Image Quality Peer Review program (starting with our x ray staff). Enabled through Coral Review, our internally developed radiologist and technologist peer reviewed IT solution and led by five site-based Quality Leads; our x ray technologists perform a daily peer review on image quality. The best and worst imaging studies are captured by our Quality Leads through Coral Review and brought forward for discussion at regular quality rounds. The results of the peer review program have been outstanding, with collective improvement in image quality for x-ray across our sites. There has been no better mechanism to embody academic practice than our image quality peer review program, with daily participation of all our x ray technologists in a collaborative, nonpunitive way, to improve our image quality for the benefit of our patients. These learnings have extended beyond our department’s quality rounds through our Quality Leads, who have presented at the Quality and Safety Committee of the department and have spoken at several external conferences, including the CAMRT’s conference. The plan is to implement the Image Quality Peer Review program to all modalities so that we have the full participation of all our staff.

The empowerment and engagement of our staff in our Academic Practice strategy have reached a point where our weekly electronic newsletter for the department, *The Weekly Scan*, has at least one story every week about some element of academic practice, and often, the entire issue is about activities or accomplishments related to academic practice. This newsletter is the best way for me to see the interest and participation of the staff: content is contributed by frontline staff and reflects what goes on in the department every week.

Leadership that Pulls

Culture transformation does not happen from one person with a great idea. It comes from leadership across the department, who see the value and embrace the call to action to lead the change. There have been so many moments where I have been surprised by the response by the leadership team to this new agenda. It has been embraced wholeheartedly by all the managers and directors and many of our supervisors, with meaningful personal and collective contributions. They have changed their language and reinforced the commitment to academic practice with their staff on a daily basis. Individually, many of our leaders now actively seek out opportunities to lecture, speak at conferences, and publish in journals—a personal aspiration that very few saw value in previously, and now many have academic credits to their names. There can be no better role model and inspiration for the staff than the response of the leadership team to this most important agenda. Our newly appointed Research Leader once related Steve Jobs’ quote: “If you are working on something exciting that you really care about, you don’t have to be pushed. The vision pulls you.” Our vision of interdisciplinary academic practice has never been a push with the department’s leaders—they have pulled the staff (as well as myself) along for the ride.

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