2018-19 Teaching Academy

Teaching Academy Series

July 17, 2018	**Quiet Power: the Key to Understanding Workplace Interactions**
Aug. 21, 2018	**Leaders vs. Managers: Understanding and Leveraging Distinctions**
Sept. 18, 2018	**Changes in Health Care Landscape**
Oct. 16, 2018	**Ethical Challenges in Clinical Teaching Environments**
Nov. 20, 2018	**Dealing With Difficult People**
Dec. 18, 2018	**Humanities, Humanism and Justice in Health Care Education**
Jan. 15, 2019	**Personalized Time Management**
Feb. 19, 2019	**Mindfulness Meditation for Faculty**
March 19, 2019	**Strategic Planning: Putting Together a Business Plan**
April 16, 2019	**Giving Feedback to Trainees**
May 21, 2019	**How to Promote a Learning Environment for All Students**
June 18, 2019	**Striking the Right Balance: How Thoughtful Use of Graphics Can Elevate Your Presentation**

**Quiet Power: The Key to
Understanding Workplace
Interactions**

Kate Webster, PhD
Director and Adjunct Assistant Professor,
Student Diversity and Multicultural Affairs

July 17, 2018

Purpose

To develop effective communication tools to
navigate difficult conversations and situations that
deal with:

- ➢ Unconscious bias
- ➢ Privilege & power
- ➢ Identity & culture

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Objectives

Gain tools to:

- ➢ Define your communication style and how it
  applies to the workplace
- ➢ Assess communication strategies for
  stressful situations
- ➢ Facilitate respect and understanding in
  workplace interactions

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Quiet Power Bag of Tools

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Four Communication Styles

Spectrum of 4
communication styles:

➢ Passive
➢ Aggressive
➢ Passive Aggressive
➢ Assertive

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Default Communication Style

Score yourself on each statement from 0 to 5 on how much
the statement is like you while at work. Put your score in the
box provided in the columns: A, B, C, D

0=Never like me	2=Somewhat like me	3=like me
1=A bit like me	4=A lot like me	5=Always like me

Scoring:
  Add up the boxes under each column and indicate the total
  score for that column

Column A Score _____   Column C Score _____
Column B Score _____   Column D Score _____

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Awareness Tools

Respond rather than react:

➤ H.A.L.T. as a self-check tool
➤ Which one is most active for you
➤ Share with members of team
➤ Support one another

Hungry
Angry
Lonely
Tired

HALT

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7

Hostile When Hungry

You're Not You When You're Hungry

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Personal Presence

Direct Communication
➤ No! can be a full sentence
➤ Remove Verbal Diminishers
▪ Weak speak
▪ Tag lines
▪ Questioning tone
▪ Unnecessary apologies
Strong Body Language
➤ 5-point stance
➤ Power poses

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RUSH UNIVERSITY
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What would you do…

➢ At work, a junior staff member agreed to help you on an upcoming project that has a strict deadline. On the morning of the due date, they come into your office to let you know they have not completed their piece of the project. You communicate your needs by…

➢ You are in a staff meeting with other colleagues and you make a relevant point about the topic at hand. A male colleague critiques your comment, but then continues to disparage you by saying that you were misinformed and should do your homework better before speaking. You assert yourself by….

➢ You are a person with an identity different from the dominant culture. You've just received a promotion with more leadership responsibilities. You feel excited and well-qualified to take this on. You have coffee with a colleague, who is from the dominant culture, to discuss your ideas for your new position. Rather than listening to your ideas, they proceed to tell you how you should run your team and do your job. You assert yourself by…

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Assertive Communication Self-Assessment

<u>Instructions</u>
- Read each statement and then use the scale to score yourself on how much the statement is like you while at school and/or work.
- Put your score in the shaded box provided under one of the columns labeled A, B, C, or D.

<u>Scale:</u>

0=Never like me   **2=Somewhat like me**   **4=A lot like me**
1=A bit like me   **3=Like me**   **5=Always me**

Statement	A	B	C	D
1. When confronting someone about a problem, I feel uncomfortable.	▒			
2. I remain calm and confident when faced with sarcasm, ridicule, or poorly handled criticism.			▒	
3. It's easy for me to lose my temper.		▒		
4. I address problems directly without blame or judgment.			▒	
5. It's more important that I get what I want, rather than people liking me.		▒		
6. I am easily upset or intimidated by ridicule or sarcasm.	▒			
7. I really don't like conflict, so I use other ways to make my feelings known, such as impatient or sarcastic remarks.				▒
8. I'll use sarcasm or little jokes to make my point.				▒
9. I feel comfortable with the amount of eye contact I make with other people.			▒	
10. I'll use the volume of my voice or sarcasm to get what I want from others.		▒		
11. I feel confident to handle most work situations positively involving confrontation with other people.			▒	
12. I like it better when people figure out what I want, without me having to tell them.	▒			
13. If asked to do something I don't want to do, I'll do it, but deliberately won't do it as well as I could.				▒
14. Being liked by people is very important to me, even if that means not getting my needs met.	▒			
15. I may not be very direct with people, but they can tell what I think of them by just looking at me.				▒
16. I really don't like conflict and will avoid it any way that I can.	▒			
17. I feel it is alright to ask for what I want or to explain how I feel.			▒	
18. Any impatience I feel for other people comes out in my body language rather than my telling the other person about it directly.				▒
19. I find it easy to poke, or wag, my index finger at other people.		▒		
20. Patience with people is not one of my strong points.		▒		
TOTAL				

Scoring

- When you are done with all 20 questions, add up the boxes under each column and indicate the total score for that column in the final row of boxes.
- Place these scores on the corresponding "Column X Score:_____"
- Leave the "Label" line blank. This will be filled in during the seminar.

Column A Score: ___   Label: _____   Column C Score: ___   Label: _____

Column B Score: ___   Label: _____   Column D Score: ___   Label: _____

Leaders and Managers

RUSH LEADERSHIP and LEARNING ACADEMY

Created by:

Janet M. Shlaes, M.B.A., Ph.D.

Manish Shah, M.S., M.B.A.

Agenda

Group Activity

Action Planning

| 1 | 2 | 3 | 4 |

Leadership & Management Distinctions

Gap Analysis
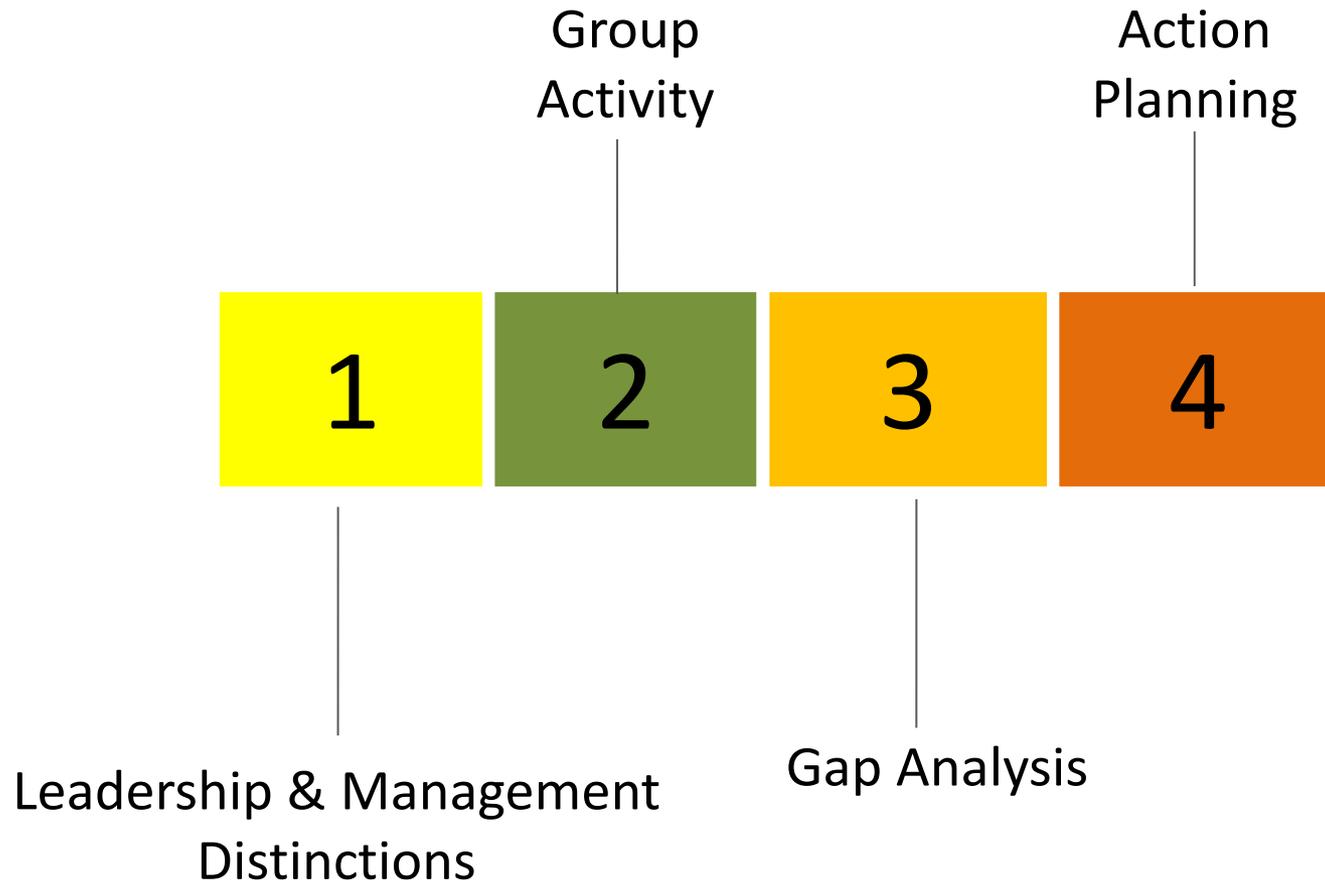
Leadership vs. Management

Seeing the Forest Versus Seeing the Trees

Leadership versus Management

Leader

1. Establishes direction
2. Communicates vision
3. Motivates and inspires people
4. Produces positive change
5. Asks tough questions

Manager

1. Plans and budgets
2. Structures and staffs the organization
3. Solves problems
4. Creates consistency and predictability
5. Develops people
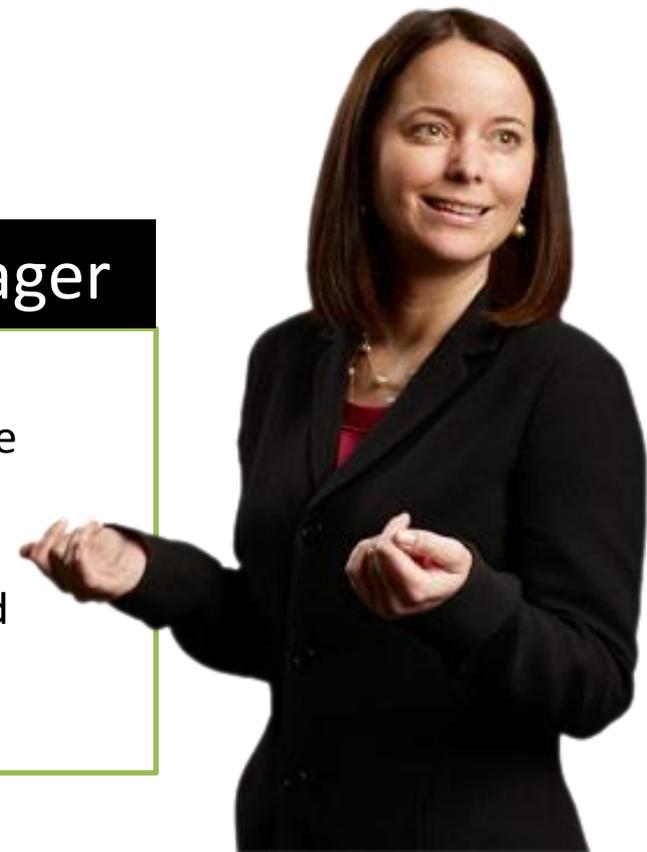
Table Activity
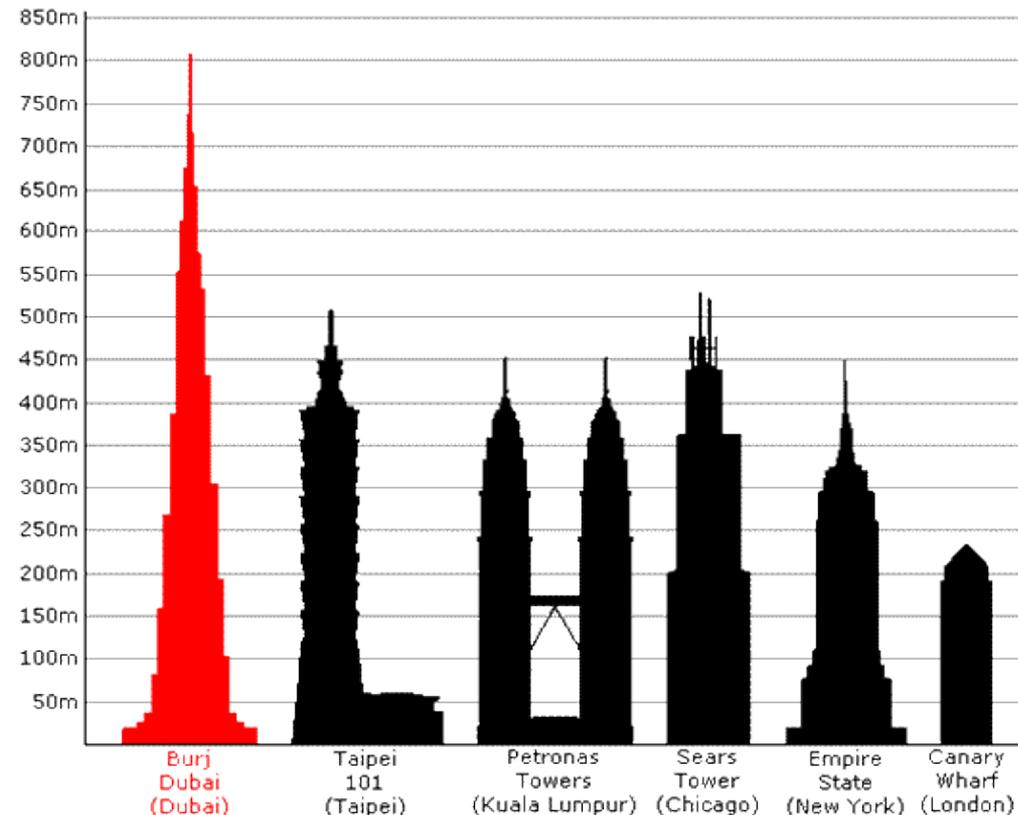
- **In teams, build the tallest tower you can from the pack of index cards.**

- **Your structure needs to be free standing.**

- **Do not use any other materials to build the tower.**

10minutes

Table Activity Debrief

Leader

1. Establishes direction
2. Communicates vision
3. Motivates and inspires people
4. Produces positive change
5. Asks tough questions

Which Leadership and Management aspects did you use in building your tower?

Manager

1. Plans and budgets
2. Structures and staffs the organization
3. Solves problems
4. Creates consistency and predictability
5. Develops people

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Management & Leadership: 2 Sides of the Same Coin

"

To be successful, we must lead to manage and at the same time we must manage to lead.

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Gap Analysis – Leadership & Management Skills

Use the survey to assess your strengths and developmental needs with regard to your leadership and management skills

Action Planning: In Pairs

1. **Identify one management AND one leadership development opportunity from your assessment.**

2. **What 3 action steps will you commit to taking over the next year to strengthen these skills?**

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Questions?

Leadership and Management Gap Analysis

With regard to each of the following statements, please use the scale provided below. Indicate with an **X,** which scale number best describes your skill level with 1 being lowest and 5 being highest.

#	Leadership Skills	Lowest 1	Low 2	Avg 3	High 4	Highest 5
1.	Establishing direction					
2.	Communicating the vision					
3.	Motivating and inspiring people					
4.	Producing positive change in the organization					
5.	Asking tough questions					

#	Management skills	Lowest 1	Low 2	Avg 3	High 4	Highest 5
1.	Planning and budgeting					
2.	Structuring and staffing the department					
3.	Solving problems					
4.	Creating consistency and predictability					
5.	Developing people					

Leadership and Management Gap Analysis

With regard to each of the following statements, please use the scale provided below. Indicate with an **X,** which scale number best describes your skill level with 1 being lowest and 5 being highest.

#	Leadership Skills	Lowest 1	Low 2	Avg 3	High 4	Highest 5
1.	Establishing direction					
2.	Communicating the vision					
3.	Motivating and inspiring people					
4.	Producing positive change in the organization					
5.	Asking tough questions					

#	Management skills	Lowest 1	Low 2	Avg 3	High 4	Highest 5
1.	Planning and budgeting					
2.	Structuring and staffing the department					
3.	Solving problems					
4.	Creating consistency and predictability					
5.	Developing people					

Changes in Healthcare Landscape
Teaching Academy

September 18, 2018

Peter Butler

Professor and Chairman, Department of Health Systems Management

Learning Objectives

- Be able to describe the overall environmental context and trends impacting healthcare

- Be able to describe trends and future scenarios within healthcare

- Understand how policy at the federal and state levels will impact the trends

- Be able to identify how the emerging healthcare landscape might impact your job/profession

Embracing the Changing Landscape

Global Trends
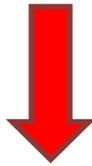
Healthcare Industry Trends

Imperative for Healthcare Leaders

Global Trends

- Health of the Planet

- Demographic Shifts and Inequities

- Technology and Data Explosion

- Workforce Shortages and Displacement

- Inevitable Globalization

Healthcare Industry Trends

- Public Policy Vision for Healthcare Remains Elusive

- Demographics and Social Determinants Driving Health and Costs

- Technology and Data Driving Decisions, Machine and Human

- Workforce: Not Enough, Wrong Mix and Unevenly Distributed

- Role of Government Remains Unclear as is Leadership for Change

Milestones in U.S. Health Policy

1935 – Social Security Act

1946 – Hill Burton Act

1948 – AMA successfully defeats Truman plan

1954 – Revenue Act makes employer health plan contributions tax free

1965 – Medicare and Medicaid signed into law

1972 – Nixon proposes national health plan

1983 – Medicare introduces DRG payments

1997 – Balanced Budget Act

2003 - Medicare Part D drug coverage

2010 – Patient Protection and Affordable Care Act

A Snapshot of Today's Coverage

Coverage

Uninsured
Individual Market
Medicaid
Other Public
Medicare
Employer-based
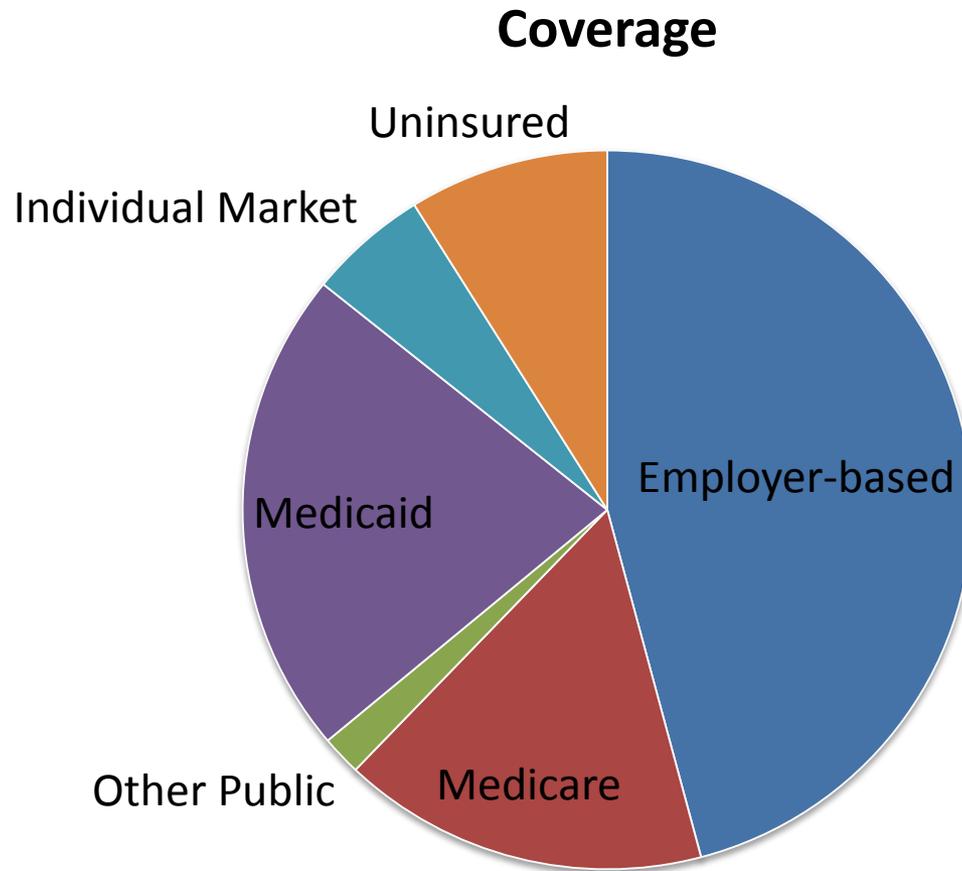
A Snapshot of Today's Coverage

Coverage	Number Covered (in millions)	Percent of Covered Population
Employer-based	155	45%
Medicare	55	16%
Other Public	6	2%
Medicaid	74	22%
Individual Market	18	6%
Uninsured	30	9%

What is the Role of Government Versus the Private Market?
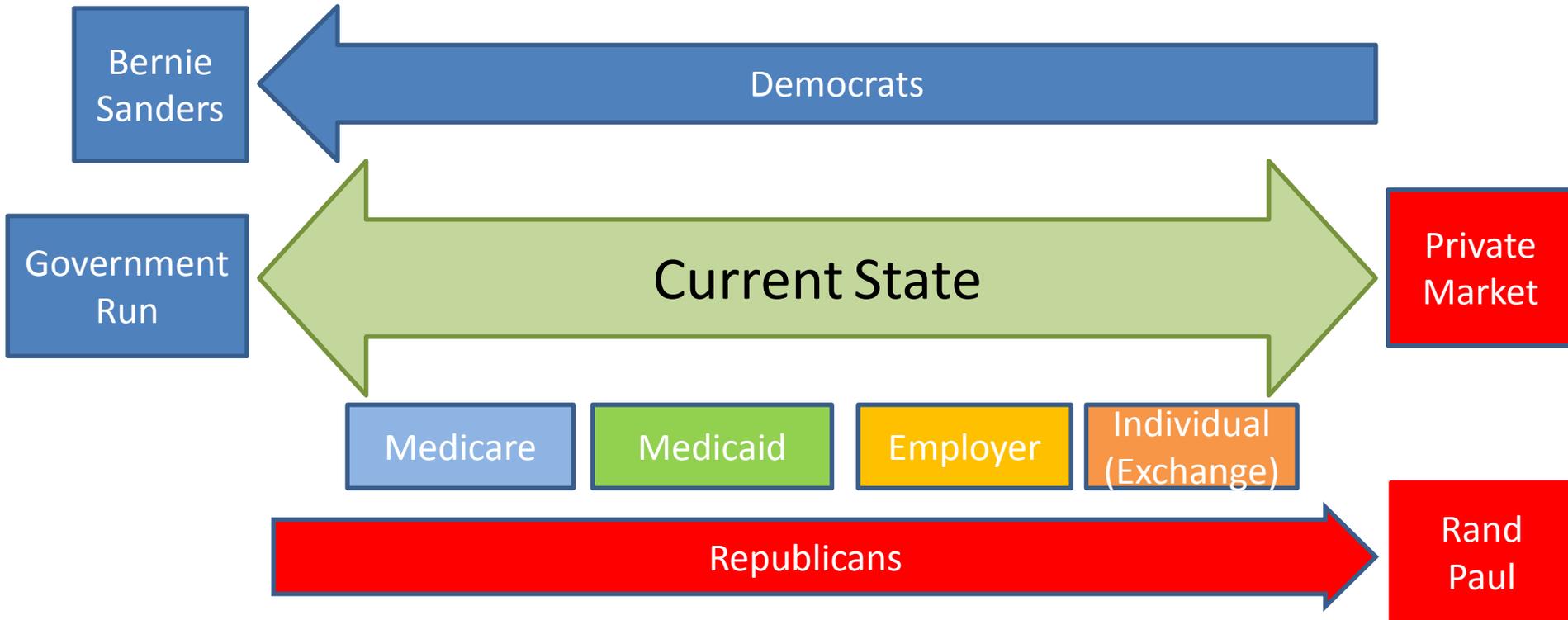
Why Repeal and Replace Failed
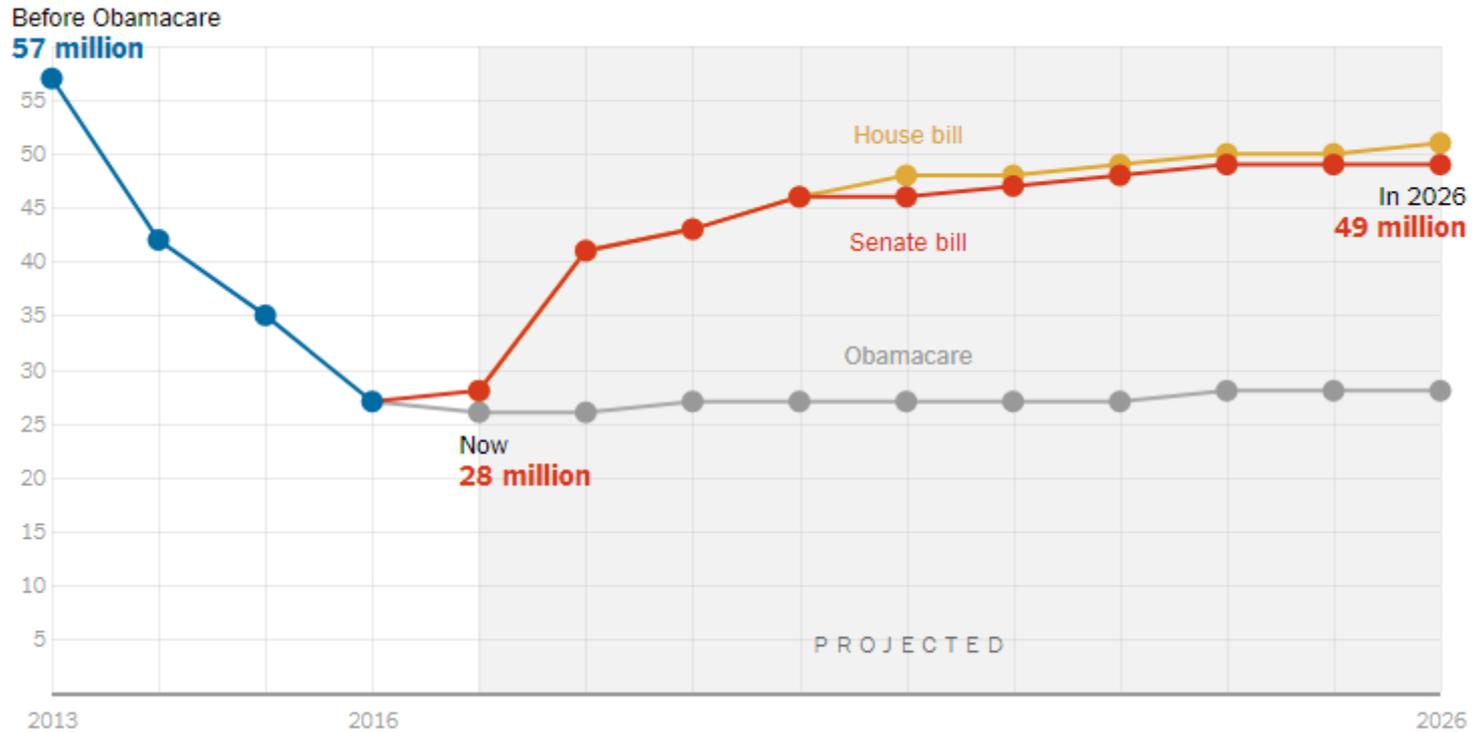
The Second Curve: Volume to Value

Adapted from Ian Morrison, "The Future of the Healthcare Marketplace: Life in the Gap, Life in the Game "
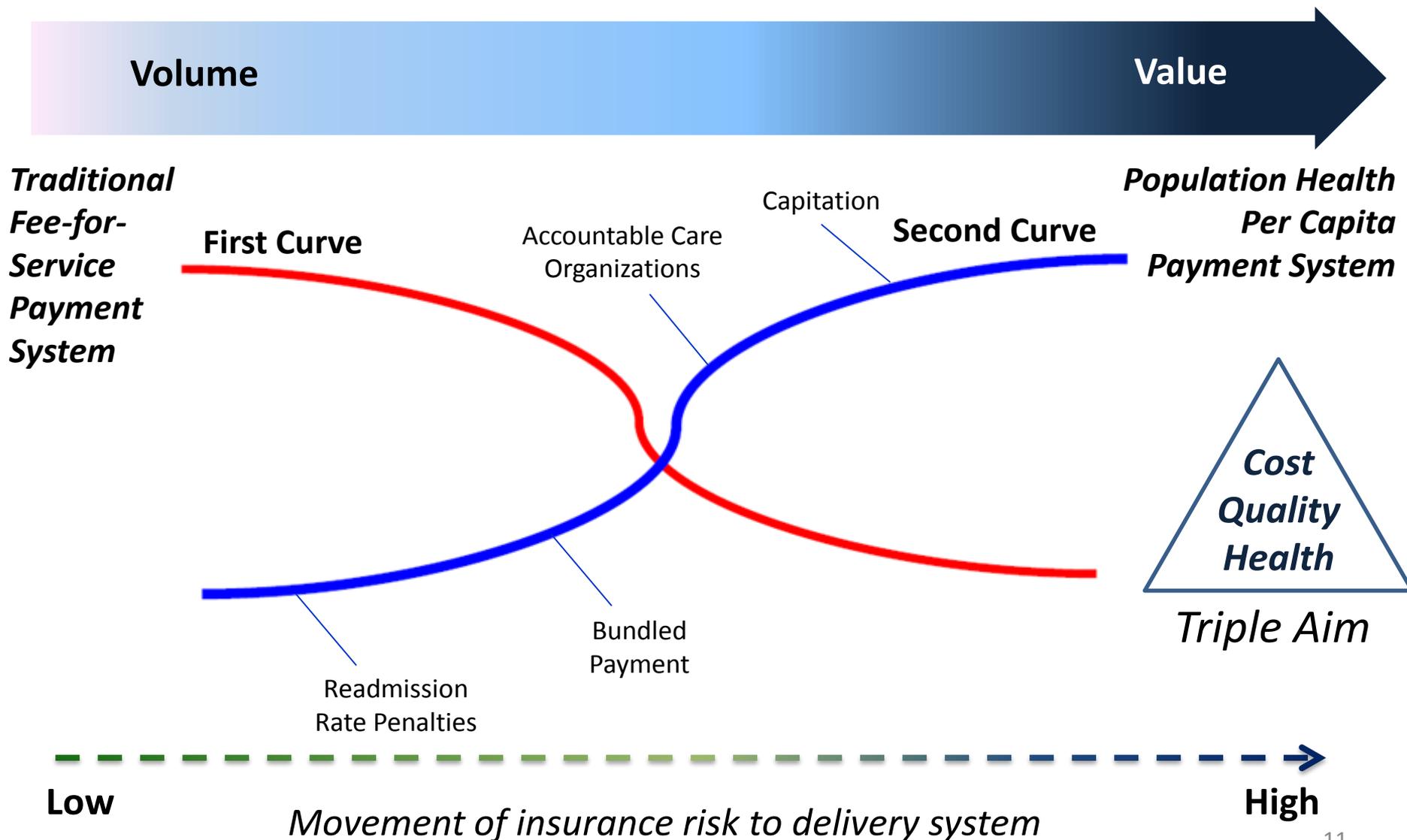
A Vision Without Execution
Is Only A Dream

Vision + Consensus + Skills + Incentive + Resources + Action Plan = Change

---------- + Consensus + Skills + Incentive + Resources + Action Plan = Confusion

Vision + ---------------- + Skills + Incentive + Resources + Action Plan = Sabotage

Vision + Consensus + -------- + Incentive + Resources + Action Plan = Anxiety

Vision + Consensus + Skills + ------------- + Resources + Action Plan = Resistance

Vision + Consensus + Skills + Incentive + --------------- + Action Plan = Frustration

Vision + Consensus + Skills + Incentive + Resources + ---------------- = Treadmill

Source: T. Krosier

Figure 3

About Half of the Public Continue to Hold a Favorable View of the ACA

As you may know a health reform bill was signed into law in 2010, known commonly as the Affordable Care Act or Obamacare. Given what you know about the health reform law, do you have a generally favorable or generally unfavorable opinion of it?
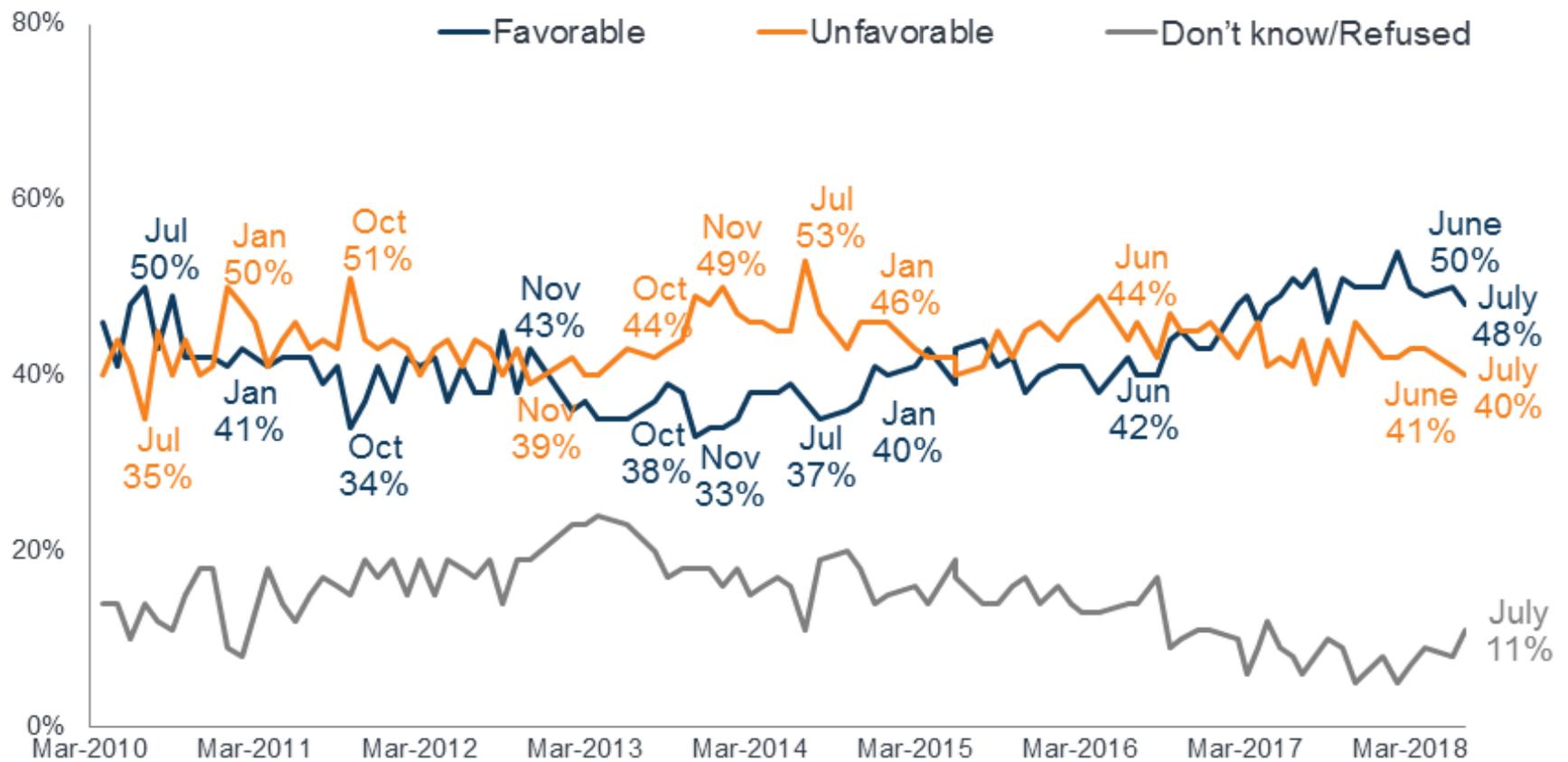
Figure 1

Most Say President Trump's Administration is Trying to Make the ACA Fail and Half Say that is a Bad Thing

Do you think President Trump and his administration are trying to make the health care law work or do you think they are trying to make the health care law fail?
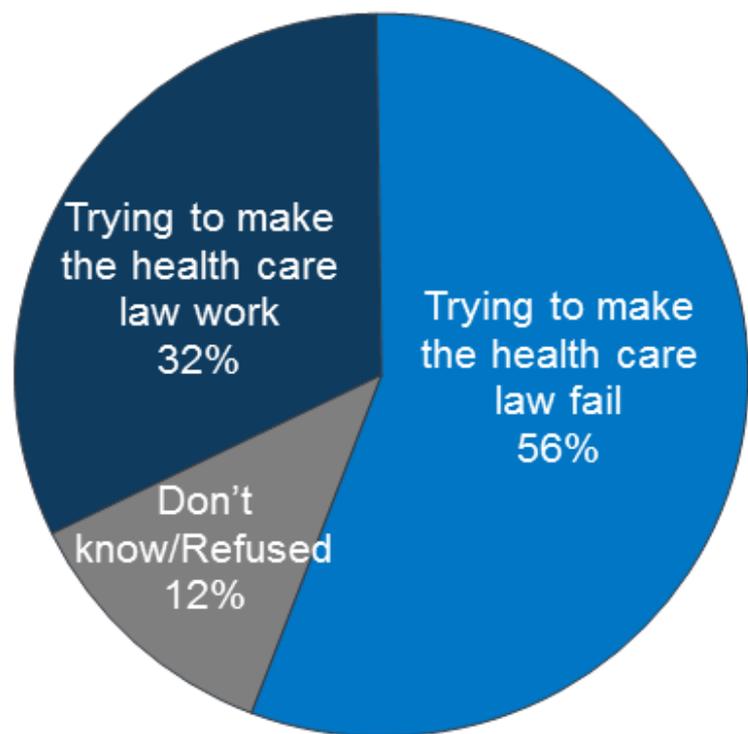
Do you think this is a good or bad thing?
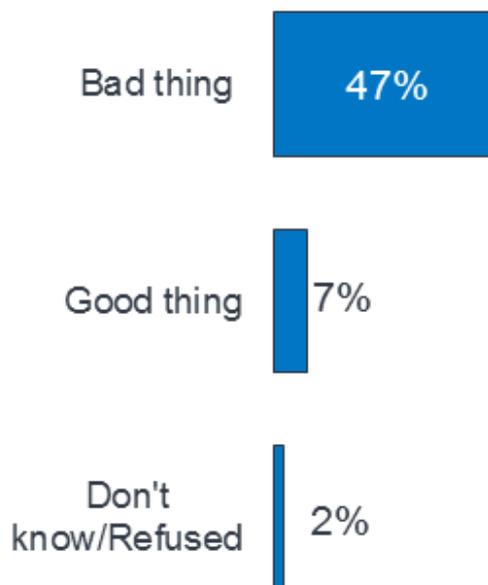
Figure 2

Public Holds President Trump and Republicans Responsible for ACA Moving Forward

Which comes closer to your view?

- ■ Since President Trump and Republicans in Congress have made changes to the law, they are responsible for any problems with it moving forward
- ■ Since President Obama and Democrats in Congress passed the law, they are still responsible for any problems with it moving forward

Total | 58% | 27%

By Political Party ID

Democrats | 78% | 10%

Independents | 58% | 30%

Republicans | 36% | 46%
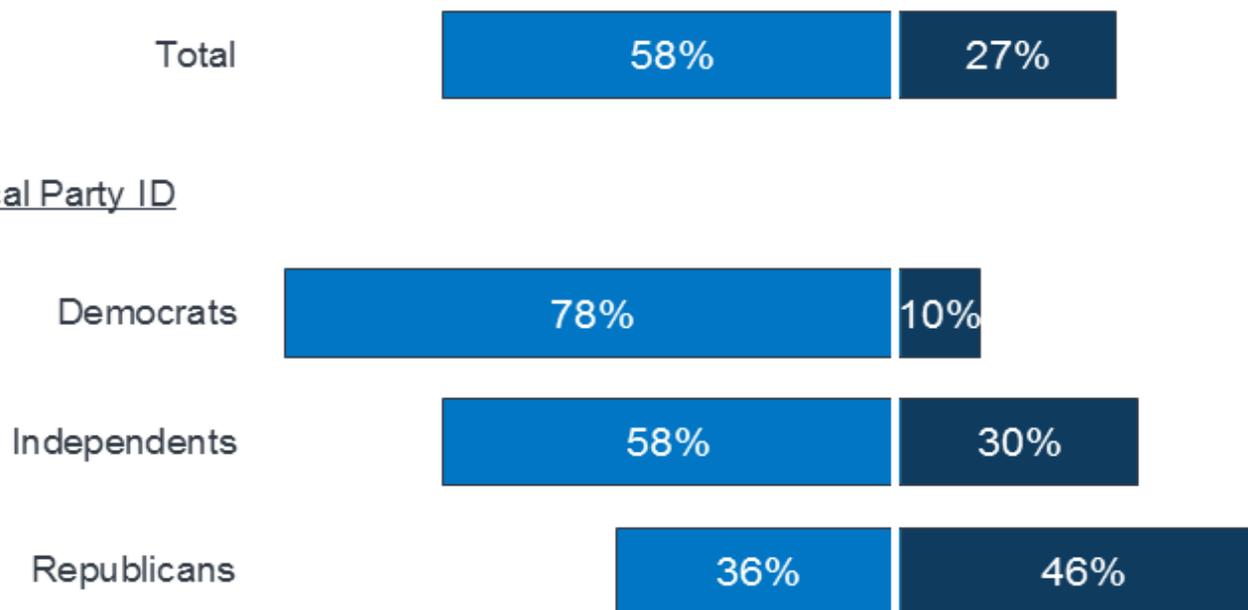
NOTE: "Both are equally responsible (Vol.)", "Neither of these/Someone else is responsible (Vol.)", and Don't know/Refused responses not shown.
SOURCE: KFF Health Tracking Poll (conducted July 17-22, 2018)

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Figure 1

Modest Increase In Support For Single-Payer Health Care In 2017

Percent who favor or oppose a national health plan in which all Americans would get their insurance from a single government plan:

■ Favor   □ Oppose

	1998-2000 (avg of 6 polls)	2002-2004 (avg of 2 polls)	2008-2009 (avg of 7 polls)	Feb 2016	June 2017
Oppose	53%	55%	49%	43%	43%
Favor	40%	39%	46%	50%	53%
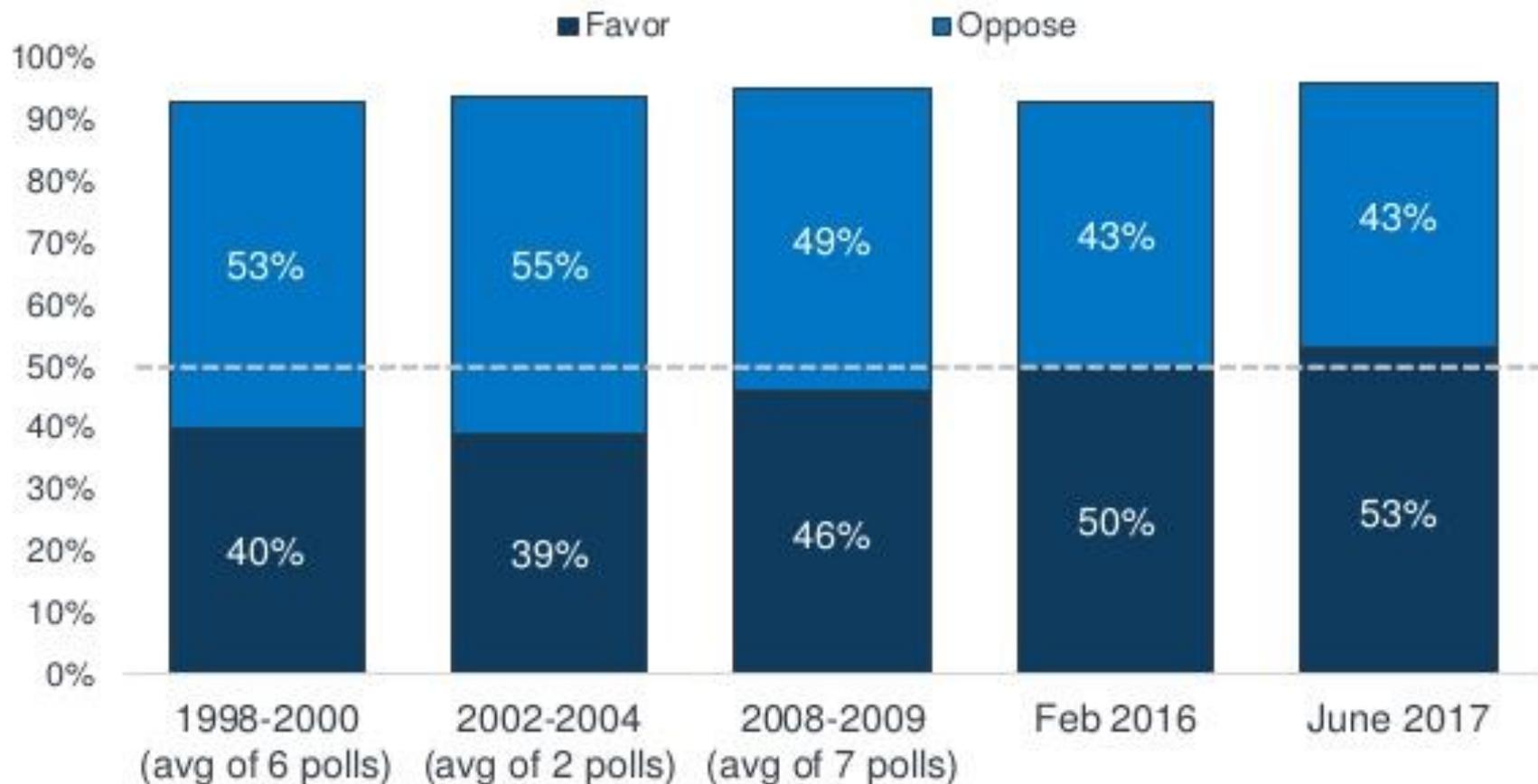
NOTE: Question wording varied slightly over time. See topline for full question wording.
SOURCE: KFF Polls

KFF

Figure 4

Voters Rank Candidate Position on Continuing Pre-Existing Protections as Top Health Care Position in Campaign

REGISTERED VOTERS: Is a candidate's position on each of the following…

- ■ …the single most important factor
- ■ …very important, but not the most important factor
- ■ …one of many factors you'll consider
- □ …not an important factor in your vote

	...single most important	...very important	...one of many	...not important
Continuing protections for people with pre-existing health conditions	11%	52%	26%	9%
Repealing the ACA	9%	44%	30%	14%
The Supreme Court overturning Roe v. Wade	10%	41%	27%	19%
Passing legislation to bring down the price of prescription drugs	8%	42%	38%	11%
Passing legislation to stabilize the ACA marketplaces	9%	40%	37%	12%
Passing a national health plan, or Medicare-for-all	12%	37%	29%	21%
Continuing women's access to reproductive health services	8%	39%	30%	21%

NOTE: "Don't plan to vote (Vol.)" and Don't know/Refused responses not shown. Question wording abbreviated. See topline for full question wording.
SOURCE: KFF Health Tracking Poll (conducted July 17-22, 2018)

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Some Conclusions

- Incremental steps, not major changes for the ACA most likely outcome
- Difficult to get enough votes for any proposal leading to more uninsured
- Major changes ultimately require bi-partisan support, time and energy, and will compete with turmoil of current administration or other unknown world events
- Path from volume to value will continue
- Medicaid is pivotal pillar of healthcare coverage with states versus Federal government having more control in short-run
- In long-run, U.S. still likely to move more closely to national models in place in other developed countries

For the Health Professions

- Embrace new competencies—technology, population health, partnering, change management, advocacy
- Look outside your organizational and profession's traditional walls—who's on your new team?
- Understand how your profession can be aligned with population health, capitation management and the move from volume to value
- Support educational models that reshape the pipeline sooner rather than later
- Get ready for change—change will be the constant
- Values more important than ever

Ethical Challenges in Clinical Teaching Environments

David J. Banayan, MD. MSc. FRCPC

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Specialist, Psychosomatic Medicine & Clinical Medical Ethics

David_Banayan@Rush.edu
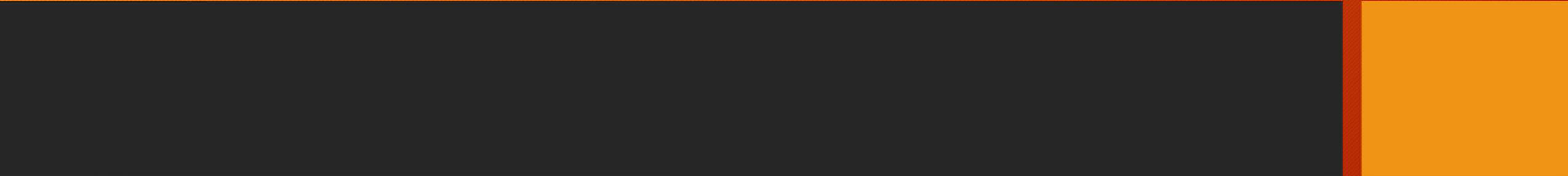
The information contained in this presentation is for educational purposes only.

OBJECTIVES

1. To understand the role, relevance and importance of clinical medical ethics.

2. To become familiar with some of the core theories of medical ethics.

3. To practice applying theories of clinical medical ethics to dilemmas that can arise in the clinical (teaching) environment.

WHAT IS *CLINICAL* MEDICAL ETHICS

Ethics: Theory about which actions / behaviors are 'correct'

→ usu. based upon pre-existing established standards of conduct or rights

e.g. Constitutional Rights; Federal & State Laws; Religious doctrines, Others…

Medical Ethics = defining what actions/behaviors/goals/etc. are appropriate in health care settings.

e.g. Hippocratic Oath

→ "First, do no harm"

WHAT IS *CLINICAL* MEDICAL ETHICS

- Clinical Medical Ethics: ethical issues arising in the delivery of health care and caring for the ill.

  ❖ Conflicts of interest between provider & patient

  ❖ Behavioral 'indiscretions' between providers and across the health professions

  ❖ Conflicts between ethical principles (e.g. HIPAA violation for public safety)

THE TROLLEY PROBLEM

The axe problem

UTILITARIANISM / CONSEQUENTIALISM

Focus: maximizing production of 'the good'
           'good' = well being, contentment, welfare, choice, etc.

           When a 'good' is not achievable → minimize harm.
                 e.g. 'Harm reduction' model in tx of substance use d/o

           Outcome from the act mostly determines whether the act was morally just.
                 -The end may justify the means.

Drawbacks
• Good for greatest number can marginalize minority groups
• No mention of how a 'good' is distributed
• Comparing consequences of different actions- using what scale?

Deontology

Definition: The study of duty and obligation

Progenitor: Kant

Focus: Reason, duty, rules, form the basis of moral judgement.
                Quality, nature of relationships; what we owe others.
                Human capacity for reason ←→ Acting out of obligation

Examples:

✓Fiduciary duty of health care providers

✓Fiduciary duty of financial advisors AMA – Policies, etc.

Deontology

Example: Employer tells worker that she was exposed to a hazmat.

Is this moral or amoral?

Judgment: Depends on **why** employer said it.

- duty to tell or workplace rule = moral worth
- because fears lawsuit = no moral worth

Rights Theory

Definition: entitlement to something

Justification of a right: philosophical, constitutional, political, legal, religious, etc.

- Right to live freely without undue intrusion
- Right to non-discrimination
- Right to free speech
- …plethora of other rights

Choosing How to Behave

- Consequentialism (Utilitarianism): maximized the good

- Deontology: proper relationships; respecting humanity, cat.imperative

- Virtue Theory: to achieve *Eudaimonia* (human flourishing)

- Rights Theory: 'do unto others…' / certain rights inalienable

Ethics v. The Law

Ethical choices / response can breach legal statutes!

e.g.   Patient diverting large amounts of a controlled substance

→ Report to DEA (HIPAA) v. other response

Ethical Dilemmas in Clinical Settings

Consultation Request Refusals

Communication style – demeanor, tone, paucity of, not returning pages, physical touch

Patient Endangerment / Negligence / Competency

Boundary crossings / violations with – colleagues, pts, families

Ethical violations

QUESTIONS?

BREAKOUT SESSIONS!

Division into smaller groups & working through case scenarios!

Dealing with Difficult People

Manish Shah, MS, MBA & Janet Shlaes, PhD, MA, MBA

Disclaimer

Mr. Shah and Dr. Shlaes have disclosed that there is no actual or potential conflict of interest in regards to this presentation. The planners, editors, faculty and reviewers of this activity have no relevant financial relationships to disclose. This presentation was created without any commercial support.

Training Agenda

Drivers of Behavior

Q&A

| 1 | 2 | 3 | 4 |

Four Difficult Behaviors

Dealing with Difficult behavior
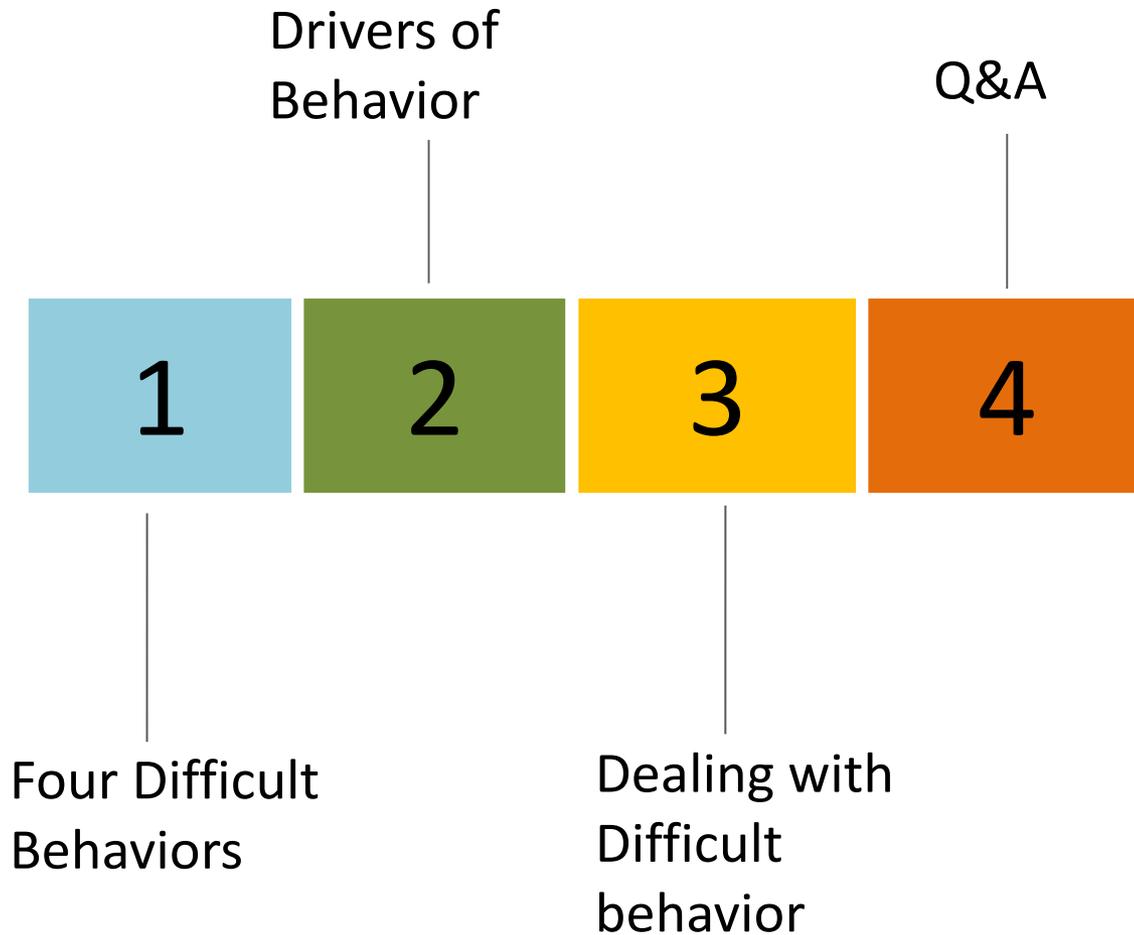
Learning Objectives

Identify and mitigate difficult behaviors

Effectively manage a difficult conversation

Introduction - Video

Behavior One: Downer

People exhibiting the "downer" behavior complain, whine, critique and judge

They are hard to please

Behavior Two: Know it All

They try and impress others by name-dropping and comparing

Behavior Three: Yes People

They say "yes" to everything and by doing so do not add any value to a discussion.

Behavior Four: Tanks

They want to get their way and will do anything to get it

Four Main Drivers of Behavior
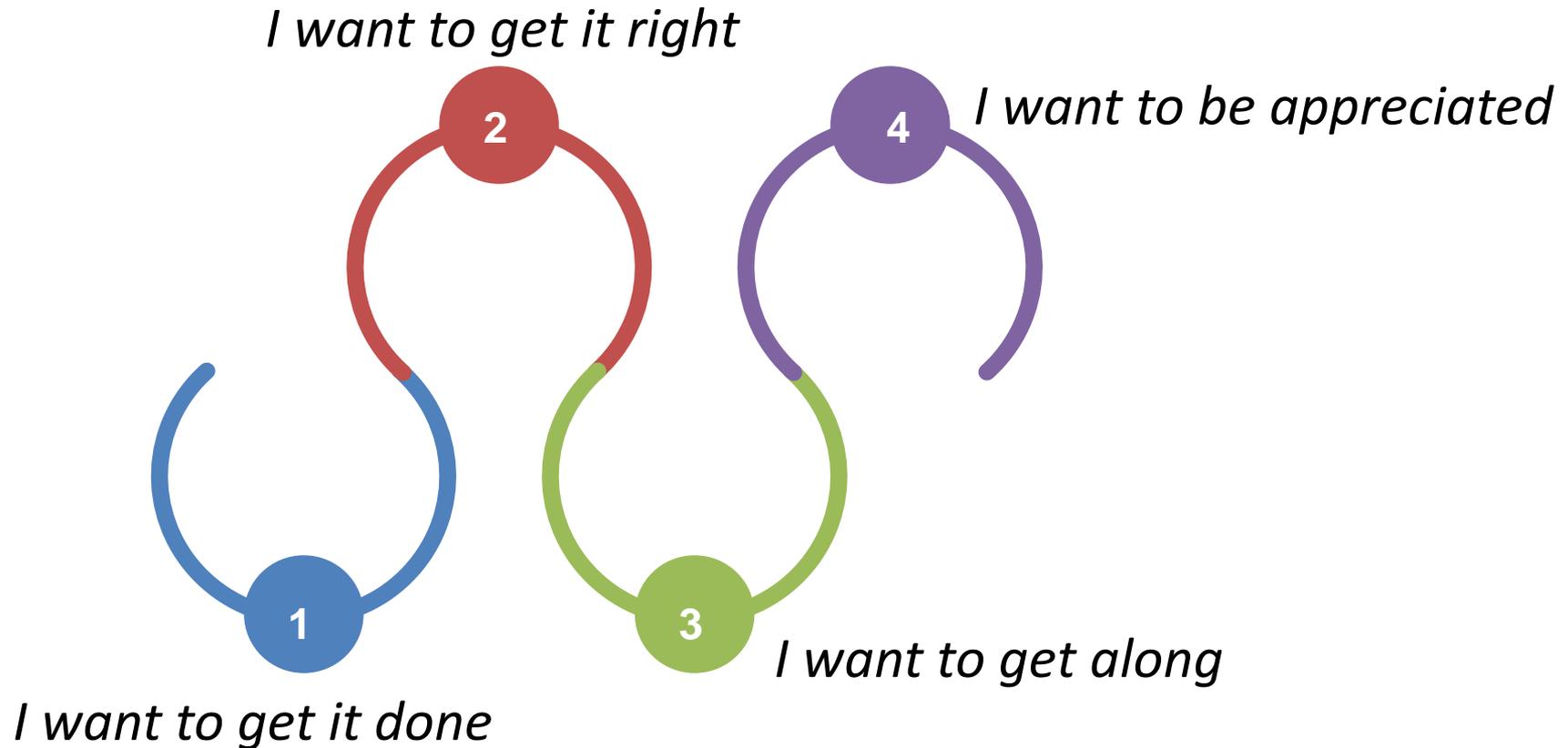
I want to get it right

I want to be appreciated

2

4

1

3

I want to get along

I want to get it done

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How do difficult behaviors relate to the drivers?

Paired Exercise

I want to get it right

2

I want to be appreciated

4

I want to get it done

1

I want to get along

3

- Tanks
- Yes People
- Downer
- Know it All

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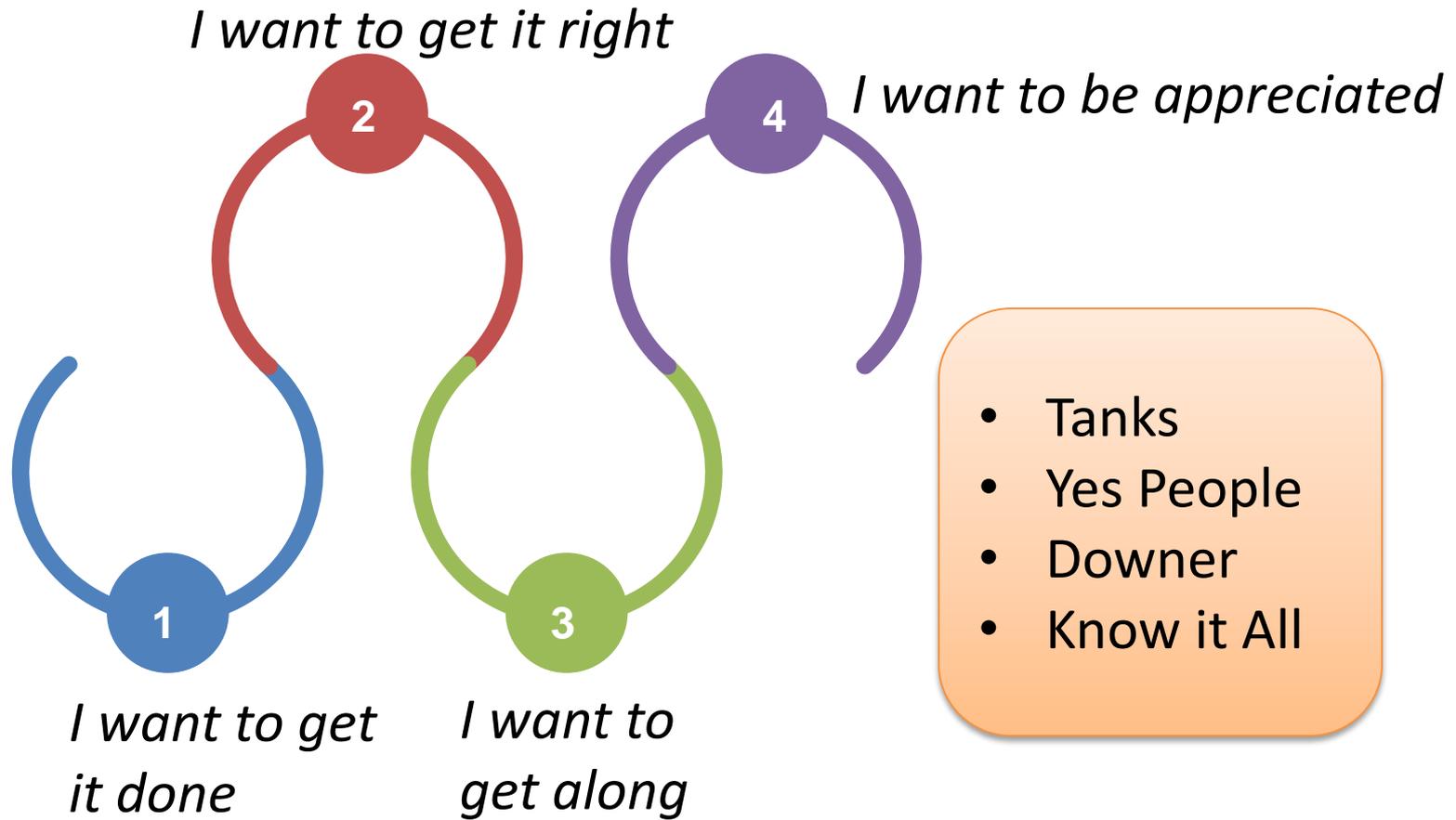
Prescriptions for Success

It's not about you

Don't try to change them

Understand them

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Prescriptions for Success

DOWNERS

+ *Acknowledge*

+ *Uncover the underlying intention*

+ *Be prepared to move the conversation offline*

KNOW IT ALLS

+ *Give them attention*

+ *Honor their intention*

+ *State the facts*

+ *Give them a way out*

YES PEOPLE

+ *Ask them open ended questions to uncover reasons for their agreement*

+ *Create safety to elicit an alternate point of view*

TANKS

+ *Listen to dissipate the forcefulness of their approach*

+ *Uncover reasons for their passionate position around an issue*

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13

STATE SKILLS

S = Share your facts

T = Tell your Story

A = Ask for others path

| What Skills |

T = Talk tentatively

E = Encourage testing
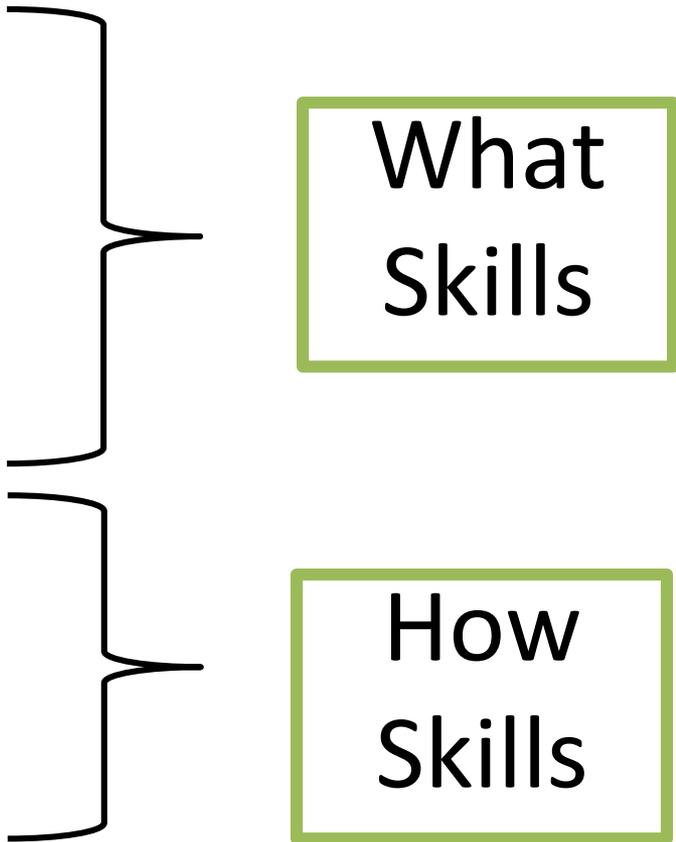
| How Skills |

STATE SKILLS EXAMPLE

You work in a laboratory with Jon. He frequently fails to share data from his experiments which negatively impacts your work. This pattern has impacted your performance and the performance of the department. How would you structure your dialogue with Jon using the STATE skills?

S = Share your facts – Jon you have not shared the data from the previous two experiments that were conducted on 9/18 and 9/25. This has seriously impacted my ability to successfully conduct my experiments. It also has had a negative impact on the productivity of our department.

T = Tell your Story - I am starting to **feel** like either you do not care or you do not understand how your lack of sharing data impacts others. This has started to impact my relationship with you.

A = Ask for others path – How do you see it? What is your perspective?

STATE SKILLS PRACTICE IN PAIRS

One of your employees, Jenna, who was a good performer for the last five years is underperforming. She has started to show up late at work. Her two key projects have fallen behind. Her negativity is impacting her work and the work of her peers. Use STATE skills to structure your dialogue with Jenna.

RUSH
LEADERSHIP
and LEARNING
ACADEMY

Any questions?

How do difficult behaviors relate to the drivers?
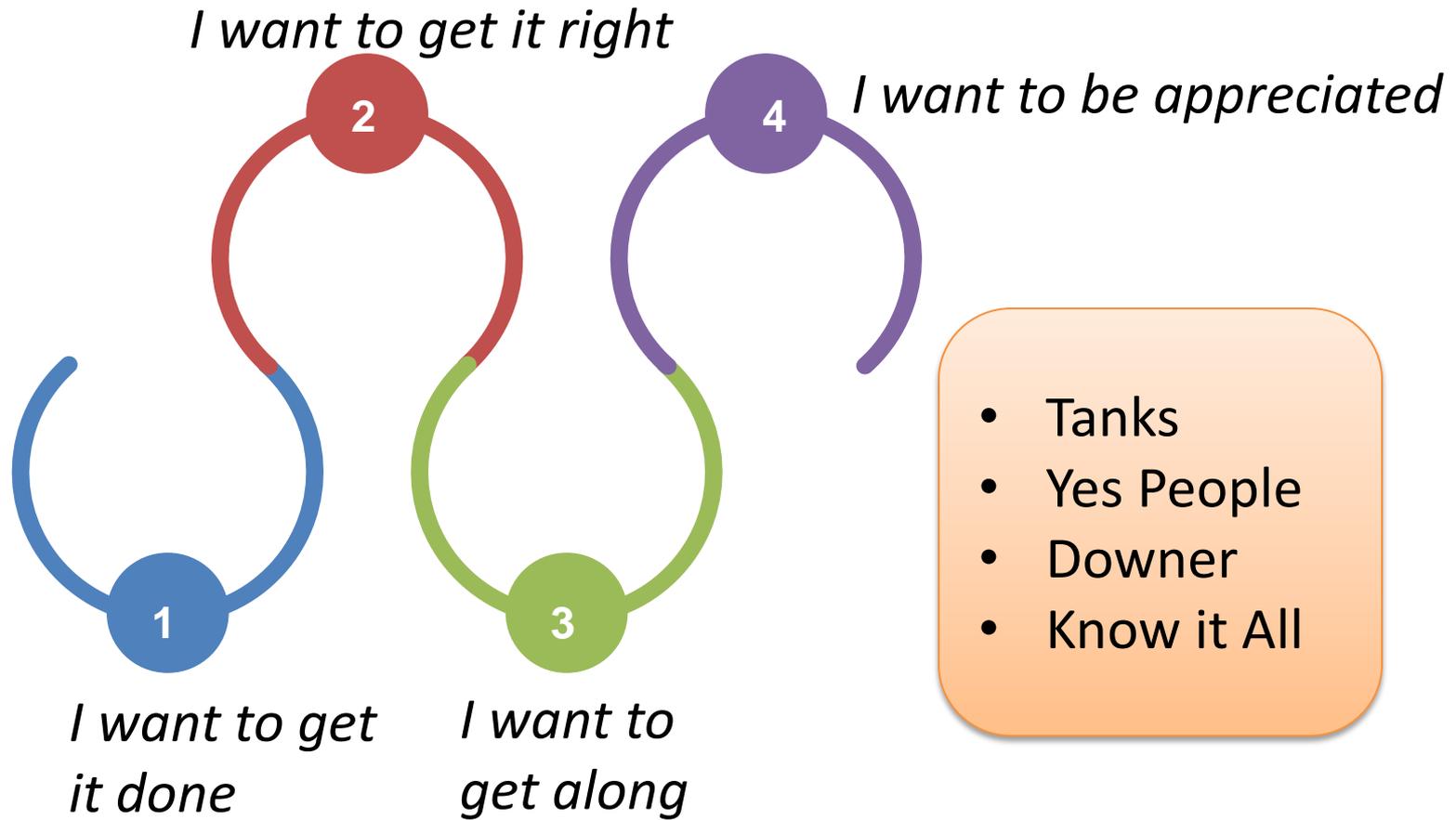
Paired Exercise

I want to get it right

2

4

I want to be appreciated

1

I want to get it done

3

I want to get along

- Tanks
- Yes People
- Downer
- Know it All

RUSH
LEADERSHIP
and LEARNING
ACADEMY

STATE SKILLS PRACTICE IN PAIRS

One of your employees, Jenna, who was a good performer for the last five years is underperforming. She has started to show up late at work. Her two key projects have fallen behind. Her negativity is impacting her work and the work of her peers. Use STATE skills to structure your dialogue with Jenna.

RUSH
LEADERSHIP
and LEARNING
ACADEMY

The presenter has no conflicts of interest to disclose.

Objectives

- Identify the role of humanities and humanism in shaping learners' perceptions of patient care.

- Describe an approach to conflict resolution and relationship-building that is applicable to classroom, clinic, and community.

- Analyze current teaching activities for opportunities to incorporate values, practices, and passions from outside of traditional healthcare education.

3 quotes & 3 stories

"...space is not a flat surface across which we walk...you are not traveling across a dead flat surface that is space; you are cutting across myriad stories going on."

Doreen Massey
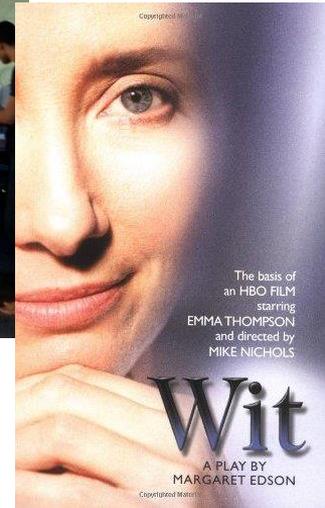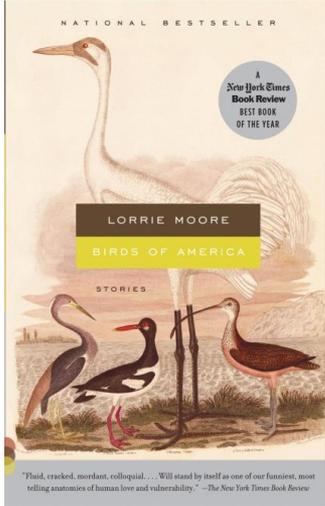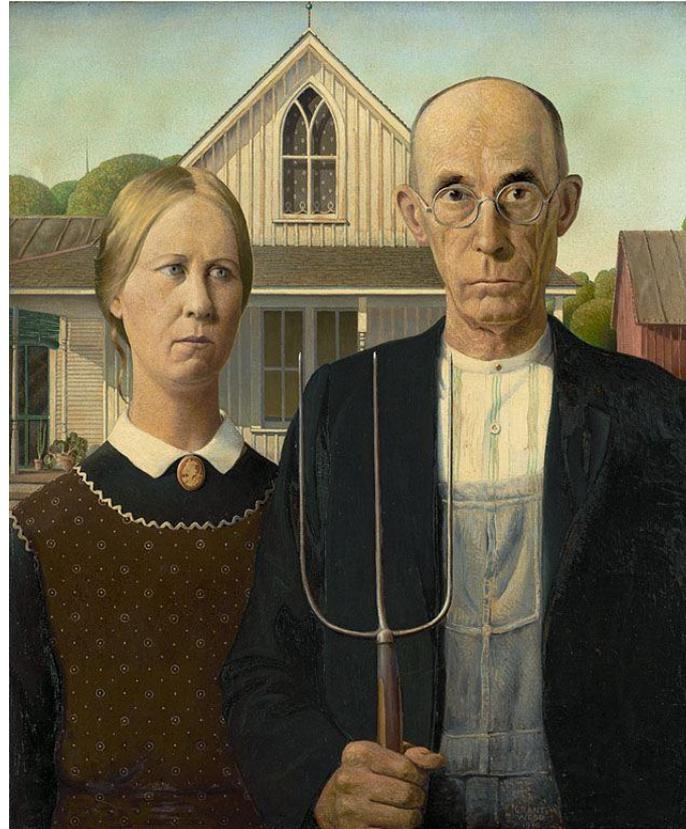
Humanities in Medicine

Project Theme: Entering into Medicine

Medicine is a culture that engages many different facets for the purpose of creating healing. There are individuals who care for the one in need of healing. Medications, procedures, and therapies are applied in the hopes of elevating suffering and pain. Furthermore, the one who is in ill-health then must enter into the healing process; without the cooperation and engagement of the one who is sick, the primary function medicine cannot occur.

Project Goal: Evaluation of the entrance of medicine.

Through capturing a visual image of different entrances of medicine, this project will show the value and impact the individual can have on her own health. The project will include a variety of physical environments where individuals may find healing and comfort from illness.

Examples Include:

Rush Medical Center

The Freedom Center
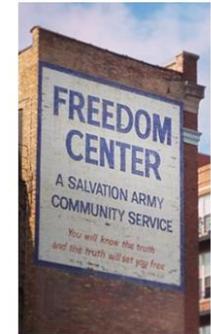
"I need to see a mythologist."

A patient
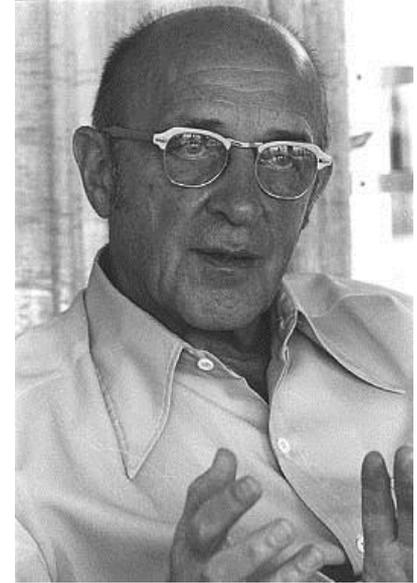
A *humanistic-pragmatic* approach that focuses on

- Strengths

- Supports

- Resources

- Symptoms

- Stresses

- Restorative justice (RJ) is a theory of justice that emphasizes repairing the harm caused or revealed by behavior. It is best accomplished through cooperative processes that include all stakeholders.

- Practices and programs reflecting restorative practices will respond to (mis)behavior by:
  - identifying and taking steps to repair harm,
  - involving all stakeholders,
  - fostering active accountability, and
  - transforming the traditional relationship between communities and empowered bodies in responding to behavior.

- A flexible approach with potential utility across settings and circumstances

- "What happened?"

- "What harm resulted?"

- "What needs to be done to make things right?"

- "What will prevent it from happening again?"

"Do not be daunted by the enormity of the world's grief. Do justly, now. Love mercy, now. Walk humbly, now. You are not obligated to complete the work, but neither are you free to abandon it."

After the *Talmud*

RUSH

- Consider integrating arts-related content and practices into classroom teaching.

- Name the values that underpin your clinical work and teaching.

- Get involved with Rush's RJ work.

Personalized Time Management
~ Interactive Workshop ~

Susan Weber Buchholz, PhD, RN, FAANP

Rush University
January 15, 2019

86,400
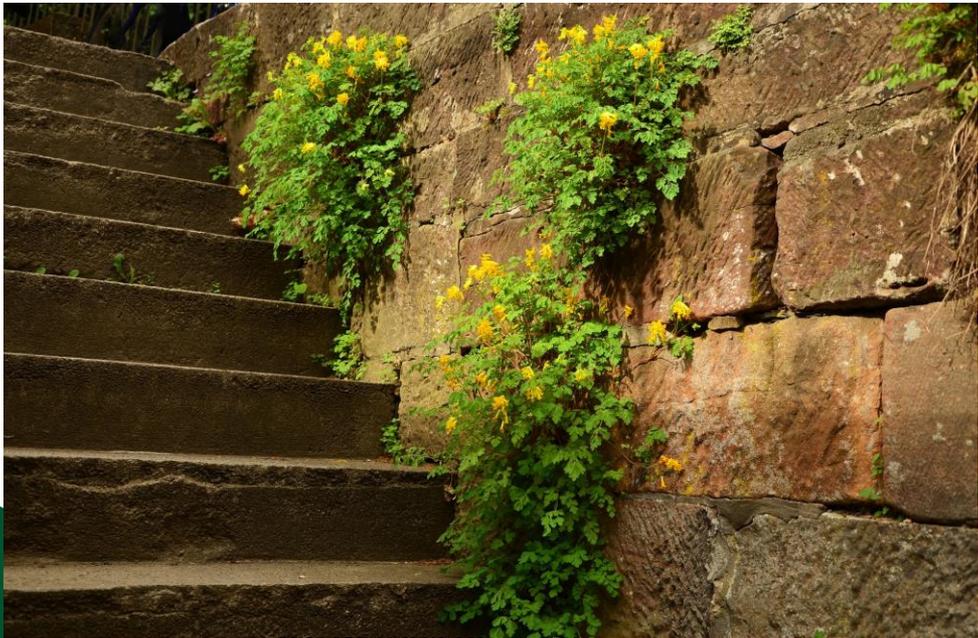
Write down up to 3 sentences on what optimal time management would look like for you.

Join in groups of 2 or 3 to discuss what you wrote.

Time Management Challenges

1. Awareness challenges
2. Planning challenges
3. Environmental challenges
4. Technology challenges
5. Mind challenges
6. Health challenges
7. Personal challenges

Awareness Challenges

- Unaware of how you are spending your time
- Mismatch between your values and how you spend your time

Planning Challenges

- Lack of a strategic direction
- Not setting realistic goals
- Not breaking goals down into tasks
- Not keeping a to-do list
- Not planning for breaks
- Trying to accomplish more than is realistically possible
- Being hesitant to say no
- Not doing high value work during your peak time
- Continuing with doing things that are not worthwhile

Environmental Challenges

- Ineffective procedures
- Lack of organization
- Lack of delegation
- Distractions
- Interruptions

Technology Challenges

- Emails, emails, emails
- Social media, social media, social media
- Technology not working
- Multitask (to do or not to do)

Mind Challenges

- Need for perfectionism
- Negative attitudes/thoughts
- Procrastination
- Fear of failure
- Feeling overwhelmed
- Thriving on busy

Health Challenges

- Fatigue

- Suboptimal health

Personal Challenges

- Stressful personal relationships
- Caregiving responsibilities
- Financial stressors

Write down the top three time management challenges that you are currently facing.

Join in groups of 2 or 3 to discuss these challenges.

Review of Challenges (not an exhaustive list)

1. Awareness challenges
   - Unaware of how spending your time
   - Mismatch between values and how spending time
2. Planning challenges
   - Lack of a strategic direction
   - Not setting realistic goals
   - Not breaking goals down into tasks
   - Not keeping a to-do list
   - Not planning for breaks
   - Trying to accomplish more than is realistic
   - Being hesitant to say no
   - Not doing high value work during peak time
   - Continuing things that are not worthwhile
3. Environmental challenges
   - Ineffective procedures
   - Lack of organization
   - Lack of delegation
   - Distractions
   - Interruptions

4. Technology challenges
   - Emails
   - Social media
   - Technology not working
   - Multitask (to do or not to do)
5. Mind challenges
   - Need for perfectionism
   - Negative attitudes/thoughts
   - Procrastination
   - Fear of failure
   - Feeling overwhelmed
   - Thriving on busy
6. Health challenges
   - Fatigue
   - Suboptimal health
7. Personal challenges
   - Stressful personal relationships
   - Caregiving responsibilities
   - Financial stressors

Time Management Strategies

- Health Strategies

- Tracking Strategies

- Organizational Strategies

- Prioritization Strategies

- Environmental Strategies

Health Strategies

- Restful sleep
- Healthy nutrition
- Regular physical activity
- Care for emotional health
- Family health
- Know what is important for you
- Hire services as needed

Tracking Strategies

- Conduct a time audit
- Identify your peak performance time
- Schedule your most important tasks during that time
- Focus on high-value activities
- Take breaks periodically

Organizational Strategies

- Use an online calendar
- Block calendar for tasks
- Set a time limit to each task
- Leave a buffer between tasks and meetings
- Use a to-do-list (electronic, paper)
- Break down larger to-do items into tasks
- Plan for contingencies
- Use a dynamic task list
- Wrap up at end-of-day
- Plan at beginning-of-day

Prioritization Strategies

- Choose a prioritization method
  - Numbers
  - Letters
  - Stephen Covey's 2X2 on important and urgent
  - A method that works well for you
- Eliminate the unnecessary

Environmental Strategies

- Set up a workable workspace
- Manage social media use
- Turn off distractions
- Minimize interruptions
- Manage meetings
- Reaffirm your own value

Write down three strategies that you can either improve upon or begin to use that would help you the most in facing up to the time management challenges you have identified.

Join in groups of 2 or 3 to discuss these strategies.

Review of Time Management Strategies (not an exhaustive list)

1. Health Strategies
    - Restful sleep
    - Healthy nutrition
    - Regular physical activity
    - Care for emotional health
    - Family health
    - Know what is important for you
    - Hire services as needed
2. Tracking Strategies
    - Conduct a time audit
    - Identify your peak performance time
    - Schedule your most important tasks during that time
    - Focus on high-value activities
    - Take breaks periodically
3. Organizational Strategies
    - Use an online calendar
    - Block calendar for tasks
    - Set a time limit to each task
    - Leave a buffer between tasks and meetings
    - Use a to-do list (electronic, paper)
    - Break down larger to-do items into tasks
    - Plan for contingencies
    - Use a dynamic task list
    - Wrap up at end of day
    - Plan at beginning of day

4. Prioritization Strategies
    - Choose a prioritization method
        Letters
        Numbers
        Covey (Important/Urgent)
    - Eliminate the unnecessary
5. Environmental Strategies
    - Set up a workable workspace
    - Manage social media use
    - Turn off distractions
    - Minimize interruptions
    - Manage meetings
    - Reaffirm your own value

Implementing Time Management Strategies

- 80/20 rule

- Choose realistic strategies for yourself

- Reward yourself for small successes

Decide on one thing you can do today to begin to optimize your time management.

Reassess how you are doing with this strategy in one week.
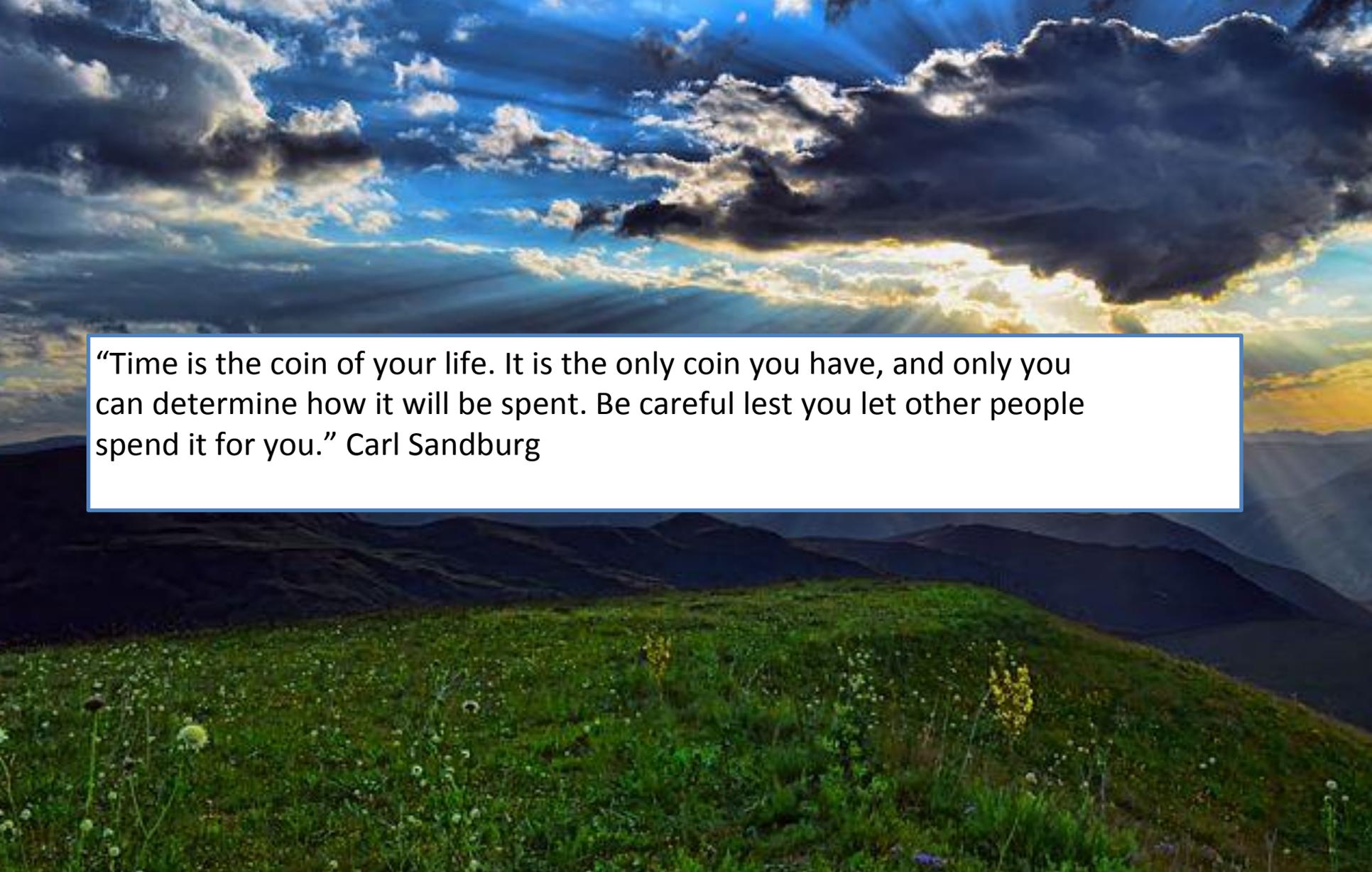
"Time is the coin of your life. It is the only coin you have, and only you can determine how it will be spent. Be careful lest you let other people spend it for you." Carl Sandburg

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MEDICAL CENTER
www.rush.edu

To review these challenges and strategies
for time management, go to:

efficiencymentor.com

mindfulness

being present

without judgment

in every moment

In the past 7 days …

(1) Skipped a meal or ate a poorly balanced meal ?

(2) Worked an entire day without taking a break ?

(3) Changed personal or family plans because of work ?

(4) Got home late from work ?

(5) Felt frustrated with distractions?

(6) Drank too much caffeine ?

(7) Got less than 5 hours of sleep ?

(8) Is dealing with more stress than you care to be ?

(9) Had difficulty focusing at work?

(10) Had difficulty being "present" at home ?

8:10 stressed

66% disengaged

53% unhappy

43% sleep deprived
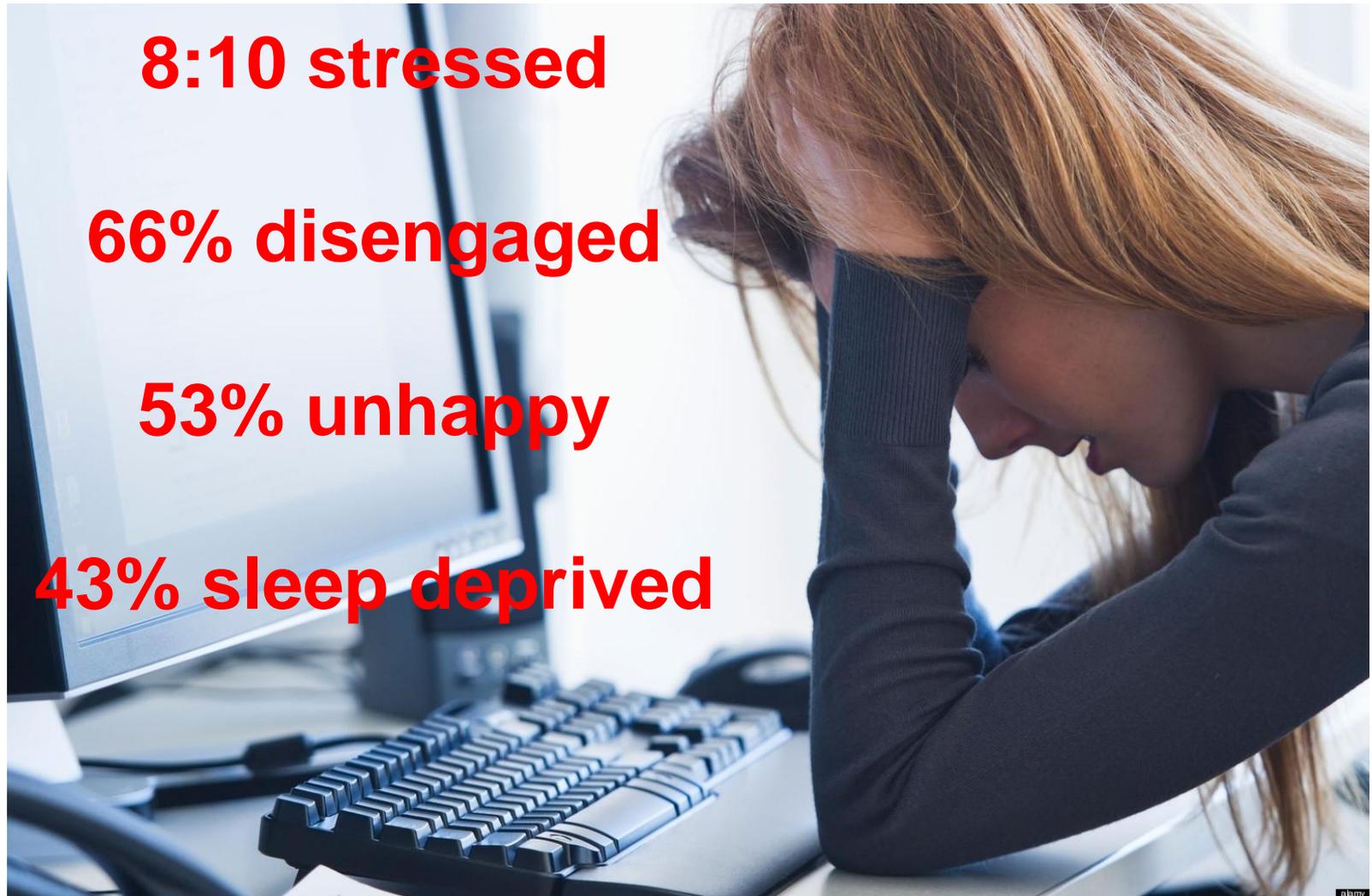
Harter, J. (2018, October). Employee engagement on the rise in the US. Retrieved from https://news.gallup.com/poll/241649/employee-engagement-rise.aspx

Stuart, S., Nordstrom, T. (2018, March). 10 shocking workplace stats you need to know. Retrieved from https://www.forbes.com/sites/davidsturt/2018/03/08/10-shocking-workplace-stats-you-need-to-know/#7e56110cf3af

2 biggest factors negatively impacting ability achieve / succeed . . .
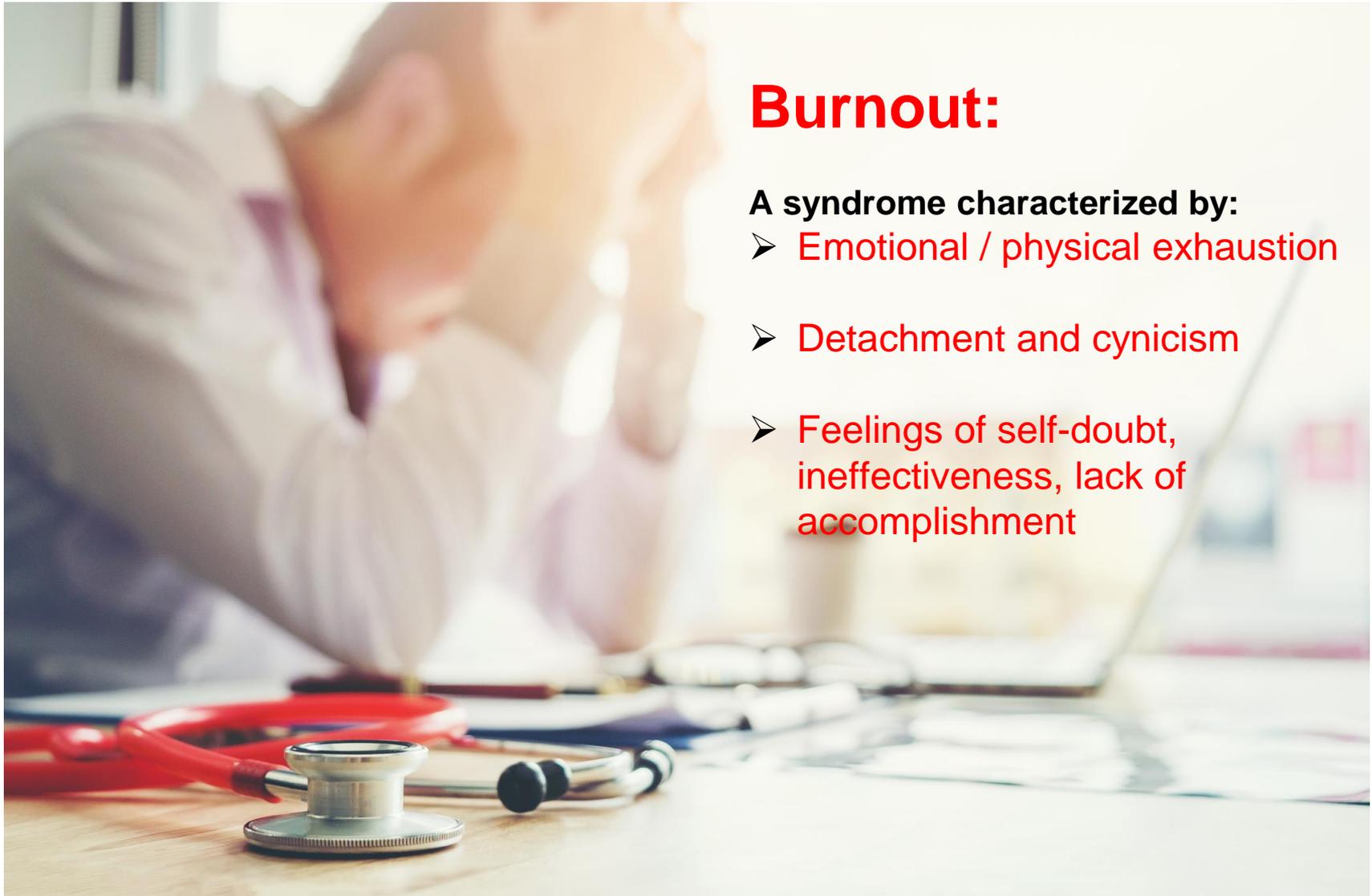
Burnout:

A syndrome characterized by:
- Emotional / physical exhaustion

- Detachment and cynicism

- Feelings of self-doubt, ineffectiveness, lack of accomplishment

Shanafelt, T. D., & Noseworthy, J. H. (2017, January). Executive leadership and physician well-being: nine organizational strategies to promote engagement and reduce burnout. In Mayo Clinic Proceedings (Vol. 92, No. 1, pp. 129-146). Elsevier.

All kinds. All care settings. Alarming rates

Among highest @ risk . . .

- **Emergency Medicine** @ 59%
- **OB/GYNs** @ 56%
- **Family physicians, internists, infectious disease physicians** @ 55%

Physicians
51%

Hospital nurses
35%

Faculty
27%

Brigham, T., Barden, C., Dopp, A. L., Hengerer, A., Kaplan, J., Malone, B., ... & Nora, L. M. (2018). A Journey to Construct an All-Encompassing Conceptual Model of Factors Affecting Clinician Well-Being and Resilience. NAM Perspectives, Discussion Paper. National Academy of Medicine, Washington, DC. https://nam. edu/journey-construct-encompassing-conceptualmodel-factors-affecting-clinician-well-resilience/. Published January 28, 2018. Accessed April 10.

Owens, J., Kottwitz, C., Tiedt, J., & Ramirez, J. (2018). Strategies to Attain Faculty Work-Life Balance. *Building Healthy Academic Communities Journal*, *2*(2), 58-73.

Peckham, C. (2018). Medscape national physician burnout & depression report 2018. 2018.

Results of Burnout

➢ Lower productivity
➢ Decreased job satisfaction
➢ Job withdrawal
➢ Absenteeism
➢ Sick leave
➢ Job turnover
➢ Physical health impediments (muscle pain, headache, insomnia, respiratory illnesses, GI disorders)
➢ Medical errors
➢ Clinician suicide

Mindfulness is paying attention, on purpose,
in the present moment, and non-judgmentally
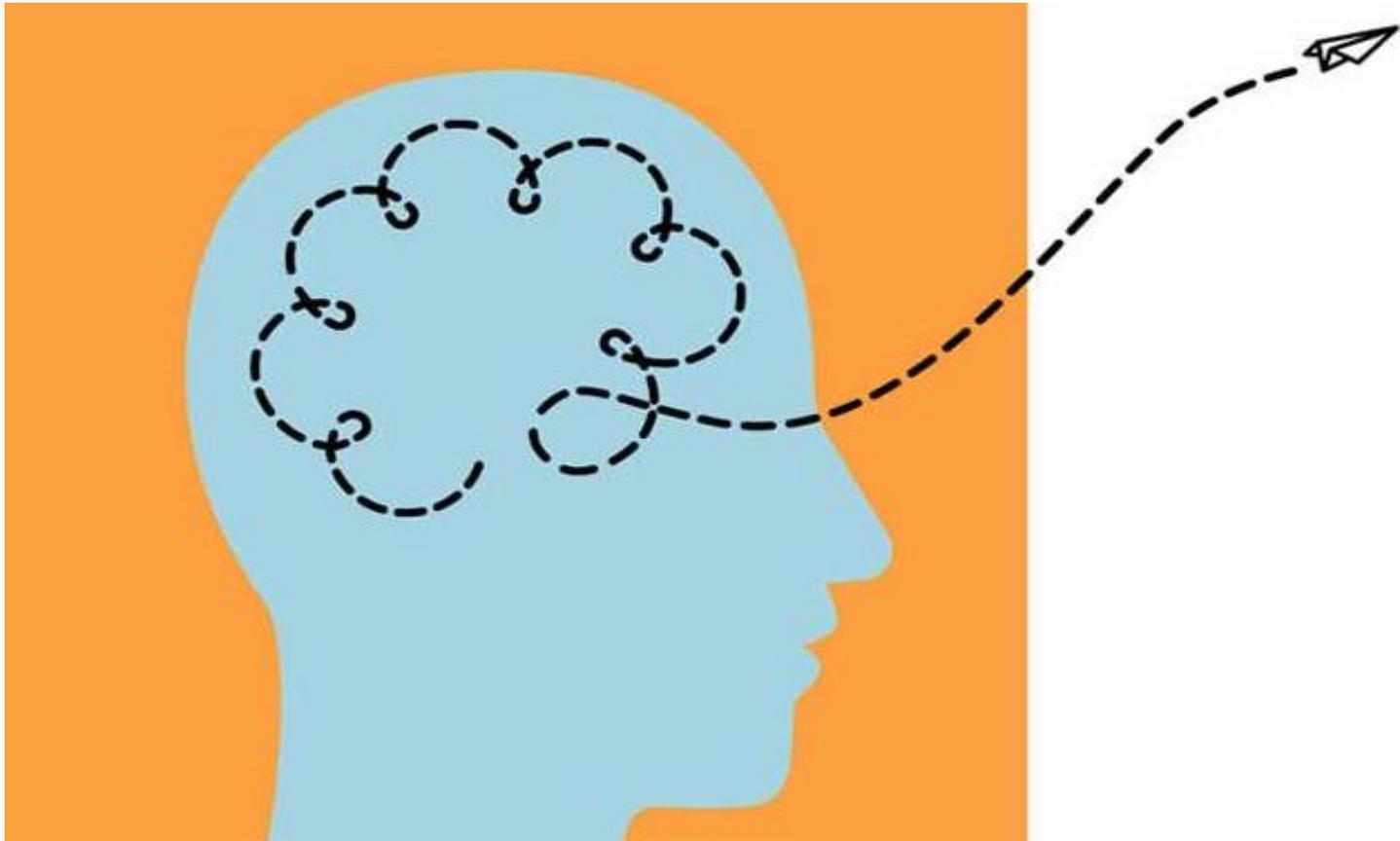
Mind Wandering
(Default Mode Network)

46.9% of our waking hours

Vago DR, Zeidan F. The brain on silent: mind wandering, mindful awareness, and states of mental tranquility. Ann N Y Acad Sci. 2016;1373(1):96-113.

Killingsworth MA, Gilbert DT. 2010. A wandering mind is an unhappy mind. Science 330(6006): 932

PFC
aka **- EXECUTIVE FUNCTION**

STRESS
High levels of catecholamine release weaken dlPFC, strengthen amygdala and striatum, and increase the tonic firing of the LC (NE: α1, β1)

BASAL GANGLIA
habitual responses

prefrontal cortex

α1, β1
weakens

AMYGDALA
α1, β
strengthens

DA
NE

•Consolidation of traumatic memories
•Conditioned emotional responses
•Orchestration of stress response,
 including increasing tonic LC firing

Brainstem:
Arousal systems
Peri-Aqueductal Gray (e.g. freezing)
Projections to ANS

Tang, Y. Y., & Leve, L. D. (2015). A translational neuroscience perspective on mindfulness meditation as a prevention strategy. Translational behavioral medicine, 6(1), 63-72.

Down regulates amygdala

STRESS
High levels of catecholamine release weaken dlPFC, strengthen amygdala and striatum, and increase the tonic firing of the LC (NE: α1, β1)

Mindfulness Meditation

ACC/PFC Striatum → Attention Control

PFC Limbic areas → Emotion Regulation

Insula, mPFC PCC/Precuneus → Self-Awareness

Self-Regulation

Promotion of Health and Well-being
↓ADHD
↓Depression
↓Substance Use

Fig. 1

Integrated translational framework illustrating the neurobiological and behavioral mechanisms whereby mindfulness meditation could affect self-regulation outcomes

Tang, Y. Y., & Leve, L. D. (2015). A translational neuroscience perspective on mindfulness meditation as a prevention strategy. Translational behavioral medicine, 6(1), 63-72.

The benefits of neuroscience-based mindfulness training

IMPROVE

Performance
Productivity

Focus
Memory
Relationships
Cardiovascular Health
Immune System
Healing Time
Self-control
Creativity
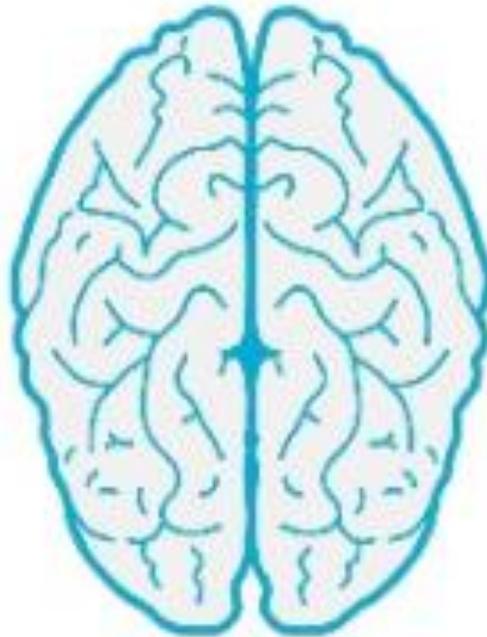
REDUCE

Absenteeism
Healthcare Costs

Stress
Anxiety
Depression
Blood Pressure
Addiction
Insomnia
PTSD
Pain
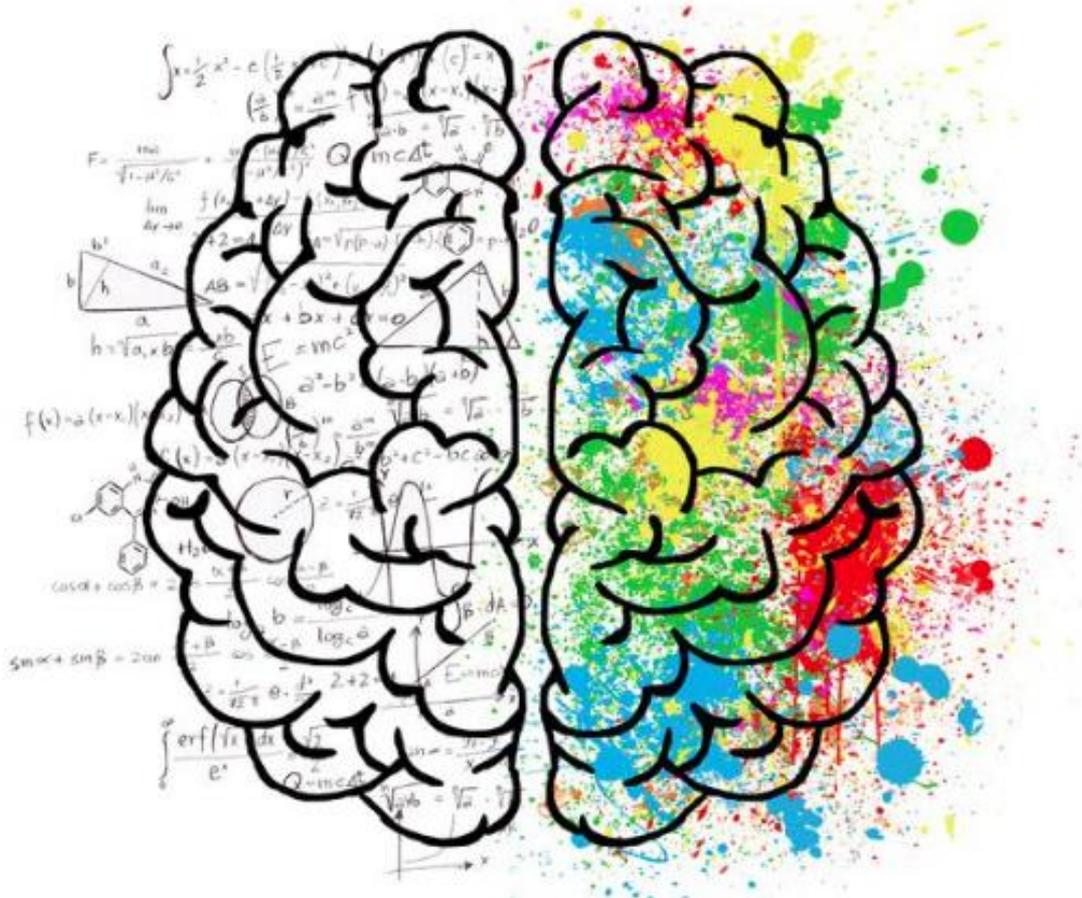
- Tech for training attn . . . but using them requires a few steps

Awareness

Attention

Concentration

breathe in

PAY ATTENTION

breathe out
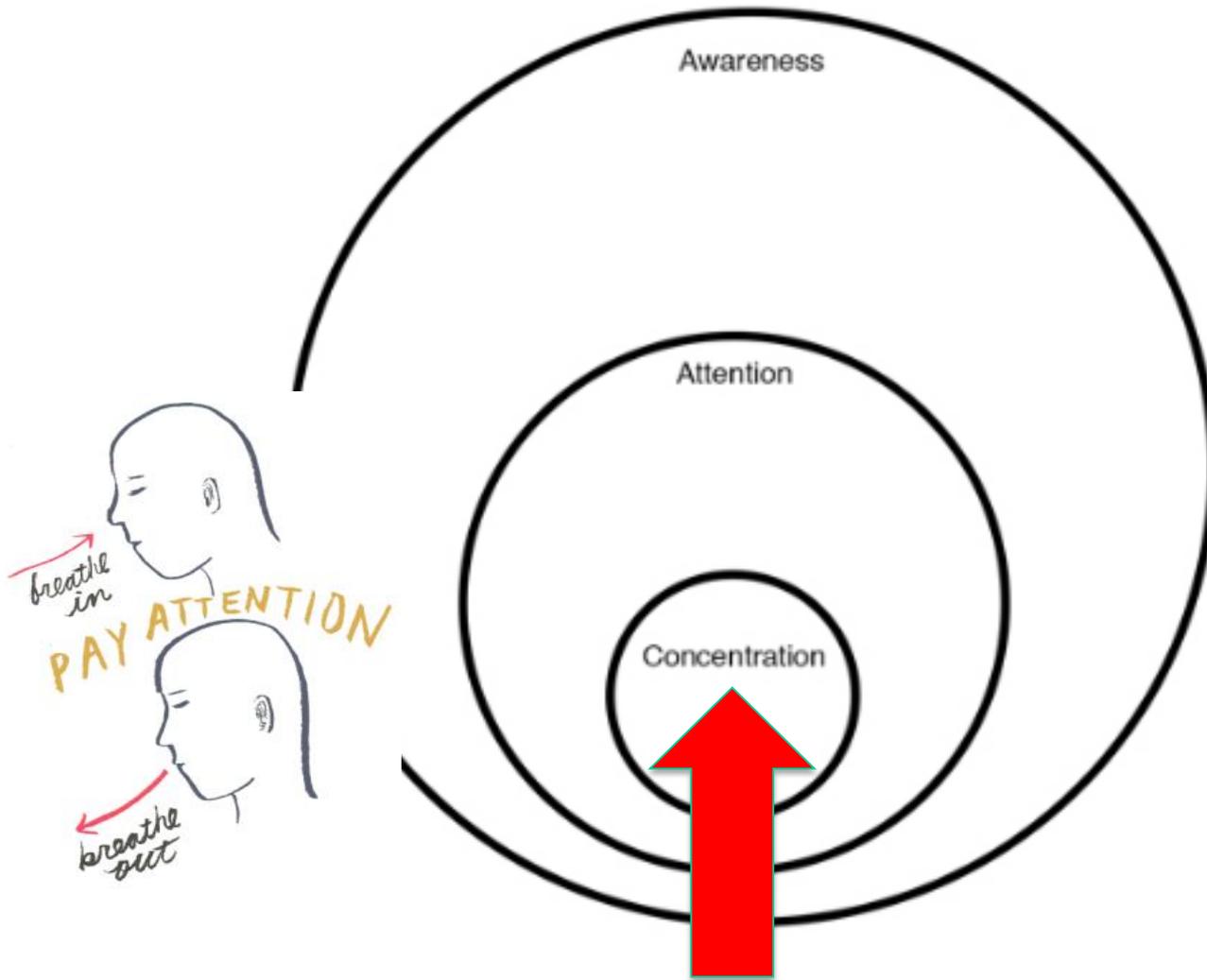
1st aspect of attn . . . choosing a focus on "particular object

Awareness

Attention

Concentration
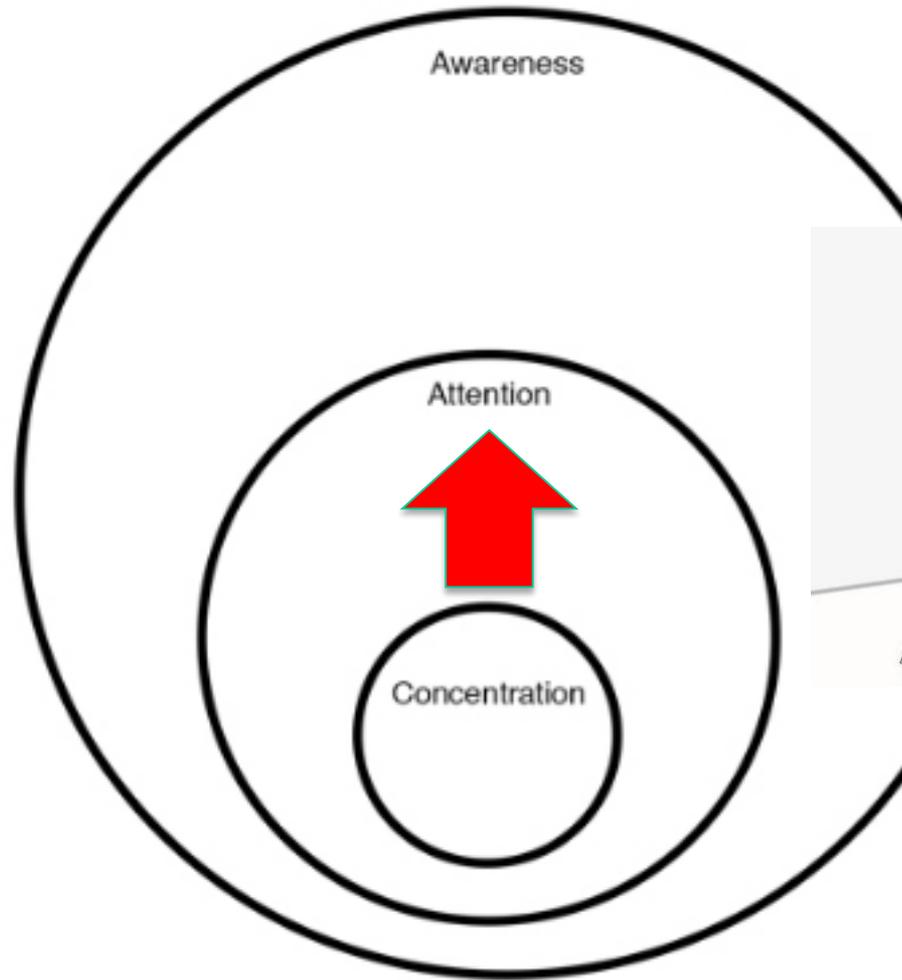
Degree to which you sustain attn,
despite distractions

Ability to recog . . . attn has
wandered or dulled . . refocus

Awareness

Attention

Concentration

MIND WANDERING

FOCUS

AWARE

SHIFT
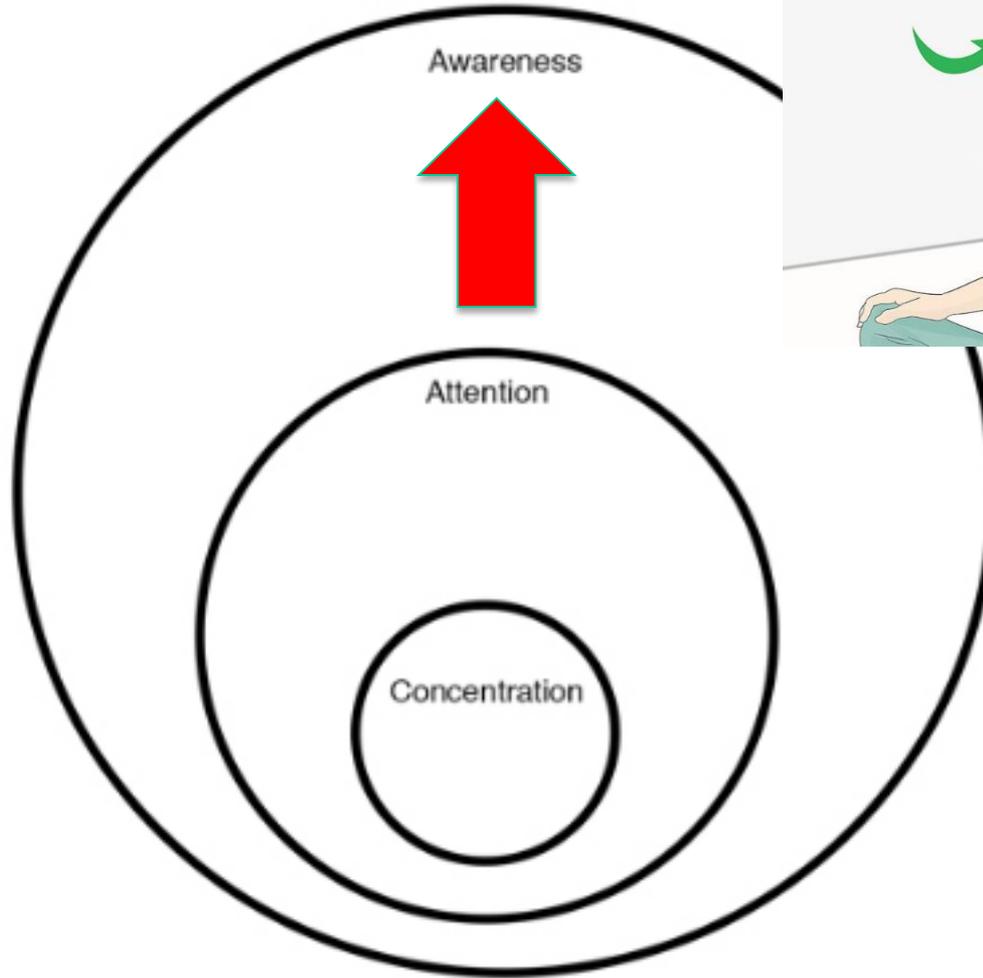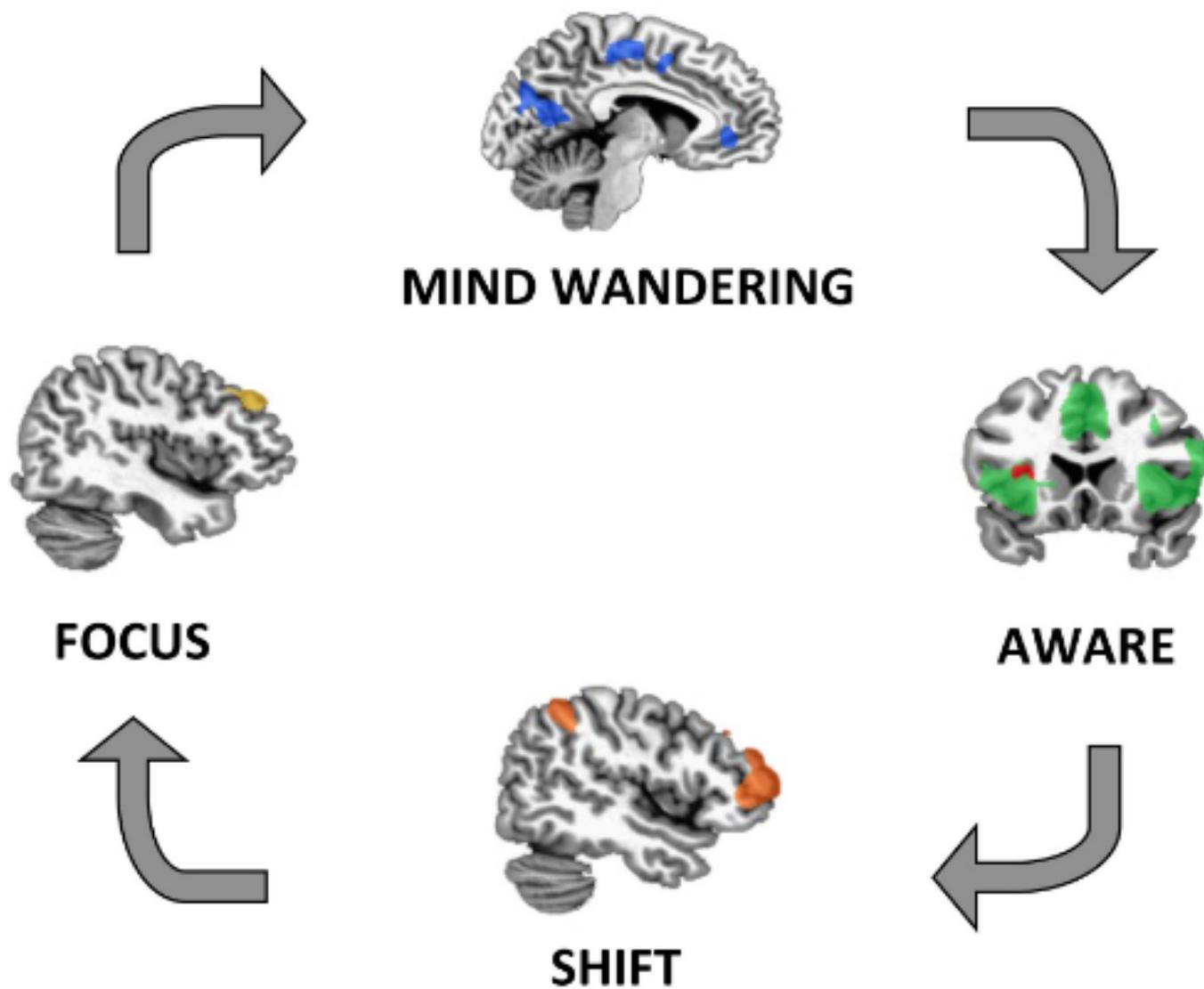
Effects of meditation experience on functional connectivity of distributed brain networks

Wendy Hasenkamp* and Lawrence W. Barsalou

Department of Psychology, Emory University, Atlanta, GA, USA

This study sought to examine the effect of meditation experience on brain networks underlying cognitive actions employed during contemplative practice. In a previous study, we proposed a basic model of naturalistic cognitive fluctuations that occur during the practice of focused attention meditation. This model specifies four intervals in a cognitive cycle: mind wandering (MW), awareness of MW, shifting of attention, and sustained attention. Using subjective input from experienced practitioners during meditation, we identified activity in salience network regions during awareness of MW and executive network regions during shifting and sustained attention. Brain regions associated with the default mode were active during MW. In the present study, we reasoned that repeated activation of attentional brain networks over years of practice may induce lasting functional connectivity changes within relevant circuits. To investigate this possibility, we created seeds representing the networks that were active during the four phases of the earlier study, and examined functional connectivity during the resting state in the same participants. Connectivity maps were then contrasted between participants with high vs. low meditation experience. Participants with more meditation experience exhibited increased connectivity within attentional networks, as well as between attentional regions and medial frontal regions. These neural relationships may be involved in the development of cognitive skills, such as maintaining attention and disengaging from distraction, that are often reported with meditation practice. Furthermore, because altered connectivity of brain regions in experienced meditators was observed in a non-meditative (resting) state, this may represent a transference of cognitive abilities "off the cushion" into daily life.

Keywords: functional connectivity, attention, meditation, default mode, networks, fMRI

INTRODUCTION

Various forms of contemplative practice, including meditation, have recently become the subject of intensive scientific research

(Brefczynski-Lewis et al., 2007; Pace et al., 2009; Baron Short et al., 2010; Manna et al., 2010). In general, it is reasonable to postulate that as meditation experience accumulates, the repeated engage-

Let's practice
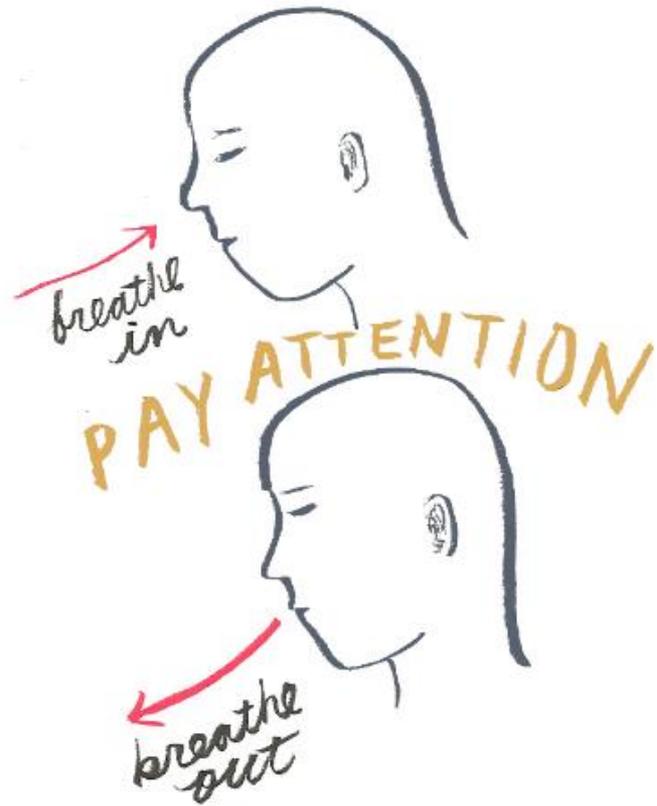
What did you notice ?

How might you use this in the workplace?

Mindfulness practice as a teaching-learning strategy in higher education: A qualitative exploratory pilot study

Jasna K. Schwind [a] ⚇ ✉, Elizabeth McCay [a] ✉, Heather Beanlands [a] ✉, Lori Schindel Martin [b] ✉, Jennifer Martin [c] ✉, Marni Binder [d] ✉

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Highlights

- Brief instructor guided mindfulness practice in higher education can promote student wellbeing.

- Mindfulness practice might help mitigate stress and anxiety among students in higher education.

- Mindful breathing at the start of class supports a respectful and peaceful

Martin Seligman, Ph.D.

Director of the Penn Positive Psychology Center, Zellerbach Family Professor of Psychology in the Penn Department of Psychology, and Director of the Penn Master of Applied Positive Psychology program (MAPP).

Positive Psychology Progress

Empirical Validation of Interventions

Martin E. P. Seligman and Tracy A. Steen — University of Pennsylvania
Nansook Park — University of Rhode Island
Christopher Peterson — University of Michigan

Positive psychology has flourished in the last 5 years. The authors review recent developments in the field, including books, meetings, courses, and conferences. They also discuss the newly created classification of character strengths and virtues, a positive complement to the various editions of the Diagnostic and Statistical Manual of Mental Disorders (e. g., American Psychiatric Association, 1994), and present some cross-cultural findings that suggest a surprising ubiquity of strengths and virtues. Finally, the authors focus on psychological interventions that increase individual happiness. In a 6-group, random-assignment, placebo-controlled Internet study, the authors tested 5 purported happiness interventions and 1 plausible control exercise. They found that 3 of the interventions lastingly increased happiness and decreased depressive symptoms. Positive interventions can supplement traditional interventions that relieve suffering and may someday be the practical legacy of positive psychology.

application (Linley & Joseph, 2004). Can psychologists take what they have learned about the science and practice of treating mental illness and use it to create a practice of making people lastingly happier? That is, can they create an evidence-based practice of positive psychology?

In this article, we first review the recent growth within positive psychology. Next, we describe basic research that bears on whether people can become lastingly happier, and then we present the results of our own happiness interventions that we rigorously tested with a randomized, placebo-controlled design.
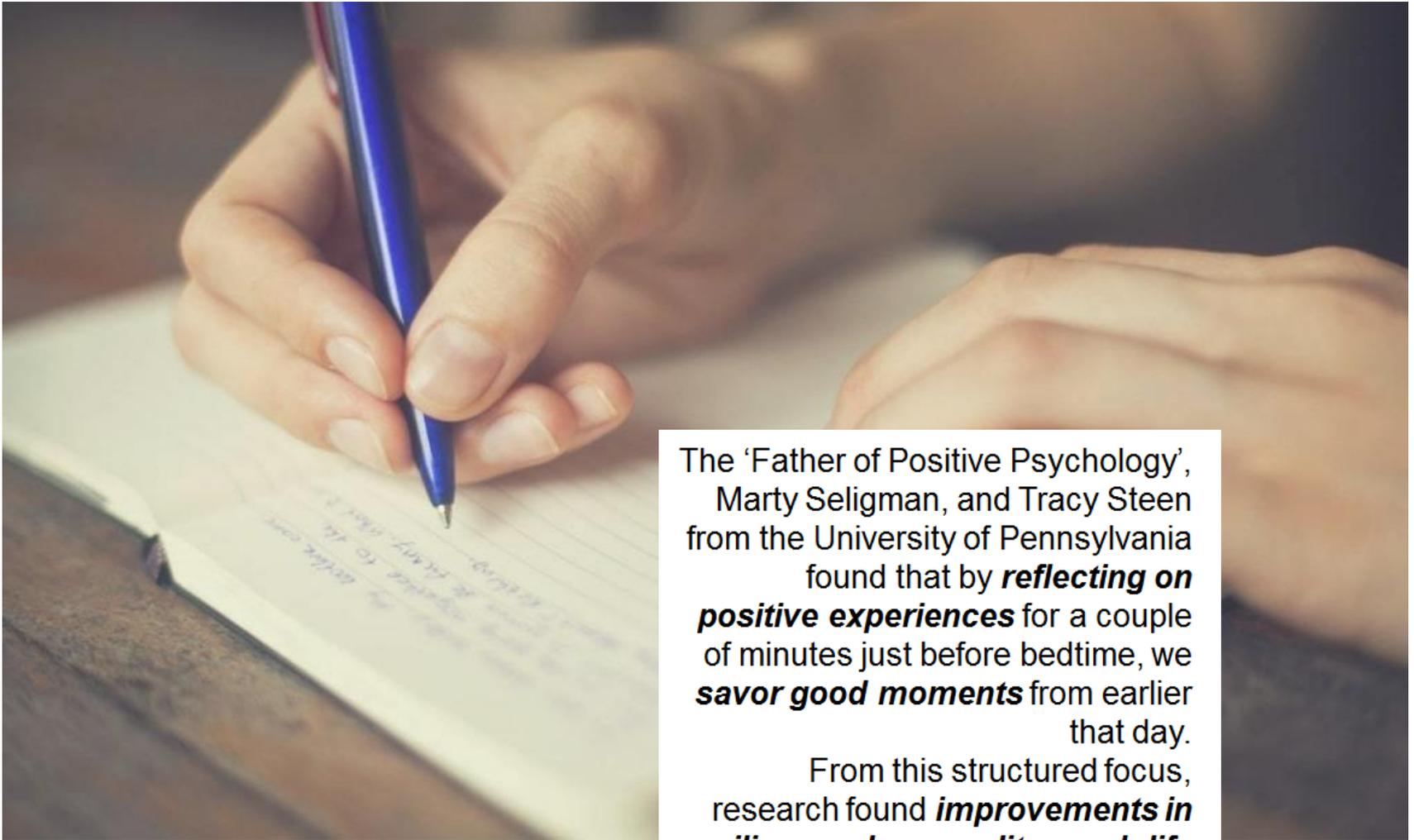
The 'Father of Positive Psychology', Marty Seligman, and Tracy Steen from the University of Pennsylvania found that by **reflecting on positive experiences** for a couple of minutes just before bedtime, we **savor good moments** from earlier that day.

From this structured focus, research found **improvements in resilience, sleep quality, work-life balance, and even depression**.
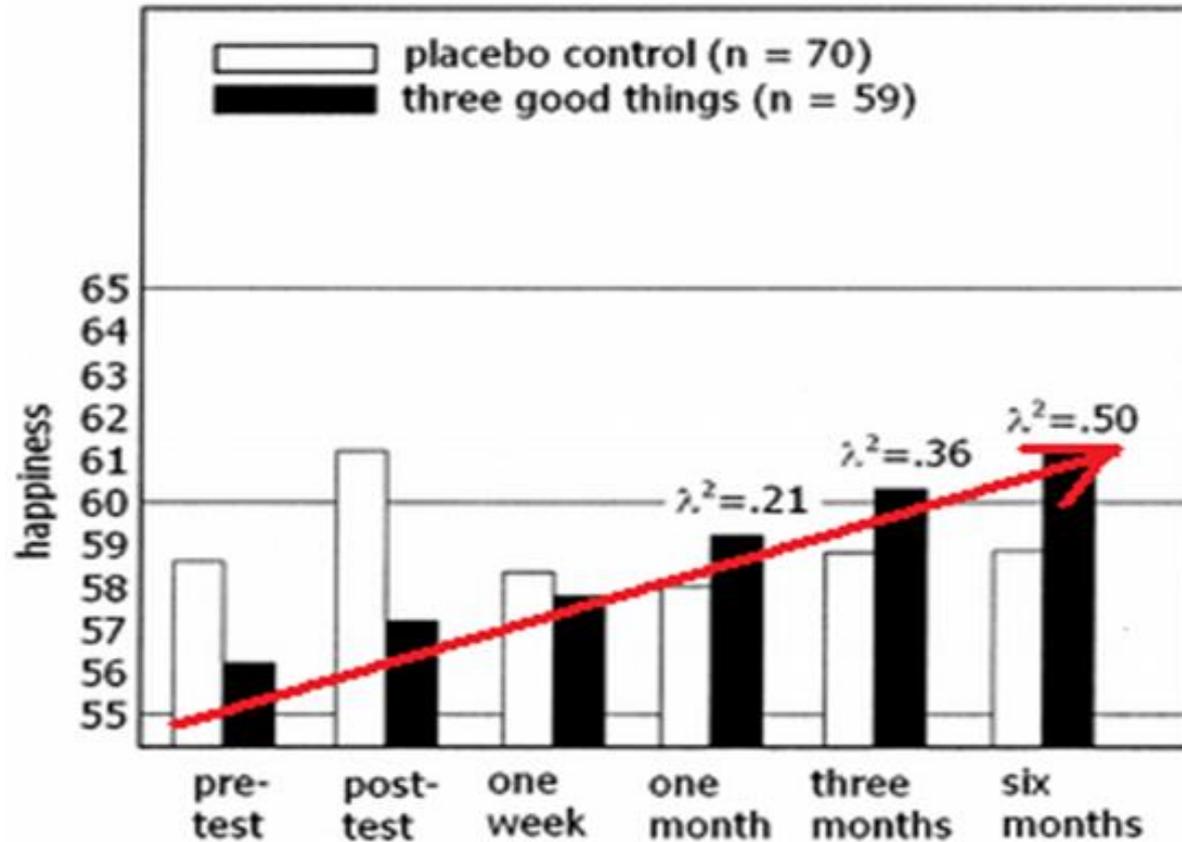
Seligman, M. E., Steen, T. A., Park, N., & Peterson, C. (2005). Positive psychology progress: empirical validation of interventions. American psychologist, 60(5), 410.

"3 Good Things" Practice
Develop a daily "gratitude" practice in 3 easy steps

- Step One: Reflect on the previous 24 hours, and identify "3 good things" that went well today.
- Step Two: Briefly describe your role in making that "good thing" happen.
- Step Three: For each good thing, identify which one of the following positive emotions best fits how this "good thing" makes you feel?

Positive Emotions:
Awe, Gratitude, Inspiration, Interest, Joy, Hope, Love, Pride, Serenity, Other, N/A

Good Thing #1

Step 1.

Step 2.

Step 3.

Good Thing #2

Step 1.

Step 2.

Step 3.

Good Thing #3

Step 1.

Step 2.

Step 3.

What did you notice ?

**How might this impact your
health and wellbeing?**

How might you use this at work?

Compassion Practice

© brings m/p benefits & positively impacting rela

Loving Kindness

"is sometimes described as extending friendship to ourselves and others – not in the sense of liking everyone, or dispensing universal approval, but more as an inner knowing that our lives are all inextricably connected. Loving kindness is a power of the heart that honors this connection."

– Sharon Salzburg

Self-Compassion

"is extending compassion to one's self in instances of perceived inadequacy, failure, or general suffering."

– Kristin Neff, PhD

3 components:

self-kindness, common humanity, and mindfulness

Let's Practice

What did you notice ?

How might you use this in your life?

May you be happy.
May you be well.
May you be safe.
May you be peaceful
and at ease.

What did you notice ?
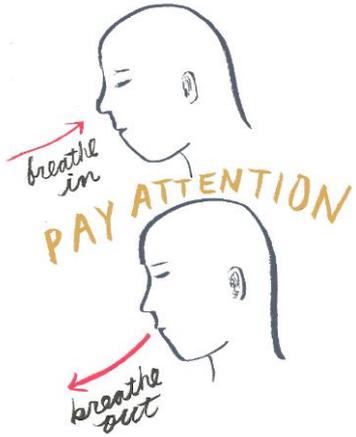
RUSH UNIVERSITY MEDICAL CENTER

breathe in
PAY ATTENTION
breathe out

3 GOOD THINGS
Increased Resiliency as Easy as 1, 2, 3

May you be happy.
May you be well.
May you be safe.
May you be peaceful
and at ease.

Angela Johnson, DACM, MSTOM, MPH, LAc, Dipl OM
Doctor of Acupuncture and Chinese Medicine
Integrative Psychosocial Medicine
Assistant Professor

"3 Good Things"
What went well today?

Good Thing 1:

What was your role?

Which one of the following emotions *best fits* how this good thing makes *you feel*?
➢ Amusement, gratitude, inspiration, interest, joy, hope, love, pride, serenity, other, not applicable

Good Thing 2:

What was your role?

Which one of the following emotions best fits how this good thing makes you feel?
➢ Amusement, gratitude, inspiration, interest, joy, hope, love, pride, serenity, other, not applicable

Good Thing 3:

What was your role?

Which one of the following emotions best fits how this good thing makes you feel?
➢ Amusement, gratitude, inspiration, interest, joy, hope, love, pride, serenity, other, not applicable

Why do you think business plans are important?

Who has written a business plan?

What was your experience?

What Distinguishes **RUSH**?

Mission:

The mission of **RUSH** is *to improve the health* of the individuals and diverse communities we serve through the *integration* of outstanding patient care, education, research, and community partnerships.

Vision:

RUSH will be the leading *academic health system* in the region and nationally recognized for *transforming* health care.

Values:

- **Innovation**
- **Collaboration**
- **Accountability**
- **Respect**
- **Excellence**
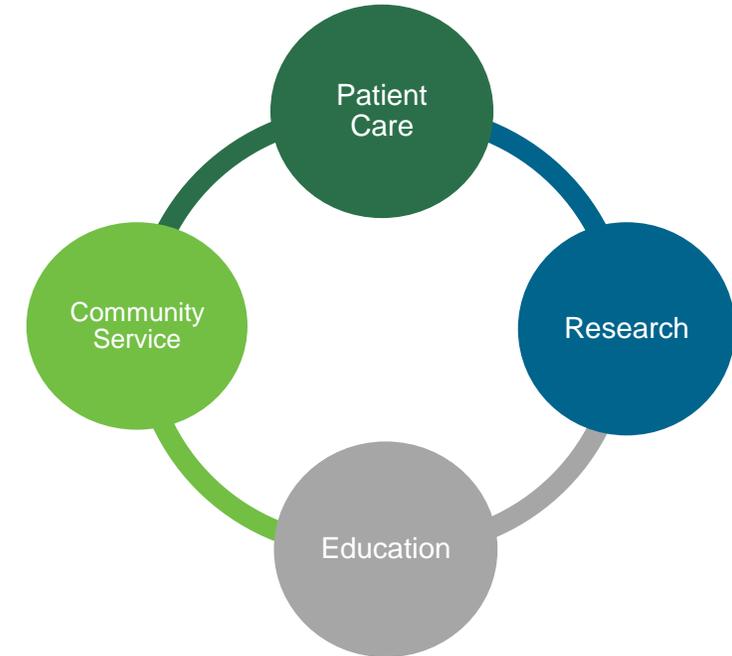
Patient Care

Research

Education

Community Service
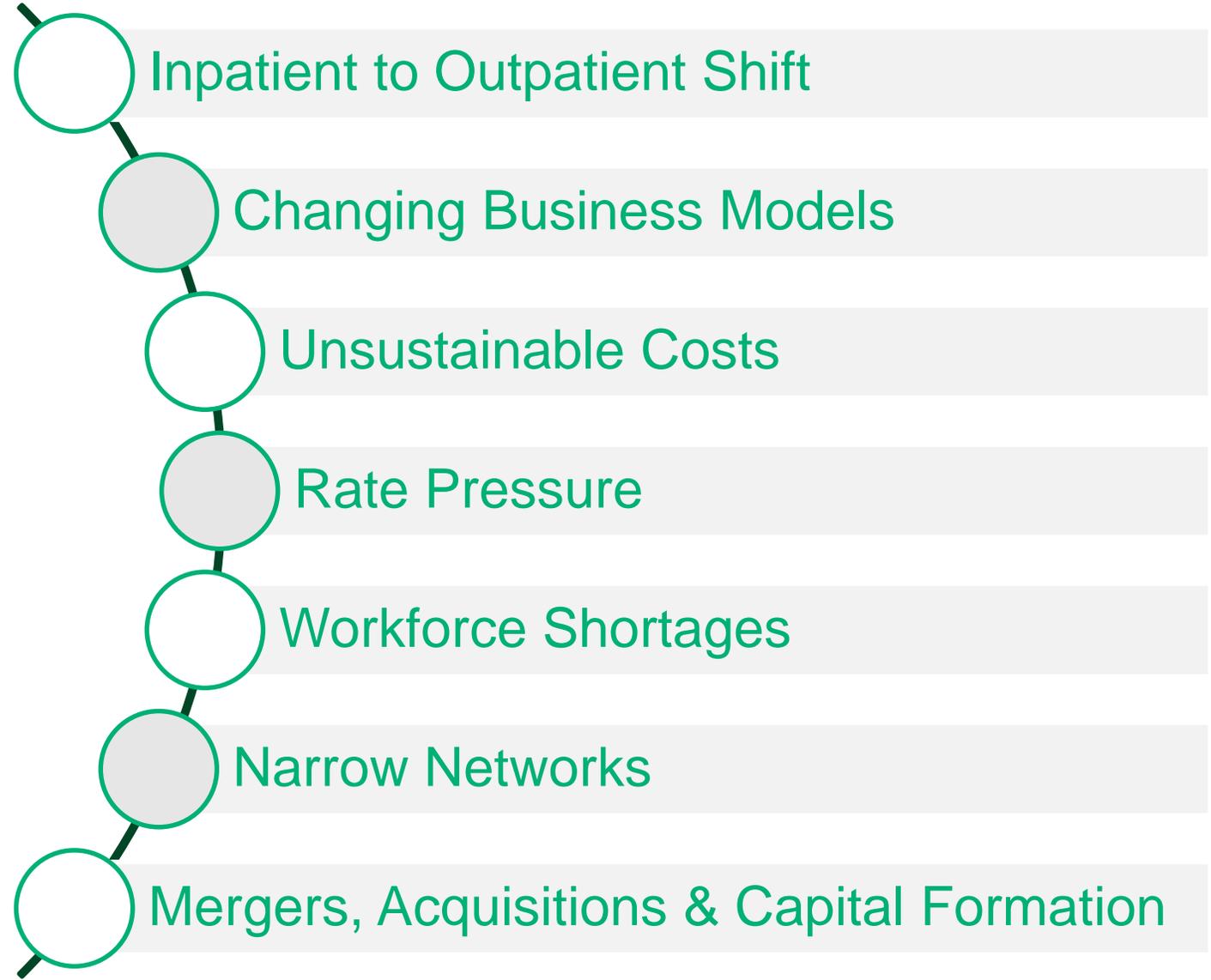
Dual Path to Transformation
Strategic Plan for **RUSH**: Time to focus and accelerate

Improve the Business
Core Growth and Repositioning
1 – 3 years

Reposition today's business while creating the future

Transform the Business
New Growth and Innovation
5 – 7 years

Talent Development and Engagement

Top Decile Quality Performance

Innovation Capacity

Business Development

Four Highly Interrelated Strategic Priorities

People:
RUSH will attract, educate, develop and retain a diverse and inclusive workforce, with revolutionary curricula, lifelong learning opportunities and open paths to career growth.

Programs:
We will deliver high-quality, high-value care across the system and develop integrated **centers of distinction** that lead the market.

Reach:
We will **extend the reach and brand of RUSH across the region** through innovation, partnerships and a highly integrated delivery network.

Community:
RUSH will serve as a catalyst to measurably impact each of our communities.

RUSH is poised to seize a position of local, regional and national leadership

RUSH'S STRATEGIC OBJECTIVES

Engage
2.3 million individuals

Nationally recognized as
Top health care places to work

Reach
Top decile in engagement

Achieve
Top Decile Performance in Quality & Equity

Be recognized as
the Premier Education Destination

Achieve
$240M annual research budget

Exceed
$4.0B in annual revenues with a system operating margin of 3.5% & operating cash flow margin of 10%

Rush University prepares students to become leaders in health care through over 40 educational degree programs.

Opportunities available through Rush University:

- Pipeline of expertly trained health professionals
- Access to Rush's Continuing Education and Workforce Development Programs
- Access to regional clinical data networks

LEARN.   DISCOVER.   THRIVE.

Strategic plan should be the *foundation* of a business plan

Strategic Plan

- ✓ Provides **focus, direction and specifies actions** an organization needs to achieve mission and vision
- ✓ Overall **guidance**
- ✓ Usually **3-5 years**

Business Plan

- ✓ **More tactical** and have a more **narrow purpose**
- ✓ Cover **1-3 years** usually
- ✓ Can be used for **internal** audiences (to make resources/investment decisions) or **external** audiences (to pursue funding)

- Some small companies use their **business plan as their strategic plan**
- Large companies develop **overarching strategic plans and business plans** as part of their business development process
- Strategic and business plans should be **flexible and living documents**

Business planning

What is a business plan?

A method by which an organization evaluates future investment in a new business initiative.

An important way that an organization articulates and executes on its strategy

Business plans are tools that support and organize strategic thinking and priorities

Can help determine **feasibility** of a proposal

Obtain **funding**

Establish **metrics** to better manage projects

Content varies depending on **purpose and context**

What are the elements of a *comprehensive* plan?

I.   Executive Summary

II.   Market Analysis

III.   Company Description

IV.   Organization and Management

V.   Marketing and Sales Management

VI.   Description of Service or Product Line

VII.   Funding Request

VIII.   Financials

•   Appendix
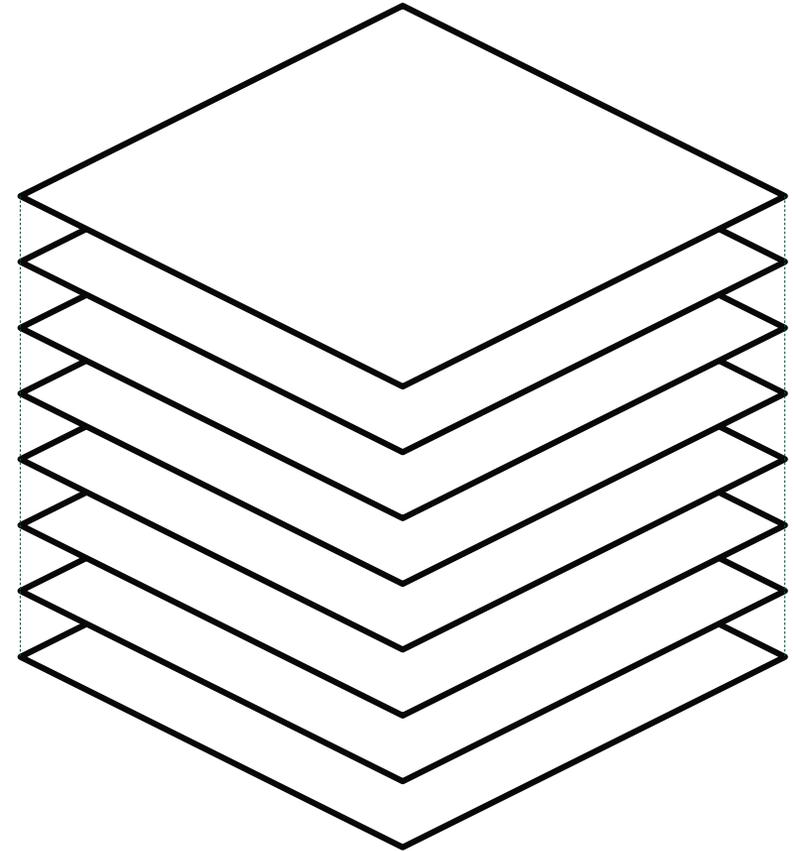
Executive Summary

- ✓ MVV
- ✓ Description of **organization**
- ✓ Growth **prospects and projections**
- ✓ Product and service **explanation**
- ✓ Summary of **financing and funding needed**
- ✓ Summary of **organization's future**

Company Description

1 Focus and nature of the business and marketplace

2 Consumers that will be served

3 Competitive advantages the company will have

Organization and Management

- Org chart

- Ownership and legal structure

- Profiles of senior management team

- Governance structure
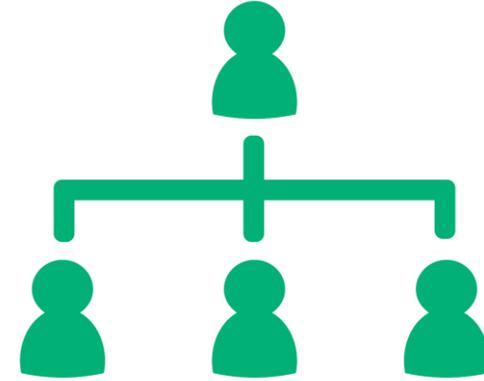
Market Analysis

Industry and prospects (growth, trends, etc.)

2017   2018   2019
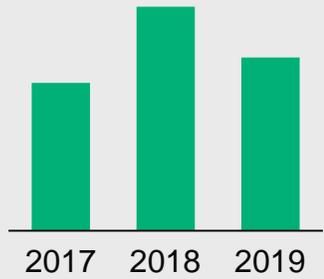
Customer characteristics

Size of the market and how market is changing
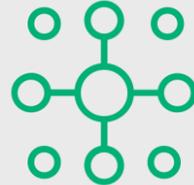
Competitors

Market barriers and impediments to be overcome
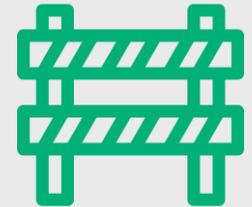
Marketing and Sales Management

- Your proposed approach to **marketing the service** and getting business
- **Type** of marketing
- Distribution **channels** to be used

RUSH   Joan Kurtenbach
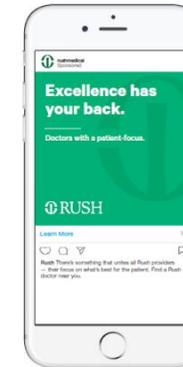
Description of Service or Product Line

- ✓ Service or product to be **offered and competitive advantage**

- ✓ Point in the **product life cycle**

- ✓ Relevant **research and development** activities

Funding Request

- ✓ Current and future **funding needs**

- ✓ **Capital and operating and length of time** money will be needed

Financials

✓ **Historical data** from last 3-5 years

✓ Financial **projections** for 3-5 years forward

✓ Income statements, balance sheets, cash flow, capital expenditure budgets, ratios and trend analyses

Revenue Estimates—NOTE: Example of new surgical procedure to be offered

To estimate revenue, need to know:

1 Average charge per procedure

2 What we're actually paid for the procedure by payor

3 What percent of our business is Medicare, Medicaid, Commercial insurance, HMO/PPO, or self pay (Payor Mix)

4 Trends—up or down, that will potentially impact our payment

> Consider additional or "spin-off" revenue (& costs) that may be associated with new cases, such as diagnostics

> Consider bold market changes that may impact the demand

Cost Estimates

To estimate expenses for new procedure, need to know:

Direct Costs of Providing Care

➢ Nursing Costs
➢ Other Staffing Costs
➢ Benefit Costs
➢ Supply Costs (Medical, Pharmaceutical, Implants, Other)

Indirect Costs of Providing Care

➢ Repairs and Maintenance
➢ Housekeeping
➢ Marketing
➢ Billing, Collections, etc.
➢ Other Overhead

Simple Pro Forma Draft

One Example:

	Year 1	Year 2	Year 3	Year 4	Year 5
Cases (Volume)					
Expected Payment Per Case					
Total Payment					
Variable Cost Per Case					
Nursing					
Pt. Care Supplies					
Office Supplies					
Other					
Total Variable Costs (cases X per case cost)					

Apply inflation factor to costs annually as well as expected increase in payment per case

Simple Pro Forma Draft (Continued)

	Year 1	Year 2	Year 3	Year 4	Year 5
Total Revenue – Variable Costs= Contribution to Fixed Costs					
Fixed Costs					
Administrative Services					
Facilities Management					
Marketing					
Other					
Total Fixed Costs					
Contribution – Total Fixed Costs					
Operating Profit (Loss)					

Applying a Risk Level to the Financial Projections

Level of Risk:

Low	Medium	High
Criteria:	**Criteria:**	**Criteria:**
• Existing Program	• New market service	• New market, service
• Low Reimbursement/ Implementation Risk	• Potential reimbursement/ Implementation Risk	• Reimbursement/imple mentation risk
• Low exit strategy cost	• Significant volume growth	• Large volume growth
	• Strong Competition	• High exit strategy cost
	• Exit Strategy Cost	

Good projections and assumptions help you:

- ✓ Be able to **distinguish** attractive ventures from certain failures

- ✓ Establish a more **standardized process** for evaluating ideas to ensure **<u>objective</u>** weighing of opportunities and risk

- ✓ Encourage **informed decision making** on new ventures that reduce surprises and help us plan for potential financial impact

An effective business plan has these elements

➢ **Consistent with organization mission and vision**

➢ **Honest understanding of competitive market**

➢ **Target market defined – where will the business and revenue realistically come from?**

➢ **Realistic financial projections**

For success

Ultimately, we need to address what problem we are trying to solve or what opportunity we are trying to capitalize on. . .

Final thoughts on business planning at Rush

We are competing for resources and support based on the strength of our ideas and the completeness of our business plan

A well articulated business concept or idea can set the stage for planning, financial, IT and facility resources to commit to further development of a comprehensive business plan, but sometimes that isn't needed.

Giving Feedback to Learners

Teaching Academy Series
April 16, 2019

Beverley Robin, MD, CHSE

Eitan Kimchi, MD

Caleb Bragg, MD

Radhika Chimata, MD

Caprice Gilpin, MD

David Sholtes, DO

Learning Objectives

1. Describe rationale for giving feedback

2. Recognize challenges to giving effective feedback

3. List characteristics of effective feedback

4. Use role play to practice giving effective feedback

Agenda

1. Brief didactic

2. Role-play examples

3. Role-play giving feedback

4. Evaluation

What is feedback?

- A comparison between a trainee's observed performance & a gold standard which is provided to the trainee in order to improve his/her performance.
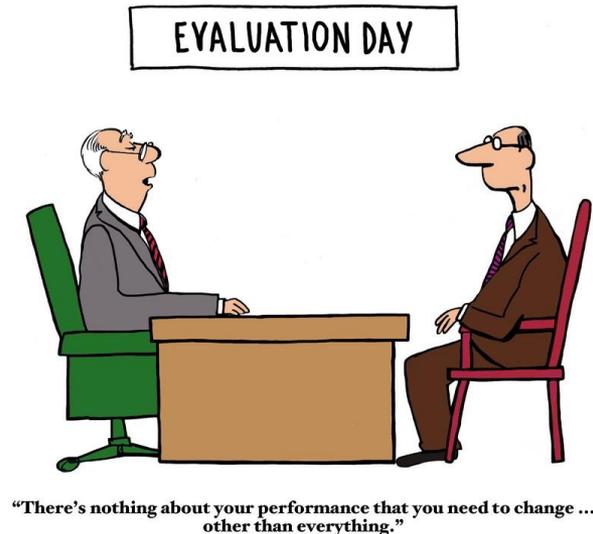
Van de Ridder JMM, Stokking KM, McGaghie WC, Cate, OTJ. What is feedback in clinical education? Med Educ. 2008; 42:189-197.

Why give feedback?

- Identify gaps – actual vs desired
- Reinforce good performance
- Learner reflection
- Inspire goal-setting
- Governing bodies
- Learners desire it

In the absence of feedback learners….

- Assume they are doing well

- Assume they are doing poorly

- Fail to set goals

- Perceive faculty/instructor disinterest

resourcefulmanager.com

"ODD, I CAN'T FIND ROBIN ANYWHERE. I WANTED TO GIVE HER SOME FEEDBACK."

Barriers to effective feedback

- Lack of time

- Lack of training

- Infrequent observation of learners

- Concern about impact on reputation

- Effects on learner-instructor relationship

- Belief that learners know how they are performing

- Makes instructors/learners uneasy

He still finds giving negative feedback really difficult!

FRAN

Example of ineffective feedback
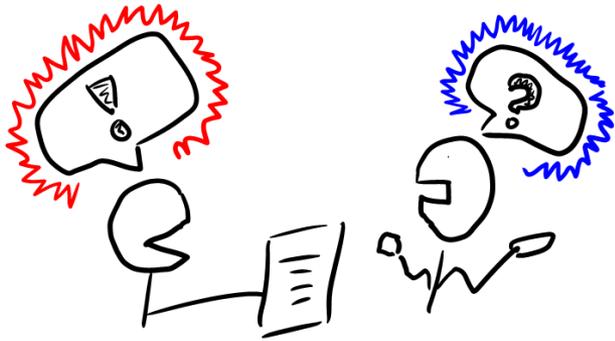
Characteristics of effective feedback

- Credible
- Based on concrete examples
- Timeliness
- Interactive
- Reflective conversation
- Specific
- Respectful
- Appropriate time & setting
- Actionable

Principles of effective feedback

- Use "I" rather than "you"
- Identify feedback as feedback
- Use appropriate emotions/body language
- Keep it focused – limit # items addressed
- Summarize & check for understanding
- Follow up

We don't talk about 'failure' here, we call it 'deferred success'...

SCHOOL OF POSITIVE THINKING
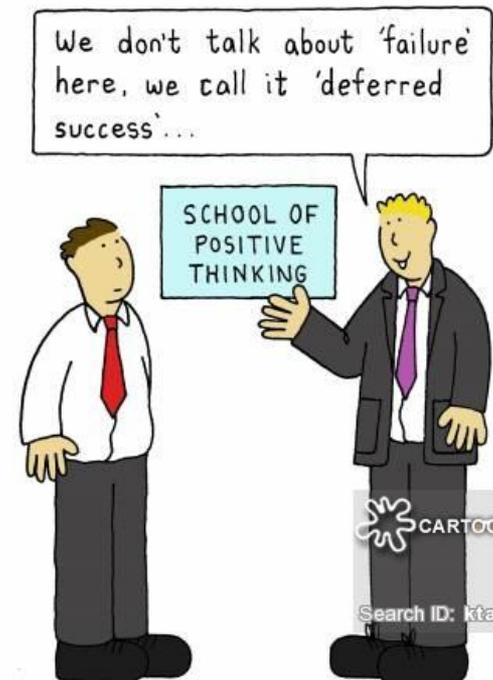
Feedback strategies

- Sandwich Model
- Ask-Tell-Ask
- Reflective Feedback Conversation
- Six-step Model

Sandwich model

1. Reinforcing statement
2. Constructive comment
3. Reinforcing statement

Advantages

– Quick

– Specific

– Familiar

Method: Feedback Sandwich

YOU'RE AWESOME
YOU SUCK
YOU'RE AWESOME

@DrSMBean   @Sara_Jiang

Limitations

– Praise may obscure constructive comment

– One-way

– Focuses on criticism
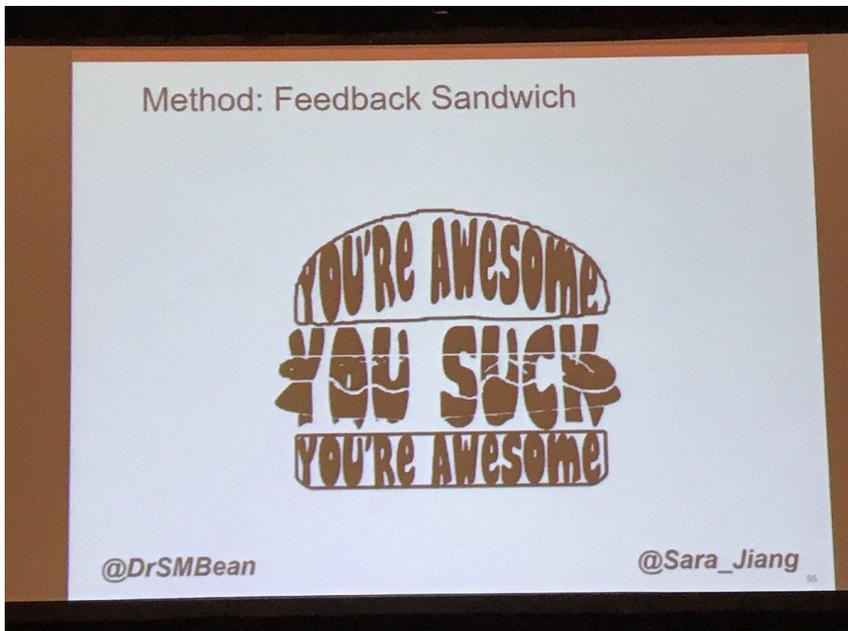
Ask-Tell-Ask

- Ask learner: "How did that go?" → "What went well?"
- Facilitator validates areas of agreement
- Ask learner: "What could be improved?"
- Facilitator states what she/he thinks could be improved

Advantages
- Encourages self-reflection
- Learner-centered
- Two-way conversation
- Integrates learner's self-assessment
- Specific

Limitations
- Strict order of feedback
- Unfamiliar model for faculty & learner

Example of effective feedback

Your turn……

References

1. Hodder RV, Rivington RN, Calcutt LE, Hart IR. The effectiveness of immediate feedback during the Objective Structured Clinical Examination. Med Educ. 1989; 23(2):184-188.

2. Westberg J, Jason H. Fostering Reflection & Providing Feedback: Helping Others Learn from Experience. 2001; Springer, New York, NY.

3. Van de Ridder JMM, Stokking KM, McGaghie WC, Cate, OTJ. What is feedback in clinical education? Med Educ. 2008; 42:189-197.

4. Ericcson KA, et al. The role of deliberate practice in the acquisition of expert performance Psychological Review 1993; 100(3):363-406.

5. Davis DA, Mazmanian PE, Fordis M, Van Harrison R, Thorpe KE, Perrier L. Accuracy of physician self-assessment compared with observed measures of competence. JAMA. 2006; 296(9): 1094-1102.

6. Kruger J, Dunning D. Unskilled & unaware of it: How difficulties in recognizing one's own incompetence lead to inflated self-assessments. J Person Soc Psych. 1999; 77 (6): 1121-1134.

7. French JC, Colbert CY, Pien LC. Targeted Feedback in the Milestones Era: Utilization of the Ask-Tell-Ask Feedback Model to Promote Reflection & Self-Assessment. *J. Surg Educ*. 2015; 72(6):e274-e279.

8. PAEA's Committee on Clinical Education. 1-Pagers for Preceptors. Ask-Tell-Ask Feedback Model. 2017.

9. Lefroy J, Watling C, Teunissen PW, Brand P. Guidelines: the do's, don'ts & don't knows of feedback for clinical education. *Perspect Med Educ*. 2015; 4:284-299.

10. Cantillon P, Sargeant J. Giving Feedback in clinical settings. BMJ. 2008; 337:1292-1294

Wrap up / Questions

- **Contact us!**
  - Beverley_Robin@rush.edu
  - Eitan_Kimchi@rush.edu

Challenges in the Clinical Learning Environment

Learning Objectives:

1. Define the clinical learning environment (CLE)

2. Classify the domains of the CLE describe their importance

3. Recognize the challenges and threats to maintaining an optimal CLE and discuss strategies to prevent and overcome them

Health professions practitioners, learners, and patients all thrive in positive environments that support their growth, development, and well-being.

What is the Clinical Learning Environment?

- "An **environment** in which any person who has the opportunity to influence the care of a patient learns." (National Collaborative for Improving the **Clinical Learning Environment, 2015**)
- Typically a hospital, clinic, or other patient care setting.

What is the Clinical Learning Environment?
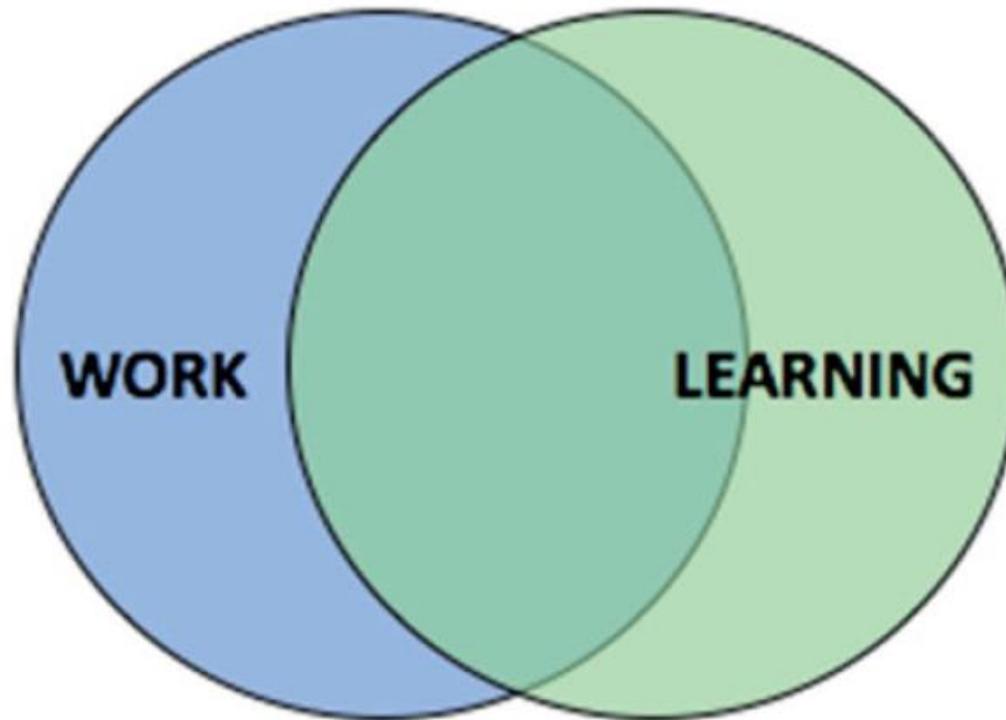
Figure 1. The CLE constitutes the overlap between the domains of work and learning and their congruent and competing rationales.

Nordquist et al. *Med Teacher*. 17 Mar 2019.

In today's health care settings, they often encounter less than optimal environments.

- Health professionals often work in stressful settings with high productivity expectations and inadequate resources.

- Learners are not always welcomed into work settings, may receive inadequate supervision and support, and sometimes are excluded or harassed

- Patients can feel unsupported and their care can be compromised.

Clinical Learning Environment Review (CLER)

Mistreatment

Frequency of Medical Student Mistreatment
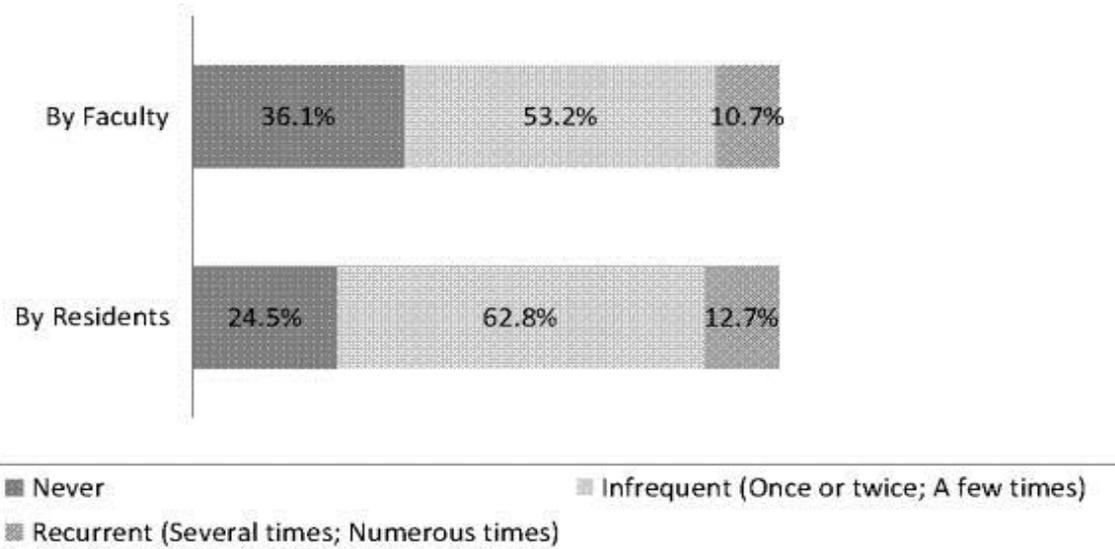
Cook A, Arora V, Rasinski K, Curlin F, Yoon J. Academic Medicine. 89(5):749–754, 2014.

Online Reporting Portal

Graduate Medical Education - Portal Channel (Resident)   (LOCKED)

Introducing RES-CORE - *the Resident Committee on the Rush Learning Environment.* This committee is charged with the review of house staff concerns regarding the learning environment and the development of action plans in response to episodes of alleged house staff mistreatment.

Visit the **RES-CORE folder** to read more about this important committee.

Do you have a positive or negative learning environment event to report? *Click below to enter the reporting portal.* If you prefer, you can reach out directly to a **RES-CORE house staff member**.

RES-CORE Reporting Portal

Report Tracking Database

RUSH

Date Report Filed	Incident Report N	Survey Gizmo IP	Initiator's Name	How Received	Nature of Incident	Explanation	Complaint Against/Kudos For	Department	Position	Complaint (i)
11/13/2018	2018-04	21	Unknown	Online Portal Submission	Negative				Faculty	Publicly humiliated
11/29/2018	2018-05	24	Unknown	Online Portal Submission	Negative				Nurse	Subjected to verbal or written abuse
12/11/2018	2018-06	28	Unknown	Online Portal Submission	Negative				Nurse	Publicly humiliated
12/28/2018	2018-07	30	Unknown	Online Portal Submission	Negative				Faculty	Publicly humiliated

Patient vs. iPatient

"Treat the Patient, Not the CT Scan"
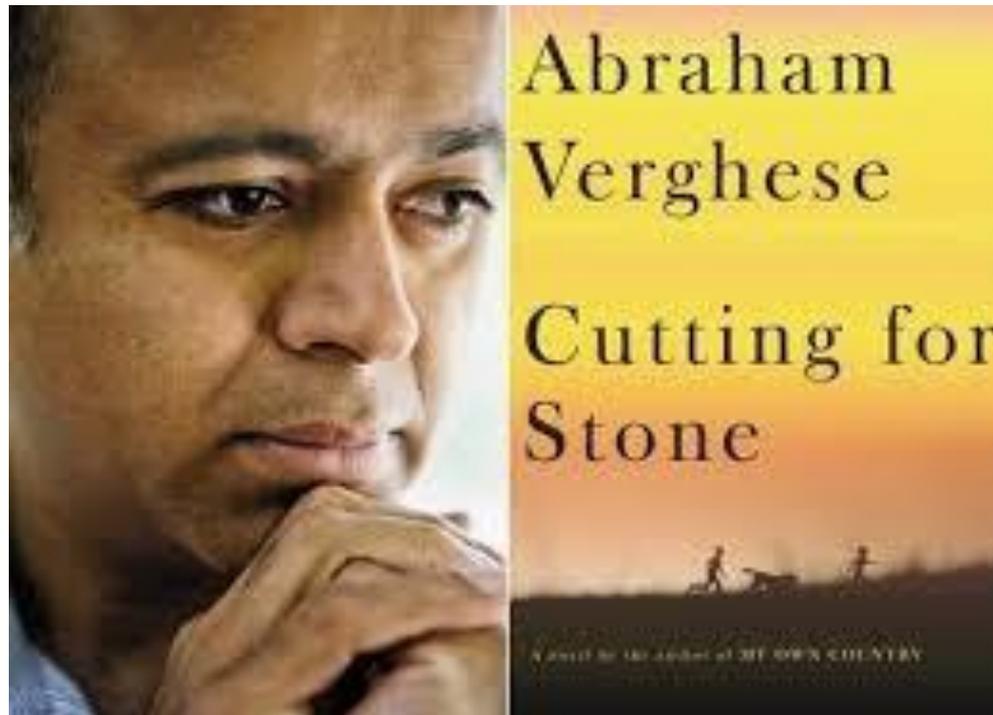
Assessment of Inpatient Time Allocation Among First-Year Internal Medicine Residents Using Time-Motion Observations

Krisda H. Chaiyachati, MD, MPH, MSHP; Judy A. Shea, PhD; David A. Asch, MD, MBA; et alManqing Liu, MHS; Lisa M. Bellini, MD[1]; C. Jessica Dine, MD, MSHP; Alice L. Sternberg, ScM; Yevgeniy Gitelman, MD; Alyssa M. Yeager, MD; Jeremy M. Asch, BA; Sanjay V. Desai, MD

Wellness?

One doctor commits suicide in the U.S. every day – the highest suicide rate of any profession. And the number of doctor suicides -- 28 to 40 per 100,000 -- is more than twice that of the general population. The rate in the general population is 12.3 per 100,000.
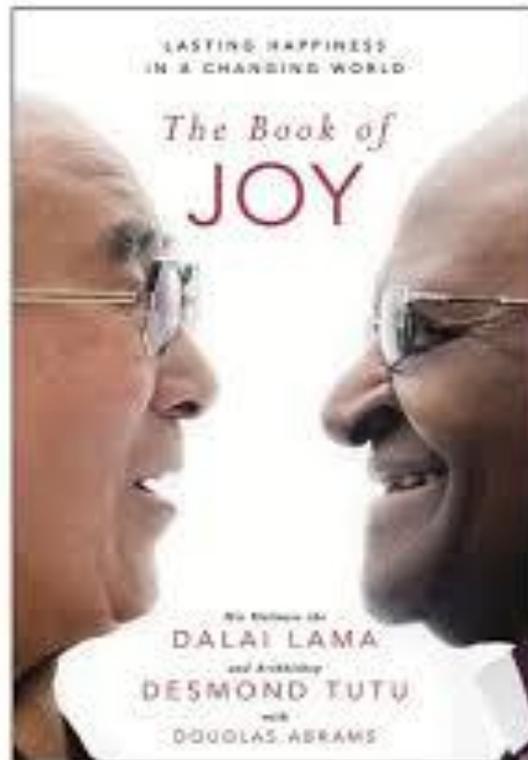
Supervision – do we really believe?

⚕ RUSH

Excellence is just the beginning.

Rush University System for Health

Striking the right balance

How thoughtful use of graphics can elevate your presentation

6/18/19

Kim Sareny
Director, Creative and Brand Strategy, Marketing and Communications

Objective

Today we'll discuss how to use visual content in the design of your presentation to highlight key objectives, simplify complex topics, look professional and create impact. Most of what we'll cover is achievable in Microsoft PowerPoint.

1 Content

— Finalize it first

— Visuals are part of the content

2 Design

— Basic principles

— Graphics as part of layout

— Minding your brand

— The power of great photography

3 Resources

RUSH

Content planning — Ask these questions:

Who is the audience and are there special considerations for this audience?

Is this a fun or serious topic?

Is the material complicated? What part must be understood?

What are the main points or take aways?

Design — Basic Principles

- **Visual Balance, symmetry and alignment**
- **Emphasis, hierarchy and visual ordering**
- **Consistency**
- **White space**

Design — Do's

✓ **Use layout, color, visuals and font sizes to create hierarchy and consistency**

Create a friendly and approachable experience that's accessible to a wide audience

Design — Example: symmetry and alignment

Engage 2.3M individuals

Top employer in health care

Top decile performance in quality and safety

The premier education destination

$240M in annual research

$4.0 B in annual revenues 3.5% operating, and 10% operating cash flow margins

Design — Example: Symmetry asymmetry and more

Before:

Content was basic text that was organized like this:

Following are some stats from the design side:

- # of OR's: 6
- # of Special Procedure Rooms: 2
- # of Exam Rooms: 65
- # of specialties: 20
- Size: 100,000 SF
- # of days or months project start to finish for design: 12 months
- Leed level certification: Silver (anticipated)
- # design team members: 43
- # design hours worked: 15,500
- Interesting/unique design or efficiency features
  - Leverages a Universal Grid design strategy to maximize adaptability and long-term value
  - Sports Performance Center
  - Interactive home-health tech area
  - Electric vehicle charging stations
  - 25% more energy efficient than baseline building performance
  - 98.8% construction waster diverted from landfills
  - 26% materials used with recycled content

Design — Example: Rush Oak Brook by the numbers, Overview

6 operating rooms

2 special procedure rooms

65 exam rooms

100,000 square feet

20 specialties

LEED level "silver" anticipated

Unique design features

Leverages a **Universal Grid design strategy** to maximize adaptability and long-term value

Sports Performance Center

Interactive home-health tech area

Electric vehicle charging stations

Efficiency features

25% more energy efficient than baseline building performance

98.8% construction waste diverted from landfills

26% materials used with recycled content

Design — Example: Rush Oak Brook by the numbers, slide 2

Architecture and Design

43 design team members

15,500 design hours worked

12 months start to finish

Construction

456 field employees received safety orientations

3,800 Concrete

43,120 CY

726 tons of steel (RTU 1,2,3,4,5,6 – 490 tons)

55,000 lbs. Rectangular Ductwork

18 months start to finish

Work hours and Safety

151,000+ hours worked

100+ safety walks conducted

2,600+ safety observations made:
 • 23 unsafe observations corrected
 • Total recordable Incidents: 4

Over 99% Safe

Over 99% safe

$3,373,405
The total amount of savings, cash reserve

Design — A case for templates and consistency

Design — Rush branded PowerPoint template system

The template system provides options for frequently used sign types. A guide is also available that explains how to leverage the templates to create clear, concise and professional presentations.

Design — Rush branded PowerPoint template system

Slide Types:
Title
Agenda
Statement
Divider
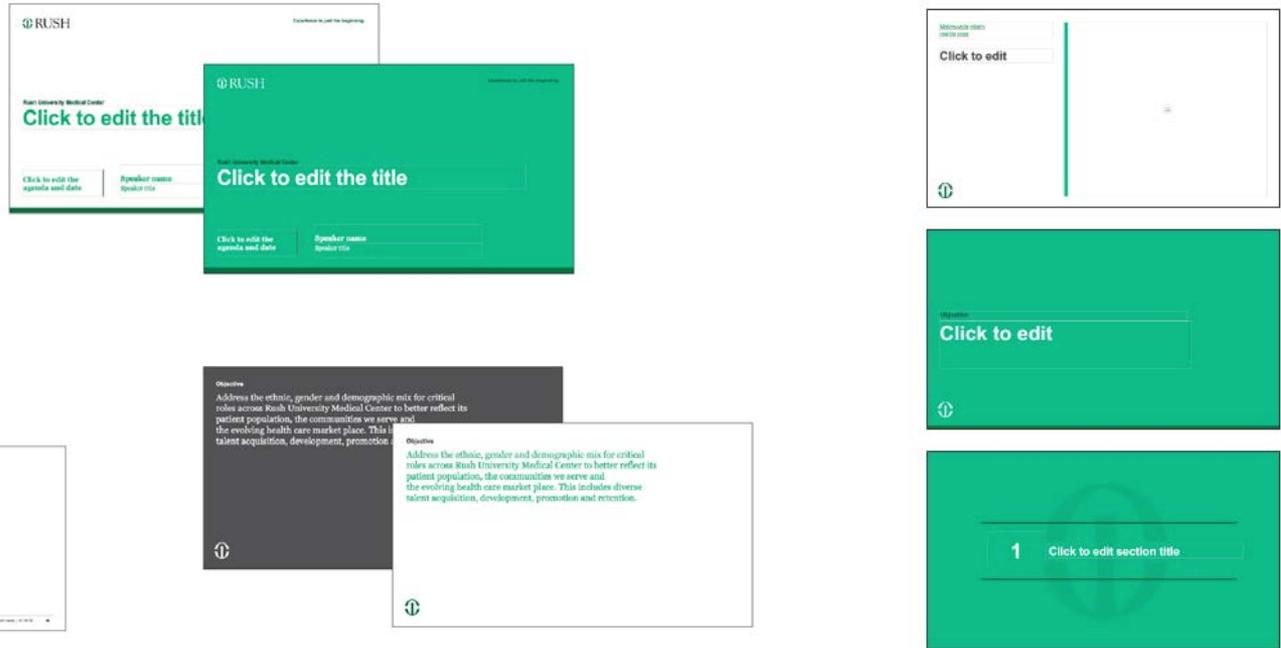
Design — Rush branded PowerPoint template system

Slide Types:
Charts and Graphs
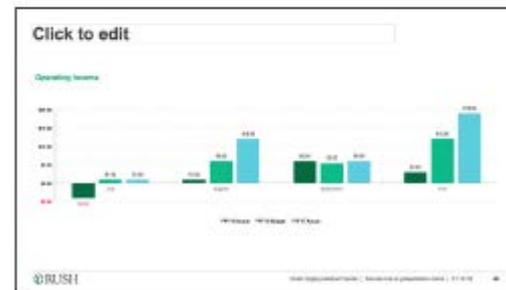
Design — Rush branded PowerPoint template system

PPT Template guide:
Working with charts and graphs
Compressing Pictures
Printing and more

Design — Example: Hierarchy and visual ordering

Before
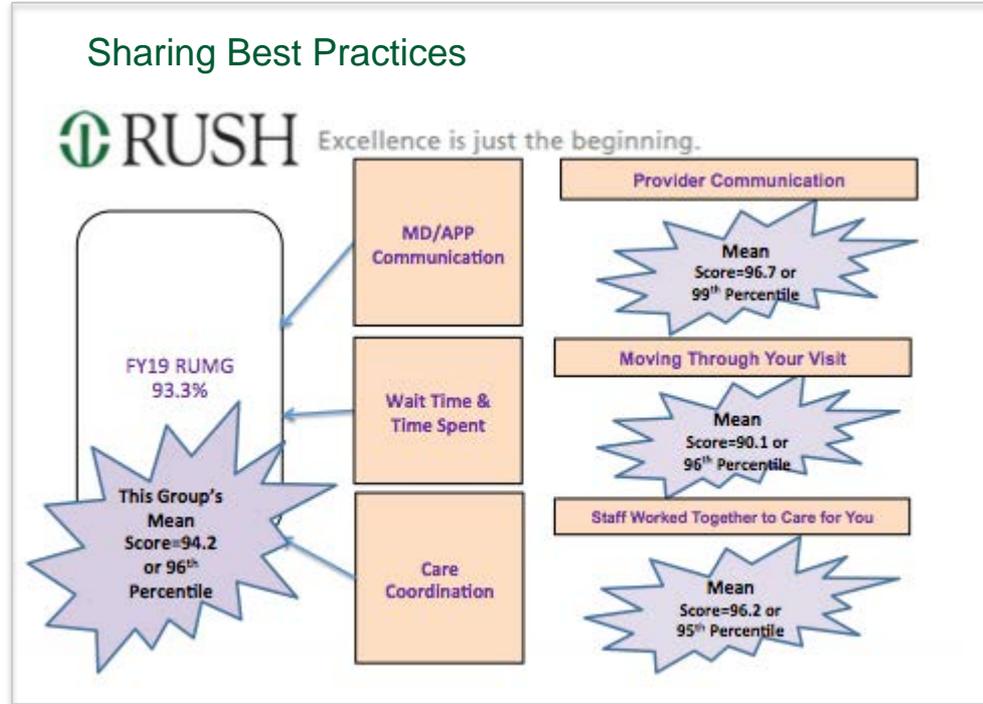
Design — Example: Hierarchy and visual ordering

After

Sharing best practices

Provider communication	Mean score = 96.7 or 99th percentile		
Moving patient through their visit	Mean score = 90.1 or 96th percentile	**MD and APP Communication** **Patient wait time and time spent with provider** **Care coordination**	**FY2019 RUMG** **93.3%**
Care team works together to care for patient	Mean score = 96.2 or 95th percentile	Mean score = 94.2 or 96th percentile	
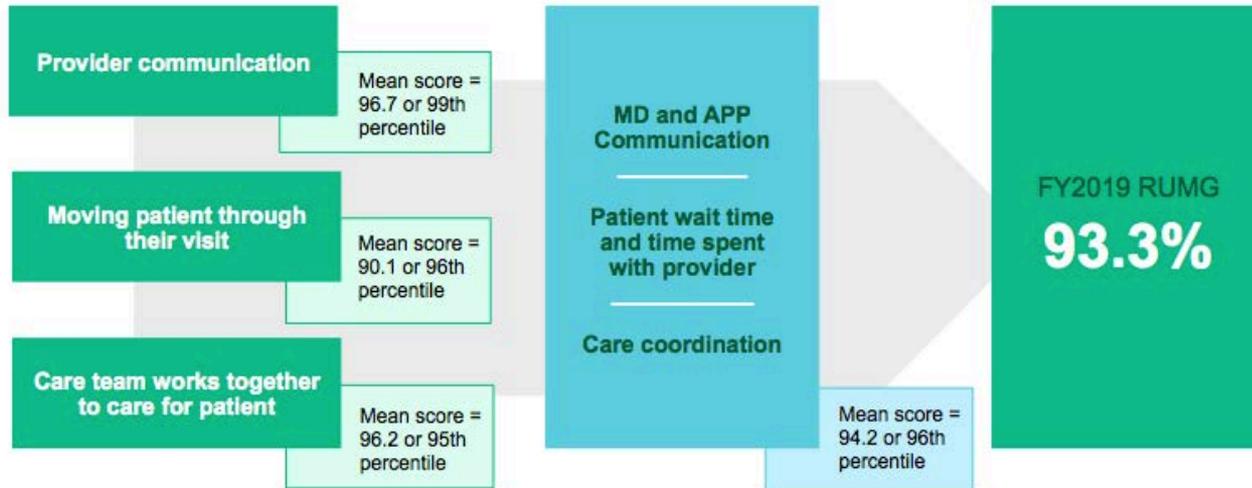
Design — Graphics for content clarity

What is health equity? And what is Rush doing to achieve it?

The Robert Wood Johnson Foundation, the largest philanthropic organization in the U.S. devoted to health, has a good definition of health equity:

Health equity means everyone has a fair and just opportunity to be healthier. It acknowledges that it's hard to be healthy without access to good jobs, homes and schools. It requires concerted effort to increase opportunities to be healthier for everyone — especially those whose obstacles are greatest.

Equality

Equity

©2017 Robert Wood Johnson Foundation

Health Equity means everyone has a fair and just opportunity to be healthier. This graphic helps describe the challenges with one size fits all solutions.

Source: Rush's 2018 Health Equity Report: Patient Care Through an Equity Lens. Illustration source: Robert Wood Johnson Foundation

Design — Graphics for content clarity
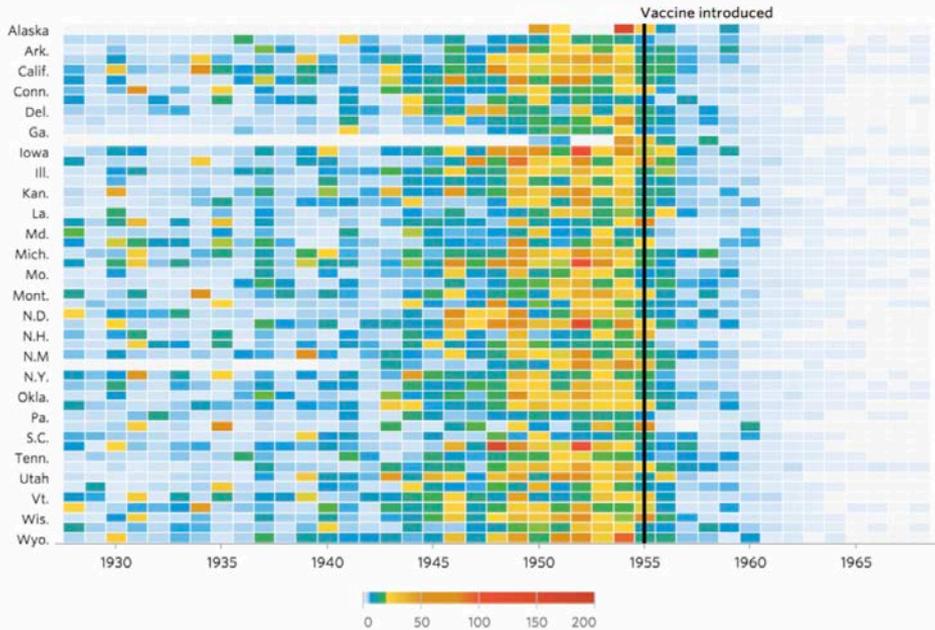
This data visualization from the *Wall Street Journal* illustrates how the introductions of vaccines impacted the prevalence and widespread presence of certain infectious diseases. The visualization uses measurements from over 70-some years and across all 50 states.

Design — Mind your brand, branded charts and graphs

Design — Mind your brand and credibility

The U.S. government released this graphic along with a decree ordering the collection of all Americans' online activities. The message is minimized here.

Design — Mind your brand, so much more credible!
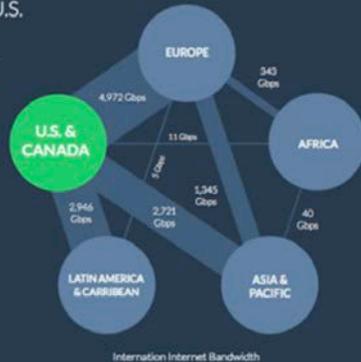
Design — The power of photography to tell a story
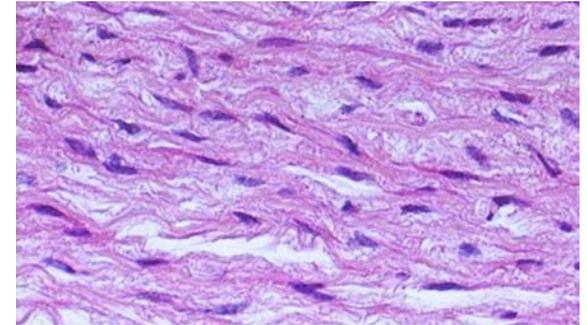
Example: images used online as part of annualreport.rush.edu, "Excellence Begins with Cancer Innovation"

Design — The power of photography to tell a story

Design — Power of photography to humanize topic

Figure 2.7: Ranking of Happiness 2016-2018 (Part 1)

1. Finland (7.769)
2. Denmark (7.600)
3. Norway (7.554)
4. Iceland (7.494)
5. Netherlands (7.488)
6. Switzerland (7.480)
7. Sweden (7.343)
8. New Zealand (7.307)
9. Canada (7.278)
10. Austria (7.246)

Explained by: GDP per capita
Explained by: social support
Explained by: healthy life expectancy
Explained by: freedom to make life choices
Explained by: generosity
Explained by: perceptions of corruption
Dystopia (1.88) + residual
95% confidence interval

Example. Authors: Helliwell, J. Layard, R., & Sachs, J. (2019) World Happiness Report 2019. New York: Sustainable Development Solutions Network. 2019 ranks 156 countries.

Design— Power of photography to humanize topic

Example. More photos from the series representing chapter on voting rights and prosocial behavior. (2019) World Happiness Report 2019. New York: Sustainable Development Solutions Network. 2019 ranks 156 countries.

Design examples — Fun stuff, Pop and Rock "timeline"
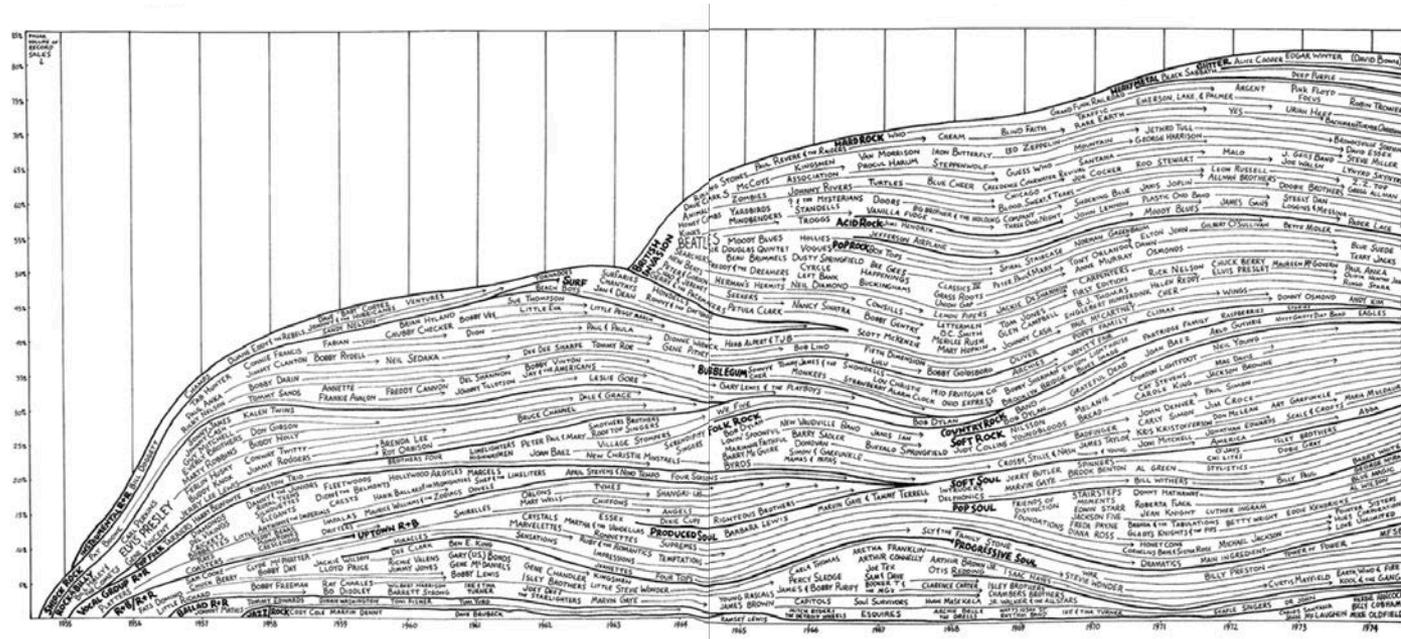
Covering 1955 to 1978, more than 700 artists and 30 styles of music are mapped in this chart. For each performer, the length of time that he/she remained a major hit maker is provided. The overlapping streams compare the longevity and influence of multiple artists for the same time period. The birth and genealogy of each stylistic category is presented, along with an estimation of its share of total record sales.

Not included: The Weavers, Pete Seeger, Bonnie Raitt, and Lou Reed and the Velvet Underground.

Design — Fun stuff, Infographics
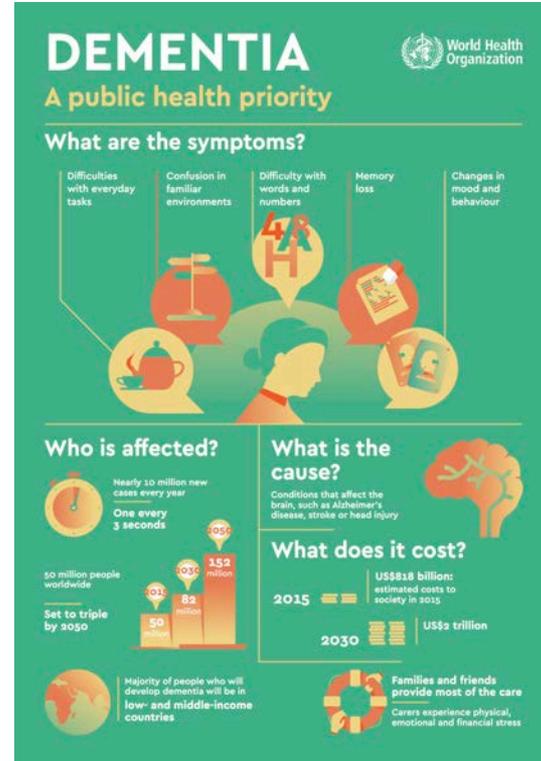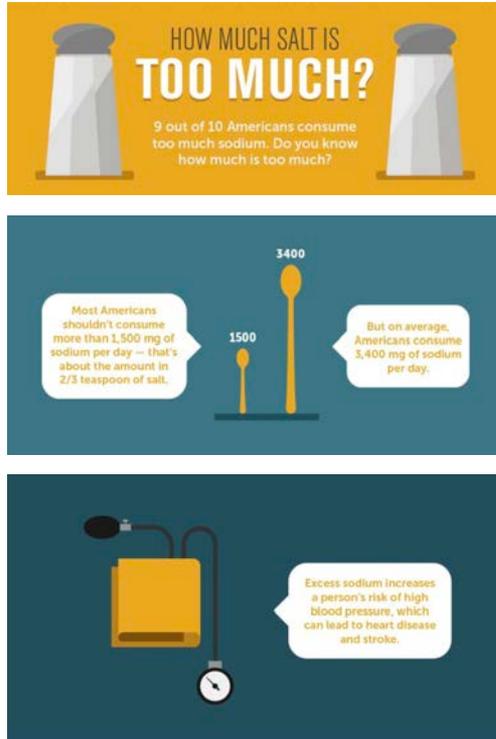
Design — Don'ts

⊗ Include too much copy or fill a slide
with information

Feature small text that's hard to read
from the back of the room

Use clip art that's off brand or
undermines the credibility of the
speaker or organization

Feature distracting transitions
or animation

Resources

Find visuals and graphic assets
Rights managed vs. royalty free
Rush Media Library
Marketing and Communications
Inspiration

Finding assets: Photography, video and illustration

Start here:
medialibrary.rush.edu

Stock, rights-managed and royalty free:
Gettyimages.com

Additional source offering high-quality photos with free downloads:
unsplash.com

For custom photography, video or animation:
contact **rushproductiongroup@rush.edu**

RUSH

Rush Media Library

Media Library links:
medialibrary.rush.edu
medialibrary.rush.edu/rush_brand_assets

Marketing and Communications Resources

The Department of Marketing and Communications supports the mission, vision, values and goals of the Rush University System for Health. Together — and in collaboration with partners across the System — we inspire confidence in and loyalty to Rush so that individuals and communities choose us as their partner in health care, education and research.
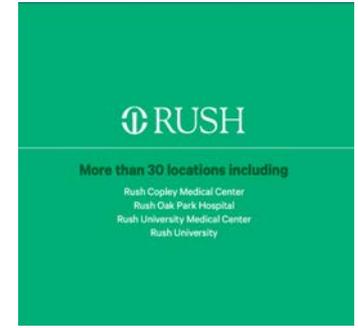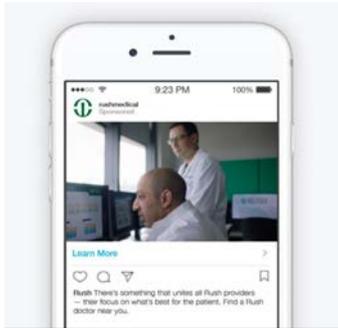
Rush Marketing and Communications Resources

Our team offers a broad range of expertise and
services, including the following:

Branding

Marketing and strategy (including Rush University)

Creative direction

Content development and strategy

Graphic design and art direction

Web strategy and management

Video and photo production

Social media

Media relations

Internal and external communications

Rush physician communications

Marketing call center

Printing coordination

**For project support or guidance from our team,
please contact us at marketing@rush.edu.**

Inspiration

Data visualizations, dashboards, blogs, training and more:
Tableau.com

Ted talks, on a variety of topics and slide archives:
Ted.com

Three data visualization sites worth a visit:
informationisbeautiful.net
storytellingwithdata.com
visualizingdata.com

Sources mentioned that inspired content in this deck:
worldhappiness.report/ed/2019
edwardtufte.com
who.int

To purchase a poster of the music chart for $39:
historyshots.com/products/rockmusic

Questions?
Thank you.