## Teaching Academy Series

<table>
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<th>Date</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 17, 2018</td>
<td>Quiet Power: the Key to Understanding Workplace Interactions</td>
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<tr>
<td>Aug. 21, 2018</td>
<td>Leaders vs. Managers: Understanding and Leveraging Distinctions</td>
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<td>Ethical Challenges in Clinical Teaching Environments</td>
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<td>Striking the Right Balance: How Thoughtful Use of Graphics Can Elevate Your Presentation</td>
</tr>
</tbody>
</table>
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

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
Quiet Power Bag of Tools

Four Communication Styles

Spectrum of 4 communication styles:
- Passive
- Aggressive
- Passive Aggressive
- Assertive

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

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Never like me</td>
</tr>
<tr>
<td>1</td>
<td>A bit like me</td>
</tr>
<tr>
<td>2</td>
<td>Somewhat like me</td>
</tr>
<tr>
<td>3</td>
<td>Like me</td>
</tr>
<tr>
<td>4</td>
<td>A lot like me</td>
</tr>
<tr>
<td>5</td>
<td>Always like me</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Column A Score</th>
<th>Column B Score</th>
<th>Column C Score</th>
<th>Column D Score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
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

Hostile When Hungry

Direct Communication
- \textbf{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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Power Poses

Assertive Communication Applied

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…
**Assertive Communication Self-Assessment**

Instructions
- 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.

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

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

**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: ________

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*Adopted from: Assertive Communication Toolkit, CIPD, 2014*
Leaders and Managers

Created by:
Janet M. Shlaes, M.B.A., Ph.D.
Manish Shah, M.S., M.B.A.
Leadership & Management Distinctions

Gap Analysis

Group Activity

Action Planning
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.
Table Activity Debrief

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

Which Leadership and Management aspects did you use in building your tower?
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.
"
Use the survey to assess your strengths and developmental needs with regard to your leadership and management skills.
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?
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.

<table>
<thead>
<tr>
<th>#</th>
<th>Leadership Skills</th>
<th>Lowest</th>
<th>Low</th>
<th>Avg</th>
<th>High</th>
<th>Highest</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Establishing direction</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Communicating the vision</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Motivating and inspiring people</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Producing positive change in the organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Asking tough questions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>#</th>
<th>Management skills</th>
<th>Lowest</th>
<th>Low</th>
<th>Avg</th>
<th>High</th>
<th>Highest</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Planning and budgeting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Structuring and staffing the department</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Solving problems</td>
<td></td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>4.</td>
<td>Creating consistency and predictability</td>
<td></td>
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</tr>
<tr>
<td>5.</td>
<td>Developing people</td>
<td></td>
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Leadership and Management Gap Analysis

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<tbody>
<tr>
<td>1</td>
<td>Establishing direction</td>
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<td></td>
</tr>
<tr>
<td>2</td>
<td>Communicating the vision</td>
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<tr>
<td>3</td>
<td>Motivating and inspiring people</td>
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<td></td>
</tr>
<tr>
<td>4</td>
<td>Producing positive change in the organization</td>
<td></td>
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</tr>
<tr>
<td>5</td>
<td>Asking tough questions</td>
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<td></td>
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<th>Management skills</th>
<th>Lowest</th>
<th>Low</th>
<th>Avg</th>
<th>High</th>
<th>Highest</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Planning and budgeting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Structuring and staffing the department</td>
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<td>Solving problems</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Creating consistency and predictability</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>5</td>
<td>Developing people</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
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

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

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Number Covered (in millions)</th>
<th>Percent of Covered Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer-based</td>
<td>155</td>
<td>45%</td>
</tr>
<tr>
<td>Medicare</td>
<td>55</td>
<td>16%</td>
</tr>
<tr>
<td>Other Public</td>
<td>6</td>
<td>2%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>74</td>
<td>22%</td>
</tr>
<tr>
<td>Individual Market</td>
<td>18</td>
<td>6%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>30</td>
<td>9%</td>
</tr>
</tbody>
</table>

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What is the Role of Government Versus the Private Market?

Democrats

Government Run

Current State

Medicare

Medicaid

Employer

Individual (Exchange)

Republicans

Private Market

Bernie Sanders

Rand Paul

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Why Repeal and Replace Failed

Before Obamacare
57 million

2013 2016 2026

Now 28 million

House bill
Senate bill
Obamacare

In 2026 49 million

PROJECTED
The Second Curve: Volume to Value

**First Curve**
- Traditional Fee-for-Service Payment System
- Readmission Rate Penalties
- Bundled Payment

**Second Curve**
- Accountable Care Organizations
- Capitation

**Population Health Per Capita Payment System**

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?

![Graph showing the percentage of people's opinions about the ACA from March 2010 to March 2018.]

SOURCE: KFF Health Tracking Polls
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?

- Trying to make the health care law work: 32%
- Trying to make the health care law fail: 56%
- Don’t know/Refused: 12%

Do you think this is a good or bad thing?

- Bad thing: 47%
- Good thing: 7%
- Don’t know/Refused: 2%

NOTE: Percentages based on total.
SOURCE: KFF Health Tracking Poll (conducted July 17-22, 2018)
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)
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:

1998-2000 (avg of 6 polls): Favor 53%, Oppose 40%
2002-2004 (avg of 2 polls): Favor 55%, Oppose 39%
2008-2009 (avg of 7 polls): Favor 49%, Oppose 46%
Feb 2016: Favor 43%, Oppose 50%
June 2017: Favor 43%, Oppose 53%

NOTE: Question wording varied slightly over time. See topline for full question wording. SOURCE: KFF Polls
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…

<table>
<thead>
<tr>
<th>Position</th>
<th>Most Important Factor</th>
<th>Very Important, but Not Most Important Factor</th>
<th>Important, but Not One of Many Factors You’ll Consider</th>
<th>Not Important in Your Vote</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuing protections for people with pre-existing health conditions</td>
<td>11%</td>
<td>52%</td>
<td>26%</td>
<td>9%</td>
</tr>
<tr>
<td>Repealing the ACA</td>
<td>9%</td>
<td>44%</td>
<td>30%</td>
<td>14%</td>
</tr>
<tr>
<td>The Supreme Court overturning Roe v. Wade</td>
<td>10%</td>
<td>41%</td>
<td>27%</td>
<td>19%</td>
</tr>
<tr>
<td>Passing legislation to bring down the price of prescription drugs</td>
<td>8%</td>
<td>42%</td>
<td>38%</td>
<td>11%</td>
</tr>
<tr>
<td>Passing legislation to stabilize the ACA marketplaces</td>
<td>9%</td>
<td>40%</td>
<td>37%</td>
<td>12%</td>
</tr>
<tr>
<td>Passing a national health plan, or Medicare-for-all</td>
<td>12%</td>
<td>37%</td>
<td>29%</td>
<td>21%</td>
</tr>
<tr>
<td>Continuing women’s access to reproductive health services</td>
<td>8%</td>
<td>39%</td>
<td>30%</td>
<td>21%</td>
</tr>
</tbody>
</table>

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)
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

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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

RIGHT & WRONG
The Trolley Problem

Narrated by Harry Shearer
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 $\leftrightarrow$ 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
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

1. Four Difficult Behaviors
2. Drivers of Behavior
3. Dealing with Difficult Behavior
4. Q&A
Learning Objectives

- Identify and mitigate difficult behaviors
- Effectively manage a difficult conversation
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

1. I want to get it done
2. I want to get it right
3. I want to get along
4. I want to be appreciated
How do difficult behaviors relate to the drivers?

Paired Exercise

I want to get it right

I want to be appreciated

1. I want to get it done
2. I want to get along
3. I want to be appreciated

- Tanks
- Yes People
- Downer
- Know it All

Back to Top
Prescriptions for Success

It’s not about you

Understand them

Don’t try to change them
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

Back to Top
STATE SKILLS

S = Share your facts
T = Tell your Story
A = Ask for others path
T = Talk tentatively
E = Encourage testing

What Skills

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 = {\textbf{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 = {\textbf{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 = {\textbf{Ask for others path}} – How do you see it? What is your perspective?
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.
Any questions?
How do difficult behaviors relate to the drivers?

Paired Exercise

1. I want to get it done
2. I want to get it right
3. I want to get along
4. I want to be appreciated

- Tanks
- Yes People
- Downer
- Know it All
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.
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
Cultures & Context
Play & Art-Making

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 hope of elevating suffering and pain. Furthermore, the one who is in ill-health 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 one's 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
- Back to Top
“I need to see a mythologist.”

A patient
From what to how...
A *humanistic-pragmatic* approach that focuses on

- Strengths
- Supports
- Resources
- Symptoms
- Stresses
Restorative Justice

• 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
Restorative Questions

• “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
Suggestions

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

[efficiencymentor.com](http://efficiencymentor.com)
Mindfulness: The Art & Science of Building Personal Resilience

Presented by:
Angela Johnson, DACM, MSTOM, MPH, LAc, Dipl OM
Doctor of Acupuncture & Chinese Medicine
Integrative Psychosocial Medicine
Assistant Professor
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


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

All kinds. All care settings. Alarming rates

Physicians
51%

Hospital nurses
35%

Faculty
27%

Among highest @ risk . . .

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


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; [or in other words,] knowing what you are doing while you are doing it.”

Jon Kabat-Zinn, MBSR Founder
Mindfulness is paying attention, on purpose, *in the present moment*, and non-judgmentally.
Mind Wandering (Default Mode Network)

46.9% of our waking hours


PFC
aka - EXECUTIVE FUNCTION
Organization: Everything has a place, and everything is in its place.

Accountability: Owning the results and learning from experiences to improve.

Planning & Goal Setting: Determining what needs to be accomplished, and by when.

Self-Regulation: Keeping on track and adapting to reach defined goals.

Time Management: Scheduling when to do what needs to be done.
Down regulates amygdala

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

RUSH UNIVERSITY MEDICAL CENTER
• Tech for training attn . . . but using them requires a few steps
1\textsuperscript{st} aspect of attn . . . choosing a focus on “particular object
Degree to which you sustain attn, despite distractions
Ability to recognize attention has wandered or dulled... refocus
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MIND WANDERING

FOCUS

SHIFT

AWARE

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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 exposure...
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

https://doi.org/10.1016/j.nedt.2016.12.017

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
3 GOOD THINGS
Increased Resiliency as Easy as 1, 2, 3
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 lasting 3 months increased happiness and decreased depressive symptoms. Positive interventions can supplement traditional interventions to relieve suffering and may someday be the practical legacy of positive psychology.

July—August 2005 • American Psychologist

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0003-066X/05/2005-0540
Vol. 60, No. 5, 410–421
DOI: 10.1037/0003-066X.60.5.410
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.
3 GOOD THINGS
Increased Resiliency as Easy as 1, 2, 3

THE RESPONSE
Turn up the VOLUME on the positive
"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.

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What did you notice?

How might this impact your health and wellbeing?

How might you use this at work?
Compassion Practice

Sci of compassion …strides.
Ability to strengthen it and beginning to understand
Alternating the Trajectory of Affect and Affect Regulation: the Impact of Compassion Training

Seppala et al., Journal of Compassionate Health Care (2014) 1:5
DOI: 10.1186/2044-0068-1-5

Loving-kindness meditation: a tool to improve healthcare provider compassion, resilience, and patient care

Abstract

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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?
LOVING KINDNESS MEDITATION
What did you notice?
May you be happy.
May you be well.
May you be safe.
May you be peaceful and at ease.
You can't stop the waves, but you can learn to surf.
- Jon Kabat-Zinn
WHEREVER YOU ARE, START THERE
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
Developing a Business Plan

Faculty Affairs, Teaching Academy
March 12, 2019

Joan Kurtenbach
VP, strategic planning, marketing and communications
Rush University Medical Center
Why do you think business plans are important?

Who has written a business plan?

What was your experience?
Start with the Strategic Plan
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
RUSH is positioned to succeed in a constantly evolving environment
Dual Path to Transformation
Strategic Plan for RUSH: Time to focus and accelerate

Improve the Business
Core Growth and Repositioning
1 – 3 years

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.

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

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

**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.
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.

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)

Strategic plan should be the foundation of a business plan
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.)

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
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
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:

<table>
<thead>
<tr>
<th></th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cases (Volume)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Expected Payment Per Case</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Payment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Variable Cost Per Case</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pt. Care Supplies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Supplies</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Variable Costs (cases X per case cost)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Apply inflation factor to costs annually as well as expected increase in payment per case.
<table>
<thead>
<tr>
<th></th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Revenue – Variable Costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contribution to Fixed Costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fixed Costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrative Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facilities Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marketing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Fixed Costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contribution – Total Fixed Costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating Profit (Loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Applying a Risk Level to the Financial Projections

Level of Risk:

**Low**
- Existing Program
- Low Reimbursement/Implementation Risk
- Low exit strategy cost

**Medium**
- New market service
- Potential reimbursement/Implementation Risk
- Significant volume growth
- Strong Competition
- Exit Strategy Cost

**High**
- New market, service
- Reimbursement/implementation risk
- Large volume growth
- High 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 **objective** 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.

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
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
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
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

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......


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.
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)

CLER Focus Areas

- Patient Safety
- Duty Hours Fatigue Management
- Healthcare Quality
- Healthcare Disparities
- Supervision
- Transitions of Care
- Professionalism

Back to Top
Mistreatment
Frequency of Medical Student Mistreatment

By Faculty

- Never: 36.1%
- Infrequent (Once or twice; A few times): 53.2%
- Recurrent (Several times; Numerous times): 10.7%

By Residents

- Never: 24.5%
- Infrequent (Once or twice; A few times): 62.8%
- Recurrent (Several times; Numerous times): 12.7%

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.
<table>
<thead>
<tr>
<th>Date Report Filed</th>
<th>Incident Report #</th>
<th>Survey #</th>
<th>Initiator’s Name</th>
<th>How Received</th>
<th>Nature of Incident</th>
<th>Explanation</th>
<th>Complaint Against/Kudos Form</th>
<th>Department</th>
<th>Position</th>
<th>Complaint</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/13/2018</td>
<td>2018-04</td>
<td>21</td>
<td>Unknown</td>
<td>Online Portal Submission</td>
<td>Negative</td>
<td></td>
<td>Faculty</td>
<td></td>
<td></td>
<td>Publicly humiliates</td>
</tr>
<tr>
<td>12/29/2018</td>
<td>2018-05</td>
<td>24</td>
<td>Unknown</td>
<td>Online Portal Submission</td>
<td>Negative</td>
<td></td>
<td>Nurse</td>
<td></td>
<td></td>
<td>Subjected to verbal or written abuse</td>
</tr>
<tr>
<td>12/11/2018</td>
<td>2018-06</td>
<td>28</td>
<td>Unknown</td>
<td>Online Portal Submission</td>
<td>Negative</td>
<td></td>
<td>Nurse</td>
<td></td>
<td></td>
<td>Publicly humiliates</td>
</tr>
<tr>
<td>12/28/2018</td>
<td>2018-07</td>
<td>30</td>
<td>Unknown</td>
<td>Online Portal Submission</td>
<td>Negative</td>
<td></td>
<td>Faculty</td>
<td></td>
<td></td>
<td>Publicly humiliates</td>
</tr>
</tbody>
</table>
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 al; Manqing Liu, MHS; Lisa M. Bellini, MD1; C. Jessica Dine, MD, MSHP; Alice L. Sternberg, ScM; Yevgeniy Gitelman, MD; Alyssa M. Yeager, MD; Jeremy M. Asch, BA; Sanjay V. Desai, MD

*JAMA Intern Med.* Published online April 15, 2019.
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?
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
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 waste 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
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

![Chart and Graph Examples](image-url)
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

Sharing Best Practices
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
- Care team works together to care for patient: Mean score = 98.2 or 95th percentile
- MD and APP Communication
  - Patient wait time and time spent with provider
  - Care coordination
  - Mean score = 94.2 or 96th percentile

FY2019 RUMG 93.3%
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.

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.

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

Source: Rush’s 2018 Health Equity Report: Patient Care through an Equity Lens
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!

How can we monitor everything?
Most of the world’s communications are flowing through the U.S. So is your targets’ data.

From which sources?
- Microsoft
- Google
- Yahoo!
- Facebook
- PalTalk
- YouTube
- Skype
- Aol
- Apple

Author: Visual presentation designer, Emiland De Cubber Source: FastCompany.com
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 (7.489)
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

Design—Power of photography to humanize topic

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.

Source: Edward Tufte, Visual Explanation
Author: Reebee Garafalo
Design — Fun stuff, Infographics

Source: Rush Health and Wellness “quick guides”, World Health Organization
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
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.