Teaching Academy Series

July 19, 2022  Optimizing Course Content for Diverse Learners - Enhanced Techniques in Online Learning

Aug. 16, 2023  Emotional Intelligence  --- No slides provided

Sept. 20, 2023  Working with HR

Oct. 18, 2023  Title IX and ADA Compliance

Nov. 15, 2022  Update on Evidence for Dietary Patterns and Overall Health

Dec. 20, 2022  Identifying and Dealing with Mental Health Issues

Jan. 17, 2023  Academic Leadership

Feb. 21, 2023  Interpreting Course Evaluations for Course Improvement

March 21, 2023  Occupational Safety - Impact/Reach - Postponed

April 18, 2023  What do I Need to Know to Start a New Academic/Clinical Program? From starting a New Program to Franchising an Existing One

May 16, 2023  Cybersecurity in Healthcare

June 20, 2023  Sickle Cell Disease: Multidisciplinary Approach  --- No slides provided
OBJECTIVES

• List four factors of learner variability

• Value the rationale for addressing learner variability

• Recall some techniques for optimizing content for diverse learners/learner variability

• Plan to optimize at least one course content item for diverse learners/learner variability
1 Defining Diverse Learners
Diverse Learners

• The “typical” learner is a myth
• No two learners have the exact same characteristics
• All learners could be considered diverse learners
• Learner variability is what makes learners diverse
• Learner variability can be static or dynamic
• Learner variability is the norm
2 Four Learner Variability Factors
Four Learner Variability Factors

- Abilities and strengths
- Support needs
- Backgrounds and experiences
- Preferences and interests
Universal Design for Learning (UDL)
Universal Design for Learning (UDL)

- UDL is a strategy for addressing diverse learners
- **UDL has 10 guidelines**
- UDL can be used to address learner variability
- UDL can be used to remove barriers to learning
- UDL can be used to develop expert learners
- UDL is not the same differentiated instruction (DI)
4 Optimizing Course Content for Diverse Learners
Optimizing Content for Diverse Learners

- **By law**, accessibility barriers must be addressed
- **By law**, online courses must have RSI
- Ideally optimize curriculum & instruction 1st
- This session focuses on optimizing course content to address learner variability/diverse learners
Optimizing Reading Assignments

• Abilities & Strengths: accessible electronic versions
• Support Needs: glossary of key terms
• Background & Experiences: culture specific/neutral
• Preferences & Interests: varied types of readings
Optimizing Writing Assignments

• Abilities & Strengths: clear & specific rubrics
• Support Needs: links to free writing assistance tools
• Background & Experiences: culture specific/neutral
• Preferences and Interests: some choices of topics
Optimizing Videos

• Abilities & Strengths: captioning & transcripts
• Support Needs: inline video quizzes/surveys
• Background & Experiences: culture specific/neutral
• Preferences and Interests: varied types of videos
Optimizing Discussion Posts

- Abilities & Strengths: clear & specific rubrics
- Support Needs: links to free writing assistance tools
- Background & Experiences: culture specific/neutral
- Preferences and Interests: some choices of topics
Optimizing Quizzes/Exams

- Abilities & Strengths: accessible alternate versions
- Support Needs: feedback for each question choice
- Background & Experiences: culture specific/neutral
- Preferences and Interests: varied types of quizzes
Optimizing Live Class Meetings

• Abilities & Strengths: captioning & recording
• Support Needs: interpretation features
• Background & Experiences: culture specific/neutral
• Preferences and Interests: varied presenters/speakers
Optimizing Other Course Content

- Standardized patients
- High-fidelity manikins
- Other simulation content/interactives (e.g., OSCE’s)
- Clinical experiences (e.g., mini-CEX’s)
- Other course content
Summary

- All learners have some type(s) of learner variability
- Learner variability can be static or dynamic
- So all learners can be considered diverse learners
- UDL is a better than DI in addressing learner variability
- Legal, professional and moral obligations to address learner variability
- RUSH has resources to help address learner variability
Selected References/Resources

- Center for Teaching Excellence and Innovation (CTEI)  CTEI@rush.edu
- Pearson Race & Ethnicity Diversity, Equity and Inclusion Guidelines (Products)
- Journal of Applied Instructional Design’s issue on Universal Design for Learning
- Universal Design for Learning (UDL) Guidelines
- SUNY’s OSCQR Regular & Substantive Interaction Site
- Creating Significant Learning Experiences¹ ²
- Microsoft’s Accessibility Technology & Tools site
- Adobe’s Accessibility Resources site
- Integrating Culture in the Design of ICTs
- Student Course Workload Estimator 2.0
Thank you.
Just about every task and activity you carry out in the classroom on a daily basis has a digital equivalent. It’s important to understand that the learning itself doesn’t change, but the delivery method does. The chart below shows specific ways that teaching and learning can transfer to an online environment. Use it to help pick the most effective tools for your course.

The blue text below are links to resources for using the features of the tools licensed by Rush University. Please, feel free to contact Brandon Taylor further assistance at: brandon_taylor@rush.edu. Note: The annotation of this guide does not necessarily imply any endorsement of any Pearson products, services, imprints, etc.

<table>
<thead>
<tr>
<th>Face-to-face classroom</th>
<th>Online classroom (synchronous and asynchronous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lectures</td>
<td>• Pre-recorded presentations via Panopto, Screencast-O-Matic, or PowerPoint, Stream&lt;br&gt;• Live sessions using video via Zoom&lt;br&gt;• Web pages, shared documents, media, etc. in Canvas (RMC sub Elenta for Canvas)</td>
</tr>
<tr>
<td>Learning resources &amp; handouts</td>
<td>• YouTube™, Vimeo®, Khan Academy, other third-party links like Rush's library resources&lt;br&gt;• Files uploaded and shared via Canvas, and/or OneDrive</td>
</tr>
<tr>
<td>Teacher-to-student communication</td>
<td>• Email or messages via Canvas&lt;br&gt;• Instructor announcements in Canvas&lt;br&gt;• Discussion (live &amp; on demand); assignment &amp; quiz feedback via Canvas</td>
</tr>
<tr>
<td>Student-to-student communication</td>
<td>• Inbox or chat via Canvas&lt;br&gt;• Online discussion boards via Canvas&lt;br&gt;• Live discussions using Zoom</td>
</tr>
<tr>
<td>Group work</td>
<td>• Offline &amp; online group projects using Office365&lt;br&gt;• Online discussion boards in Canvas&lt;br&gt;• Group work using Canvas groups and Zoom breakout rooms</td>
</tr>
<tr>
<td>Office hours</td>
<td>• Create and list available office ours with automated sign up via Bookings&lt;br&gt;• Open office hours via Zoom&lt;br&gt;• One-on-one student meetings via Zoom</td>
</tr>
<tr>
<td>Assignments &amp; assessments</td>
<td>• Assignment submissions via Canvas&lt;br&gt;• Online asynchronous discussions via Canvas&lt;br&gt;• Quizzes/Exams/PolIs via Canvas, ExamSoft, Panopto video quizzes, PollEveryWhere&lt;br&gt;• Virtual clinical activities via Access Medicine's cases/activities, telemed. OSCE's &amp; mini-CEX's&lt;br&gt;• Related tools: Respondus 4.0, Respondus LockDown Browser and Respondus Monitor</td>
</tr>
<tr>
<td>Student or other presentations</td>
<td>• Live presentations via Zoom&lt;br&gt;• Recorded presentations via PowerPoint or Sway; sharing via OneDrive, Teams, &amp; Stream</td>
</tr>
<tr>
<td>Scheduling</td>
<td>• Create and list available time slots with automated sign up via Bookings&lt;br&gt;• Sign up sheet/schedule via Canvas group sets&lt;br&gt;• Canvas modules and calendars</td>
</tr>
</tbody>
</table>

Explore the complete guide for moving your course online at [go.pearson.com/OnlineCourseToolkit](go.pearson.com/OnlineCourseToolkit)

For further assistance, please, feel free to contact Brandon Taylor at: brandon_taylor@rush.edu.
Working with Human Resources

Lori Bysong
Director, HR Partners, Non-Clinical & ROPH
HR Business Partner, University & Research

9/20/22
Agenda

1. Human Resources (HR) Strategic Overview
2. HR Partner Client Groups
3. HR Partners as Liaison – Centers of Expertise
4. Employee Service Center (ESC)
5. Your HR Partner Team
6. Recruiting
7. Benefits
8. Leaves & Accommodations
9. Compensation
10. Learning & Development
11. Employee Experience
12. Questions
1 Human Resources (HR) Strategic Overview
HR Successes | Key FY 22 Statistics

4,173
Total Hires

244
Faculty & APP Hires

52,851
Total Visits for Employee Health

14%
Employee Turnover Target

10%
Provider Turnover Target

RUMC: 19.61%
ROPH: 25.64%

Faculty: 9.6%

APPs: 13.9%

Providers (APPs and Faculty Combined): 10.6%
Employee perception of work — and what they want from work — has evolved to a place where work is no longer the centerpiece of someone’s life or the primary driver of their identity. Expectations for what is provided as part of the value proposition has shifted in favor of the employee and includes radical flexibility and holistic well-being as key elements.

Employees’ #1 hope for the future is better work-life balance, according to a McKinsey survey of more than 5,000 employees.

44% of employers added or improved wellness programs as a result of COVID-19.

Close to 57 million Americans quit their jobs between January 2021 and February 2022.

(McKinsey) (PwC) (Harvard Business Review)
**Strategic Corporate Priorities | FY 22/23 RUMC & ROPH**

**PEOPLE**
Attract, educate, develop and retain a diverse and inclusive workforce with revolutionary curricula, lifelong learning opportunities and open paths to career growth. Foster and promote a wellness culture for providers, students and staff.

**GROWTH & REACH**
Develop integrated clinical service lines that lead the market and extend the reach and brand of RUSH across the region through innovation, partnerships and a highly integrated delivery network focused on delivering care closer to home.

**QUALITY & VALUE**
Deliver high-quality, cost-efficient care that focuses on disease prevention and supports improved health outcomes of the population served by leveraging analytics and technology.

**FINANCIAL STRENGTH**
Ensure fiscally responsible care across the continuum that continues to decrease the total cost of care and improve financial trends allowing for reinvestment and continued growth across RUSH.

**EQUITY**
Measurably reduce inequities across our patients, learners, people, communities and organization.
HR Strategic Priorities | Focus of Our People Strategy

**HIRE**
Talent Acquisition strategy for attracting top talent for staff and providers in the market and maintaining a competitive edge

**RETAIN**
Drivers of employee engagement, retention and the employee experience

**DEVELOP**
Develop our internal talent, providing career opportunities, succession planning and workforce development strategies
Our Purpose | Empowering Employees, Serving RUSH

**EMPLOYEE-CENTRIC**
The employee-centric HR team provides the foundation for the total employee experience that attracts top talent and develops and retains our workforce.

**PROACTIVE & ALIGNED**
With employees at the heart of our strategy, we proactively develop aligned solutions that address our ever-changing organizational and business landscape.

**EMPOWERING**
We play an integral role in empowering our employees to provide exceptional patient care and improve the health of the people in the diverse communities we serve.

**COLLABORATIVE**
We partner and collaborate with our stakeholders to provide innovative resources, tools and support that align to our people priorities, organizational strategy, mission and vision.
Our Purpose | HR Operating Principles

We acknowledge, appreciate and RESPECT the many differences we celebrate in each other, including our varied perspectives, approaches and the competencies of those with whom we work.

We are committed to INNOVATION, AGILITY and CONTINUOUS IMPROVEMENT, approaching all we do with an open mind, challenging the status quo and identifying and assessing bold solutions.

EXCELLENCE is our true north.

We work COLLABORATIVELY and recognize that we are stronger as a cross-functional, collegial team.

We build trust and credibility by being ACCOUNTABLE to one another and our stakeholders, while modeling our I CARE values.

We assume EXCELLENCE is a given and we are proactive in identifying ways to take care of ourselves so that we can take care of others.

We continuously CHALLENGE OURSELVES to be best in class and take time to invest in our own well-being, stay optimistic, build resilience and have fun.
2 HR Partner Client Groups
HR Partner Team Client Areas

- University & Research
- RUMG
- Department of Nursing
- Corporate
- Hospital Operations
- ROPH

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3 HR Partners as Liaison
HR Partners as your liaison to Centers of Expertise (COEs)
4 The Employee Service Center (ESC)
Everything else:
Ask the Employee Service Center in one of these simple ways:

1. Visit http://esc.rush.edu/
Enter a question in the search window. If you don’t see what you need, open a case online.

2. Call ext. 2-3456 or (312) 942-3456
You’ll be connected to an Employee Service Center associate or a third-party partner (such as HealthEquity or Fidelity).

Strategic support or consultation
Request consultation and support about strategic topics for your workforce, such as performance management, engagement planning, retention and turnover reduction, change management, restructuring and succession planning, by contacting your HR Business Partner.

Bullying or harassment
Discuss a concern about workplace bullying or other disruptive workplace conduct, or file a complaint related to harassment or discrimination in the workplace by contacting the Office of Institutional Equity at Institutional_Equity@rush.edu.

Anonymous concern
Relay an anonymous concern by calling the Rush Hotline at (877) 787-4009 or accessing the online reporting tool at http://www.rush.ethicspoint.com/.
5 Your HR Partner Team
Research/University HR Partner Team

Lori Bysong  
HR Partner

Noor Dakhllallah  
HR Generalist

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HR Business Partner & HR Generalist

Your first stop: for performance management concerns or other more sensitive issues

Your next stop: if the Employee Service Center isn’t able to assist

Your source: of organization news and announcements

Your connection: to the other areas of expertise and organization contacts
6 Recruiting
Recruitment

HR Recruitment / Talent Acquisition (TA)
- Provides support to Research, the Graduate College, College of Health Sciences, and the College of Nursing
- Primary contact has been Talent Acquisition (TA) Manager Lori Balice
- iGreentree system administration contact is Angeles Tenorio

Faculty Recruitment
- Provides support for Rush Medical College
- Led by Rose Sprinkle, Senior Director
HR Recruitment Requisition process overview

1. **Make sure:**
   - You have a finalized job description (JD) in Compensation’s format
   - The role is available in the correct AU

2. **Enter the requisition in iGreentree**
   - Justification
   - Grant funding
   - Approvals
   - Job Description

3. **Your HR Partner will review and follow up with any questions, if necessary.**

4. **Once all approvals are in iGreentree, the req is on a list for Position Control Committee (PCC) approval the following week.**
   - Wendy Tedesco or Wayne Keathley may reach out for more information

5. **Once approved by the PCC, the requisition will be assigned to a recruiter, who will reach out to you for an intake as soon as possible.**
Recruitment Process Overview, part 1

1. Requisition Approved
   - Requisition assigned by recruitment manager to recruiter.
   - Hiring manager can check pre-recruitment approval status of requisition in iGreentree.

2. Intake Meeting
   - Recruiter contacts hiring manager to schedule intake meeting.
   - Recruiter schedules weekly communication with hiring manager.

3. Creation of Posting and Sourcing Strategy
   - Recruiter creates job posting, confirms selection questions with hiring manager, and proposes search strategy.
   - Hiring manager reviews posting and selection questions as needed.
   - Job is posted to Rush career site and other sources per sourcing plan.

4. Sourcing and Pre-screening
   - Recruitment team conducts sourcing, pre-screen, and forwards applicants to hiring manager as “Reviewable.”
   - Candidates for high volume positions will be submitted in batches.

5. Hiring Manager Candidate Review
   - Hiring manager uses iGreentree to review candidates and decide which candidates to invite for interviews.
   - iGreentree will alert hiring manager of new applicants to review.

6. Scheduling
   - Recruitment schedules interviews for selected candidates with hiring manager and begins online reference assessment.
   - The hiring manager keeps his or her Outlook calendar up-to-date and communicates schedule preferences and availability to the recruitment team.
Recruitment Process Overview, part 2

**Selection / Decision**
- Hiring manager provides feedback to recruiter regarding interview.
- Recruiter shares references with hiring manager.
- 48 hours after each interview.

**Interview**
- Recruiter or hiring manager interviews candidates using HealthCare Source Interview Guide.

**Offer**
- Recruiter and hiring manager discuss offer for selected candidate. Recruiter conducts reference check and delivers offer to candidate.
- Candidates have 24 to 72 hours (depending on position) to accept offer.

**Onboarding**
- Recruitment begins background check and Employee Health Services clearance.
- New Employees: Hiring manager receives a New Employee Notification with information necessary to onboard the new employee.
- For transfers: hiring manager uses position change eForm for transfer in Link.
Hiring Challenges

Lack of Experienced Candidates
• This results in low candidate flow and fewer viable candidates
• Your HR Partners, Talent Acquisition (TA), and Compensation (Comp) partners are reviewing job descriptions and defining true requirements for the role, what might be trainable, and identifying market trends and recruiters’ experience with various roles
• TA is working with managers to identify roles or functions that could be trainable
• TA is leveraging:
  • Targeted sourcing
  • Passive candidates
  • Hiring events
  • Industry-specific publications and career sites

Candidate desire to work remotely
• Candidates often want roles that are mostly or 100% remote
• TA is working with managers to identify roles that could be done on a hybrid basis
Hiring Challenges

Competitive Compensation
- Rush, as a smaller system, often struggles to compete with offers from some of the other systems and schools in Chicago and across the nation
- We are working with compensation on an ongoing and continual basis on market (external) and pay parity (internal) reviews

Labor Market
- Competition for talent is fierce in the marketplace currently
- TA is consulting with hiring managers to provide best practices

Process Deviations
- Often when there are delays in the recruiting and onboarding process, they are the result of pieces being missed in the process, or mid-requisition changes to titles or requirements
- Recruiting’s part of the process only starts once the req is entered and approved by all department approvers as well as the PCC
7 Benefits
Benefits

Benefits Contact

- The Employee Service Center (ESC) is your contact for any benefits questions
  - 312-942-3456, or
  - Submit a general case through the ESC portal

There are many resources available through In Touch / Benefits Focus
In Touch / Benefits Focus

Welcome to the Rush Benefits Portal!

Rush provides comprehensive employee benefits to help you enhance your health, prepare for retirement and protect against the unexpected. These benefits are an important part of your overall well-being at Rush.


Questions? Contact the Rush Benefits Service Center by phone at 312-942-3458.

Edit your benefits

Your benefits at a glance

- **Medical**
  - CIGNA Premier Plan
  - OAP 2022
  - $171/month per month

- **Health FSA**
  - 2022 Flexible Spending Account
  - $250/month per month

- **Special Surcharge**
  - 2022 I do not have a spouse
  - $50/month per month

- **Dental**
  - 2022 CIGNA Dental
  - PPO Plan
  - $40/month per month

- **Vision**
  - 2022 VSP Vision
  - $30/month per month

Show all benefits

Change current benefits
8 Leaves and Accommodations
Leave Administration

Rush Contact

- For FMLA, Rush Medical Leaves (RML), personal leaves of absence, or any other leave-related question, please contact your HR Business Partner, HR Generalist, or go directly to Lisa Carruthers:

Lisa Carruthers
Leave of Absence Administrator
1201 W. Harrison | Chicago, IL. 60607 | Ph: (312) 942-0555
E-Mail: Lisa_Carruthers@rush.edu

Vendor

- Our Leave of Absence vendor is The Hartford
- Leaves can be opened by the employee calling: 1-800-883-5926.
9 Compensation
Compensation

University & Research Contact
- Gloria Craft, Compensation Partner

Total Rewards Project
- Compensation reviewed job descriptions
- Market and equity reviews were completed
- Recommendations have been provided to senior leadership

Other compensation collaboration
- Equity reviews
- Market reviews
- Annual Merit campaign
Learning & Development

- Team-created and led training is available in a number of courses
- LinkedIn Learning: A library of 16k courses on personal and professional development, with courses that are eligible for CE credit and are led by experts.
- New hire and annual mandatory training
- Needs assessment in progress

Access LinkedIn Learning today!
11 Employee Experience
Employee Experience

Performance Management Process
- FY22 Annual Performance Appraisal process has just concluded on 9/16/22.
- We’re moving into the goalsetting part of the performance management cycle.

Rewards and Recognition
- Founders’ Day is September 29. 2-4 p.m.
- The team is currently working through an RFP for a Rewards and Recognition software
Employee Engagement

- Recognition & Belonging
- Collaboration Between Organizational Levels
- Respect
- Stress & Work/Life Balance
- Staffing Communication
- Total Rewards Communication

Six action plan priorities based on detailed analysis and review of results from survey in late fall FY 22
Questions?
Learning Objectives

• Identify the role and scope of Rush’s Office of Institutional Equity in Title IX cases.

• Complete a draft referral and learn what transpires after a referral is made to the Title IX Officer/Office of Institutional Equity.

• Distinguish between the Office of Student Accessibility Services and the Office of Institutional Equity.
Overview of Title IX

• Title IX is a federal civil rights law that provides equal access to education, (scholarships, athletics and more) to women in federally funded postsecondary institutions like Rush.

• Under the Obama administration, protections under Title IX were expanded to protect students from sexual harassment.

• Title IX now also includes the right to an educational experience free from sexual violence, domestic violence, dating violence, and stalking.

• Rush has two policies that address sexual harassment and apply to employees, faculty, and students alike. Both policies are administered by Rush’s Title IX Officer and the Office of Institutional Equity (OIE).
Introduction to the Office of Institutional Equity

Who We Are:

- Title IX Officer and Director, Nancee Hofheimer
- Investigators Patrick Tran and Catherine Howlett
- Senior Compliance Manager, Adam Michelman
Introduction to the Office of Institutional Equity

What We Do:

- Protect and advocate for students, faculty, and staff.

- Triage, assess, and investigate complaints of potential sexual harassment and discrimination/harassment based on protected personal characteristics.

- For today’s presentation, we will focus on investigations of sexual harassment and expecting students.
OIE Case Metrics: FY22

86 total cases presenting 101 issues

FY22 OIE Case Summary by Issue Category

- Work Environment: 31 cases
- Sexual Misconduct: 11 cases
- Policy and Practice: 2 cases
- Patient Abuse Issues/Complaints: 8 cases
- Discrimination/Harassment: 47 cases
- COVID-19 Investigations: 1 case
- Accommodation: 1 case

FY22 INV Dispositions

- Not enough information to proceed with investigation: 12 cases (17%)
- Substantiated: 19 cases (28%)
- Unsubstantiated: 38 cases (55%)

Total: 86 cases
When to Involve OIE

A student OR staff member discloses that they have experienced sexual harassment

- Quid Pro Quo sexual harassment
- Hostile environment sexual harassment
- Domestic violence, dating violence, sexual assault, or stalking
How to Make a Referral to OIE

• Thank the student or staff member for disclosing the experience using the TALK model.

• Thank them for telling you
• Ask how you can help
• Listen without judgment
• Keep supporting
How to Make a Referral to OIE

• Inform them that because of the nature of the information shared, you must reach out to a specialized team (OIE) who will take it from here.

• Send an email: Institutional_Equity@rush.edu

• Call us at 312.942.2104
What about Anonymous Reports?

• More information from the person who experienced the behavior is always preferable to an anonymous report. It allows OIE to fully investigate, but also to have a personalized discussion of resolution options with the student or staff member.

• Rush policies prohibit retaliation for making reports.

• If a student or staff member still wishes to make an anonymous report, refer them to the Rush hotline: 1-877-787-4009
What Happens Once the Referral is Made?

**Initial Assessment**
Upon receipt of a report, OIE will conduct an initial assessment, which is an informal inquiry into the underlying concerns in the report. The goal of this assessment is to provide a coordinated response to reports of prohibited conduct administered by OIE.

**Investigation**
The goal of an investigation is to gather all relevant facts; make factual determinations; determine whether there is a violation of this Policy; and if warranted, refer the investigative conclusion or finding for disciplinary action as appropriate.
What Will My Role Be as a Faculty Member?

Be supportive of the student or staff member that has disclosed the misconduct but leave the gathering of evidence to us.

- Refer to Resources such as Rush’s Student Assistance Program and/or the Rush Wellness Center.

OIE will keep you informed as the investigation progresses and provide closure at the end. Depending on the complexity and number of issues involved, investigations can take anywhere from a few days to sixty days.
Title IX and Pregnant or Parenting Students

• Title IX precludes discrimination against pregnant and parenting students.

• Students may request adjustments based on general pregnancy needs or accommodations (through Student Accessibility Services) based on a pregnancy-related complication(s).
What Do I Do if a Student Discloses a Pregnancy?

Ask the student(s) if they need any adjustments or accommodations. Faculty should work with student(s) to provide reasonable adjustments as requested and may refer the student to Student Accessibility Services if further assistance is needed.

Examples of reasonable adjustments due to pregnancy or parenting that faculty can implement include:

- A larger desk
- Restroom breaks during class.
- Permitting temporary access to elevators.
- Rescheduling tests or exams due to medical appointments.
- Excusing medically necessary absences.
- Submitting work after a deadline missed due to pregnancy or childbirth.
- Providing alternatives to make up missed work (e.g., participation or attendance credit)
Missed Classes and Clinical Practice

- We excuse all medically necessary absences for pregnancy, childbirth, false pregnancy, termination of pregnancy, or recovery.

- This includes medical appointments.

- Faculty members should excuse those absences deemed medically necessary by the appropriate medical professional. Faculty should not ask students for doctor’s notes.
Missed Classes and Clinical Practice

After giving birth, students can reengage the curriculum as soon as they are cleared by their clinician.

• Expecting parents are permitted to participate in clinical rotations, clerkships, practicum, or immersion. They may require, and should be allowed, reasonable adjustments during the placement such as:
  • Sitting as needed
  • Breaks for pumping
  • Leave from clinical for medically related appointments
Determining who is eligible for accommodations.
To be protected by the ADA, one must have a disability, which is defined as:

1. A physical or mental impairment that substantially limits **one or more major life activities**, 
2. A person who has a history or record of such an impairment, or
3. A person who is perceived by others as having such an impairment
Major Life Activity is defined as:

- Breathing, speaking, caring for oneself, seeing, hearing, eating, sleeping, walking, standing, communicating, learning, reading, concentrating, thinking, working, lifting and bending.

- Operations of major bodily functions.

- Functions of the immune system, normal cell growth, digesting, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive organs.
To qualify for accommodations at a post secondary institution

- Student must meet the criteria set forth by the ADA-AA.
- That disability MUST impact one or more elements of the educational experience.

Educational experiences include:
- Parking/transportation
- Residence hall living
- Dietary
- Student club/groups/organizations
- Academic (including classroom/lab/clinical experience)
Student Request Process

- Students complete a Request for Accommodation form.
- Students must submit diagnostic documentation for review.
- Intake session set up.
- Engage student in a discussion about their disability and how it impacts their life.
- Visit: https://www.rushu.rush.edu/office-student-accessibility-services
Student Request Process

• Review their program requirements and technical standards.
• Explain my office process and student responsibilities.
• Contact key faculty/staff for any clarification on the academic program where the barrier(s) may be present.
• Write up the accommodation letter.
• Release to need to know faculty/staff:
  • Assessment Team
  • Anatomy Lab Team
  • Sim Team
  • Clinical Educators/Preceptors/Clerkship Coordinators
TEMPORARY ACCOMMODATIONS

• If a student is injured and must wear a sling or cast of any type, refer the student to my office.

• If a student is hospitalized with an illness and may require accommodations during their recovery, refer the student to my office.

• If the student must schedule a surgery during their time at Rush, please refer the student to my office.

• Student’s may require:
  • Lifting restrictions
  • Modified hours in practicum
  • Modified plan of study
  • Use of assistive technology
• If the pregnancy has a complication that requires accommodation that is outside of the list provided by Nancee above, students may engage student accessibility services for additional support.

• Student’s pregnancy complicated by a health condition and may require testing accommodations and/or clinical accommodations:
  • Refer the student to Student Accessibility Services.
Question and Answer Session
Update on Evidence for Dietary Patterns and Brain and Overall Health.

Nov 15, 2022

Christy C Tangney, Ph.D.
Professor, Clinical Nutrition & Preventive Medicine
Rush University Medical Center
DISCLOSURES

• Rush University Medical Center
• Consultant
  – NIA grant: MINDSPEED (D. Clark, P/I)
  – NIA grant (REGARDS (R. Rosenson, P/I)
• UpToDate, Inc
  – Author of 3 cards

• Research Support
  – Alzheimer’s Association: US POINTER
  – NIA: NOURISH
  – NINR: Heart2Heart
  – NIDDK: Black Girls Move
Diabetes, Hypertension, and Heart disease climbed amid Covid, CDC says

- **Biggest increases in deaths from both diseases in 20 years**

- **Blood pressures also have risen**

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1. CDC report. June 2021
2. Laffin LJ. Circulation. 2021
Circulation

AHA PRESIDENTIAL ADVISORY

Life’s Essential 8: Updating and Enhancing the American Heart Association’s Construct of Cardiovascular Health: A Presidential Advisory
From the American Heart Association

Donald M. Lloyd-Jones, MD, ScM, FAHA, Chair; Norrina B. Allen, PhD, MPH, FAHA; Cheryl A.M. Anderson, PhD, MPH, MS, FAHA;
Terrie Black, DNP, MBA, CRRN, FAHA; LaPrincess C. Brewer, MD, MPH; Randi E. Foraker, PhD, MA, FAHA;
Michael A. Grandner, PhD, MTR, FAHA; Helen Lavretsky, MD, MS; Amanda Marma Perak, MD, MS, FAHA; Garima Sharma, MD;
Wayne Rosamond, PhD, MS, FAHA; on behalf of the American Heart Association

ABSTRACT: In 2010, the American Heart Association defined a novel construct of cardiovascular health to promote a paradigm shift from a focus solely on disease treatment to one inclusive of positive health promotion and preservation across the life course in populations and individuals. Extensive subsequent evidence has provided insights into strengths and limitations of the original approach to defining and quantifying cardiovascular health. In response, the American Heart Association convened a writing group to recommend enhancements and updates. The definition and quantification of each of the original
WHAT IS LIFE’S ESSENTIAL 8?

- Update and refinement of the American Heart Association’s construct of ideal Cardiovascular Health (formerly LIFE SIMPLE 7)
- Each component or metric scored 0 to 100 points
- Affords great discrimination than the earlier Life’s Simple 7

Health Behaviors

1. **Diet DASH or Mediterranean type pattern** (DASH or HEI 2015 for population; MEPA: 15-16 points)
2. **Physical Activity**: GE 150 min MV per week
3. **Nicotine** (never)
4. **Sleep** (7-<9 hours)

Health Factors

1. **BMI** (100 = LT 25)
2. **Blood Lipids** (non-HDL cholesterol) [LT 130 mg/dL]
3. **Blood glucose** (FBG LT 100 mg/dL or HbA1c LT 5.7)
4. **Blood pressure** (LT 120/LT 80)
DASH Diet Plus Sodium

8813 screened, 502 run-in, 459 randomized

Appel LJ et al. *NEJM* 1997;336:1117

Sacks FM et al. *NEJM* 2001;344:3
Reduction in CVD events and death with Mediterranean Diet: PREDIMED trial

A Primary End Point (acute myocardial infarction, stroke, or death from cardiovascular causes)

Med diet, EVOO: hazard ratio, 0.70 (95% CI, 0.53–0.91); P=0.009
Med diet, nuts: hazard ratio, 0.70 (95% CI, 0.53–0.94); P=0.02

No. at Risk
Control diet  2450  2268  2020  1583  1268  946
Med diet, EVOO  2543  2486  2320  1987  1687  1310
Med diet, nuts  2454  2343  2093  1657  1389  1031

96, 83, 109 events
In the Cohort—Memory & Aging Project (MAP)... Diet patterns and cognitive changes...

Tangney, CC et al. *Neurology* 2014;83:1410.
A Comparison of these Diet Patterns

<table>
<thead>
<tr>
<th>DASH</th>
<th>Mediterranean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Grains 42+/wk</td>
<td>Unrefined Grains &gt;32/wk</td>
</tr>
<tr>
<td>Vegetables 28+/wk</td>
<td>Vegetables &gt;33/wk</td>
</tr>
<tr>
<td></td>
<td>Potatoes &gt;18/wk</td>
</tr>
<tr>
<td>Fruits 28+/wk</td>
<td>Fruits &gt;22/wk</td>
</tr>
<tr>
<td><strong>Dairy ≥14/wk (low fat)</strong></td>
<td>Full-fat Dairy ≤10/wk</td>
</tr>
<tr>
<td>Nuts, seeds &amp; legumes</td>
<td>Legumes, nuts &amp; beans</td>
</tr>
<tr>
<td>≥ 4/wk</td>
<td>&gt;6/wk</td>
</tr>
<tr>
<td>Lean meat, poultry, fish ≤ 6/wk</td>
<td>Red meat ≤ 1/wk</td>
</tr>
<tr>
<td></td>
<td>Fish &gt;6/wk; Poultry ≤3/wk</td>
</tr>
<tr>
<td>Total Fat ≤ 27%; Saturated Fat ≤ 6% of kcal</td>
<td></td>
</tr>
<tr>
<td>Sweets ≤ 5/wk</td>
<td>Olive oil 3-4 T/d</td>
</tr>
<tr>
<td>Sodium ≤ 2400mg /d</td>
<td>Alcohol &lt; 300mL/d but &gt;0</td>
</tr>
</tbody>
</table>
Life’s Essential 8
Life’s Essential 8

**Health Behaviors**

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3. **Blood glucose** (FBG LT 100 mg/dL or HbA1c LT 5.7)
4. **Blood pressure** (LT 120/LT 80)
WE CHOSE TO DEVELOP THE MEPA TOOL FOR THE BUSY CLINICIAN

What was behind the development of MEPA?
MEDAS: Mediterranean Diet Adherence Scores

• 14-point valid screener used to assess adherence to Mediterranean dietary pattern used in the PREDIMED trial\(^1,2\)

• **primary prevention** of cardiovascular disease in high-risk adults (n=7447)\(^3,4\)

• **MEDAS** administered in person/phone by RDs at 11 sites in Spain

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WHAT IS MEPA?

Mediterranean Eating Pattern of Americans

- Designed as a screener for a clinic setting (BRIEF)
- Assess adherence to Mediterranean Diet Pattern
- Americanized
- 16 items with emphasis on Foods, not nutrients
- Demonstrable validity, reliability, acceptability

MEPA: 16 items

- Score for each component
- Number of servings per day or week
- Scored as 0 or 1
- Sum = 16

FOR LE8, the score is then *weighted as shown in the next slide.*

<table>
<thead>
<tr>
<th>Add</th>
<th>Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Dark Green Leafy Vegetables (GE 1)</td>
<td>11. Red and processed Meats (LE3w)</td>
</tr>
<tr>
<td>2. Other Vegetables (GE 2)</td>
<td>12. Butter, whipping cream (LE 5w)</td>
</tr>
<tr>
<td>3. Nuts (GE 4w)</td>
<td>13. Pastries, cookies, candies (LE 4w)</td>
</tr>
<tr>
<td>4. Berries (GE 2 w)</td>
<td>14. Fast food frequency (LE 1w)</td>
</tr>
<tr>
<td>5. Whole Grains (GE 3)</td>
<td>15. Full fat or regular cheese (LE 4w)</td>
</tr>
<tr>
<td>6. Beans/Legumes (GE 3w)</td>
<td>16. Alcohol (±)</td>
</tr>
<tr>
<td>7. Poultry (LE 5w)</td>
<td></td>
</tr>
<tr>
<td>8. Fish (GE 1w)</td>
<td></td>
</tr>
<tr>
<td>9. Extra Virgin Olive Oil (GE 2)</td>
<td></td>
</tr>
<tr>
<td>10. Other Fruits (GE 1)</td>
<td></td>
</tr>
</tbody>
</table>
All components to Life’s Essential 8 optimal 100 points

<table>
<thead>
<tr>
<th>MEPA Score (points)</th>
<th>LE8 component Score (points)</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 - 16</td>
<td>100</td>
</tr>
<tr>
<td>12 - 14</td>
<td>80</td>
</tr>
<tr>
<td>8 - 11</td>
<td>50</td>
</tr>
<tr>
<td>4 - 7</td>
<td>25</td>
</tr>
<tr>
<td>0 - 3</td>
<td>0</td>
</tr>
</tbody>
</table>
Typical MEPA Scores ranged from 3 to 14 with Median (IQR) of 9 (7-11)$^1$

Woman who scored a 9 on MEPA would get 50 out of 100 possible points for the diet component of LE8

New aggregate score is the average of all 8 component scores = Life’s Essential 8

In SUMMARY AHA Presidential Advisory chose the MEPA tool...

- To assess and monitor individual level CVH,… “MEPA” can be used across healthcare settings in adult and pediatric populations
- To identify opportunities for dietary counseling that promotes cardiovascular health.
- Is a valid and feasible method for diet screening after consideration of theory- and practice-based criteria.

The writing group urges clinicians and health systems to adopt this tool, and researchers to assess its implementation, in order to standardize and advance dietary assessment in clinical settings.
MEPA TOOLS (PAPER) ARE AVAILABLE AT

HTTPS://WWW.RUSHU.RUSH.EDU/FACULTY/CHRISTY-TANGNEY-PHD-FACN-CNS
Examination of Diet (Nutrients) and Impact of Diet on Cognition

Modelled after Nurses Health Study

Primary outcomes at Rush were Cognition, Dementia
Observational Cohorts

• **CHAP = Chicago Health and Aging Project**
  – Bi-racial community cohort on southside of Chicago
  – Mediterranean Dietary Pattern Scoring
    Trichopoulou¹ (8 or 9 points; based on the median of population sample; 0 or 1
    Panagiotakos, D²: (55 points: specified number of servings for 11 components, acquiring 1-5 each)
    ------ some protection against cognitive decline³

• **MAP = Memory and Aging Project⁴**
  – Cohort largely in Chicago; aggregate of retirement communities
  – Built on the CHAP model + brain donations + MRI
  – DASH Scoring⁵ and Mediterranean Scoring paradigms

# Mediterranean Diet Scores

<table>
<thead>
<tr>
<th>Components</th>
<th>No. servings/wk</th>
<th>No. of servings/wk reported by participants</th>
<th>All (n = 3790)</th>
<th>Whites (n = 1510)</th>
<th>Blacks (n = 2280)</th>
<th>Women (n = 2339)</th>
<th>Men (n = 1451)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nonrefined cereals and breads²</td>
<td>≥32</td>
<td>6.4 (6.2, 6.6)³</td>
<td>1.5 (1.4, 1.5)</td>
<td>1.3 (1.2, 1.3)</td>
<td>1.6 (1.5, 1.6)</td>
<td>1.4 (1.4, 1.5)</td>
<td>1.4 (1.4, 1.5)</td>
</tr>
<tr>
<td>Potatoes²</td>
<td>&gt;18</td>
<td>2.3 (2.2, 2.3)</td>
<td>1.1 (1.1, 1.1)</td>
<td>1.2 (1.2, 1.2)</td>
<td>1.0 (1.0, 1.0)</td>
<td>1.1 (1.1, 1.1)</td>
<td>1.1 (1.1, 1.1)</td>
</tr>
<tr>
<td>Fruit⁴</td>
<td>&gt;22</td>
<td>15.1 (14.8, 15.4)</td>
<td>3.3 (3.3, 3.4)</td>
<td>3.4 (3.3, 3.4)</td>
<td>3.3 (3.2, 3.3)</td>
<td>3.4 (3.3, 3.4)</td>
<td>3.2 (3.1, 3.2)</td>
</tr>
<tr>
<td>Vegetables²⁴</td>
<td>≥33</td>
<td>12.4 (12.2, 12.7)</td>
<td>2.4 (2.3, 2.4)</td>
<td>2.5 (2.4, 2.5)</td>
<td>2.3 (2.2, 2.3)</td>
<td>2.5 (2.4, 2.5)</td>
<td>2.2 (2.2, 2.3)</td>
</tr>
<tr>
<td>Legumes, nuts, beans²⁴</td>
<td>≥6</td>
<td>2.9 (2.8, 3.0)</td>
<td>2.7 (2.6, 2.7)</td>
<td>2.6 (2.5, 2.6)</td>
<td>2.7 (2.7, 2.8)</td>
<td>2.6 (2.6, 2.7)</td>
<td>2.7 (2.7, 2.8)</td>
</tr>
<tr>
<td>Fish⁵</td>
<td>≥6</td>
<td>1.5 (1.5, 1.6)</td>
<td>1.8 (1.8, 1.9)</td>
<td>1.5 (1.5, 1.6)</td>
<td>1.9 (1.9, 2.0)</td>
<td>1.7 (1.7, 1.8)</td>
<td>1.7 (1.6, 1.7)</td>
</tr>
<tr>
<td>Olive oil²⁴</td>
<td>≥7</td>
<td>0.6 (0.6, 0.7)</td>
<td>0.7 (0.6, 0.7)</td>
<td>1.0 (0.9, 1.1)</td>
<td>0.4 (0.4, 0.5)</td>
<td>0.7 (0.7, 0.8)</td>
<td>0.7 (0.6, 0.7)</td>
</tr>
<tr>
<td>Red meats²</td>
<td>≤1</td>
<td>3.6 (3.5, 3.7)</td>
<td>3.3 (3.3, 3.4)</td>
<td>3.4 (3.3, 3.5)</td>
<td>3.3 (3.2, 3.3)</td>
<td>3.5 (3.4, 3.5)</td>
<td>3.2 (3.1, 3.2)</td>
</tr>
<tr>
<td>Poultry²⁴</td>
<td>≤3</td>
<td>2.2 (2.2, 2.3)</td>
<td>4.7 (4.6, 4.7)</td>
<td>4.8 (4.7, 4.8)</td>
<td>4.6 (4.6, 4.6)</td>
<td>4.6 (4.6, 4.7)</td>
<td>4.7 (4.7, 4.8)</td>
</tr>
<tr>
<td>Full-fat dairy</td>
<td>≤10</td>
<td>1.8 (1.6, 1.9)</td>
<td>5.0 (4.9, 5.0)</td>
<td>5.0 (5.0, 5.0)</td>
<td>5.0 (4.9, 5.0)</td>
<td>5.0 (4.8, 5.0)</td>
<td>4.9 (4.9, 5.0)</td>
</tr>
<tr>
<td>Wine only (mL)³</td>
<td>&lt;300⁶</td>
<td>9.1 (7.9, 10.3)</td>
<td>1.0 (0.9, 1.1)</td>
<td>1.7 (1.6, 1.8)</td>
<td>0.5 (0.5, 0.6)</td>
<td>1.0 (0.9, 1.0)</td>
<td>1.0 (0.9, 1.2)</td>
</tr>
<tr>
<td>Alcohol (mL)²³</td>
<td>&lt;300⁶</td>
<td>40.6 (37.4, 43.8)</td>
<td>1.8 (1.8, 1.9)</td>
<td>2.6 (2.5, 2.7)</td>
<td>1.4 (1.3, 1.4)</td>
<td>1.5 (1.4, 1.6)</td>
<td>2.4 (2.2, 2.5)</td>
</tr>
<tr>
<td>MedDiet²</td>
<td>NA</td>
<td>NA</td>
<td>28.2 (28.1, 28.4)</td>
<td>29.2 (29.0, 29.4)</td>
<td>27.6 (27.4, 27.7)</td>
<td>28.1 (27.9, 28.3)</td>
<td>28.4 (28.2, 28.6)</td>
</tr>
<tr>
<td>MedDiet wine²³</td>
<td>NA</td>
<td>NA</td>
<td>27.4 (27.2, 27.5)</td>
<td>28.3 (28.1, 28.6)</td>
<td>26.8 (26.6, 26.9)</td>
<td>27.5 (27.4, 27.7)</td>
<td>27.1 (26.9, 27.4)</td>
</tr>
</tbody>
</table>

¹ Scores were calculated as described in reference 18. All components have a maximum score of 5. MedDiet wine score is a modification made by the present researchers. NA, not applicable.
In the Cohort–Memory & Aging Project (MAP)... Diet patterns and cognitive changes...

A. DASH score

B. MedDiet score

The MIND or Mediterranean-DASH Intervention for Neurodegenerative Delay diet proposed by Dr. Morris & I

**Common to Mediterranean**
Extra Virgin Olive oil; Nuts/Beans; Whole or unrefined Grains

**Common to DASH:**
Sweets restriction

**Key Differences**
1. **Leafy green** vegetables separate
2. Other vegetables 2+/day
3. **Berries** only recognized fruit
4. Fish 1x/week
5. Dairy not emphasized
6. Wine not emphasized

MIND diet slows cognitive decline with aging

MIND diet associated with reduced incidence of Alzheimer’s disease
Mediterranean-DASH Intervention for Neurodegenerative Delay (MIND) Diet:

- >900 community participants of MAP cohort study ages 58-98y completed food frequency questionnaires & neurological testing
- Optimize a diet pattern from both Mediterranean and DASH patterns plus some unique evidence from the observational cohorts---MAP, Nurses Health, European studies (animal and cohort)

How did we come up with this pattern? Based on what data?
## Differences: MIND, Mediterranean & DASH diets

<table>
<thead>
<tr>
<th></th>
<th>DASH</th>
<th>Mediterranean</th>
<th>MIND/ND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Grains</td>
<td>42+/wk</td>
<td>Non-refined Grains 56/wk</td>
<td>Whole Grains &gt;28/wk</td>
</tr>
<tr>
<td>Vegetables</td>
<td>28+/wk</td>
<td>Vegetables 42/wk</td>
<td>Green Leafy 7+/wk</td>
</tr>
<tr>
<td></td>
<td>Potatoes 3-5/wk</td>
<td></td>
<td>Other Vegetables 14+/wk</td>
</tr>
<tr>
<td>Fruits</td>
<td>28+/wk</td>
<td>Fruits 21/wk</td>
<td>Berries (5+/wk)</td>
</tr>
<tr>
<td>Dairy</td>
<td>≥14/wk</td>
<td>Dairy 14/wk</td>
<td>Regular Cheese ≤1/d</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Butter &lt;1 tsp/d</td>
</tr>
<tr>
<td>Nuts, seeds &amp;</td>
<td>≥4/wk</td>
<td>Legumes 3-4/wk</td>
<td>Beans 3+/wk</td>
</tr>
<tr>
<td>Legumes</td>
<td></td>
<td></td>
<td>Nuts 1/8 c/d</td>
</tr>
<tr>
<td>Lean meat,</td>
<td>≤6/wk</td>
<td>Red meat ≤ 1/wk</td>
<td>Lean Red Meats &lt;4/wk</td>
</tr>
<tr>
<td>poultry fish</td>
<td></td>
<td>Fish &gt;6/wk</td>
<td>Fish 1+/wk</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Poultry ≤3/wk</td>
<td>Poultry 2+/wk</td>
</tr>
<tr>
<td>Total Fat</td>
<td>≤ 27% of kcal</td>
<td></td>
<td>Fried Foods &lt;1 time/wk</td>
</tr>
<tr>
<td>Saturated Fat</td>
<td>≤ 6% of kcal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sweets</td>
<td>≤ 5/wk</td>
<td></td>
<td>Commercial Pastries, sweets</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>&lt;5/wk</td>
</tr>
<tr>
<td>Sodium</td>
<td>≤ 2400mg/d</td>
<td>Olive oil 3-4 T/d</td>
<td>Olive Oil &gt;1 T/d or primary oil</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Alcohol &lt; 300mL/d but &gt;0</td>
<td>Alcohol/wine 1/d</td>
</tr>
</tbody>
</table>
MIND diet associated with Lower Alzheimer’s Dementia risk

Morris MC et al, Alzheimer’s Dementia 2015; 11(9): 1007

923 Rush Memory and Aging Project (MAP) adults...4.5 y average FU, 144 incident AD
Cox-proportional hazards Model adjusted for age, sex, education, APOE-ε4 allele, cognitive activities and physical activities, and caloric intake
MIND diet associated with Slower Cognitive Decline

>900 community participants of Chicago MAP study ages 58-98y, 75% women those whose diets most closely resembled the MIND diet had:

– Cognitive functioning equivalent to a person 7.5 years younger

<table>
<thead>
<tr>
<th>Standardized Beta</th>
<th>MIND</th>
<th>MedDi</th>
<th>DASH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive decline</td>
<td>4.4</td>
<td>2.44</td>
<td>2.76</td>
</tr>
<tr>
<td>P-Value</td>
<td>0.003</td>
<td>0.01</td>
<td>0.02</td>
</tr>
</tbody>
</table>

*Adjusted for age, sex, education, cognitive activities, caloric intake

Morris et al. Alzheimer's Dementia 2015;11(9): 1015
## MIND diet with cognitive function/decline in other cohorts

<table>
<thead>
<tr>
<th>Study</th>
<th>Cohort</th>
<th>N</th>
<th>Follow-up</th>
<th>Outcome</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morris, 2015</td>
<td>MAP</td>
<td>960</td>
<td>4.5y</td>
<td>Global cognition &amp; multiple cognitive domains</td>
<td>↓</td>
</tr>
<tr>
<td>Berendsen, 2018</td>
<td>NHS</td>
<td>16,058</td>
<td>6y</td>
<td>Global cognition &amp; verbal fluency</td>
<td>Null*</td>
</tr>
<tr>
<td>Shakersain, 2018</td>
<td>SNAC-K</td>
<td>2,223</td>
<td>6y</td>
<td>Change in MMSE</td>
<td>↓</td>
</tr>
<tr>
<td>Cherian, 2019</td>
<td>MAP</td>
<td>106 w hx of stroke</td>
<td>5.9y</td>
<td>Global cognition</td>
<td>↓</td>
</tr>
<tr>
<td>Mueller, 2020</td>
<td>WRAP</td>
<td>1,549</td>
<td>6.3y</td>
<td>Preclinical Alzheimer’s Cog Composite 4 &amp; Cog domains</td>
<td>↓ (executive functioning)</td>
</tr>
<tr>
<td>Munoz-Garcia, 2020</td>
<td>SUN</td>
<td>806</td>
<td>6y</td>
<td>TICS-m (Spanish version)</td>
<td>↓</td>
</tr>
<tr>
<td>Melo van Lent, 2021</td>
<td>FHS</td>
<td>1,584</td>
<td>6.6y</td>
<td>Global &amp; cognitive domains</td>
<td>Null* ftn yes</td>
</tr>
<tr>
<td>Boumenna T, 2021</td>
<td>BPRHS</td>
<td>1,332</td>
<td>2, 8 yr</td>
<td>Global &amp; cognitive domains</td>
<td>↓</td>
</tr>
</tbody>
</table>
MIND diet and Imaging

- Community-based Framingham Heart Study
- N=1,904; mean age 61 years (nearly 20 years younger than MAP)
- Brain MRI scans
- MIND diet adherence associated with total brain volume at baseline

### MIND diet score and MRI markers at baseline exam 7 (n=1,904)

<table>
<thead>
<tr>
<th>Brain MRI measures</th>
<th>Model 1</th>
<th>Model 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per one unit increase in the MIND diet score</td>
<td>β ± SE&lt;sup&gt;1&lt;/sup&gt;</td>
<td>β ± SE&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
<tr>
<td>Total Brain Volume, % ICV</td>
<td>0.03 ± 0.01</td>
<td>0.02 ± 0.01</td>
</tr>
<tr>
<td>Lateral Ventricular Volume, % ICV</td>
<td>−0.01 ± 0.01</td>
<td>−0.007 ± 0.01</td>
</tr>
<tr>
<td>Hippocampal Volume, % ICV</td>
<td>0.02 ± 0.01</td>
<td>0.02 ± 0.01</td>
</tr>
<tr>
<td>White-Matter Hyperintensity Volume&lt;sup&gt;3&lt;/sup&gt;, % ICV</td>
<td>−0.01 ± 0.01</td>
<td>−0.02 ± 0.01</td>
</tr>
<tr>
<td>Silent brain infarcts (OR [95% CI])</td>
<td>0.99 [0.91 – 1.09]</td>
<td>0.99 [0.91 – 1.09]</td>
</tr>
</tbody>
</table>

Melo van Lent et al., *J Alzheimers Dis, 2021*
Trials with M I N D diet and Cognitive Outcomes

https://www.health.harvard.edu
Three Key Ongoing Trials

1. **MIND Trial:**
closed out June 2021

2. **NOURISH:** Nutrition effects on brain Outcomes and Recovery In Stroke after Hospitalization:
   Ongoing: 21 out of 500 enrolled

3. **US POINTER:**  
   Ongoing: 1794 of target 2000 enrolled
   [the “American FINGER trial”]
DIET ONLY RCT: MI ND Trial

- Test the effects of 3-year intervention of MI ND and weight loss diets on cognitive decline
- Test the effects of the MI ND and weight loss diets on:
  - Brain changes (using brain imaging)
  - Other conditions: diabetes, hypertension, BMI, cholesterol, depression, chronic psychological dist
The MIND Trial
(Mediterranean-DASH Intervention for Neurodegenerative Delay)

Study Population: Chicago and Boston (at least 300/site)
- M + F: 65-84 years
- BMI $\geq 25$
- high risk for dementia
- low baseline MIND diet score

no target for minorities
Randomization (n=600)

MIND diet + mild weight loss (n=300)

Usual Diet + mild weight loss (n=300)

Extra virgin olive oil, blueberries, mixed nuts are provided to MIND diet group

Supermarket store vouchers provided

- Mild calorie restriction (250 kcal deficit/day)
- Target goal of weight loss: 3-5%
Nutrition effects on brain Outcomes and Recovery In Stroke after Hospitalization (NOURISH)
Overview

• 3-year randomized control diet intervention trial to prevent/slow cognitive decline
• Cognitively unimpaired after their stroke upon discharge to home.

COACH-NOURISH
(MIND DIET + Stroke educ)

SELF-NOURISH
(Usual DIET + Stroke educ)

target: 50% minority

• Home visits: cognitive testing, functional status, mood and behavior tests, blood collection
• Subgroup: brain imaging
Multi-Domain Intervention Trials

The Lancet 2020 Commission on Dementia Report

Physical Activity

Cognitive & Social Stimulation

Healthy Diet
The FINGER Study: Design and Outcome

- 1260 cognitively healthy 60 to 77-year old adults, at increased risk for cognitive decline
- 2-year multi-domain study of Lifestyle Intervention vs. Usual Care
  - Nutrition
  - Exercise
  - Cognitive training
  - Vascular risk monitoring

Results of the large, long-term, randomized controlled FINGER Study suggested that a multi-domain intervention could improve or maintain cognitive functioning in an at-risk population.
Can the FINGER findings be translatable to a very heterogeneous population in the US?

Can this American trial facilitate a community infrastructure that will be sustained once the trial ends?
CAN WE REDUCE RISK OF COGNITIVE DECLINE THROUGH A HEALTHY LIFESTYLE?

U.S. POINTER will test whether 2 lifestyle interventions encouraging physical exercise, a healthy diet, cognitive & social activities, and health monitoring can protect brain health in older adults at risk for memory loss.
A LANDMARK STUDY:
1) DESIGN; 2) PARTNERSHIP

5 Locations

2000 Participants

2 Groups

2 Years

North Carolina, Chicagoland, Northern California, Houston, & Rhode Island/New England.

Recruiting 400 participants per site

Participants are randomly assigned, to either a Structured or Self-guided lifestyle group.

Length of study.

1 minimum 23% persons of color
35% in Rush/Chicago (388)
Facilitating Lifestyle Strategies in Communities in Chicagoland

- Oak Park
- Des Plaines, Morton Grove
- Elmhurst
- Hyde Park
- Arlington Heights,
- Palatine
- Naperville
- West Pullman
- Oak Lawn
- Evanston/Skokie

Interventionists from the Clinical Academic Research +
“Navigators” from the Association
Where are we? as of 11/9/22

Overall Recruitment:
- 1794 out of 2000
- 30% persons of color
- 29% men

Intervention:
- 122 teams started; 12 completed
- Attendance: 94/96% (Str/SG)

Chicagoland
- 388
- 31%
- 32%
- 25 teams; 1 completed

Achieve Inclusivity
- EMR: community, age: Letters, MyChart
- Radio Ads targeting specific groups
- Faith Based initiatives
- Facebook
If you join U.S. POINTER, you can also join optional sub-studies and help us answer questions like: Do U.S. POINTER lifestyle interventions . . .

**POINTER-Imaging**

- **. . . protect brain health?**
  - Two types of scans that take pictures of your brain: one MRI and two PET scans at Baseline and Month 24; one MRI scan at Month 12.
  - Receive $100 for each PET scan completed and $50 for each MRI scan.

**POINTER-zzz**

- **. . . improve sleep? Does improved sleep affect brain health?**
  - At-home sleep tests using watch-like devices at Baseline, Month 12, and Month 24.
  - For each sleep test completed, $50 and a report about your sleep quality.

**POINTER-NeuroVascular**

- **. . . improve the health of your blood vessels? Does blood vessel health affect brain health?**
  - An exam that measures your blood flow and blood vessel health at Baseline, Month 12, and Month 24.
  - $100 for each exam completed.

**POINTER-Microbiome**

- **. . . change the microorganisms (like bacteria) in the gut that help digest food? Do changes in microorganisms affect brain health?**
  - A stool sample at home at Baseline and Month 24.
  - $50 for each stool sample.
QUESTIONS?
Acknowledgements

• Heather Rasmussen, Annabelle Volgman
• Laura Baker, Mark Espeland
• Daniel O Clark
• Annie Lin
• Martha C Morris
• Neelum Aggarwal
• Lisa Barnes
• David Bennett
• Other colleagues &
• All the participants in CHAP & MAP, MIND, US Pointer

• My former students (now Clinical dietitians): Michelle Li, Candace Richards, Katie Weaver, Neli Ribbens, Leah Cerwinske
• My colleagues in Clinical Nutrition
• My colleagues/staff in
  – US POINTER
  – MIND Trial
  – NOURISH Trial

Thank you!
Possible mechanistic model: MIND diet and brain

Cognitive performance improvement

MIND diet

Alteration in brain structure
- Surface area of inferior frontal gyrus ↑
- Volumes of brain tissue, gray and white matter, and hippocampus ↓
- Structural brain integrity ↓
- White matter integrity ↑

Ten cognitively healthy components:
- Nuts
- Green leafy vegetables
- Other vegetables,
- Berries
- Beans
- Whole grains
- Fish
- Poultry
- Olive oil
- Wine

Five unhealthy components:
- Red meats
- Butter and stick margarine
- Pastries and sweets
- Fried or fast foods
- Cheese

BBB dysfunction
- Aβ level ↑
- Brain oxidative stress ↑
- Brain inflammation ↑

Anti-inflammatory capacity
- Brain inflammation ↓

Antioxidant capacity
- Brain oxidative stress ↓

Improved cognition

Cognitive deficit

Back to Top
Interventions

Self-Guided Lifestyle Intervention

- **Education & Support:** Group meetings 2-3 times per year to provide tangible resources & encouragement to support self-selected plans
- **Guideline-Based Health Monitoring:** Annual physical exam & blood tests

Structured Lifestyle Intervention

- **Exercise:** (mostly aerobic): 4x per week primarily at a YMCA
- **Nutrition:** MIND diet (modified Mediterranean)
- **Cognitive Stimulation:** Computer cognitive training (BrainHQ), regular group meetings to encourage social/intellectual challenge
- **Guideline-Based Health Coaching:** Frequent exams (6 mo), blood tests & goal setting
Disclosures:

None
Objectives

1. Learn the signs & symptoms associated with mental illness and related dysfunctions

2. Use your understanding of what constitutes an emotional distress in yourself or others to recognize when to act in your own behalf or on the behalf of others

3. Employ interventional strategies to help others or oneself recover and build resilience
What is a mental illness and what is not?

1. A mental *illness* is a condition that disrupts a person’s thinking, feeling, mood, ability to relate to others and daily functioning

2. What is not mental illness includes:
   - *Temperament:* in born and hard-wired
   - *Personality style:* a way of dealing with life, develops as a consequence of one’s temperament interacting with early life experiences
   - *Neurosis:* a way of dealing with a life situation, a coping style
Mental Health Illness (or conditions) can be broken down into clusters

• **Conditions that affect mood:**
  - Depressive disorders
    - *Major Depression*
    - *Dysthymia* (formerly minor depression)
    - *Organic depressive states* – depression secondary to illnesses or events that affect the brain
  - Bipolar Disorder – highs and lows
  - Anxiety disorders – panic, generalized anxiety, phobias, social anxiety, OCD

• **Conditions that affect thought**
  - Schizophrenia
  - Schizoaffective Disorder

• **Conditions that can affect everything**
  - Addiction Disorders
The Fast Facts about Mental Health

- 1 in 5 adults experience mental illness each year in the United States
  - Less than half receive treatment
- 1 in 20 adults experience a serious mental illness each year in the United States
  - Less than two-thirds receive treatment
- 1 in 6 youth experience a mental health condition each year in the United States
  - Only half receive treatment
- 50% of all lifetime mental illness begins by age 14 and 75% by age 24
- Average delay between onset of symptoms to treatment is 11 years
- 55% of U.S. Counties do not have a practicing psychiatrist

Effects of COVID-19
- 1 in 5 youth report pandemic had significant negative impact on mental health
- 1 in 10 youth under age 18 experience a mental health condition following a COVID-19 diagnosis
- In 2020: 31% increase in mental health-related emergency department visits by adolescents

Other
- 75% of Americans say they are not content with the state of mental health treatment in U.S. – particularly true if diagnosed with a mental health condition (84%)
- 60% of Americans are concerned about the stigma around mental illness
Ways to recognize a mental condition: Common Signs & Symptoms

- **Sleep or appetite changes**
  - Dramatic sleep or appetite changes or decline in personal care

- **Mood changes**
  - Rapid or dramatic shifts in emotions or greater irritability

- **Withdrawal**
  - Social withdrawal or loss of interest

- **Decline in functioning**
  - Failing school, quitting sports team, difficulty performing familiar tasks

- **Problems thinking**
  - Poor concentration, poor memory, illogical thoughts, odd speech

- **Increased sensitivity**
  - Heightened sensitivity to sounds, scents, etc.

- **Apathy**
  - Loss of initiative or desire to participate

- **Feeling disconnected**
  - Vague feeling of being disconnected from oneself, a sense of unreality

- **Illogical thinking**
  - Unusual beliefs about personal powers to understand meanings or influence events
  - Magical thinking

- **Nervousness**
  - Fear or suspicious of others, strong nervous feeling

- **Unusual behavior**
  - Odd, uncharacteristic peculiar behavior

- **Changes in school or work**
  - Increased absenteeism, worsening performance, difficulties in relationships with peers and co-workers
How to Help Others – Talk about it!

- **Rush Center for Clinical Wellness**
  - It’s more than just goat yoga and essential oils (though those things are available… except maybe the goats)
  - Promotes self-care, stress management, mindfulness, physical activity
  - Offers resources for mental health care
    - *Including anonymous access to Rush providers*
    - *Counseling, medication management, substance use treatment*

- **Make the difference -> Talk about it**
  - Signs include:
    - *Change in baseline behavior*
    - *Late or missing work*
    - *Isolation*
  - What to say:
    - *Are you okay?*
    - *Is something wrong?*
    - *Can I help you… or better, Let me help you*
    - *Don’t be afraid to ask more than once if signs are there*
    - *Listen attentively, don’t minimize for them*
    - *Ask again another day, offer regular check in and support*

- *But, in the end, protect yourself as well – that is, you can’t own another’s feelings*
Mental Health First Aid

• Mental Health First Aid (MHFA)
  • *Skills-based training course that teaches how to identify, understand, and respond to signs of mental health and substance use challenges among adults*
  • *Produced by the National Council for Mental Illness*
  • Courses are available locally
  • Encouraged for first responders, educators, etc., but available to anyone and everyone
  • [https://www.mentalhealthfirstaid.org/](https://www.mentalhealthfirstaid.org/)

• MHFA Action Plan: ALGEE
  • A – Approach, assess for risk of harm or suicide
  • L – Listen nonjudgmentally
  • G – Give reassurance and information
  • E – Encourage appropriate professional help
  • E – encourage self-help and other support strategies
Resilience

• The process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress.

• Each person is unique as to what specifically has meaning and builds resilience: **Reflection on personal values**
  • Finding meaning in one’s work
  • Know what one values in life and work
  • Try to spend 20% of time focused on what really matters to you in your work
  • Stop and reflect from time to time
Building Resilience

• Being clear on what you need and value both personally and professionally (Me at the circle’s center)
• Cultivating insight (working with Mindful Awareness)
• Taking care of yourself (Proactive Self-Care)
• Receiving support of others – both local and organizational (Professional Care and Community)
Knowing what matters fosters Resilience

• Individualism is more important to well-being than wealth

• Autonomy
  • Control of schedule / work hours
  • Patient visit lengths
  • # patients seen daily
  • More time to complete onerous tasks -> EMR, prior auths, etc
  • Or, less onerous tasks

• Work / Life balance
  • Boundaries between work and home / family life

• Mindful awareness:
  • noticing what is happening when it is happening
  • Non-judgmental, curious and kind
  • Observing thoughts, feelings, sensations as they arrive
  • Teaches us to pay attention to the present moment
  • **Respond and not react**

• MBSR: mindfulness based stress reduction training
Summary of what to do

This is not a weakness of Spirit or Soul

• Support each other
• Talk to each other
• Contribute to the well-being of your immediate community
• Don’t let yourself or a colleague suffer
• Talk about it
Thank You!

Teaching Academy
December 20, 2022

Robert Shulman, MD
Associate Professor
Psychiatry & Behavioral Sciences
Academic Leadership

January 17, 2023

Jason S. Turner, PhD
Professor & Vice Dean
Agenda

- Leadership
- Strategy Development
- Strategy Evaluation
- Innovation
Leadership

• Kotter
  – Leadership and management are \textit{not} the same thing. One is not better than the other- they are different but complementary.

• Management copes with complexity; leadership deals with change
  – Planning and budgeting vs. direction
  – Organizing and staffing vs. aligning people
  – Controlling activities and solving vs. motivating and inspiring
In Praise of the Incomplete Leader

• Ancona, Malone, Orlikowski, and Senge
  – Sense-making: constantly looking at the environment and assessing the potential impact on the organization
  – Relating: Building trusting relationships that balance advocacy, inquiry, and supportive confidants
  – Visioning: creating a credible future that others want to be a part of
  – Inventing: creating new ways of addressing challenges
The Work of Leadership

• Ronald Heifetz & Donald Laurie
  – Leadership is adaptive work that is required when beliefs are challenged, values/skills that made us successful become less relevant, and when legitimate (yet competing) perspectives emerge.
  – Rather than provide answers, leaders should engage the organization’s collective intelligence to answer difficult questions.
# The Work of Leadership

<table>
<thead>
<tr>
<th>Leadership Responsibilities</th>
<th>Technical or Routine</th>
<th>Adaptive</th>
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</thead>
<tbody>
<tr>
<td>Direction</td>
<td>Define problems and provide solutions</td>
<td>Identify adaptive challenge and frame key questions and issues</td>
</tr>
<tr>
<td>Protection</td>
<td>Shield the organization from external threats</td>
<td>Let the organization feel external pressures with the range it can stand</td>
</tr>
<tr>
<td>Orientation</td>
<td>Clarify roles and responsibilities</td>
<td>Challenge current roles and resist pressure to define new roles too quickly</td>
</tr>
<tr>
<td>Managing conflict</td>
<td>Restore order</td>
<td>Expose conflict or let it emerge</td>
</tr>
<tr>
<td>Shaping norms</td>
<td>Maintain norms</td>
<td>Challenge unproductive norms</td>
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</table>
TO STAY ALIVE, JACK PRITCHARD had to change his life. Triple bypass surgery and medication could help, the heart surgeon told him, but no technical fix could release Pritchard from his own responsibility for changing the habits of a lifetime. He had to stop smoking, improve his diet, get some exercise, and take time to relax, remembering to breathe more deeply each day. Pritchard’s doctor could provide sustaining technical expertise and take supportive action, but only Pritchard could adapt his ingrained habits to improve his long-term health. The doctor faced the leadership task of mobilizing the patient to make critical behavioral changes; Jack Pritchard faced the adaptive work of figuring out which specific changes to make and how to incorporate them into his daily life.

Companies today face challenges similar to the ones that confronted Pritchard and his doctor. They face adaptive challenges. Changes in societies, markets, customers, competition, and technology around the globe are forcing organizations to clarify their values, develop new strategies, and learn new ways of operating. Often the toughest task for leaders in effecting change is mobilizing people throughout the organization to do adaptive work.

The Work of Leadership

Get on the balcony
Identify adaptive challenge
Regulate distress
  - Let debate occur, clarify assumptions, define issues and values, control rate of change
  - Maintain “just enough” tension
Maintain disciplined attention
Give work back to employees
  - Support rather than control
Protect leadership voices from below

by Ronald A. Heifetz and Donald L. Laurie
The Crucibles of Leadership

- Warren Bennis & Robert Thomas
  - Engage others in shared meaning
  - Distinctive, compelling voice
  - Adaptive
  - Integrity
Resources

**Drucker:** What Makes an Effective Leader

**Kotter:** Leading Change, Why Transformation Efforts Fail

**Cohen (Influence Tools):** Heroic Leadership

**Rourke & Torbert:** The Seven Transformations of Leadership

**Coleman:** What Makes Leaders

**Collins:** Level 5 Leadership | Good to Great
Strategy Development
Directional Strategies

**Vision** - short, inspiring statement of what the group intends to achieve

**Mission** - concise statement of what the organization is (or should be) currently doing

**Culture** - collection of shared values and norms

Core Business – Clientele – Differentiation
Red Ocean vs. Blue Ocean Strategy

**Red Ocean**
- Compete more effectively in existing market
- Capture more of existing demand
- Improve value/cost trade-off
- Improve differentiation

**Blue Ocean**
- Create new market
- Make competition irrelevant
- Create new demand
- Break the value/cost trade-off
Vision

Short inspiring statement of what the organization hopes to achieve in the future.

**OXFAM:** A world without poverty

**Cleveland Clinic:** Striving to be the world’s leader in patient experience, clinical outcomes, research and education

**NPR:** with its network of independent member stations, is America’s pre-eminent news institution
Mission

Statement of organizational purpose that guides strategic plan and provides organizational goals (i.e. SMART providing support)

Stanford Business School:
Our mission is to create ideas that deepen and advance our understanding of management and with those ideas to develop innovative, principled, and highly insightful leaders who change the world.

Values:
The following values are widely shared in the Stanford Graduate School of Business community and provide the context within which the School strives for excellence in achieving its goals:

- Engage intellectually | Strive for something great | Respect others
- Act with integrity | Own actions
The Johns Hopkins Bloomberg School of Public Health is dedicated to the education of a diverse group of research scientists and public health professionals, a process inseparably linked to the discovery and application of new knowledge, and through these activities, to the improvement of health and prevention of disease and disability around the world.
Components of Mission Statement

Function
Target Consumers
Target Region
Values
Self-concept
Technology
Employees
Strategic Positioning
Financial Objectives
Image
Product vs. Consumer Orientation

Consumer orientation defines role in terms of the customer, customer needs, and the provision of solutions for consumers.

- Can be more flexible

Product orientation focus on services/products themselves rather than the consumer.

- Must consider the life cycle of the products
External Analysis
-Ginter, Duncan, Swain

Stochastic Issues
   Legislative/political issues
   Economic/Market
   Demographic/Social
   Technology
   Competitive Changes

Identify/analyze current important issues and changes, detect early/weak signals of emerging issues, speculate likely future issues, classify and order issues, inform strategy development.
PEST(EL)

Political
Economic
Social
Technological
Environmental
Legal
## PEST(EL) Analysis – MACRO

### Political
- Re introduction of for-profit entities (1)
- Loosening of accreditation standards (2)
- Certificate pressures/regulations from DO E (3)
- Heavily regulated state (education & clinical) (4)
- Prescriptive accreditation standards (5)
- Tightening VISA (HBVI) regulations (6)
- Competency-based education (7)

### Economic
- Negative Moody's outlook (8)
- Greater P/L pressures (9)
- Downward pressures on indirect rates (10)
- Tightening grant/contract environment (11)
- Corporate sponsorship of education (12)
- Program pricing out pacing COLA/inflation (13)
- Changing medical payment schemes including Medicare reimbursements (14)
- Movement toward 3rd party partnerships (15)
- Significant student debt (16)

### Social
- Pending demographic shifts point to significant enrollment decreases in higher education (17)
- Non-traditional & traditional students
- "Disney"-fication of campuses (18)
- Increased student stress (19)
- Student profile (grad/undergrad) change with Gen Z transition (20)
- Student-centered learning
- Active learning environments
- CB/Pop health mandates (21)
- Increasing Gini coefficients (22)
- Changing learning/teaching expectations (23)
- Reputational decline of professoriate (24)
- Increasing student support services (25)

### Technological
- Rapid change (26)
- Online (27)
- Artificial intelligence (28)
- Clinical practice patterns heavily influenced by big data (29)

### Environmental
- Climate change (30)
Environmental Issues Plot

- High Impact, Low Probability
- High Impact, High Probability
- Low Impact, Low Probability
- Low Impact, High Probability

Probability to Trend/Event Continuing
(Low to High)

Impact on Organization
(Low to High)
Emerging Themes - Direct & Tangential Relationships

- Increasing financial pressures
- Declining traditional enrollment
- Shifting teaching / learning expectations
- Faculty pipelines
- Technology
- Diversity & inclusion
- Artificial intelligence / big data
- Community engagements
- Scalability

Additional considerations:
- Research
- Innovation
- Collaboration
- Student support services
- Alumni
Portfolio Analysis – BCG Matrix

Stars

Problem Children

Cash Cows

Dogs

Market Growth Rate (Low to High on Y access)

Relative Market Share (High to Low on X access)
Expanded Product Portfolio

Market Share (High → Low)
- Shining Star
- Healthy Child
- Cash Cow
- Faithful Dog

Market Share (High → Low)
- Black Hole
- Problem Child
- Cash Pig
- Mangy Dog

Market Growth Rate (Low → High)

Market Growth Rate (Low → High)

Profit (High → Low)

Profit (High → Low)
Expanded Product Portfolio

- Shining Stars: high growth, profitability, market share
- Cash Cow: low growth, high market share & profitability
- Healthy Children: low market share, high growth and profitability
- Faithful Dog: low growth and market share but high profitability
- Black Hole: high market share & growth, low profitability
- Problem Children: low market share and profitability, high growth
- Cash Pigs: low profitability and growth, high market share
- Mangy Dogs: low growth, market, and profitability
SWOT Analysis

- **Internal**
  - Helpful: Strengths
  - Harmful: Weaknesses

- **External**
  - Helpful: Opportunities
  - Harmful: Threats
<table>
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<tr>
<th>Internal</th>
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<tr>
<td>Practitioner/faculty history and reputation</td>
<td>Space (training/simulations/classrooms /huddle space)</td>
<td>Scholarship funds</td>
<td>Urban/Chicago location</td>
<td>Lack of allied health brand recognition</td>
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<td>Established population health and anchor strategies</td>
<td>Faculty pipelines &amp; diversity</td>
<td>Misalignment of incentives (CEU's)</td>
<td>Chicagoland diversity</td>
<td>Tightening international VISA regulations</td>
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<td>Rush satellite and extension sites</td>
<td>Faculty satisfaction/ morale</td>
<td>Academic/administrative bloat</td>
<td>Population health mandates</td>
<td>Tightening grant/contract environment</td>
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<td>Established clinical/academic relationships</td>
<td>Faculty compensation</td>
<td>Limited scalability</td>
<td>Artificial intelligence/big data</td>
<td>Significant demographic shifts and enrollment declines</td>
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<td>Faculty mentoring</td>
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<td>Complimentary medicine</td>
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<td>Shared governance</td>
<td>Insufficient resolution of accounting systems</td>
<td>Community engagement</td>
<td>Increasing student support expectations</td>
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<td>Clinical training sites</td>
<td>Out-of-date technological systems</td>
<td>DPT program</td>
<td>Limited philanthropic giving to Allied Health</td>
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<td>Grant/Contracting infrastructure</td>
<td>limited interoperability</td>
<td>Online expansion</td>
<td>Significant discounting nationally and regionally</td>
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<td>Technology transfer</td>
<td>Student body not representative of the community we serve</td>
<td>Community clinics</td>
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<tr>
<td>Misalignment of incentives (CEU's)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic/administrative bloat</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limited scalability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>limited alumni engagement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insufficient resolution of accounting systems</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out-of-date technological systems</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>limited interoperability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student body not representative of the community we serve</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## TOWS Analysis

<table>
<thead>
<tr>
<th>EXTERNAL FACTORS</th>
<th>INTERNAL FACTORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opportunities (O)</td>
<td></td>
</tr>
<tr>
<td>Threats (T)</td>
<td></td>
</tr>
</tbody>
</table>

**SO:** Generate strategies that use strengths to take advantage of opportunities

**WO:** Strategies that take advantage of opportunities by overcoming weaknesses

**ST:** Strategies that use strengths to avoid threats

**WT:** Strategies that minimize weaknesses and avoid threats

- **Strengths (S)**
- **Weaknesses (W)**
- **Strengths/Opportunities (SO)**
- **Weaknesses/Opportunities (WO)**
- **Strengths/Threats (ST)**
- **Weaknesses/Threats (WT)**
<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Use your internal strengths to take advantage of opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Use your strengths to minimize threats</td>
</tr>
<tr>
<td></td>
<td>Work to eliminate weaknesses to avoid threats</td>
</tr>
<tr>
<td></td>
<td>Improve weaknesses by taking advantage of opportunities</td>
</tr>
<tr>
<td></td>
<td>Develop and advocate for updated/interoperable systems</td>
</tr>
<tr>
<td></td>
<td>Increase support services to improve production value of online presence.</td>
</tr>
<tr>
<td></td>
<td>Development of 3rd party partnerships to support university and college support services</td>
</tr>
<tr>
<td></td>
<td>Leverage community engagement/anchor strategies/clinics to maximize philanthropic story and giving</td>
</tr>
<tr>
<td></td>
<td>Develop and enhance faculty mentoring program</td>
</tr>
</tbody>
</table>

**Strengths**
- Revenue Generation & Enrollment
- Ethics certificate
- Social work certificate
- Clinical training site limitations
- Utilization of Rush Network to enhance clinical placements
- Development of Rush Clinics to facilitate clinical placements
- Strengthen the clinical-academic relationships in all programs to distinguish the "Rush Experience" from what is provided in other settings

**Weaknesses**
- Realign incentives associated with continuing education
- Enhancement of technical transfer / incubator functions
- Development of 3rd party partnerships to support university and college support services
- Capitalize on more than 40+ years of Rush graduates and alumni
- Establish Rush as the contact point for lifelong learning
- DPT development
- Research infrastructure realignment)

**Opportunities**
- Enrollment/Demographic challenges
- Degree completion programs
- Advanced degrees in Imaging Science/ Vascular
- IPE clinical doctorate
- Expansion to non-traditional students
- Online
- Social work certificate
- HIT/Outcomes/Data Analytics degree and/or center
- Dual enrollment programs
- Establish/ Explore academic cobranding
- Development of teaching fellows or mentorship programs
Strategy Evaluation
VRIO Framework

**Value** – Does the strategic action generate value for the targeted consumers/stakeholders?

**Resources** – Does the organization have the requisite resources (personnel, technology, expertise, etc.) to realize the promised value?

**Imitability** – How easy is it for the strategic action to be replicated by others?

**Organization** – Is there organization around the resources that are needed to realize the value?
Space Strategy Profile

- Financial Strength
  - Status Quo
  - Unrelated Diversification
  - Harvesting

- Competitive Advantage
  - Penetration
  - Enhancement
  - Related Diversification
  - Market Development
  - Product Development
  - Vertical Integration

- Service Category Strength
  - Related Diversification
  - Market Development
  - Product Development
  - Vertical Integration

- Environmental Stability
  - Divestiture
  - Liquidation
  - Retrenchment
  - Penetration
  - Enhancement
  - Related Diversification
  - Market Development
  - Status Quo
  - Penetration
  - Enhancement
  - Related Diversification
  - Market Development
  - Status Quo
Ansoff Matrix

- **Market Penetration**: Existing Market, New Product
- **Product Development**: New Market, Existing Product
- **Market Development**: New Market, New Product
- **Diversification**: Existing Market, Existing Product

**Products and Services**

- **Markets**
  - Existing
  - New

- **Products and Services**
  - Existing
  - New
GAP Analysis

Present State
- Honest assessment of current state
- Built from SWOT & Value Chain

Strategy
- Initiatives/tactics should support general strategy to move from A to B

Gaps
- Identification of factors that limit realization of desired future state
- Based on SWOT, TOWS, environmental assessments, and strategic direction

Future State
- Tactics
- Plans
- Timeframes
- Accountability

Initiatives
- Initiatives/tactics should support general strategy to move from A to B
Force Field Analysis

Forces for Change

1. Customers want new products
2. Improved production speed
3. Reduced training time
4. Low Maintenance Costs

Total: 10

Forces Against Change

1. Loss of staff overtime
2. Staff fearful of new technology
3. Impact on environment
4. Cost
5. Disruption

Total: 11

Upgrade factory with new manufacturing equipment
Value-Chain Analysis

Figure 1: Porter’s Generic Value Chain
Innovation
Disruptive vs. Sustaining Innovation

• Mutually exclusive
• Significant headwinds
  – Heavily regulated
  – Limited payors (CMS, Commercial Payors, ED)
  – Highly varied by state
Questions
RUSH
TEACHING ACADEMY

INTERPRETING COURSE EVALUATIONS
REGINA CHEN, PA-C
SPRING 2023
**OBJECTIVES**

<table>
<thead>
<tr>
<th>Define</th>
<th>the role of course evaluation data to improving course performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe</td>
<td>approaches to analyze quantitative and qualitative course feedback data</td>
</tr>
<tr>
<td>Correlate</td>
<td>evaluation data to course goals and learning objectives to make course change decisions</td>
</tr>
</tbody>
</table>
FRAMING COURSE EVALUATION DATA
WHAT ARE COURSE EVALUATIONS FOR?

- Assess course and instructor effectiveness
  - Teaching strategy, effectiveness, methods
- Assess student learning in your course
  - Do the students feel they learned what you intended
  - Satisfaction is a secondary consideration
- Tool to guide course change decisions
- Important metric for assessing program effectiveness
- Guides course design that focuses on the learner and their needs

COURSE EVALUATION TOOLS

- IDEA Survey
- Other college-based survey instruments
- Self-designed survey instruments
  - Use quantitative and qualitative data points
  - Make surveys anonymous

Survey Question Resources

Purdue University: PICES Item Catalog

Berkeley University: Course Evaluation Question Bank

Penn State: Student Rating of Teaching Effectiveness

STUDENT COURSE EVALUATION QUESTIONNAIRE

COURSE: 

INSTRUCTOR: 

TERM AND YEAR: 

PLEASE CROSS THE RESPONSE THAT REPRESENTS YOUR OPINION.

<table>
<thead>
<tr>
<th>TEACHING APPROACHES</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The instructor stimulated my interest in the subject.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>2. The instructor managed classroom time and pace well.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>3. The instructor was organized and prepared for every class.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>4. The instructor encouraged discussions and responded to questions.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>5. The instructor demonstrated in-depth knowledge of the subject.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>6. The instructor appeared enthusiastic and interested.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>7. The instructor used a variety of instructional methods to reach the course objectives (e.g., group discussions, student presentations, etc.)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>8. The instructor challenged students to do their best work.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>9. The instructor was accessible outside of class.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>10. Did the instructor actively attempt to prevent cheating in this course?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

STUDENT SELF EVALUATION

Please comment on your own work for this course.

26. I contributed constructively during in-class activities.
   ○ ○ ○ ○ ○

27. I feel I am achieving the learning outcomes.
   ○ ○ ○ ○ ○

COMMENTS (STUDENT SELF EVALUATION)


COMMENTS ON STRENGTHS AND WAYS OF IMPROVEMENT

- What changes would you recommend to improve this course?
- What did you like best about your instructor’s teaching?
- What did you like least about your instructor’s teaching?
- Any further, constructive comment:

THANK YOU FOR YOUR TIME AND FOR YOUR VALUABLE FEEDBACK.
FACTORS INFLUENCING COURSE EVALUATION RATINGS

Positive

- Experience teaching the course
- Rapport with students
- Student motivation and preparation for the course
- Class size
- Level of course difficulty
- Area of training discipline

Negative

- New instructor, especially first-time course instruction
- Physical environment of learning
  - Space, technology
- Class size
- Required vs Elective course
- Amount of learning support

From: Iowa State University: https://www.celt.iastate.edu/instructional-strategies/evaluating-teaching/
TIP FOR IMPROVING COURSE EVALUATION RATINGS

- Get formative feedback early in the course
  - Enables real-time response to student learning concerns
  - Demonstrates your commitment to student learning
  - Done by the mid-point of term or even earlier

Checci, P. (2023). Personal Communication
IN SUMMARY

- Course evaluations offer valuable data to help guide course change decisions
- Use a validated instrument (or validated questions) for your survey
  - Using qualitative fields encourages self-reflection
- Keep surveys brief, focused, and anonymous
- Encourage participation
- Set feedback expectations before the survey administration
  - Define and encourage constructive feedback
- Review the data
EVALUATING COURSE SURVEY DATA
REVIEWING QUANTITATIVE SURVEY RESULTS

- Establish a performance benchmark before reviewing
- Consider the response rate
  - >80% ideal
  - If response rates are low, look at aggregate data
- For each item and the aggregate course performance, review
  - High and low scores, mean, median, SD (if available)
- What does the data indicate about how the class performed
- What does the data indicate on what needs improvement
REVIEWING QUALITATIVE SURVEY RESULTS

- Establish thematic questions for analysis before reviewing
- Review for themes, not for positive or negative comments
- Don’t take comments personally, focus on the analysis themes
  - Walk away if you need to, but always come back and complete your analysis
- Summarize data based on thematic analysis

Raw, undifferentiated data
“First Pass”, scanned data
Coded data
Grouped coded data

C1

C2

C3

C4

C5
<table>
<thead>
<tr>
<th>Strengths:</th>
<th>Opportunities:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The instructor is very passionate about the material.</td>
<td>instructor passion</td>
</tr>
<tr>
<td>I liked the opportunity to work with students in another program.</td>
<td>online format?</td>
</tr>
<tr>
<td>The instructor is very enthusiastic and you can tell they are passionate about this area of teaching. This just was not a class for me or that I am interested in.</td>
<td>case studies</td>
</tr>
<tr>
<td>The second hour in having our case studies presented by the class was definitely the strength.</td>
<td>group discussions</td>
</tr>
<tr>
<td>The cases we discussed were related to current events (&quot;In the News&quot;). The second hour each week of class was a nice change from the first hour because it allowed us to have group discussions and involved participation from the entire class.</td>
<td>pre-assign readings?</td>
</tr>
<tr>
<td>I liked that the course involved a lot of student involvement in discussions</td>
<td>actual cases?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Weaknesses:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>This course should only be one hour instead of 2.</td>
<td></td>
</tr>
<tr>
<td>This course most likely should have been an online course. I feel that the lectures weren't necessary and that the group presentations could've been held in an online format.</td>
<td></td>
</tr>
<tr>
<td>Might be helpful to assign the readings in advance as opposed to after the class. Students may then be more apt to contribute to discussions based on the readings.</td>
<td></td>
</tr>
<tr>
<td>I would like to see real life examples used in the small group presentations. I think the hypothetical cases just made us argue in circles which I found very frustrating.</td>
<td></td>
</tr>
<tr>
<td>Provide timely grading.</td>
<td></td>
</tr>
</tbody>
</table>
GENERAL TIPS FOR FEEDBACK ANALYSIS

- Set defensible, realistic performance benchmarks
- Balance information gathered from the quant and qual results
  - Quant data can offset negative qual feedback
  - Qual data can offer insight into quant performance metrics
- Analyze qual comments for their significance, not how they make you feel
  - Analyze comments for issues affecting student learning you can make changes to
POINT-IN-TIME VERSUS SUMMARY DATA

- Point-in-time
  - How can I improve the course for the next administration

- Summary
  - What long term changes should I implement
  - How is the course doing overall

- Use both!
### SAMPLE SUMMARY

**CHART OF QUANT COURSE EVALUATION DATA**

From: https://ctl.utexas.edu/tips4course-eval

<table>
<thead>
<tr>
<th></th>
<th>Course organized</th>
<th>Communication</th>
<th>Interest in students</th>
<th>Grading fairness</th>
<th>Free to ask questions</th>
<th>Course of value</th>
<th>Overall instructor</th>
<th>Overall course</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fall 2014</strong></td>
<td>1.3</td>
<td>1.5</td>
<td>2.8</td>
<td>2.2</td>
<td>3.3</td>
<td>2.8</td>
<td>2.5</td>
<td>2.5</td>
</tr>
<tr>
<td><strong>Spring 2015</strong></td>
<td>2.7</td>
<td>3.5</td>
<td>4</td>
<td>3.1</td>
<td>4.3</td>
<td>4.4</td>
<td>3.8</td>
<td>3.5</td>
</tr>
<tr>
<td><strong>Spring 2016</strong></td>
<td>3</td>
<td>3.2</td>
<td>4.7</td>
<td>4.2</td>
<td>4.4</td>
<td>4.4</td>
<td>3.5</td>
<td>4</td>
</tr>
<tr>
<td><strong>Dept Average</strong></td>
<td>4.1</td>
<td>4.2</td>
<td>4.4</td>
<td>4.2</td>
<td>4.4</td>
<td>4.4</td>
<td>4.2</td>
<td>4</td>
</tr>
</tbody>
</table>
## Aggregate Qualitative Course Data

<table>
<thead>
<tr>
<th>Comment</th>
<th>SU 2019</th>
<th>SU 2020</th>
<th>SU 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledgeable</td>
<td>X</td>
<td>Keep</td>
<td>X</td>
</tr>
<tr>
<td>Passionate instructor</td>
<td>X</td>
<td>Keep</td>
<td>X</td>
</tr>
<tr>
<td>Instruction address current issues</td>
<td>X</td>
<td>Keep</td>
<td>Check</td>
</tr>
<tr>
<td>Group discussions</td>
<td>X</td>
<td>Keep</td>
<td>X</td>
</tr>
<tr>
<td>Interdisciplinary interaction</td>
<td>X</td>
<td>Keep</td>
<td>X</td>
</tr>
<tr>
<td>Online instruction modality</td>
<td>?</td>
<td>Monitor</td>
<td>Check</td>
</tr>
<tr>
<td>Pre assign readings</td>
<td>X</td>
<td>Yes</td>
<td>X</td>
</tr>
<tr>
<td>Untimely grading</td>
<td>X</td>
<td>Yes</td>
<td>Needs work</td>
</tr>
<tr>
<td>Too much busy work</td>
<td></td>
<td></td>
<td>Monitor</td>
</tr>
</tbody>
</table>
FRAMING CHANGE DECISIONS FROM EVALUATION DATA
COURSE CHANGE DECISIONS

Ensure Course Alignment

• Explicitly link course learning objectives to teaching and learning activities, classroom assessments, and course performance evaluation

Increase Course Relevance

• Today’s students are busy, technologically savvy, and multitaskers.
• Provide background information and share the rationale behind learning activities and assessments
• Increase transparency and explicitly state information during course. For example, begin class sessions by stating, “We are learning this because …” When students understand why and how the material is relevant to them, they find more motivation to study and end up rating the course more highly

From: Iowa State University: https://www.celt.iastate.edu/instructional-strategies/evaluating-teaching/
COURSE CHANGE DECISIONS

Increase Clarity of Grading Criteria

- Students want to perform well and want to know precisely how to succeed in the course.
- College students have experienced criteria sheets and rubrics since elementary school, and they want the same in college. They want to know where they stand on any given day in the semester.

Increase Inclusivity of the Learning Environment

- Inclusive pedagogy is a student-centered teaching approach where faculty create an inviting and engaging learning environment for all students with varied backgrounds, interests, and physical and cognitive abilities in the classroom.
- Take deliberate steps to ensure that all students feel welcomed and supported in your classroom.
IN SUMMARY

- Base course change decisions on analysis of course evaluation data
  - Consider data from point-in-time and summary analyses
- Focus change decisions based on course objective alignment
  - Consider changes that address concerns regarding course content, teaching methods, course approach
- Approach change decisions incrementally
- Have a timeline for change assessment, reassessment, and adjustments
- Make your critical course assessment activities a routine part of your teaching activities
Thank You!

Questions?
REFERENCES


What do I Need to Know to Start a New Academic/Clinical Program? From starting a New Program to Franchising an Existing One

April 18, 2023

David Vines, PhD, RRT, FAARC, FCCP
Chairperson and Professor, Department of Cardiopulmonary Sciences
Associate Dean of Clinical Integration and Interdisciplinary Initiatives
College of Health Sciences

Objectives:
After listening to this presentation, the learner will be able to:

1. Describe the process of starting a clinical program with an associated national accreditor.
2. Discuss the steps needed to franchise an existing academic program to a new university.
3. Review the steps to create a new clinical program or establish a new profession.

Overview of Starting a Clinical Program

Six-Step Approach to Curriculum Development

Curriculum Development for Medical Education: A Six-Step Approach. Eds. Thomas, Kern, Hughes, Tackett, Chen. 2022
Some Demands for Curriculum Development

Outcomes:
1. Respond to current and future health care needs of society
2. Mitigate costs of education and training
3. Facilitate entry and support advancement of people from diverse backgrounds
4. Aim to improve the health of the local community, including the underserved
5. Train the number of health professions required to meet societal needs

Needs Assessment

1. Purpose of a curriculum in health professions education is to enable learners to address a problem affecting a given population
   - Whom does it affect?
   - What does it affect?
   - Quantitative and qualitative importance of these effects
2. Job analysis - Identify an approach to deal with the problem
   - What is being done by patients, health professionals, and society?
   - What personal and environmental factors affect the problem?
   - What ideally should be done?

Starting Clinical Program with an Accréditor

1. Create a Business Plan
   - Background on program and university, proposal, resources, curriculum, and financial projections
2. Seek community support
3. University/Board approval
4. Recruit Faculty- PD, Clinical Coordinator
5. Seek accreditation
6. Purchase equipment/supplies
Starting Clinical Program with an Accreditor

1. Accreditation Process
2. Accreditation Policies and Procedures
3. Application process to start a new program
4. Established program outcomes thresholds
5. Reporting requirements
6. Program faculty and resource requirements

Starting Clinical Program with an Accreditor

In Respiratory Care the first step is the letter of intent.

1. Statement of educational objectives established by the sponsor
2. Submit the application and required documents
3. Evaluation of the CoARC board if the standards are met
Starting Clinical Program with an Accreditor

Provisional Accreditation Self-Study Review Report

1. Program administration and sponsorship
2. Institutional and personnel resources
3. Program goals, outcomes, and assessment
4. Curriculum
5. Fair practices and recordkeeping
6. Appendices
   - Organizational chart; resource assessment matrix; MD, PD and DCE CVs, support documentation; comparison of curriculum to NBRC matrix, academic catalog, handbook, advisory committee
7. After PSSR is reviewed by an assigned referee, there is a site visit.

Provisional Accreditation Self-Study Review Report. CoARC.com

Starting Clinical Program with an Accreditor

Program Curriculum

1. Accreditor will identify expectations for the curriculum
2. Census curriculum of topics that will need to be covered
3. Based on a current job analysis
   - National board for RC content outline
4. Program goals

<table>
<thead>
<tr>
<th>Semester</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Year</td>
<td></td>
</tr>
<tr>
<td>Fall Sem</td>
<td>RC 501 Professional Skills – Teamwork, Conflict Resolution, Communication, and Informatics (45 hr)</td>
</tr>
<tr>
<td>Spring Sem</td>
<td>RC 511 Cardiopulmonary Anatomy and Physiology (60 hrs class, 30 hrs lab)</td>
</tr>
<tr>
<td>Summer Sem</td>
<td>RC 512 Patient Assessment (45 hrs class, 30 hrs lab)</td>
</tr>
<tr>
<td>Second Year</td>
<td></td>
</tr>
<tr>
<td>Fall Sem</td>
<td>RC 515 Cardiac Diseases (30 hrs class)</td>
</tr>
<tr>
<td>Spring Sem</td>
<td>RC 520 Respiratory Equipment and Techniques (45 hrs class, 30 hrs lab)</td>
</tr>
<tr>
<td>Summer Sem</td>
<td>RC 521 Pulmonary Diseases (45 hrs class)</td>
</tr>
</tbody>
</table>

TOTAL Hours for MS Respiratory Care Program: 90

Starting Clinical Program with an Accreditor

Program Curriculum

1. Patient Data Evaluation and Recommendations
   - Patient history (e.g., present illness, admission notes, respiratory care orders, progress notes, diagnoses, DNR / do not resuscitate / do not intubate / do not intubate and ventilate / do not intubate if ventilated
   - Physical examination (e.g., head to toe, physical findings)
   - Labs results (e.g., CBC, chemistry/electrolytes, coagulation studies, culture and sensitivities, urinalysis, pleural fluid, cardiac biomarkers)
   - Pulmonary function results (spirometry, lung volumes, DLCO)
   - 6-minute walk test results
   - Cardiopulmonary stress testing results
   - MRI, PET, ultrasonograph and / or echocardiography
   - Disease Diagnosis (i.e., radiographic CT, MRI, PET - fluoroscrograph and / or echocardiography)

2. Census Curriculum of Topics that will need to be covered
   - Plan for curriculum to NBRC matrix, academic catalog, handbook, and advisory committee

3. Based on a current job analysis
   - National board for RC content outline

<table>
<thead>
<tr>
<th>Program Goals - Faculty and Advisory Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Five additional core areas</td>
</tr>
<tr>
<td>- Clinical Excellence - Use evidence-based medicine, protocols, and clinical practice guidelines to drive care plans; apply / manage advanced methods and forms of MV.</td>
</tr>
<tr>
<td>- Education - Assess specific learner educational needs (e.g., age, health literacy, diversity, and culture); Create learning activities based on a needs assessment and / or program goals</td>
</tr>
<tr>
<td>- Leadership - Discuss quality improvement methodologies; Apply metrics to evaluate and control the effectiveness and efficiency of departmental services; Lead professional collaborations</td>
</tr>
<tr>
<td>- Research - Locate and critique evidence to validate or advance clinical practice; Synthesize relevant information, and formulate specific aims, research questions, and hypotheses to address knowledge gaps in the respiratory care field; Initiate approved research protocols and collect data; Write a research manuscript for peer-reviewed publication.</td>
</tr>
<tr>
<td>- Professional Competencies - Demonstrate ICARE values; Effective communication; community service</td>
</tr>
</tbody>
</table>

Starting Clinical Program with an Accreditor

Program Curriculum

<table>
<thead>
<tr>
<th>First Year</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall Semester</td>
<td>RC 501 Professional Skills – Teamwork, Conflict Resolution, Communication, and Informatics (45 hr)</td>
</tr>
<tr>
<td>Fall Semester</td>
<td>RC 511 Cardiopulmonary Anatomy and Physiology (60 hrs class, 30 hrs lab)</td>
</tr>
<tr>
<td>Spring Semester</td>
<td>RC 512 Patient Assessment (45 hrs class, 30 hrs lab)</td>
</tr>
<tr>
<td>Summer Semester</td>
<td>RC 515 Cardiac Diseases (30 hrs class)</td>
</tr>
<tr>
<td>Second Year</td>
<td></td>
</tr>
<tr>
<td>Fall Semester</td>
<td>RC 520 Respiratory Equipment and Techniques (45 hrs class, 30 hrs lab)</td>
</tr>
<tr>
<td>Spring Semester</td>
<td>RC 521 Pulmonary Diseases (45 hrs class)</td>
</tr>
<tr>
<td>Summer Semester</td>
<td>RC 522 Mechanical Ventilation (45 hrs class)</td>
</tr>
</tbody>
</table>

TOTAL 17
### Six-Step Approach to Curriculum Development

1. **Problem Identification and General Needs Assessment**
   - Initial assessment
   - Needs analysis
2. **Needs Assessment**
   - Specific needs
   - Objectives
3. **Targeted Needs Assessment**
   - Program-specific needs
4. **Implementation**
   - Methods
   - Support
   - Improvement
5. **Evaluation and Feedback**
   - Individual needs
   - Program evaluation
6. **Educational Strategies**
   - Center designs
   - Methods

---

### Steps Needed to Franchise an Existing Academic Program

1. **Program needs a strong national reputation with data to support**
2. **When faculty or PD is contacted by other Universities, suggest franchising as an alternative**
3. **Create a Business Plan**
   - Background on program and university, proposal, resources, curriculum, and financial projections
4. **Create an Educational Services Agreement**
   - Statement of work; program accreditation and approval; faculty; facilities and resources; program administration; intellectual property; services; service fees

---

1. You will follow the steps outlined by the accredditor to establish a new academic program.
   - Letter of intent; PSSR; initial accreditation; so forth
2. The difference with a franchise is that you are replicating an approved program
   - Assist in getting University approval to start the program; Accreditation; recruitment of faculty
   - Curriculum- course content; classroom activities; clinical competencies; laboratory exercises; quizzes; exams
   - Program runs in a flipped classroom model- Rush faculty records lectures; Their faculty runs classroom activities
Steps Needed to Create a New Clinical Program

1. Developing a Curriculum (DACUM) – Job analysis technique or occupational analysis
   - High-level overview of a position
   - Day-to-day activities; duties within the job
   - Information on workplace environment
   - Prerequisite areas of knowledge, skills, and attitudes required to do the job
   - Safety requirements related to the job
   - Resources needed for the job

2. Translate to a curriculum

3. Seek community support

4. Create a Business Plan

5. University/Board approval

6. Recruit Faculty - PD, Clinical Coordinator

7. Purchase equipment/supplies

8. Licensure

---

Curriculum Development for Medical Education: A Six-Step Approach. Eds. Thomas, Kern, Hughes, Tackett, Chen. 2022

R. L. Jacobs, Work Analysis in the Knowledge Economy, 2019; https://doi.org/10.1007/978-3-319-94448-7_5
Steps Needed to Create a New Clinical Program
Developing a Curriculum (DACUM)

1. **DACUM assumptions about the job being analyzed**
   - Subject-matter experts or individuals currently performing the tasks are the most knowledgeable about the job, willing to participate, and will be able to describe the role the best
   - This technique can be used to analyze any job that can be separated into its various parts
   - Individuals who possess the prerequisites will be able to learn to perform the job; associated competencies

R. L. Jacobs, *Work Analysis in the Knowledge Economy*, 2019; [https://doi.org/10.1007/978-3-319-94448-7_5](https://doi.org/10.1007/978-3-319-94448-7_5)

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Developing a Curriculum (DACUM) Process

1. Prepare to conduct the DACUM
   a. Identify the job title.
   b. Become familiar with the job using a range of sources and methods.
   c. Prepare a summary of the job information for reference during the DACUM.
2. Conduct the DACUM
   a. Bring together the subject-matter experts (SMEs).
   b. Provide an orientation to the SMEs: Purpose, Process, Definitions, Outputs, Rules.
   c. Prevent the first prompt question: What are the major activities (duties) of this job?
   d. Post responses for group discussion and consensus.
   e. Prevent the second prompt question: What are the tasks within each duty?
   f. Post responses for discussion and consensus.
   g. Draft DACUM chart for panel review.
   h. Manage group process of panel.
   i. Prevent the third prompt question: What are the prerequisite competencies, prerequisite knowledge and skills, resources, key terms?
   j. Verify the results of the DACUM
      a. Prepare final DACUM chart and additional information for review.
      b. Conduct final review of DACUM chart from panel.
      c. Obtain final management and expert approvals.

R. L. Jacobs, *Work Analysis in the Knowledge Economy*, 2019; [https://doi.org/10.1007/978-3-319-94448-7_5](https://doi.org/10.1007/978-3-319-94448-7_5)

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Advanced Practice Respiratory Therapist (APRT)

1. The knowledge, skills, and professional characteristics a respiratory therapist needs to fulfill this role as a physician extender are currently unknown.
2. A group of 13 physician experts from 8 different States participated in a nominal group process to list all of the tasks, procedures, and competencies needed for training an APRT to function as a pulmonary physician assistant.
3. Once competencies were identified, the experts were asked to rate each task or procedure in terms of importance.
4. The following scoring system was used: 5= Very Important; 4= Important; 3= Neither Important or Unimportant; 2= Unimportant; 1= Very Unimportant

---

Additional Tasks, Procedures and Competencies Needed to See Adult Patients in the Intensive Care Unit and/or Emergency Room and Associated Level of Importance

1. Manage uncomplicated mechanical ventilator patients. 4.89
2. Assess weanability (weaning readiness). 4.89
3. Measure and manage auto PEEP. 4.89
4. Prescribe and manage NIPPV. 4.89
5. Airway assessment, documentation and airway management, endotracheal tube placement and associated tasks. 4.78
6. Coordinate and communicate care plan with ICU team. 4.78
7. Manage acute cardiac emergencies (ACLS). 4.78
8. Ventilator Waveform Assessment and Interpretation. 4.78
9. JVP measurement. 4.78
10. Manage chest tubes. 4.67
11. Change trach tubes. 4.67
12. Prescribe nebulizer medication (including antibiotics). 4.67
APRT DACUM

Additional Tasks, Procedures and Competencies Needed to See Adult Patients in the Intensive Care Unit and/or Emergency Room and Associated Level of Importance

1. Treat elevated ICP 3.44
2. Perform metabolic studies. 3.44
3. Perform therapeutic bronchoscopy. 3.33
4. Prescribe/manage Flolan (prostaglandin). 3.33
5. Assist with bedside Critical Care Transesophageal Echocardiology, including topical and parental analgesia and sedation. 3.33
6. Perform transthoracic ECHO. 3.22
7. Perform PIC line. 3.22
8. Insert and manage bronchial blocker. 3.11
9. Participate in closed pleural biopsy. 2.89
10. Perform pleurodesis. 2.89
11. Foley urinary catheter placement and monitoring. 2.78
12. Rectal tube placement and monitoring. 2.67

APRT DACUM

Additional Tasks, Procedures and Competencies Needed to See Adult Patients in the Hospital and Associated Level of Importance

1. Work effectively with physicians and other health care professionals as a member a health care team or other professional group. 5.00
2. Accept responsibility for promoting a safe environment for patient care and recognizing and correcting systems-based factors that negatively impact patient care. 4.89
3. Apply information technology to manage information, access on-line medical information, and support their own education. 4.78
4. Tasks as above for ICU patients when performed in the ED or other hospital floors and units. 4.67
5. Change trach tubes. 4.67
6. Assess patient for sleep apnea. 4.67
7. Apply medical information and clinical data systems to provide more effective, efficient patient care. 4.67
8. Order and interpret labs. 4.56
9. Effectively interact with different types of medical practice and delivery systems. 4.56
10. Admit patient. 4.44
11. Palliative care. 4.44

APRT DACUM

Additional Tasks, Procedures and Competencies Needed to See Adult Patients in the Clinic or Physician’s Office and Associated Level of Importance

1. Gather essential and accurate information about their patients. 5.00
2. Perform detailed pulmonary assessment. 5.00
3. Identify signs and symptoms of specific general medical and pulmonary condition conditions. 5.00
4. Maintain respect, compassion, and integrity. 5.00
5. Demonstrate caring and respectful behaviors when interacting with patients and their families. 5.00
6. Develop and carry out patient management plans. 4.89
7. (Assess) history and physical exam. 4.89
8. Work effectively with physicians and other health care professionals to provide patient-centered care. 4.89
9. Evaluate and manage obstructive disorders (asthma, COPD). 4.89
10. Demonstrate sensitivity and responsiveness to patients’ culture, age, gender, and disabilities. 4.89
11. Use effective listening, nonverbal, explanatory, questioning, and writing skills to elicit and provide information. 4.89
12. Understand etiologies, risk factors, underlying pathologic processes, and epidemiology for specific general medical and pulmonary condition conditions. 4.78
13. Identify the appropriate site of care for presenting conditions, including identifying emergent cases and those requiring referral or admission. 4.78

Identified Competencies Grouped into Curricular Areas

Patient Assessment

1. Gather essential and accurate information about their patients. 5.00
2. Perform detailed pulmonary assessment. 5.00
3. Identify signs and symptoms of specific general medical and pulmonary condition conditions. 5.00
4. (Assess) history and physical exam. 4.89
5. Assess weaning readiness. 4.89
6. Understand etiologies, risk factors, underlying pathologic processes, and epidemiology for specific general medical and pulmonary condition conditions. 4.78
7. Interpret ABG report. 4.78
8. Assess patient with dyspnea. 4.78
9. Interpret PFTs. 4.78
10. Basic chest radiograph interpretation. 4.78
11. Airway assessment, documentation and airway management, endotracheal tube placement, and associated tasks. 4.78
12. Ventilator Waveform Assessment and Interpretation. 4.78
13. Apply information technology to manage information, access online medical information, and support their education. 4.78
14. Appropriately use history and physical findings and diagnostic studies to formulate a differential diagnosis. 4.67
### Identified Competencies Grouped into Curricular Areas

#### Patient Care and Treatment

1. Teaching use of MDI, DPI, Nebulizers (all inhaled aerosol devices). 4.67
2. Manage upper airway obstruction post extubation. 4.67
3. Tasks as above for ICU patients when performed in the ED or other hospital floors and units. 4.67
4. Apply and teach nebulizers. 4.56
5. Competently perform specific medical and surgical procedures considered essential in the area of practice.
6. Prescribe CPT and teach secretion removal devices. 4.56
7. Obtain allergy exposure and symptom history. 4.44
8. Participate in rapid response team. 4.44
9. Admit patient. 4.44
10. Palliative care. 4.44
11. ED triage to appropriate level of care. 4.44
12. Apply and teach personal protective devices. 4.33
13. Discharge patient. 4.33
14. Participate in selected transport. 4.33
15. Provide family interaction and updates. 4.33
16. Obtain advance directives. 4.22
17. Discharge patient. 4.22

#### Manage the following specific medical and surgical conditions:

- COPD/emphysema/chronic bronchitis. 5.00
- ALI/ARDS. 4.89
- Pleural disease/pleural effusion. 4.89
- Tobacco addiction/dependence. 4.89
- Pneumothorax. 4.89
- Acute bronchitis. 4.78
- Bronchiectasis. 4.78
- Interstitial lung disease. 4.78
- Pulmonary embolus. 4.78
- Sleep disordered breathing. 4.78
- Interstitial pulmonary fibrosis (IPF). 4.67
- Neurovascular disease affecting respiration. 4.67
- Postoperative care. 4.67
- Preoperative care. 4.67
- Upper respiratory tract infection. 4.67
- Congestive heart failure. 4.56
- Fluid and electrolyte disorders. 4.56
- Sepsis. 4.56

#### Procedures:

- Perform PFTs 4.78
- Measure JVP 4.78
- Change trach tubes. 4.67
- Obtain/analyze ABG samples. 4.56
- Perform 6-minute walk test. 4.44
- Participate with percutaneous trachs. 4.44
- Intubate patients. 4.33
- Insert LMA. 4.33
- Assist with thoracentesis. 4.22
- Assist with bedside bronchoscopy. 4.22
- Perform airway exchange catheter. 4.22
- Perform PPD placement. 4.22
- Esophageal intubation, nasogastric GI decompression, monitors, enteral feeds, medication. 4.11
- Place chest tubes. 4.11
- Perform BAL (combi-cath mini BAL). 4.11
- Evaluate equipment. 4.11
- Perform ECG. 4.00
- Perform pleural ultrasound. 4.00

#### Professionalism

1. Maintain respect, compassion, and integrity. 5.00
2. Demonstrate caring and respectful behaviors when interacting with patients and their families. 5.00
3. Work effectively with physicians and other health care professionals as a member of a health care team. 5.00
4. Work effectively with physicians and other health care professionals to provide patient-centered care. 4.89
5. Demonstrate sensitivity and responsiveness to patients’ culture, age, gender, and disabilities. 4.89
6. Use effective listening, nonverbal, explanatory, questioning, and writing skills to elicit and provide information. 4.89
7. Accept responsibility for promoting a safe environment for patient care and recognizing and correcting systems-based factors that negatively impact patient care. 4.89
8. Demonstrate commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices. 4.78
9. Demonstrate professional relationships with physician supervisors and other health care providers. 4.78
10. Appropriately adapt communication style and messages to the context of the individual patient interaction. 4.78
11. Partner with supervising physicians, health care managers and other health care providers to assess, coordinate, and improve the delivery of health care and patient outcomes. 4.67
12. Create and sustain a therapeutic and ethnically sound relationship with patients. 4.67
13. Demonstrate emotional resilience and stability, adaptability, flexibility and tolerance of ambiguity and anxiety. 4.67
14. Demonstrate accountability to patients, society, and the profession. 4.67
CoARC created an Accreditation Process

Accreditation Standards for Advanced Practice Programs in Respiratory Care

Steps Needed to Create a New Clinical Program

1 Professional Association Support - APRT Taskforce
   • Surveys/publications

2 The APRT task force committee’s action plan focuses on licensing, program development, credentialing or end-of-the-program assessment examination, outcomes, and reimbursement for services provided.
Six-Step Approach to Curriculum Development

1. Problem Identification and General Needs Assessment
   - Identify Learning Objectives
   - Define the Scope of the Curriculum
   - Conduct Needs Assessment

2. Targeted Needs Assessment
   - Analyze Data
   - Identify Key Areas for Improvement
   - Develop Specific Learning Objectives

3. Facilitative Strategies
   - Design Curriculum
   - Develop Learning Materials
   - Implement Learning Experiences
   - Evaluate Learning Outcomes

4. Implementation
   - Assess Learning Materials
   - Evaluate Learning Experiences
   - Provide Feedback and Guidance

5. Institutional and Organizational Core Needs
   - Secure Resources
   - Develop Policies and Procedures
   - Implement Feedback

6. Evaluation and Feedback
   - Summarize Learning Experiences
   - Analyze Results
   - Adjust Curriculum as Needed

Thank you.
Cybersecurity in Healthcare

May 2023

Carrie Ryan, MA. TD
Manager; Cybersecurity Education and Communication
How many of you have experienced or know someone that has experienced any of the below? If so, type “Yes” into the chat

- Fraudulent debit or card charges
- Unemployment benefit fraud
- Virus on your computer
- Loan or lease fraud
- Identity theft (personal information is stolen and used)
- Email or password leaked through a data breach
- Theft of a personal laptop or mobile device
1 Identify tactics used by cybercriminals in the presented cyberattacks.
2 Apply preventative measures to reduce potential areas of risk while working in and outside of the hospital.
3 Determine appropriate actions to take when presented with a potential risk.
4 Know where to access additional resources.
How many of you have experienced or know someone that has experienced any of the below?
If so, type “Yes” into the chat

- Fraudulent debit or card charges
- Unemployment benefit fraud
- Virus on your computer
- Loan or lease fraud
- Identity theft (personal information is stolen and used)
- Email or password leaked through a data breach
- Theft of a personal laptop or mobile device
707
Number of healthcare organizations reporting a data breach in 2022
Number of individuals impacted by a data breach in 2022
$10.1M
Avg. cost of a Healthcare Data breach 2022
Motivations of a Cyber Criminal

- Financial Gain
- Hacktivism
- Political Gains
- Recognition & Achievement
- Corporate Espionage
THE MAJORITY OF CYBERATTACKS START WITH A HUMAN ELEMENT.
Top Human Risks at RUSH

Credential Theft or Hacking

Username: username
Password: *******

Phishing
Top Human Risks at RUSH

Credential Theft or Hacking

Username: username
Password: *******
Login
Register

Phishing
What stands between you and your data?
Why Is Credential Theft So Dangerous?

Credential Stuffing

Account takeover

Ransomware
How Do Hackers Get Your Password?

1. Buying passwords in leaked data breaches
2. Phishing attacks designed to capture credentials
3. Brute-force, dictionary, credential stuffing attacks
Don’t Underestimate YOUR RISK.
Everyone’s data is valuable

How many people think their accounts aren’t worth the time of a hacker.

42%

Source: LastPass
A false sense of security leads to detrimental password hygiene.

- 66% use the same password or a variation.
- 29% create stronger passwords for their work accounts.
- 50% never change their password after a breach.

Source: LastPass
An analysis found passwords to be;

- **Relatively short** (6-8 characters)
- **Simple** (less than 1% had a non-alphanumeric character)
- **Predictable** (more than a third were in a common password dictionary)
- **Reused** (92% were reused passwords)

Source: Troy Hunt
Strong passwords are:

- **Combination** of upper and lowercase letters, numbers, and symbols
- **The longer the better**
- **Unique** – never used for any other site or account
Why is password reuse so risky?

Reusing the same password across all or most of your accounts means that if a hacker gains access to one of your accounts, they have access to all. Also, if you use the same passwords at home and at work, you’re putting your organization at risk of breach as well.
';--have i been pwned?

Check if your email or phone is in a data breach

email address pwned?
How do you know if your password has been compromised?

1. Your password isn’t working.
2. You are notified by RUSH or other business or service that your password has been found on the dark web.
3. You are notified by an identity protection service or other business that your password has been compromised or leaked.
4. Friends and family members receive weird messages from you online.
5. Slow computer performance.
How can you protect yourself?

Create Strong Passwords
- Unique and long
- Mix of characters, cases, special characters, symbols
- Avoid common words
- Don’t follow easy keyboard paths

Regularly check your credit card and bank statements. Watch your email for unusual notifications.

Evaluate using a password manager.
Do your research.

Consider signing up for identity theft protection.
What To Do If Your Password Has Been Compromised

Change Your Password

- Change your Password
- Log out
- Report it
- Monitor
Top Human Risks at RUSH

Credential Theft or Hacking

Username: username
Password: ******

Phishing
“Phishing is a leading cause of healthcare data breaches.”

~HIPAA Journal
What Is Phishing?

Phishing is a cybercrime in which a target or targets are contacted by email, telephone or text message by someone posing as a legitimate institution or someone you know to lure individuals into providing sensitive data such as personally identifiable information, passwords banking and credit card details, or sensitive information.

The information is then used to access important accounts and can result in identity theft and financial loss.
Major hospital system hit with cyberattack, potentially largest in U.S. history

Computer systems for Universal Health Services, which has more than 400 locations, primarily in the U.S., began to fail over the weekend.

Universal Health Services reports $67 million in losses after apparent ransomware attack

Cybercrime has been costly to the health sector during the pandemic.

Cyberattacks on hospitals are growing threats to patient safety, experts say

The number of attacks on U.S. hospitals each year doubled between 2016 and 2021.
Why is Phishing A Favored Tactic?

Exploiting human psychology is often easier than exploiting technical systems

A low risk, high return strategy

No technical skills required
What Are Signs You Watch For To Spot A Phish?
From:
Sent: Tuesday, July 19, 2022 3:39 PM
To: Benefits@rush.edu
Subject: Employee Benefits Program

In order to provide financial help to all employees and their families throughout the summer of 2022, the Employee Assistance Program has created an employee benefits plan for all employees.

The Employee Benefits Plan includes a $5,000 cash contribution from the COVID-19 Support Plan to support employees and their families.

The processing and approval of applications are underway. You can submit your application by visiting the Employee Benefits portal to get started.

Sincerely,

From:
Sent: Tuesday, July 19, 2022 3:40 PM
To: Careers@rush.edu
Subject: Part-time Job Opening

I am sharing a summer part-time job opportunity with any employee or student who might be interested, with a weekly pay of $500 from the World Health Organization (WHO).

The attached word document contains more information about the position. If you are interested, follow the instructions in the word document and contact Ms. Dianne Arnold with your alternate email address (i.e., Gmail, Yahoo, Hotmail, etc.) for additional information on the job description, tasks, and responsibilities.

Thanks,
We are unable to verify Your account Microsoft office information on file for your registration.

As a result, your account will not renew and will be suspended.

If you'd like to renew your account please fill out the Account Verification Form at least 48 hours from now; if you don't verify your account, your account will be suspended.

Verify Account

Thank you.

Microsoft Teams office 365
Microsoft Corporation
One Microsoft Way
Redmond, WA, USA 98052
© all rights reserved Microsoft
Stay in control of your privacy

Sign in to manage your data

SIGN IN WITH MICROSOFT

Manage browser data
Sign in to view and clear browser data that we collect when you use Cortana and Microsoft Edge.

Review location data
See and clear location info that we collect when you use Microsoft products and services.

Clear your search history
View and delete information about your Bing search activity.

Edit Cortana's Notebook
Manage what Cortana knows about you to provide personalized recommendations.

Other privacy settings
Server Incident

Rush Email Security

**WARNING** This email originated from outside of Rush University Medical Center. **DO NOT CLICK** links or attachments unless you recognize the sender and know the content is safe. Remember, Rush IS will never ask for user ID information via email communication.

Employee Helpdesk | Email System Incident (13/04/2020),

Today, Friday 25th day of April, we found an incident that forced us to update our server to the latest version of Staff Email. It is recommended that you confirm that you are an active email user by logging in below so that the email update is performed and that important files or messages are not lost during this period. This is done to improve the security and flexibility of your email due to several unwanted emails received. If you do not confirm that you are an active email user, your account will no longer be eligible to send or receive emails during this period. Message delivery will be blocked due to this incident. Visit HERE to log in, protect your email and block more incoming unwanted emails.

This message was automatically generated by the server and will expire after 24 hours of receiving it.

© 2020 Help desk.
System Administrator
Rush Email Security

**WARNING** This email originated from outside of Rush University Medical Center. **DO NOT CLICK** links or attachments unless you recognize the sender and know the content is safe. Remember, Rush IS will never ask for user ID information via email communication.

The payment below amounting $2,450.00 has been cleared please review and let me know if there is anything you need.

1 Files (153KB) | View

Invoice #1037980E
Targeted Phishing Emails

- Contain personal information
- Looks like it is from a sender you know
- Scare tactics and prompts for a quick response
- Requests to take an action or provide sensitive information
- Sent to targeted individual(s)
- Unusual spelling or grammar choice
Rush Email Security

**WARNING** This email originated from outside of Rush University Medical Center. **DO NOT CLICK** links or attachments unless you recognize the sender and know they will never ask for user ID information via email communication.

Hello [RECIPIENT],

Can I send in my new account details to update my direct deposit?

Regards,
EMAIL ADDRESS
Edmund Siderewicz <esiderewicz@catalystschools.org.com>

LEGITIMATE EMAIL ADDRESS
Edmund Siderewicz <esiderewicz@catalystschools.com>
Hi Tom,

What date will payment be made? please confirm.

With gratitude,
Ed

---

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Ed Sidewerz
Co-Funder & Director of Mission & External Relations
www.catalystschools.org

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Call: 773.588.7818

© 2023 Rush University System for Health
We've been having issues with check payments recently; it takes several weeks for the mail to arrive and a lot of checks have been lost in the mail. We kindly ask you to put a stop on the check payment and make the payment via ach to our operating account held with bb&t bank.

Is it okay to send our banking details? Please confirm.
From: (Redacted)
Sent: Thursday, January 13, 2022 12:09 PM
To: @RushU.com
Subject: Re: Billing Update

Will do. I'll keep you updated. I am still waiting on the end users on these.

Thank you.

Best Regards.

---

From: (Redacted)
Sent: Thursday, January 13, 2022 8:08 PM
To: @RushU.com
Subject: Re: Billing Update

---

Rush Email Security

**WARNING**: This email originated from outside of Rush University Medical Center. **DO NOT CLICK** links or attachments unless you recognize the sender and know the content is safe. Remember: Rush IT will never ask for user ID information via email communication.

---

Hello, as I stated earlier, there is a glitch we are dealing with on our end. We lost some files, so therefore I would like you to please check over at your end for the invoice we are yet to receive payment for and let us proceed.

Warmest regards.
Phishing can also come in the form of voice calls and text messages.

Current phishing tactics can combine multiple tactics to add legitimacy.
Hi, Mark. I just wanted to follow up with you about some suspicious activity we've been seeing on your computer.

What do you mean, suspicious activity?

Who did you say you were again?
I mean, there could be serious consequences if I don't log in remotely and have a look at your computer.

Okay, but don't delete anything I'm working on.

I think I'm going to call the Helpdesk mainline number and see if this is legit.
Caller Unknown
555-938-1853

Dan, from the Helpdesk.

I don’t recognize this number, Dan. I’m going to call the main number to see if this is legit.

Gotcha. Just tell me what I need to do.
Correct.

When in doubt, use a phone number you have on file to validate legitimacy
Incorrect.

When in doubt, use a phone number you have on file to validate legitimacy.
Tips to Avoid Phishing Messages

➢ Review carefully and employ polite paranoia
➢ Be aware of common and current phishing tactics
➢ Watch for usual signs of suspicious messages:
   ➢ Unsolicited emails
   ➢ Unusual sender names or email addresses
   ➢ Misspellings and poor grammar
   ➢ Urgent or threatening language
   ➢ Emails asking for your credentials
   ➢ Messages that don’t seem quite right
➢ When in doubt, verify the sender
1. Report Phish button
2. Report_Phish@rush.edu
3. Contact the Help Desk
Tips To Keep Data Safe

✓ Create strong unique passwords
✓ Never reuse passwords
✓ Change passwords when notified of a breach
✓ Review your emails, text messages, and phone calls carefully
✓ Have “polite paranoia”
✓ Report suspicious messages
RUSH is committed to providing an environment that protects the security and privacy of information and clinical resources necessary to support our mission of improving the health of those we serve. Everyone at RUSH is responsible for helping to protect patient data, especially sensitive information like medical records and financial information. Learn how you can protect yourself, follow privacy and security policies and report suspicious behaviors. Together we can do our part to protect RUSH data.

Join Our Cybersecurity Connection Microsoft Teams Group

Coming Soon!
Cybersecurity Intranet Site