

Fellowship Common Curriculum: Trainee educational program addressing leadership beliefs and skills.

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Sample Activities

INNER

Modeling the Way - Clarifying Values

Adapted from Shankman, ML, Allen, SC, and Haber-Curran, P (2015) Emotionally Intelligent Leadership for Students. Jossey-Bass: A Wiley Company.

Achievement	Friendship	Passion
Accomplishment	Growth	Personal Dev.
Adventure	Hard Work	Physical Challenge
Arts	Health	Power
Community	Helping others	Recognition
Competition	Honesty/Integrity	Respect
Cooperation	Inner Harmony	Responsibility
Courage	Intellectual Stimulation	Safety
Creativity	Justice	Security
Democracy	Kindness	Service
Dependability	Knowledge	Spirituality
Equality	Leadership	Civility
Excellence	Love	Status
Fairness	Loyalty	Sustainability
Fame	Nature	Truth
Family	Order	Wealth
Freedom	Open-Mindedness	Wisdom

- Compare lists.
- Discuss examples in daily life where these values come in conflict with each other.

Common Types of Cognitive Bias

Angela L Myers, MD, MPH

- Anchoring = The inclination to lock onto a diagnosis early on and failing to reconsider after receiving contradictory information
- Availability = The tendency to judge things as being more likely to occur due to recent exposure to similar situations
- Base-rate neglect = The tendency to ignore the true prevalence of disease and therefore either inflating or reducing its base-rate; often practiced in the strategy of “ruling out the worst case scenario”
- Diagnosis momentum = Patients receive their diagnostic “label” and their diagnosis is carried on from person to person without being challenged
- Gender bias = The predisposition to believe that gender plays a role in the likelihood of diagnosis when no such trend exists
- Heuristics = Mental shortcuts used in cognitive reasoning to solve problems with minimal effort, ie, “rules of thumb.” Based on previous knowledge and experiences but may lead to mistakes
- Outcome bias = The predisposition to make diagnostic decisions that will lead to good outcomes; physicians lean toward making decisions targeted toward what they hope might happen rather than what they really believe might happen
- Overconfidence bias = The tendency to believe we know more than we do, or that we are correct more frequently than we really are (**THIS ONE AMPLIFIES ANCHORING AND AVAILABILITY BIAS**)
- Premature closure = The tendency to accept a diagnosis before it has been fully confirmed
- Cognitive Overload bias = Occurs when the amount of information exceeds the cognitive capacity for clinical reasoning.
- Visceral bias = gut feeling whether good or bad can derail a diagnosis due to over or under diagnosis

Implicit Bias

<https://implicit.harvard.edu/implicit/index.jsp>

The Leadership Challenge

Kouzes, J, and Posner, B (2012) The Leadership Challenge: How to make extraordinary things happen in organizations (5th Ed.). Jossey Bass: A Wiley and Company,

Leaders Model the Way

- Leaders clarify values by finding voice and affirming shared ideals
- Set the example by aligning actions with shared values

Leaders Inspire a Shared Vision

- Leaders envision the future by imagining exciting and ennobling possibilities
- Leaders enlist others in a common vision by appealing to shared aspiration

Leaders Challenge the Process

- Leaders search for opportunities by seizing the initiative and by looking outward for innovative ways to improve
- Leaders experiment and take risks by constantly generating small wins and learning from examples

Leaders Enable Others to Act

- Leaders foster collaboration by building trust and facilitating relationships
- Leaders strengthen others by increasing self-determination and developing competence

Leaders Encourage the Heart

- Leaders recognize contributions by showing appreciation for individual competence
- Create the values and victories by creating a spirit of community

OTHER

Communication: "I" versus "You" Statements

The goal of an "I" statement is to identify feelings and respond in a way that de-escalates conflict. It retains the good working relationship between two people and is more likely to generate cooperative interactions in the future.

"You" is confrontational:	Use "I" instead:
You aren't really listening to me.	I'm not sure I'm being understood.
You are always late with the monthly report.	I feel frustrated when the report is late and I don't have the data I need to make a good decision.
You gave me five tasks that all need completed by the end of the day.	I have some confusion about the priorities.
Your idea won't work.	I may not have all the information I need to understand your idea.
You are rude during staff meetings.	I feel like shutting down when you interrupt me.
You should do it this way.	I have found that if I do it _____ way, I have better results.
Your instructions are confusing.	I need some clarification.
You never volunteer to take an extra shift.	I would like to see you volunteer to take an extra shift.
You are wrong.	I'd like to understand how you came to that conclusion.
You are getting upset.	When I hear you raise your voice, I find it difficult to focus on a solution.
You shouldn't use that approach.	I have found _____ approach to be effective.
You are not meeting my needs.	I would like _____.

Communication: Tentative Language

Crucial Conversations: Tools for Talking When the Stakes are High.

Tentative (Provisional) Language helps minimize challenging emotional responses to conversations by stating your thoughts as a point of view, rather than a fact. It strives to give the benefit of doubt, suggest alternative points of view and lessen defensiveness. Some times when you might choose to use tentative language could be when you are:

- Sharing difficult information
- Not sure if you are right
- New to the organization or a team
- Dealing with elevated emotions
- Speaking to someone in upper management

A Few Tentative Language Openers

- I wonder if...
- Perhaps they/she/he/the organization...
- In my opinion...
- I'm beginning to wonder if/notice...
- I was wondering why...
- I'm starting to feel like... Am I right?
- I don't think you are intending this...I am feeling...
- My experience has been...
- You may have already considered this...
- Here's my thought, let me know what you think...
- I've found that...
- If I remember correctly...
- It seems to me that...
- Maybe I'm missing something...

A Couple of Examples

Too Harsh:	More Tentative:
They just don't want to do the job.	I wonder if they need more training, information, ...
This will never work.	In my opinion, there might be a better option.
We've tried this and it didn't make a difference.	My experience has been...

Communication: Evaluation vs. Observation

Table from the book *Nonviolent Communication: A Language of Life* by Marshall B. Rosenberg, PhD, pages 30-31.

Communication	Example of observation with evaluation mixed in	Example of observation separate from evaluation
Use of verb <i>to be</i> without indication that the evaluator takes responsibility for the evaluation	You are too generous.	When I see you give all your lunch money to others, I think you are being too generous.
Use of verbs with evaluative connotations	Doug procrastinates.	Doug only studies for exams the night before.
Implications that one's inferences about another person's thoughts, feelings, intentions, or desires are the only ones possible	She won't get her work in.	I don't think she'll get her work in. OR She said, "I won't get my work in."
Confusion of prediction with certainty	If you don't eat balanced meals, your health will be impaired.	If you don't eat balanced meals, I fear your health may be impaired.
Use of words denoting ability without indicating that an evaluation is being made	Hank Smith is a poor soccer player.	Hank Smith has not scored a goal in twenty games.
Use of adverbs and adjectives in ways that do not indicate an evaluation has been made	Jim is ugly.	Jim's looks don't appeal to me.
Use of words that are exaggerations	You are always busy.	The last three times I have stopped by your desk, I found you were busy.

Communication: Listening Bad Habits

Following is a list of ten possible listening bad habits—things that can result in sub-par listening. Check those listening bad habits that you find yourself committing when communicating. Be honest with yourself.

- ☐ I interrupt often or try to finish the other person's sentences.
- ☐ I jump to conclusions.
- ☐ I am often overly parental and answer with advice, even when not requested.
- ☐ I make up my mind before I have all the information.
- ☐ I am a compulsive note taker.
- ☐ I don't give any response afterward, even if I say I will.
- ☐ I am impatient.
- ☐ I lose my temper when hearing things I don't agree with.
- ☐ I try to change the subject to something that relates to my own experiences.
- ☐ I think more about my reply while the other person is speaking than what he or she is saying.

Reading Non-Verbal Communication

http://greatergood.berkeley.edu/ei_quiz/

Case Studies

Case Study 1

It is your first day as attending on your subspecialty pediatric service. There are two fellows on the team who have been working together for two weeks. The prior attending did not notify you of any interpersonal conflicts. At morning checkout, you immediately notice tension. When the first year fellow, Beth, attempts to give the code pager to the second year fellow Kelly for the day, Kelly refuses. Beth grudgingly keeps the pager but scowls throughout sign-out. After rounds, in the work room, the attending attempts to tell the fellows about an incoming admission. Beth has already done two admits, so she asks Kelly to take this one. Kelly sighs deeply, refuses to look at Beth, and gets out her pen to take notes about the new patient.

What would you do?

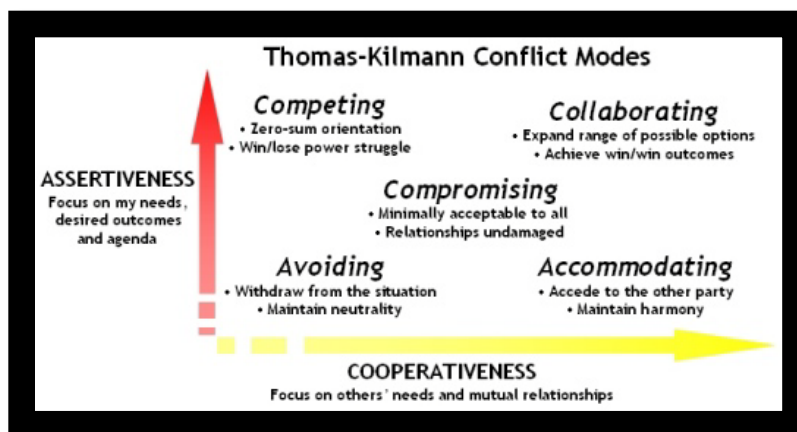
Case Study 2

Your hospital has become alerted that another major competitor is moving into the area. Faculty have been asked to better meet patient needs, which includes a new Saturday clinic. You are an unmarried attending without children and overhear a conversation in the hallway between attendings with children. Their conversation implies that you should volunteer to take Saturdays since you don't "have a family." Two weeks later, the schedule is published, and you have a disproportionate number of Saturday clinics. You are unable to sustain this schedule due to other commitments and approach your Division Director about the situation.

What would you say to your Division Director?

That same day, one of the two physicians whose conversation you overheard, mentions to you that the new schedule doesn't look too bad. What do you say?

Conflict



Inspiring a Shared Vision – Enlisting Others

- Read the I Have A Dream speech by Martin Luther King and discuss what makes this speech so powerful. (Hint: The second page is where a lot of the action is – which is why it is the more famous part). What simple strategies could you borrow to convey your vision to others? Think about the following suggestions from Kouzes and Posner’s *The Leadership Challenge*.
 - Align your dreams with other people’s dreams
 - Use symbolic language
 - Make images of the future
 - Practice positive communication
 - Express your emotions
 - Speak from the heart
- Share an idea/program/vision you have with someone at your table. If you can’t think of anything start with “At my institution, I would really like to see . . .

OUTER

Power

Bolman, LG and Deal, T. 2008. *Reframing Organizations: Artistry, Choice and Leadership*. Jossey Bass, San Francisco

- Leaders at all levels throughout the organization have power. Have a discussion about powerful people and what makes them powerful.
- Talk through each of the types of power listed below.
 - Positional power (Authority)
 - Control of rewards
 - Coercive power
 - Access and control of the agenda
 - Information and expertise
 - Reputation
 - Personal power (Likability)
 - Alliance and networks
 - Framing (Control of meaning and symbols)
- Do you currently have any of these sources of power?
- How effective is it?
- What can you do to strengthen your own power and the power of those you work with?

Change Management: Recognizing all the Parts

- Knoster (1991) posits that the following elements are a requirement of successful change. The resulting descriptor in the right hand column shows what happens without each of these components being ensured by leadership.
- Work through each of the columns in the graphic regarding the change you want to lead?



- Share a change-gone-wrong story. What happened?

Change Management: Communications, Strategies, Tactics and Sequencing (CoSTS)

Nickerson, Jackson, (August 2015) Leading from the Middle: A Practical Approach to Achieving Extraordinary Results, presentation at the Institute for Management Studies, Overland Park, KS.

Agree-in CoSTS (Superordinates)

Timing and objectives

- What is driving the specified completion date?
- How can good will be created through the organization?
- Who might criticize your boss for your leadership?
- Could other activities impinge on your efforts?

Stakeholder landscape

- What stakeholders are you missing?
- Which ones are particularly important? What do they care about?
- What actions will be viewed positively or negatively?
- Who are the most likely blockers?

Superordinate role and support

- Who will your superordinate(s) help manage?
- Should you or your boss communicate up the chain?
- When, under what conditions, and in what way will your superordinate(s) intervene to help you?
- What line if you cross, would embarrass your superordinate (s) thereby losing their support?

Resource support

- Request all resources up front?
- Launch and request additional resources later?

Ongoing communications

- What will be the regular pattern of communication?
- How can you communicate or urgent matters?
- How can you understand and match superordinate's communication style: brevity vs. rich narratives?

Bee-in CoSTS (Subordinates)

Select the right team

- People with relevant information and knowledge
- People relevant for implementation
- Leverage propinquity (co-location)

Gain commitment from the team

- Describe process
- Ask for affirmative commitment to process
- Communicate preliminary vision
- Do not jump to your preferred solution approach. Instead, described the challenge in broad terms.

Comprehensively formulate the challenge

- Forestall descending solutions and constraints
- Allow the team to understand the opportunity or challenge from all perspectives and document

Verify the problem before solving

- Revisit stakeholders to verify the opportunity or challenge

Develop alternative solution approaches

- Independently develop idea
- Use round robin discussion, develop three ideas.
- Combine and recombine for final approach

Verify solution approach

- Share solution approach (not detailed implementation plan) with stakeholders
- Learn about potential constraints
- Design and execute the implementation plan

Buy-in CoSTS (Customers)

- Invite customers/users to join bee-in

 - If customers are part of bee-in process then have them there from the beginning

 - Bee-in process may be difficult if customers are large in number or geographically dispersed and distant

- Understand customers' needs

 - Utilize ethnographic observation and recording

 - Develop proxy for customer "value function"

- Market and advertise value

 - Communicate the challenge to customers

 - How much value will be created if a solution is found?

 - Share solution and evaluate it against the challenge and value that can be generated

 - Market and advertise to external as well as internal customers

Allow-in CoSTS (Complementors/Blockers)

- Solicit Bee-in

- Solicit Buy-in

 - Find ways to create perceived value for complementors/blockers

- Engage in "Gift Exchange"

 - But . . . beware of ethical issues. Organizational resources should be used to benefit the organization.

- Leverage Agree-in

 - Build coalitions of support or ask your superordinate to do so to attenuate blocking moves

- Exclude

Hospital Finance Definitions

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Average Daily Census (ADC):

The average number of admitted patients (inpatients) on any given day. This may include observation patients (a patient admitted to the hospital for less than 24 hours).

To determine the ADC, take the number of patient days in a given time period and divide that by the number of days in the time period. For example, in a nursing unit that has budgeted to have 9,000 patient days per year, divide the number of UOSs by the number of days in a year (365) to find the budgeted ADC.

$9,000 \text{ patient days} \div 365 \text{ days per year} = 24.66 \text{ Budgeted ADC}$

Cost Per Unit of Service:

The total cost divided by the unit of service. This can be used as a measurement of any expense (cost) that a department incurs. Expenses include all costs to run a department such as medical supplies, equipment, salaries, training, education, etc.

Full-time equivalent:

The equivalent of one full-time employee working for one year. Typically this is calculated as 40 hours per week for 52 weeks or a total of 2,080 paid hours per year.

Productive time is the time spent providing care to the patients.

For example a bedside nurse taking care of a four-patient assignment is counted in productive time. Non-productive time includes time spent on education, orientation, vacation, sick time, and paid holidays.

For example a respiratory therapist attending a PALS course is counted as non-productive time.

Length of stay (LOS):

Number of inpatient days ÷ number of admissions = Length of Stay (in patient days)

Occupancy rate:

Number of inpatient days ÷ (number of beds x number of days in the time period)

Unit of Service (UOS):

A specific item the organization produces and delivers to the customer.

For example: In an ancillary or perioperative department, the UOS may be the treatments, procedures or tests given to a patient.

In an inpatient department, the UOS is typically a “patient day.” Usually one patient day is counted for every admitted patient who is in a bed at midnight (this is where the term “heads in beds” comes from!).

ONE MINUTE REFLECTIONS

Developed by Kadriye O. Lewis

The 3 most important things I learned today:

1.

2.

3.

What is one question that you still have?

Before today, I thought:

Now I think:

One thing I would tell a colleague about this workshop:

