Presented by the Office of Faculty Affairs and the Provost's Office

RUSH UNIVERSITY

2018-19 Teaching Academy

Teaching Academy Series

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

RUSH Rush is a not-for-profit health care, education and research enterprise comprising Rush University Medical Center, Rush University, Rush Oak Park Hospital and Rush Health.

Quiet Power: The Key to Understanding Workplace Interactions

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

July 17, 2018

Purpose

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

- Unconscious bias
- Privilege & power
- Identity & culture

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Objectives

Gain tools to:

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

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Quiet Power Bag of Tools

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Four Communication Styles

Spectrum of 4 communication styles:

- Passive
- Aggressive
- Passive Aggressive
- Assertive

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Default Communication Style

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

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

Scoring:

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

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

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Awareness Tools

Respond rather than react:

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

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Hostile When Hungry

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Personal Presence

Direct Communication

- No! can be a full sentence
- Remove Verbal Diminishers
  - Weak speak
  - Tag lines
  - Questioning tone
  - Unnecessary apologies

Strong Body Language

- 5-point stance
- Power poses

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Power Poses

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Assertive Communication Applied

What would you do…

- At work, a junior staff member agreed to help you on an upcoming project that has a strict deadline. On the morning of the due date, they come into your office to let you know they have not completed their piece of the project. You communicate your needs by…
- You are in a staff meeting with other colleagues and you make a relevant point about the topic at hand. A male colleague critiques your comment, but then continues to disparage you by saying that you were misinformed and should do your homework better before speaking. You assert yourself by….
- You are a person with an identity different from the dominant culture. You've just received a promotion with more leadership responsibilities. You feel excited and well-qualified to take this on. You have coffee with a colleague, who is from the dominant culture, to discuss your ideas for your new position. Rather than listening to your ideas, they proceed to tell you how you should run your team and do your job. You assert yourself by…

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Assertive Communication Self-Assessment

Instructions

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

Scale:

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

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

Scoring

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

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

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

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Adopted from: Assertive Communication Toolkit, CIPD, 2014

RUSH LEADERSHIP and LEARNING ACADEMY

Leaders and Managers

Created by:

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

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

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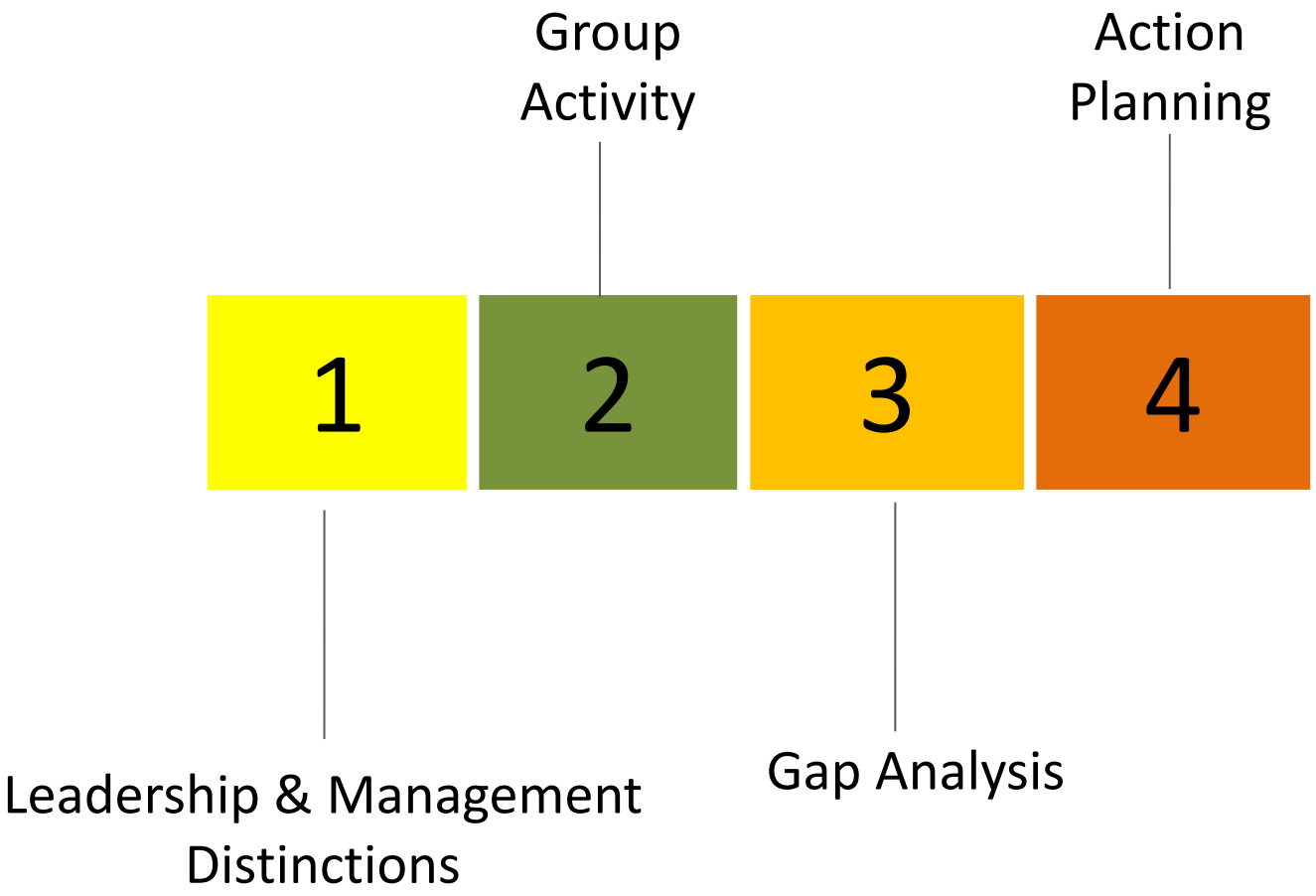
Agenda



RUSH LEADERSHIP and LEARNING ACADEMY

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Leadership vs. Management

Seeing the Forest Versus Seeing the Trees

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Leadership versus Management

Leader

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

Manager

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

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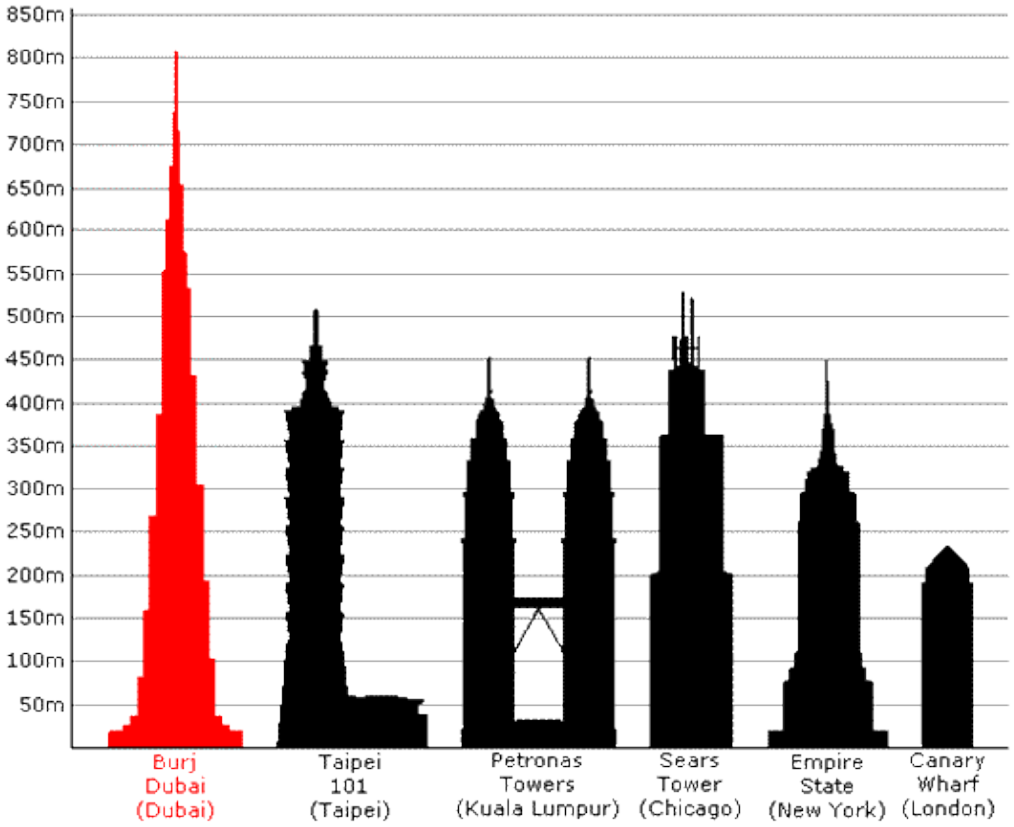
Table Activity



- **In teams, build the tallest tower you can from the pack of index cards.**
- **Your structure needs to be free standing.**
- **Do not use any other materials to build the tower.**

10minutes

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Table Activity Debrief

Leader

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

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

Manager

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

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Management & Leadership: 2 Sides of the Same Coin

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

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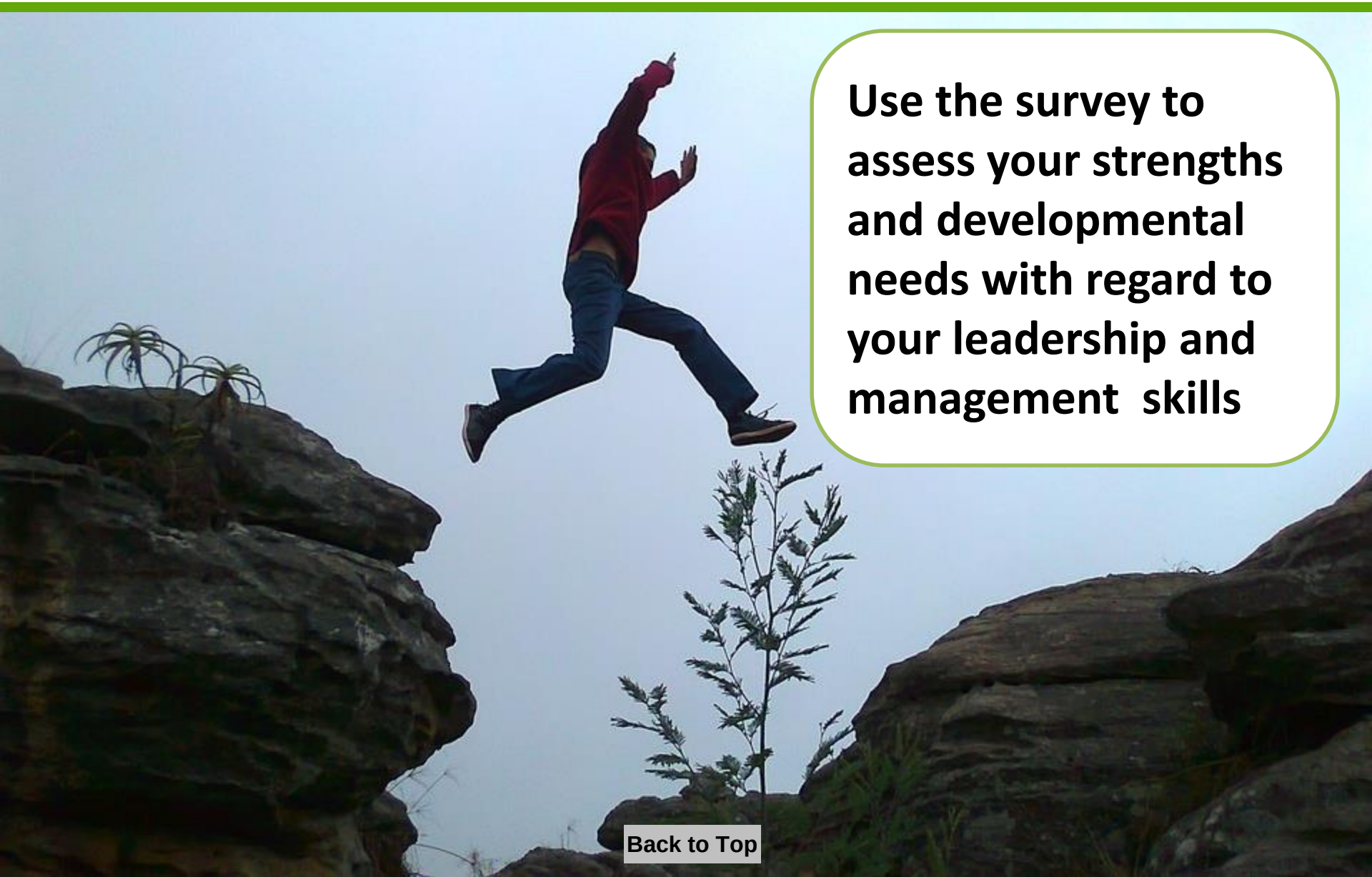
Gap Analysis – Leadership & Management Skills



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

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Action Planning: In Pairs

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

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

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Questions?

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Leadership and Management Gap Analysis

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

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

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

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Leadership and Management Gap Analysis

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

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3.	Motivating and inspiring people					
4.	Producing positive change in the organization					
5.	Asking tough questions					

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

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Changes in Healthcare Landscape

Teaching Academy

September 18, 2018

Peter Butler

Professor and Chairman, Department of Health Systems Management

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Learning Objectives

- Be able to describe the overall environmental context and trends impacting healthcare
- Be able to describe trends and future scenarios within healthcare
- Understand how policy at the federal and state levels will impact the trends
- Be able to identify how the emerging healthcare landscape might impact your job/profession

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Embracing the Changing Landscape

Global Trends

Healthcare Industry Trends

Imperative for Healthcare Leaders

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Global Trends

- Health of the Planet
- Demographic Shifts and Inequities
- Technology and Data Explosion
- Workforce Shortages and Displacement
- Inevitable Globalization

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Healthcare Industry Trends

- Public Policy Vision for Healthcare Remains Elusive
- Demographics and Social Determinants Driving Health and Costs
- Technology and Data Driving Decisions, Machine and Human
- Workforce: Not Enough, Wrong Mix and Unevenly Distributed
- Role of Government Remains Unclear as is Leadership for Change

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Milestones in U.S. Health Policy

1935 – Social Security Act
1946 – Hill Burton Act
1948 – AMA successfully defeats Truman plan
1954 – Revenue Act makes employer health plan contributions tax free
1965 – Medicare and Medicaid signed into law
1972 – Nixon proposes national health plan
1983 – Medicare introduces DRG payments
1997 – Balanced Budget Act
2003 - Medicare Part D drug coverage
2010 – Patient Protection and Affordable Care Act

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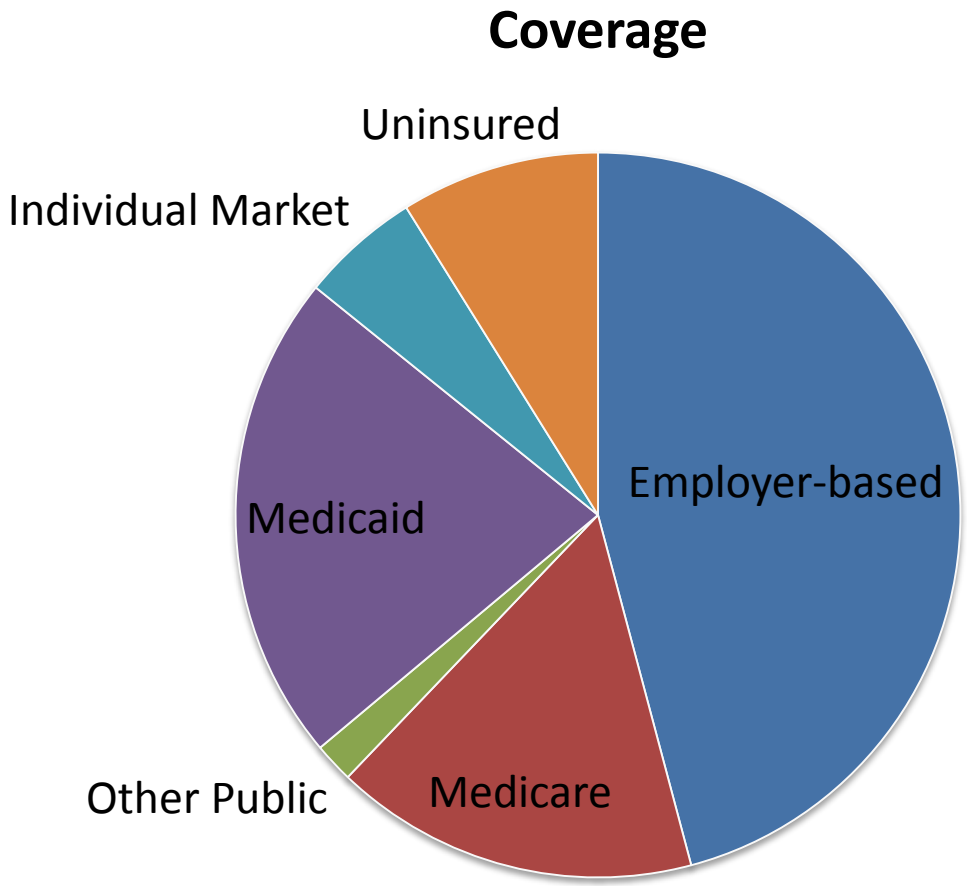
A Snapshot of Today's Coverage



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A Snapshot of Today's Coverage

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

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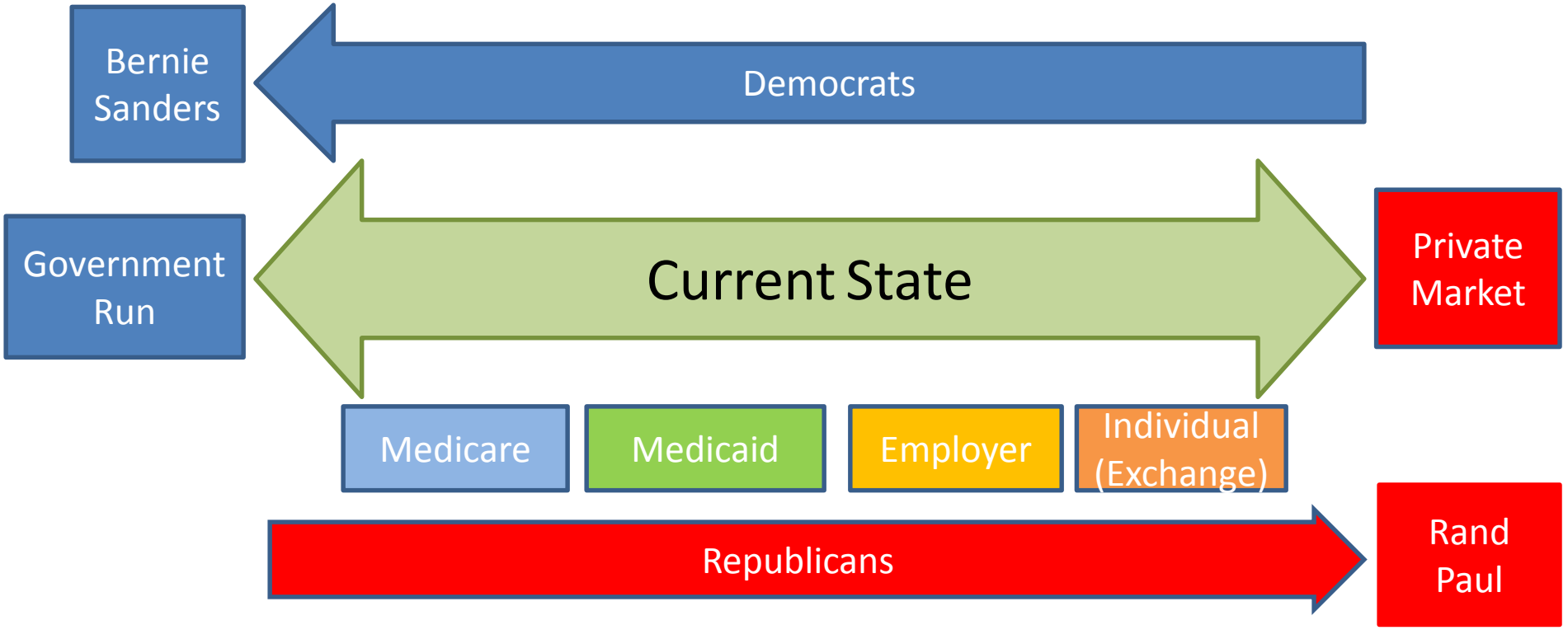
What is the Role of Government Versus the Private Market?



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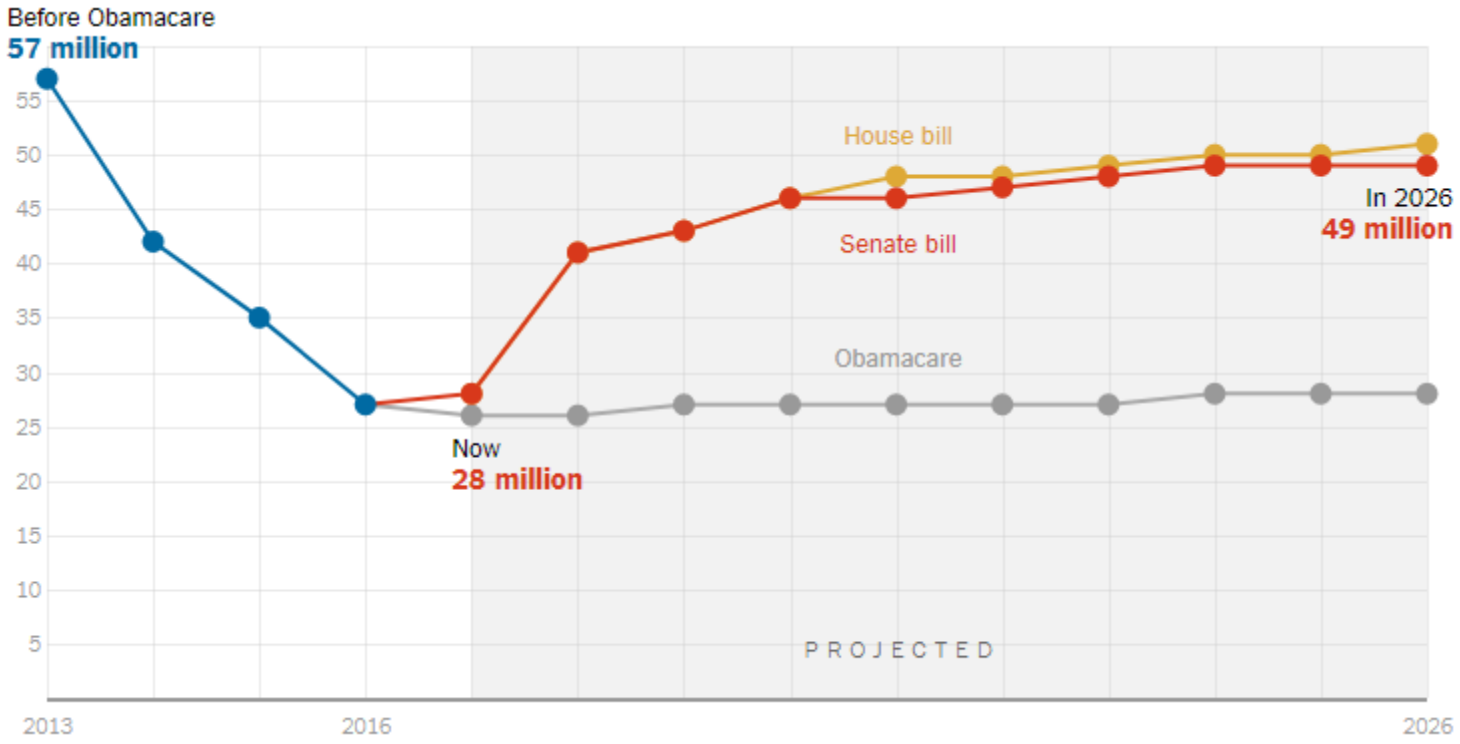
Why Repeal and Replace Failed



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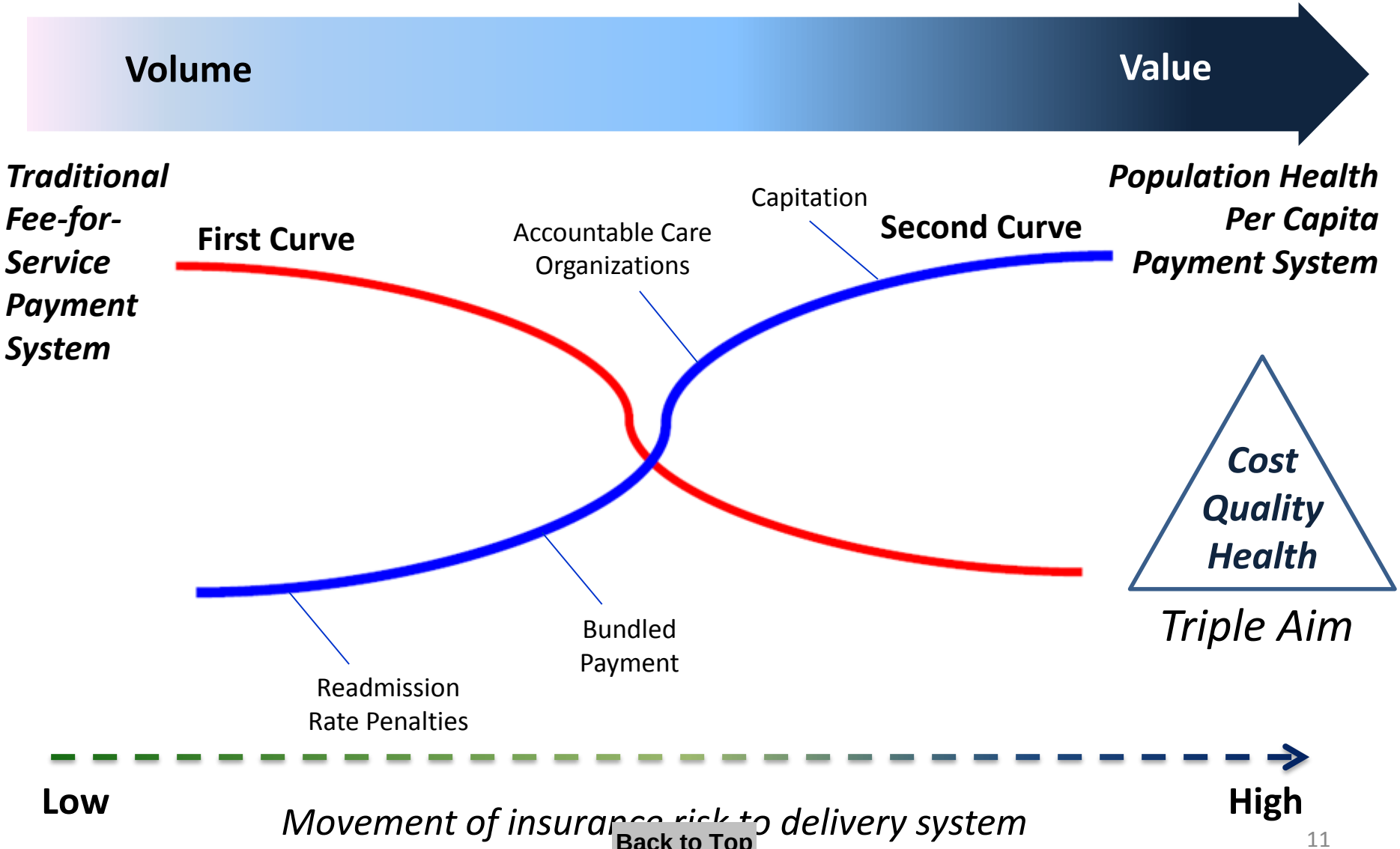
The Second Curve: Volume to Value



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Adapted from Ian Morrison, "The Future of the Healthcare Marketplace: Life in the Gap, Life in the Game "

A Vision Without Execution Is Only A Dream

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

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

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

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

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

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

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

Source: T. Krosier

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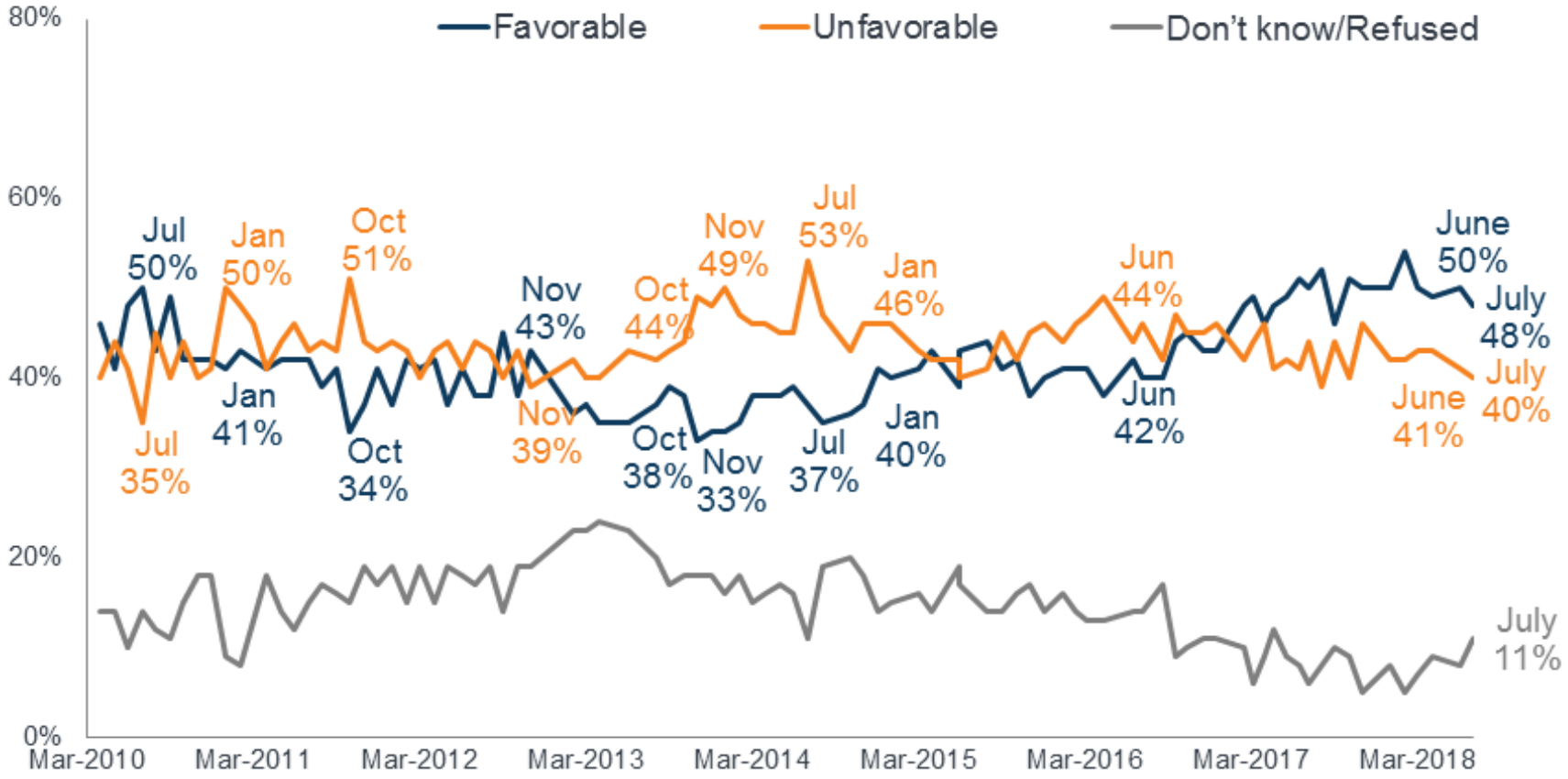
Figure 3

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

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



SOURCE: KFF Health Tracking Polls

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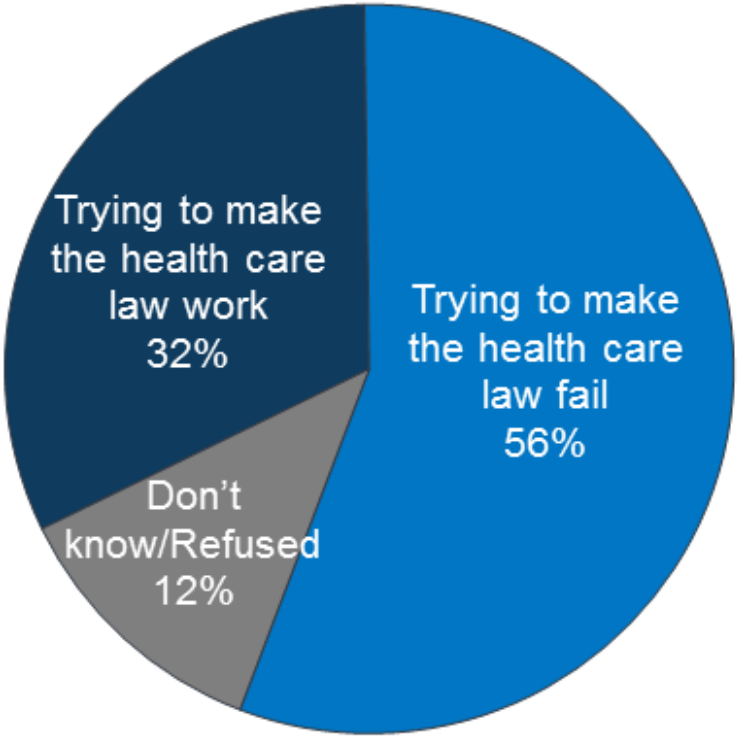
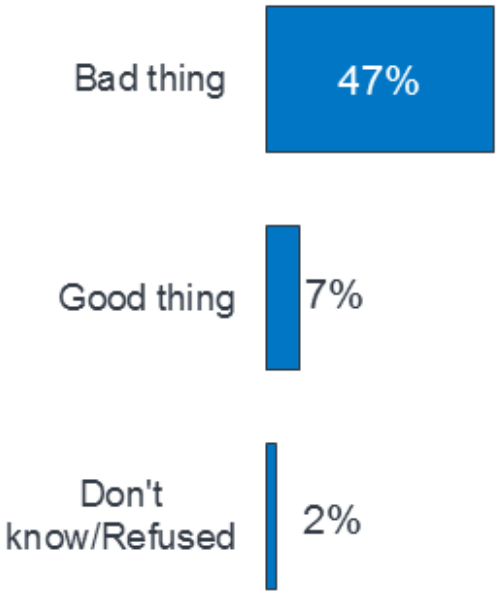
Figure 1

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

Do you think President Trump and his administration are trying to make the health care law work or do you think they are trying to make the health care law fail?



Do you think this is a good or bad thing?



NOTE: Percentages based on total.

SOURCE: KFF Health Tracking Poll (conducted July 17-22, 2018)

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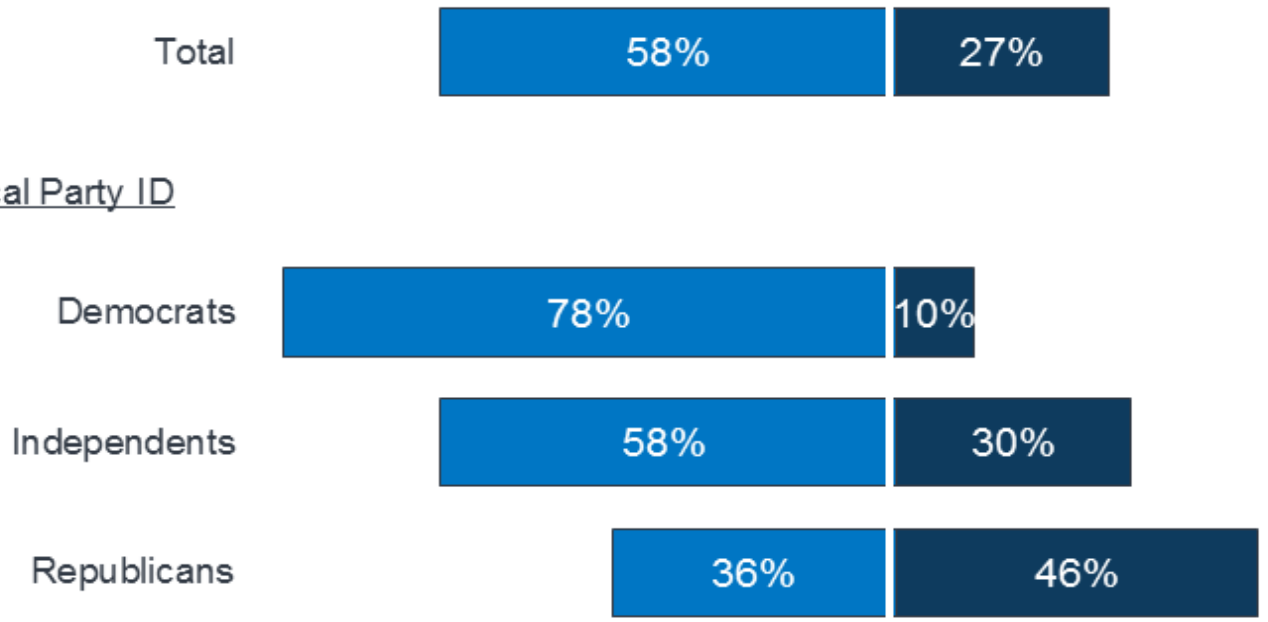
Figure 2

Public Holds President Trump and Republicans Responsible for ACA Moving Forward

Which comes closer to your view?

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



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

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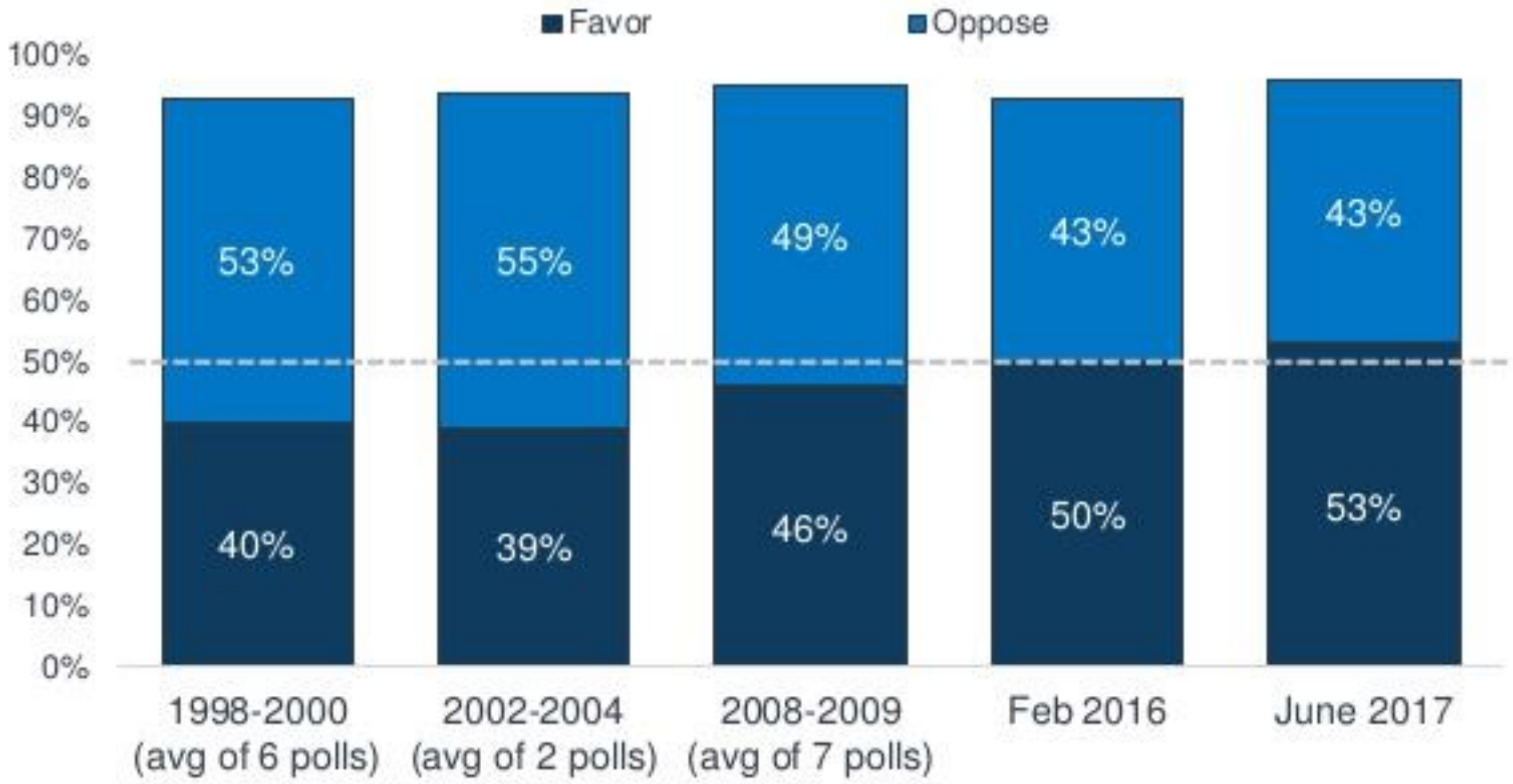
Figure 1

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

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



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

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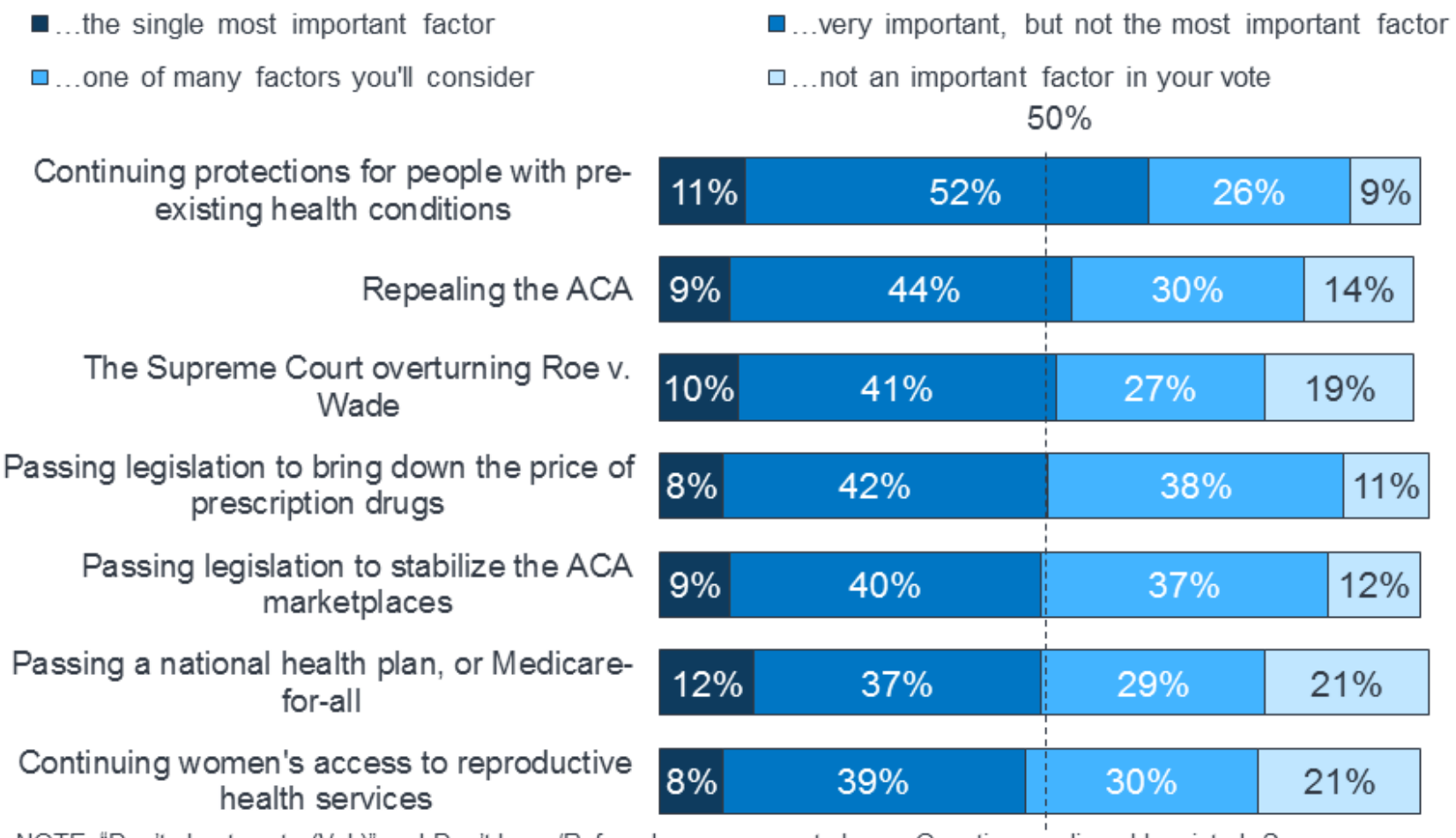
Figure 4

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

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



NOTE: "Don't plan to vote (Vol.)" and Don't know/Refused responses not shown. Question wording abbreviated. See topline for full question wording.

SOURCE: KFF Health Tracking Poll (conducted July 17-22, 2018)

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Some Conclusions

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

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For the Health Professions

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

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Ethical Challenges in Clinical Teaching Environments

David J. Banayan, MD. MSc. FRCPC

Assistant Professor, Section of Psychiatry & Medicine

Director, Transplant Psychiatry Program

Co-Director, M4 Elective in Consult Psychiatry

Specialist, Psychosomatic Medicine & Clinical Medical Ethics

David_Banayan@Rush.edu

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OBJECTIVES

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

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

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

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WHAT IS *CLINICAL* MEDICAL ETHICS

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

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

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

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

e.g. Hippocratic Oath

→ "First, do no harm"

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WHAT IS *CLINICAL* MEDICAL ETHICS

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

  - ❖Conflicts of interest between provider & patient
  - ❖Behavioral ‘indiscretions’ between providers and across the health professions
  - ❖Conflicts between ethical principles (e.g. HIPAA violation for public safety)

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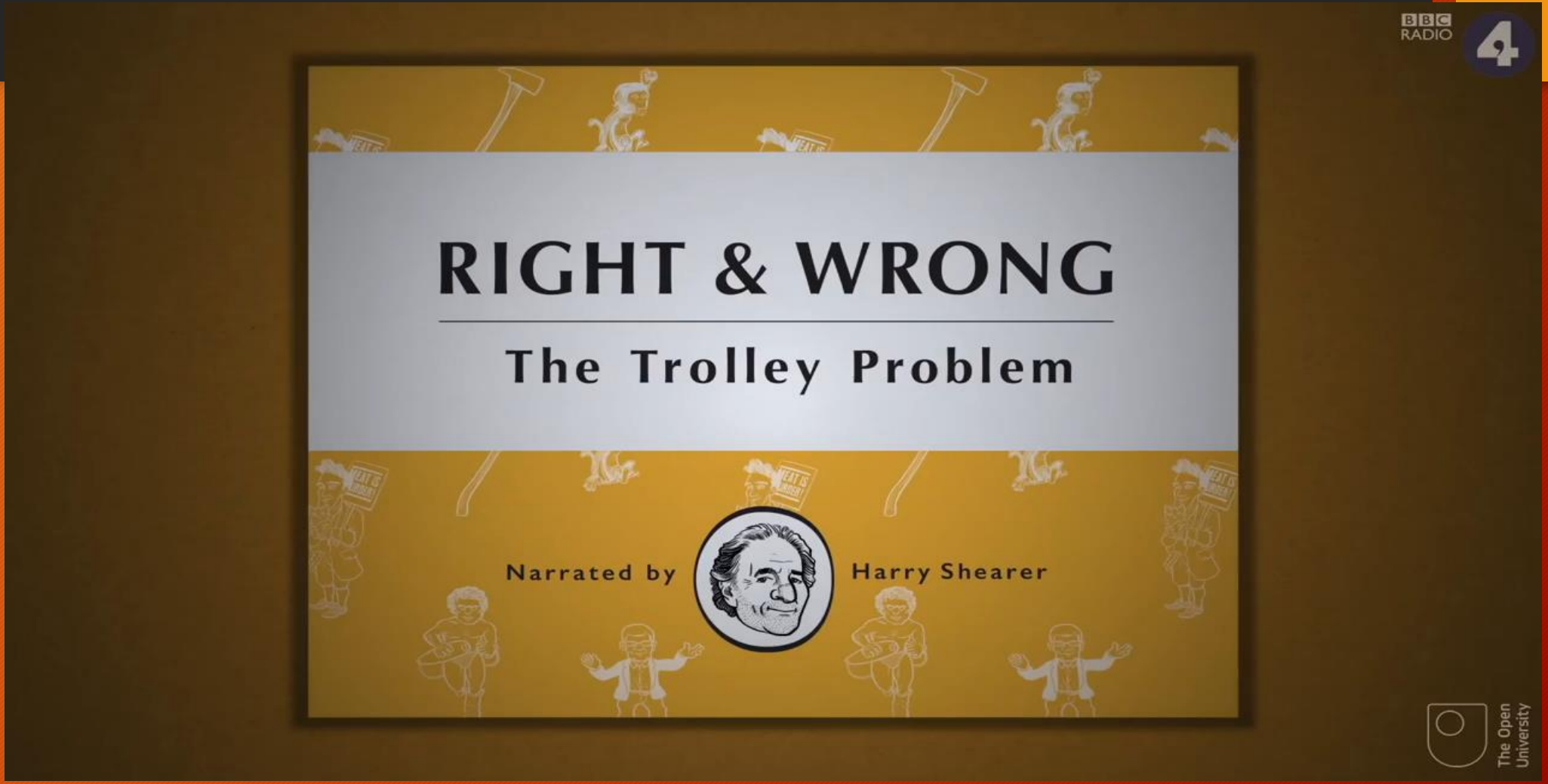
THE TROLLEY PROBLEM



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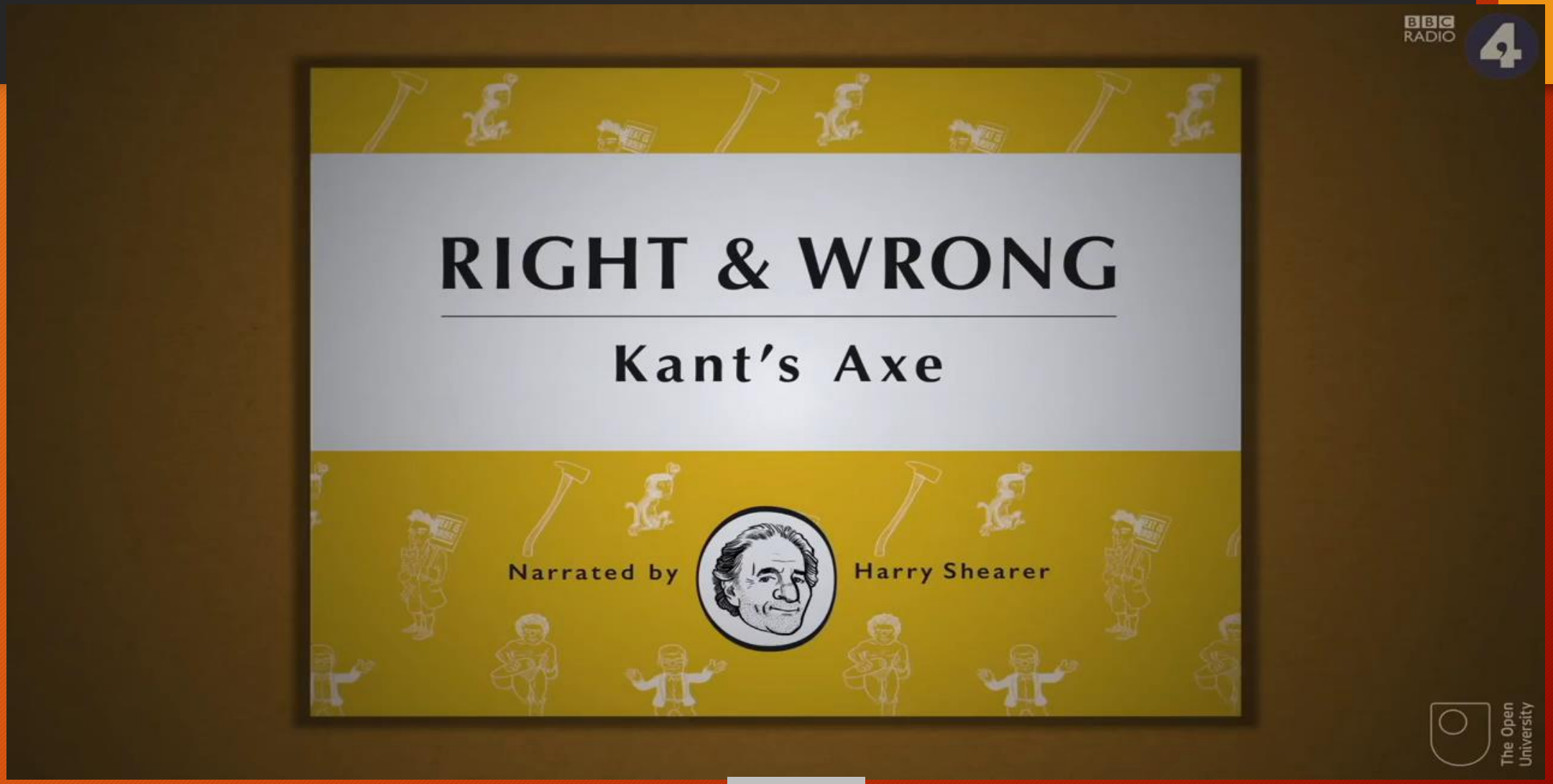
The axe problem



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UTILITARIANISM / CONSEQUENTIALISM

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

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

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

Drawbacks

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

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Deontology

Definition: The study of duty and obligation
Progenitor: Kant

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

Examples:
✓Fiduciary duty of health care providers
✓Fiduciary duty of financial advisors AMA – Policies, etc.

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Deontology

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

Is this moral or amoral?

Judgment: Depends on why employer said it.

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

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Rights Theory

Definition: entitlement to something

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

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

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Choosing How to Behave

- Consequentialism (Utilitarianism): maximized the good
- Deontology: proper relationships; respecting humanity, cat.imperative
- Virtue Theory: to achieve *Eudaimonia* (human flourishing)
- Rights Theory: 'do unto others…' / certain rights inalienable

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Ethics v. The Law

Ethical choices / response can breach legal statutes!

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

→ Report to DEA (HIPAA) v. other response

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Ethical Dilemmas in Clinical Settings

Consultation Request Refusals

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

Patient Endangerment / Negligence / Competency

Boundary crossings / violations with – colleagues, pts, families

Ethical violations

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QUESTIONS?

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BREAKOUT SESSIONS!

Division into smaller groups & working through case scenarios!

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Dealing with Difficult People

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

RUSH LEADERSHIP and LEARNING ACADEMY

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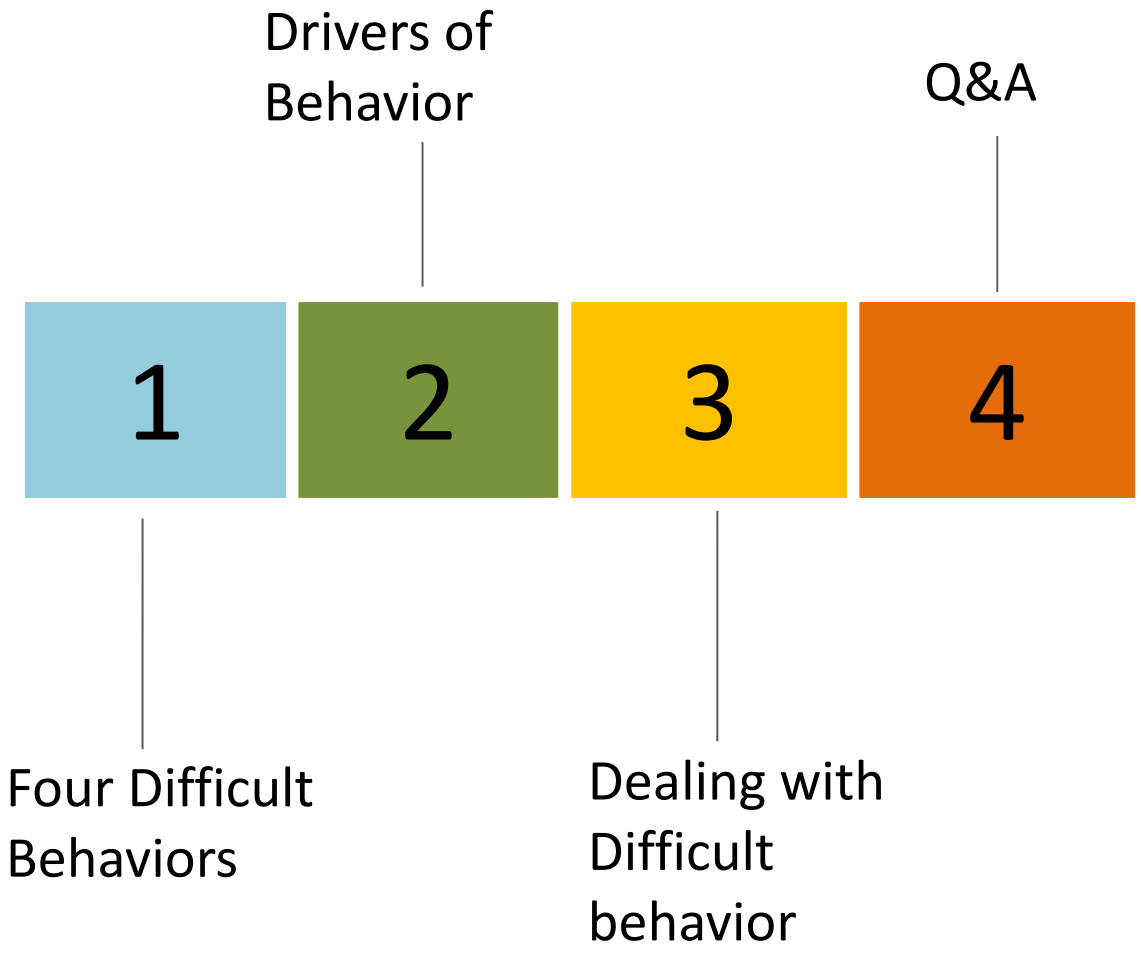
Mr. Shah and Dr. Shlaes have disclosed that there is no actual or potential conflict of interest in regards to this presentation. The planners, editors, faculty and reviewers of this activity have no relevant financial relationships to disclose. This presentation was created without any commercial support.

Training Agenda



RUSH LEADERSHIP and LEARNING ACADEMY

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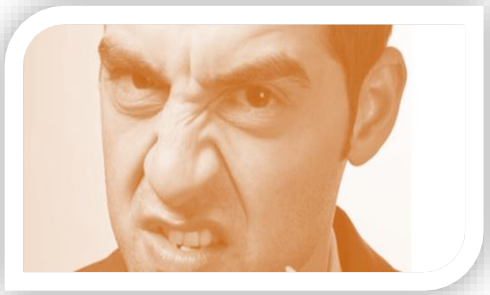
Learning Objectives



Identify and mitigate difficult behaviors

Effectively manage a difficult conversation

RUSH LEADERSHIP and LEARNING ACADEMY

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Introduction - Video

RUSH LEADERSHIP and LEARNING ACADEMY

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Behavior One: Downer

People exhibiting the “downer” behavior complain, whine, critique and judge

They are hard to please

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Behavior Two: Know it All

They try and impress others by name-dropping and comparing

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RUSH LEADERSHIP and LEARNING ACADEMY

Behavior Three: Yes People

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

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Behavior Four: Tanks

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

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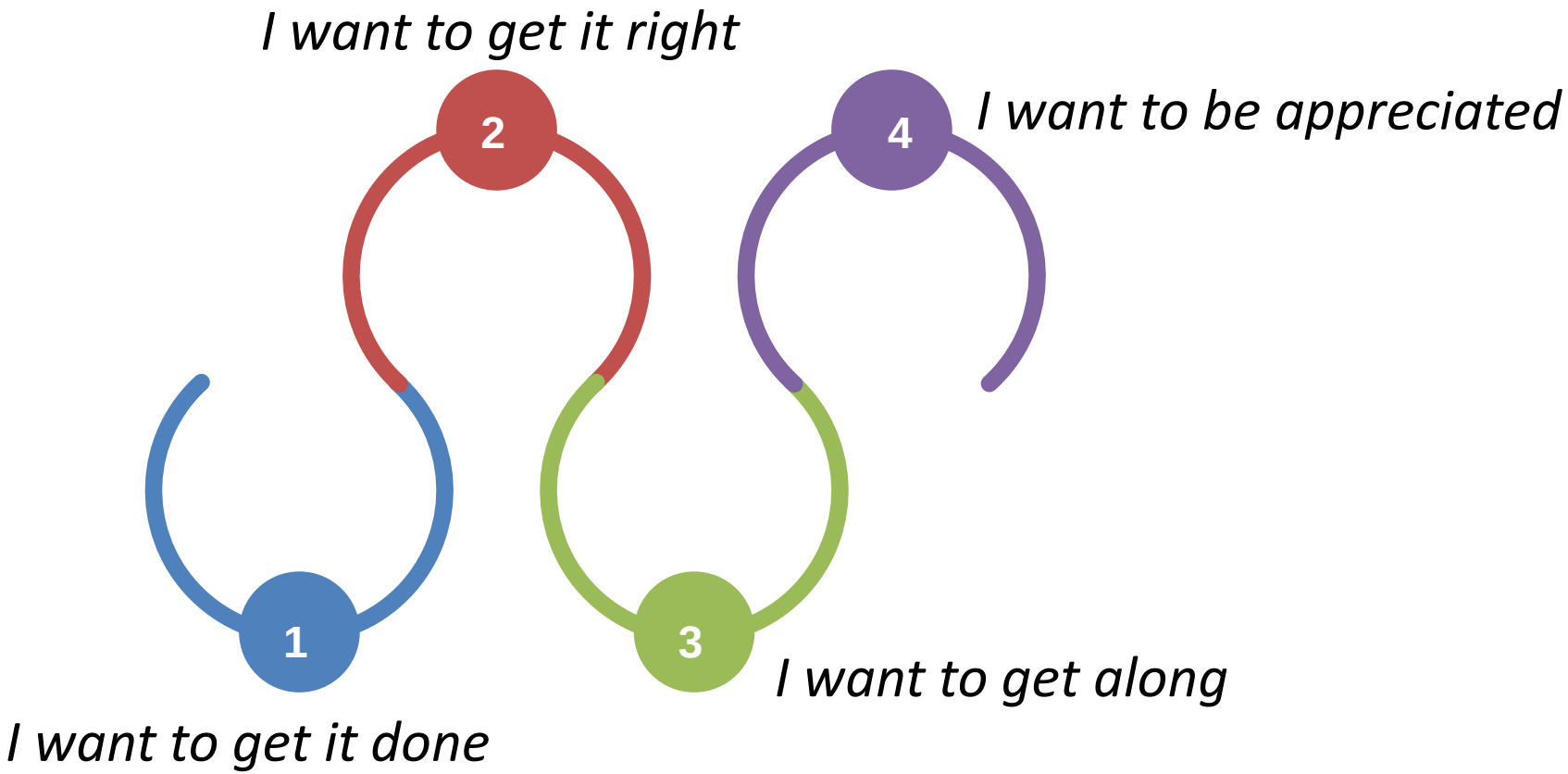
Four Main Drivers of Behavior



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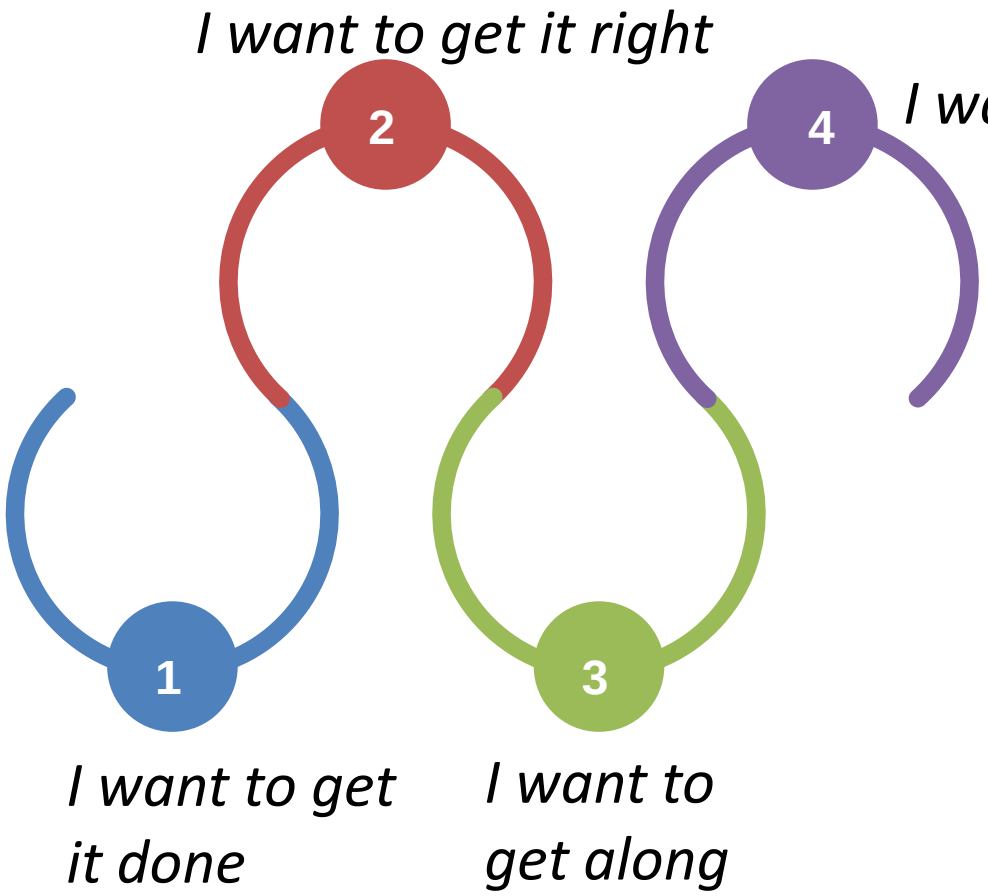
How do difficult behaviors relate to the drivers?

Paired Exercise



- Tanks
- Yes People
- Downer
- Know it All

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Prescriptions for Success

It's not about you

Understand them

Don't try to change them

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Prescriptions for Success

DOWNERS

+ *Acknowledge*
+ *Uncover the underlying intention*
+ *Be prepared to move the conversation offline*

KNOW IT ALLS

+ *Give them attention*
+ *Honor their intention*
+ *State the facts*
+ *Give them a way out*

YES PEOPLE

+ *Ask them open ended questions to uncover reasons for their agreement*
+ *Create safety to elicit an alternate point of view*

TANKS

+ *Listen to dissipate the forcefulness of their approach*
+ *Uncover reasons for their passionate position around an issue*

RUSH LEADERSHIP and LEARNING ACADEMY

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STATE SKILLS

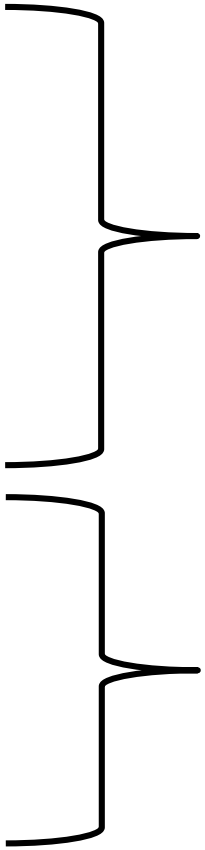
S = Share your facts

T = Tell your Story

A = Ask for others path

T = Talk tentatively

E = Encourage testing



What Skills

How Skills

RUSH LEADERSHIP and LEARNING ACADEMY

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STATE SKILLS EXAMPLE

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

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

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

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

STATE SKILLS PRACTICE IN PAIRS

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

RUSH LEADERSHIP and LEARNING ACADEMY

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Any questions?

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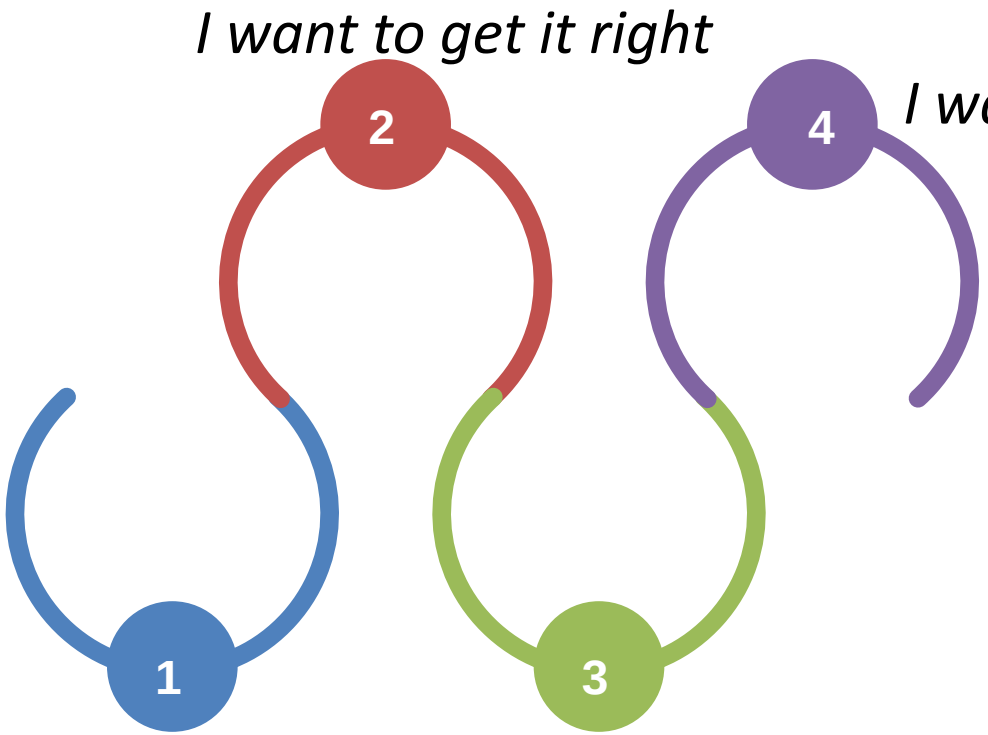
How do difficult behaviors relate to the drivers?

Paired Exercise



- Tanks
- Yes People
- Downer
- Know it All

RUSH LEADERSHIP and LEARNING ACADEMY

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STATE SKILLS PRACTICE IN PAIRS

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

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Humanities, Humanism & Justice in Healthcare Education

Rush University Teaching Academy
December 18, 2018

Jay M. Behel, Ph.D.
Associate Dean, Student Affairs
Rush Medical College

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The presenter has no conflicts of interest to disclose.

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Objectives

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

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

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

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RUSH Rush is a not-for-profit health care, education and reseach enterprise comprising Rush University Medical Center, Rush University, Rush Oak Park Hospital and Rush Health.

3 quotes & 3 stories

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

Doreen Massey

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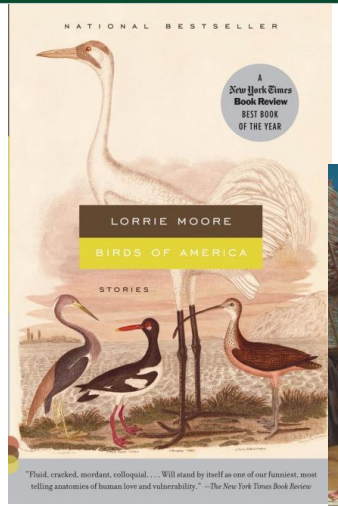
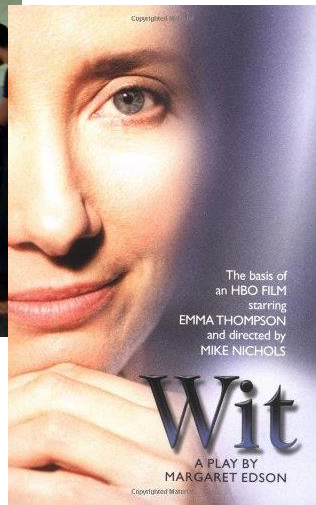
Media & Modalities





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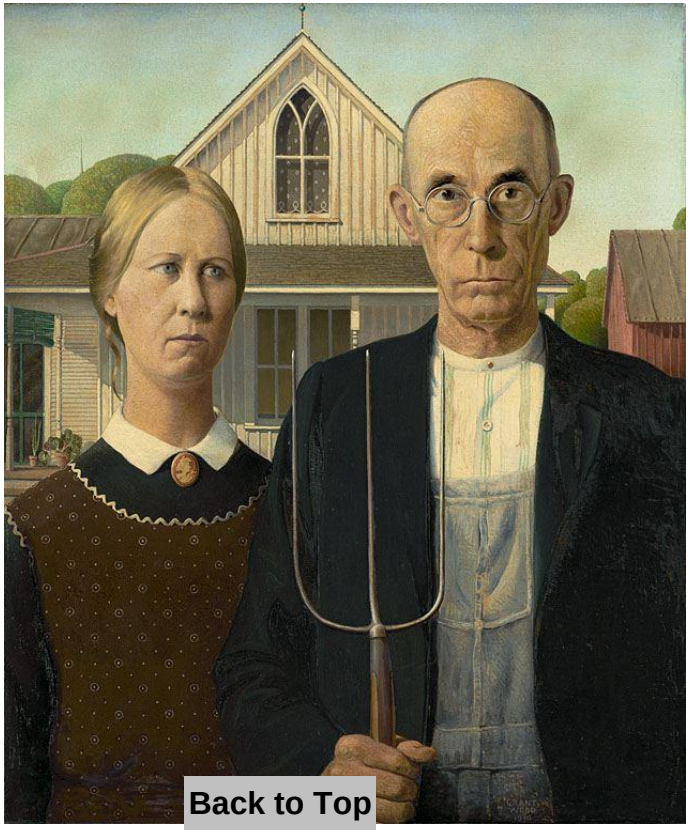
Cultures & Context



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Play & Art-Making

RUSH

RUSH MEDICAL COLLEGE • COLLEGE OF NURSING • COLLEGE OF HEALTH SCIENCES • THE GRADUATE COLLEGE

[redacted]
Humanities in Medicine

Project Theme: Entering into Medicine

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

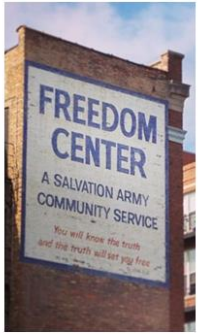
Project Goal: Evaluation of the entrance of medicine.

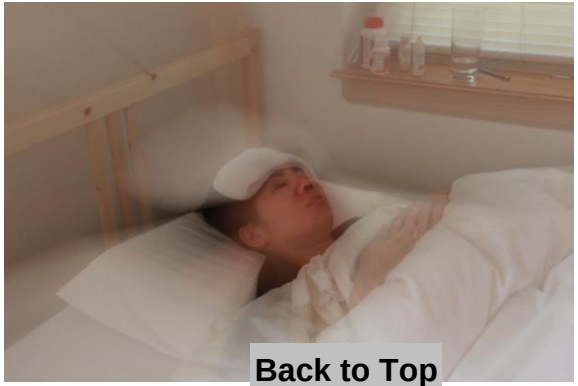
Through capturing a visual image of different entrances of medicine, this project will show the value and impact the individual can have on her own health. The project will include a variety of physical environments where individuals may find healing and comfort from illness.

Examples Include:

Rush Medical Center

The Freedom Center





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"I need to see a mythologist."

A patient

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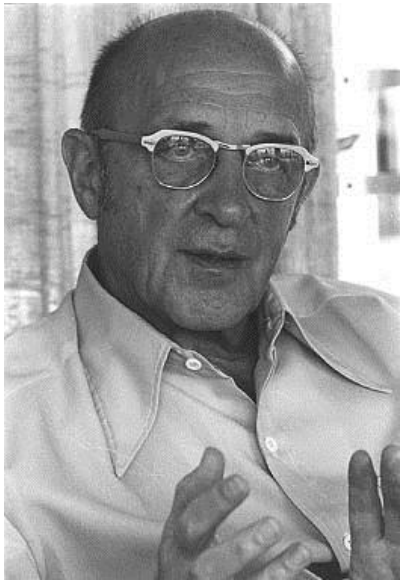
From what to how...



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RUSH Rush is a not-for-profit health care, education and reseach enterprise comprising Rush University Medical Center, Rush University, Rush Oak Park Hospital and Rush Health.

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

- Strengths
- Supports
- Resources
- Symptoms
- Stresses

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Restorative Justice

- Restorative justice (RJ) is a theory of justice that emphasizes repairing the harm caused or revealed by behavior. It is best accomplished through cooperative processes that include all stakeholders.
- Practices and programs reflecting restorative practices will respond to (mis)behavior by:
  - identifying and taking steps to repair harm,
  - involving all stakeholders,
  - fostering active accountability, and
  - transforming the traditional relationship between communities and empowered bodies in responding to behavior.
- A flexible approach with potential utility across settings and circumstances

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Restorative Questions

- "What happened?"
- "What harm resulted?"
- "What needs to be done to make things right?"
- "What will prevent it from happening again?"

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RUSH Rush is a not-for-profit health care, education and reseach enterprise comprising Rush University Medical Center, Rush University, Rush Oak Park Hospital and Rush Health.

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

After the *Talmud*

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RUSH Rush is a not-for-profit health care, education and reseach enterprise comprising Rush University Medical Center, Rush University, Rush Oak Park Hospital and Rush Health.

Suggestions

- Consider integrating arts-related content and practices into classroom teaching.
- Name the values that underpin your clinical work and teaching.
- Get involved with Rush's RJ work.

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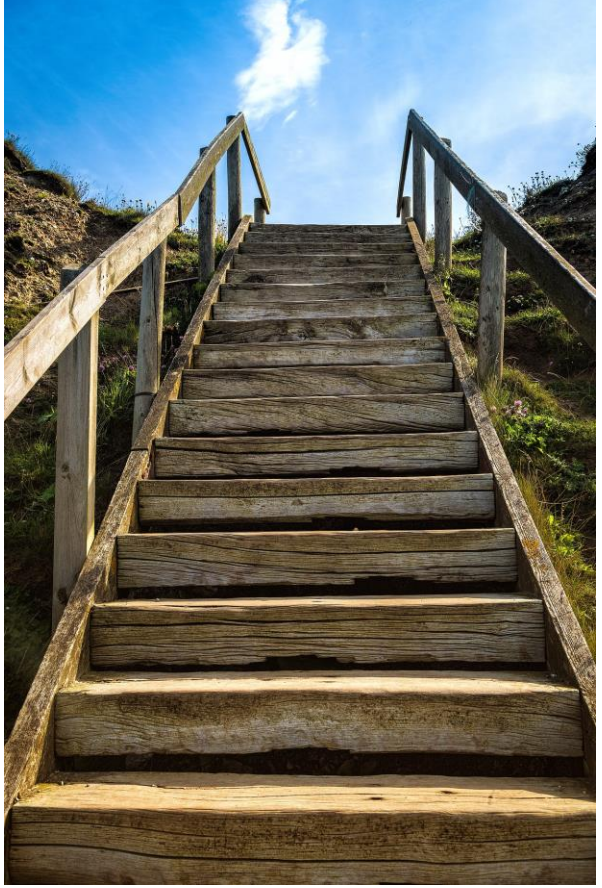
Personalized Time Management
~ Interactive Workshop ~

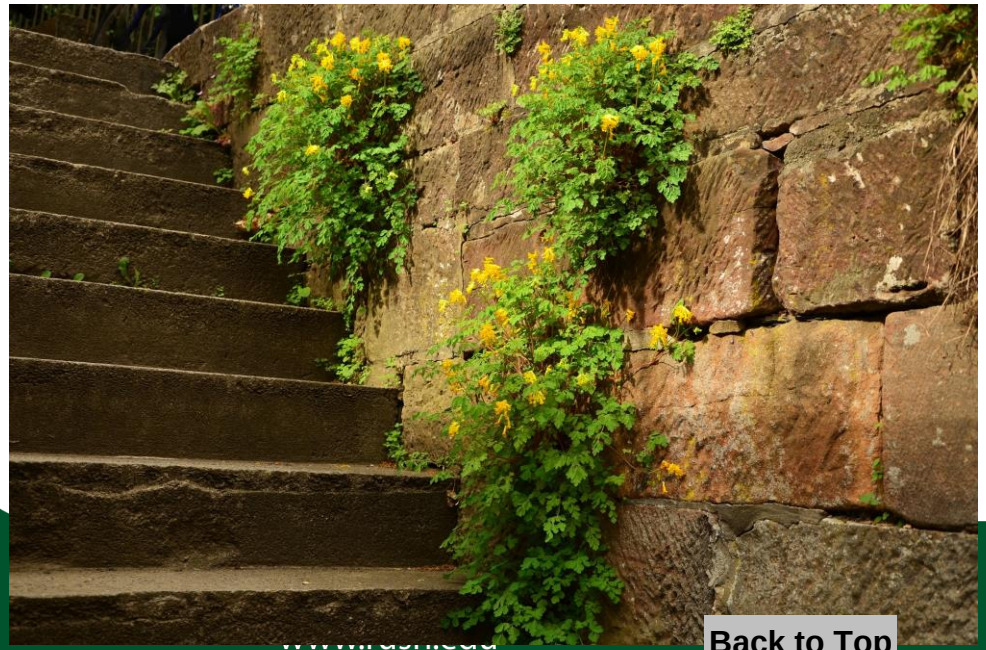
Susan Weber Buchholz, PhD, RN, FAANP

Rush University

January 15, 2019

86,400





www.rushead

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

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

Time Management Challenges

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

Awareness Challenges

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

Planning Challenges

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

Environmental Challenges

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

Technology Challenges

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

Mind Challenges

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

Health Challenges

- Fatigue
- Suboptimal health

Personal Challenges

- Stressful personal relationships
- Caregiving responsibilities
- Financial stressors

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

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

Review of Challenges (not an exhaustive list)

1. Awareness challenges
   - Unaware of how spending your time
   - Mismatch between values and how spending time
2. Planning challenges
   - Lack of a strategic direction
   - Not setting realistic goals
   - Not breaking goals down into tasks
   - Not keeping a to-do list
   - Not planning for breaks
   - Trying to accomplish more than is realistic
   - Being hesitant to say no
   - Not doing high value work during peak time
   - Continuing things that are not worthwhile
3. Environmental challenges
   - Ineffective procedures
   - Lack of organization
   - Lack of delegation
   - Distractions
   - Interruptions
4. Technology challenges
   - Emails
   - Social media
   - Technology not working
   - Multitask (to do or not to do)
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   - Need for perfectionism
   - Negative attitudes/thoughts
   - Procrastination
   - Fear of failure
   - Feeling overwhelmed
   - Thriving on busy
6. Health challenges
   - Fatigue
   - Suboptimal health
7. Personal challenges
   - Stressful personal relationships
   - Caregiving responsibilities
   - Financial stressors

Time Management Strategies

- Health Strategies
- Tracking Strategies
- Organizational Strategies
- Prioritization Strategies
- Environmental Strategies

Health Strategies

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

Tracking Strategies

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

Organizational Strategies

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

Prioritization Strategies

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

Environmental Strategies

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

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

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

Review of Time Management Strategies (not an exhaustive list)

1. Health Strategies
    - Restful sleep
    - Healthy nutrition
    - Regular physical activity
    - Care for emotional health
    - Family health
    - Know what is important for you
    - Hire services as needed
2. Tracking Strategies
    - Conduct a time audit
    - Identify your peak performance time
    - Schedule your most important tasks during that time
    - Focus on high-value activities
    - Take breaks periodically
3. Organizational Strategies
    - Use an online calendar
    - Block calendar for tasks
    - Set a time limit to each task
    - Leave a buffer between tasks and meetings
    - Use a to-do list (electronic, paper)
    - Break down larger to-do items into tasks
    - Plan for contingencies
    - Use a dynamic task list
    - Wrap up at end of day
    - Plan at beginning of day
4. Prioritization Strategies
    - Choose a prioritization method
        - Letters
        - Numbers
        - Covey (Important/Urgent)
    - Eliminate the unnecessary
5. Environmental Strategies
    - Set up a workable workspace
    - Manage social media use
    - Turn off distractions
    - Minimize interruptions
    - Manage meetings
    - Reaffirm your own value

Implementing Time Management Strategies

- 80/20 rule
- Choose realistic strategies for yourself
- Reward yourself for small successes

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

Reassess how you are doing with this strategy in one week.

"Time is the coin of your life. It is the only coin you have, and only you can determine how it will be spent. Be careful lest you let other people spend it for you." Carl Sandburg

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

efficiencymentor.com

RUSH UNIVERSITY MEDICAL CENTER

IT'S HOW MEDICINE SHOULD BE

Mindfulness: The Art & Science of Building Personal Resilience

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

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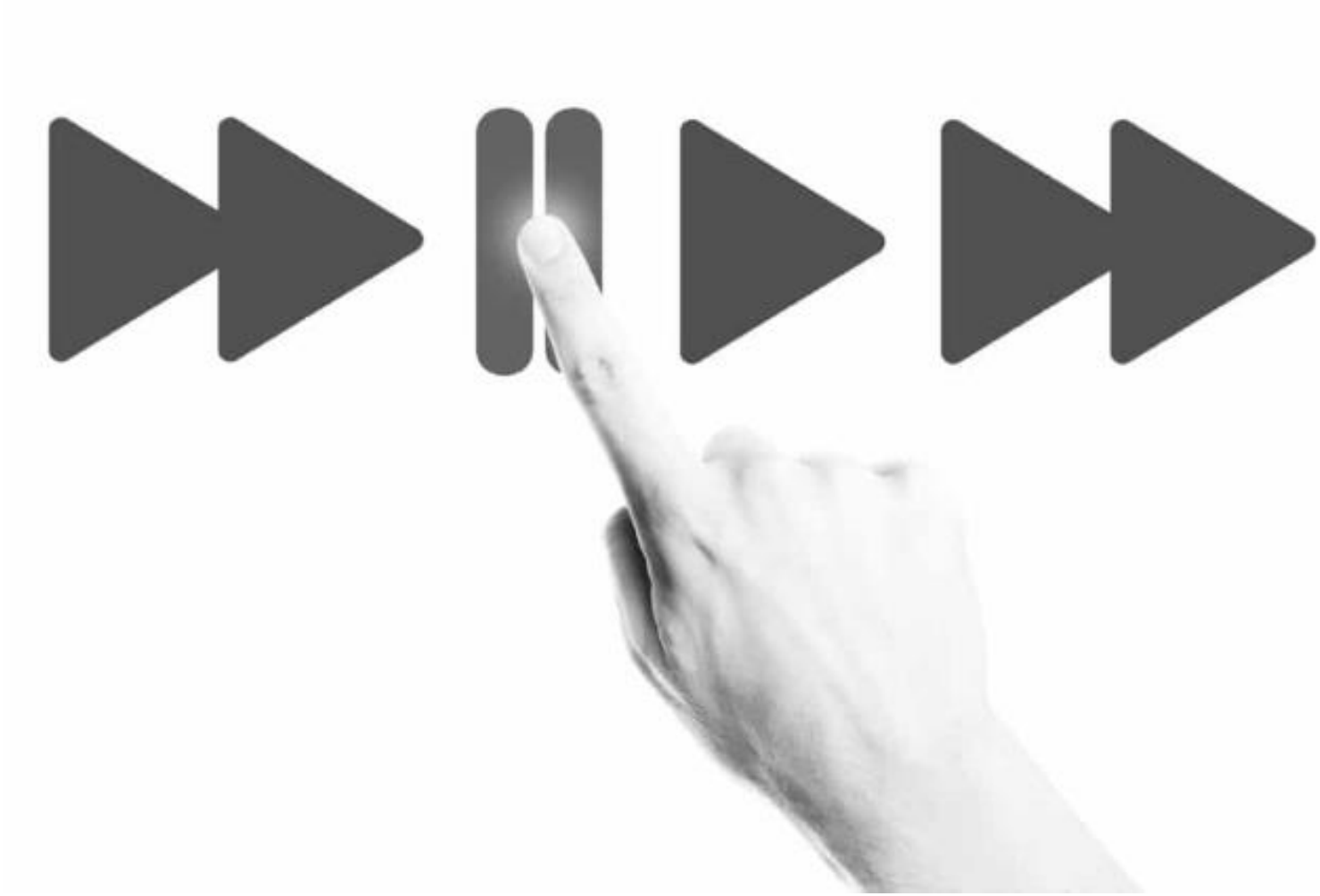

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mindfulness

being present

without judgment

in every moment

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In the past 7 days …

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

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

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

(4) Got home late from work ?

(5) Felt frustrated with distractions?

(6) Drank too much caffeine ?

(7) Got less than 5 hours of sleep ?

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

(9) Had difficulty focusing at work?

(10) Had difficulty being “present” at home ?

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

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

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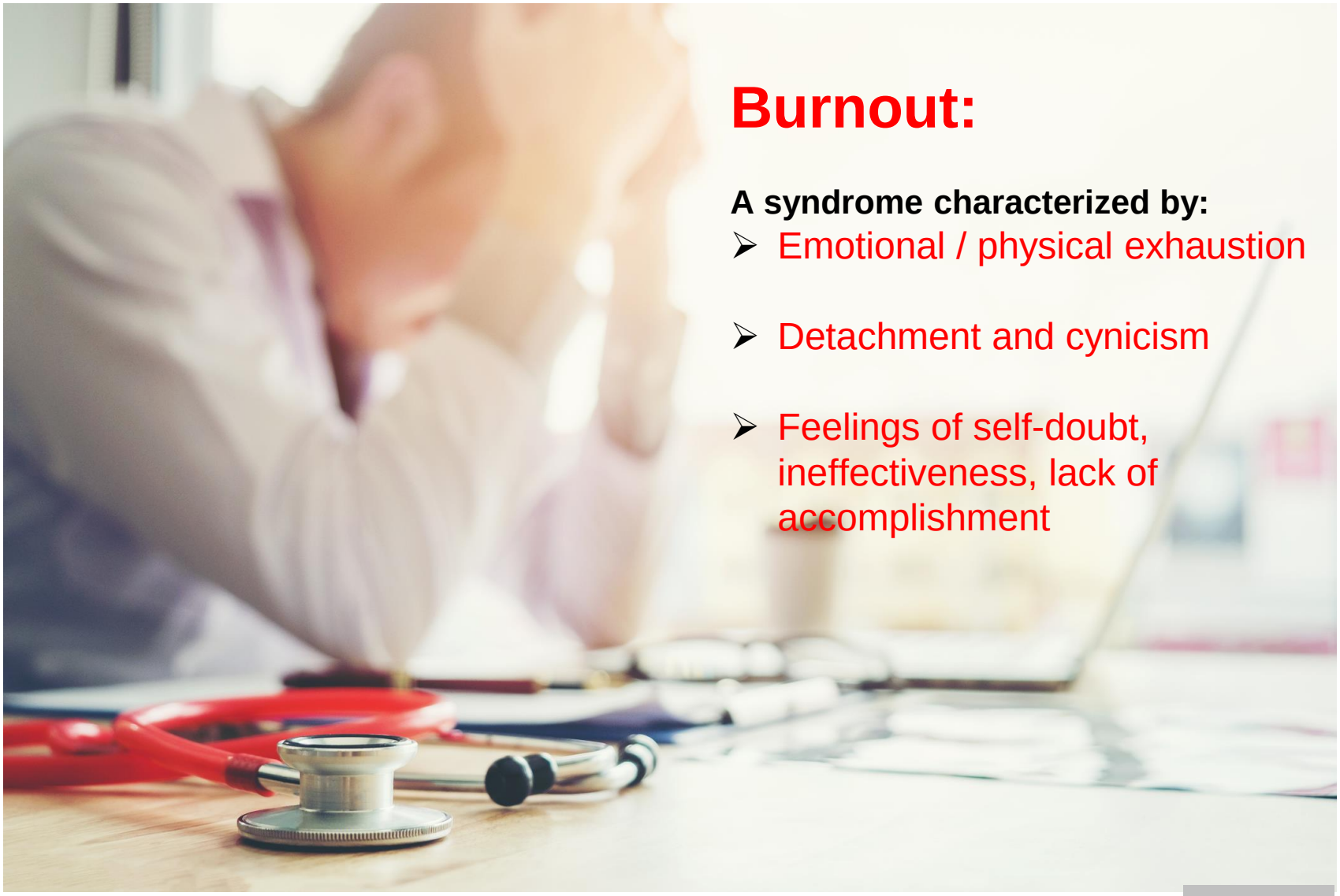
2 biggest factors negatively impacting ability achieve / succeed . . .



Burnout:

A syndrome characterized by:

- Emotional / physical exhaustion
- Detachment and cynicism
- Feelings of self-doubt, ineffectiveness, lack of accomplishment

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

All kinds. All care settings. Alarming rates

Physicians
51%

Hospital nurses
35%

Faculty
27%

Among highest @ risk . . .

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

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

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

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

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Results of Burnout

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

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RUSH UNIVERSITY MEDICAL CENTER

MINDFULNESS AT WORK

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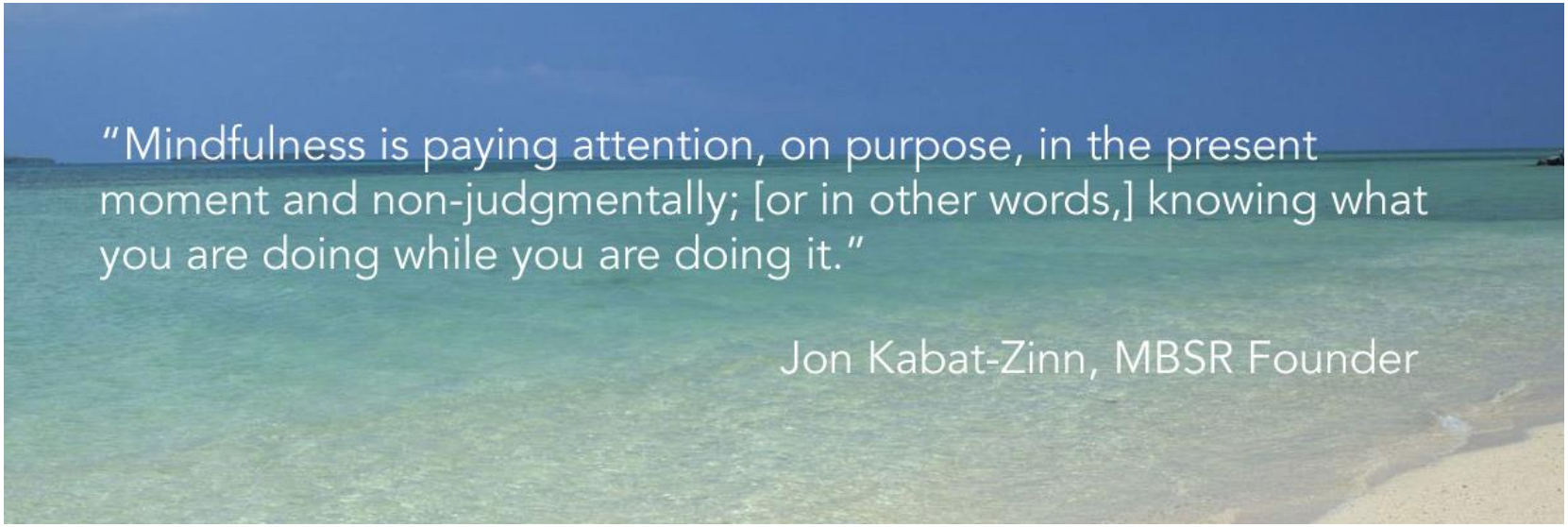
"Mindfulness is paying attention, on purpose, in the present moment and non-judgmentally; [or in other words,] knowing what you are doing while you are doing it."
Jon Kabat-Zinn, MBSR Founder

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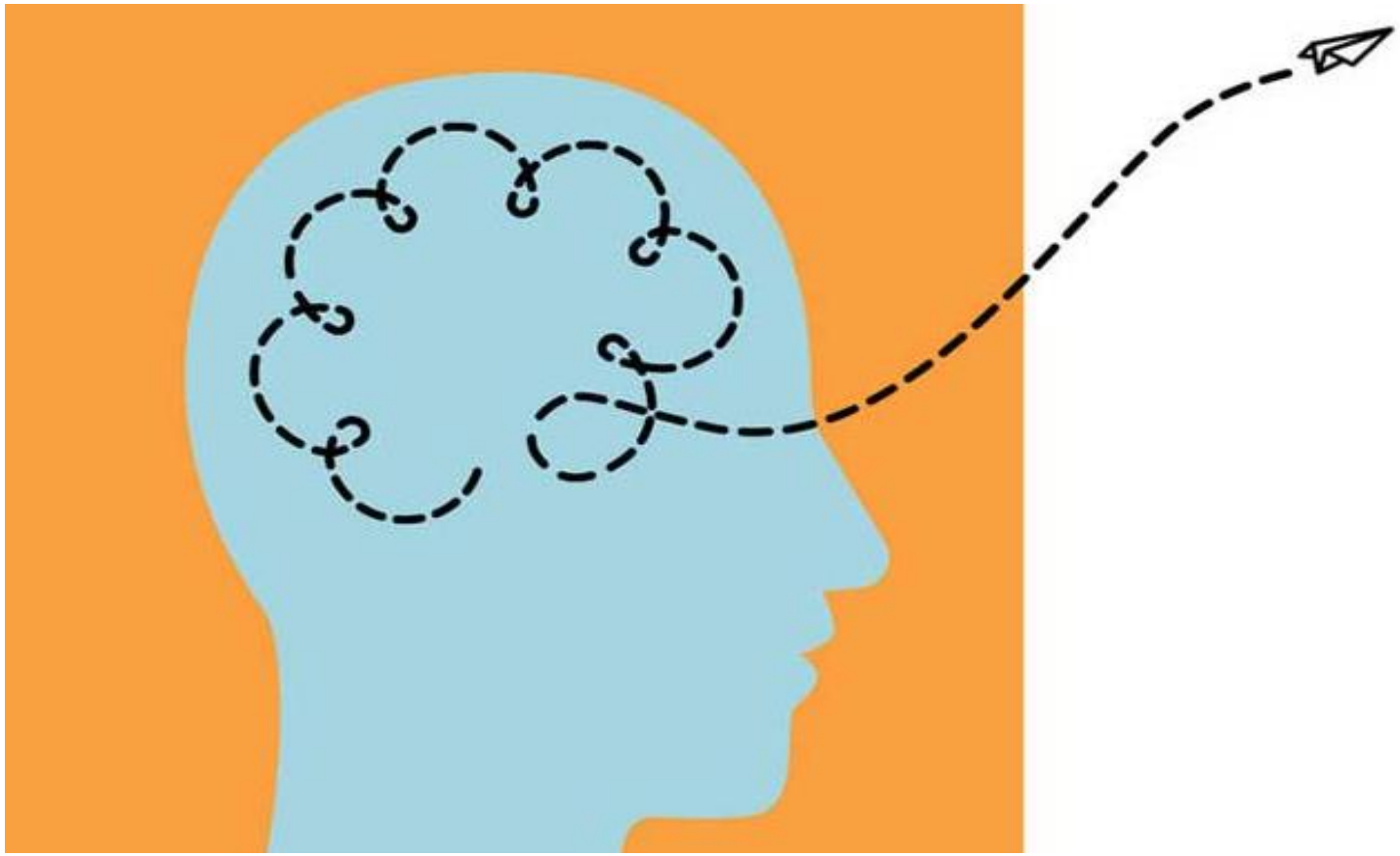
Mindfulness is paying attention, on purpose,
in the present moment, and non-judgmentally



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Mind Wandering (Default Mode Network)

46.9% of our waking hours

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

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

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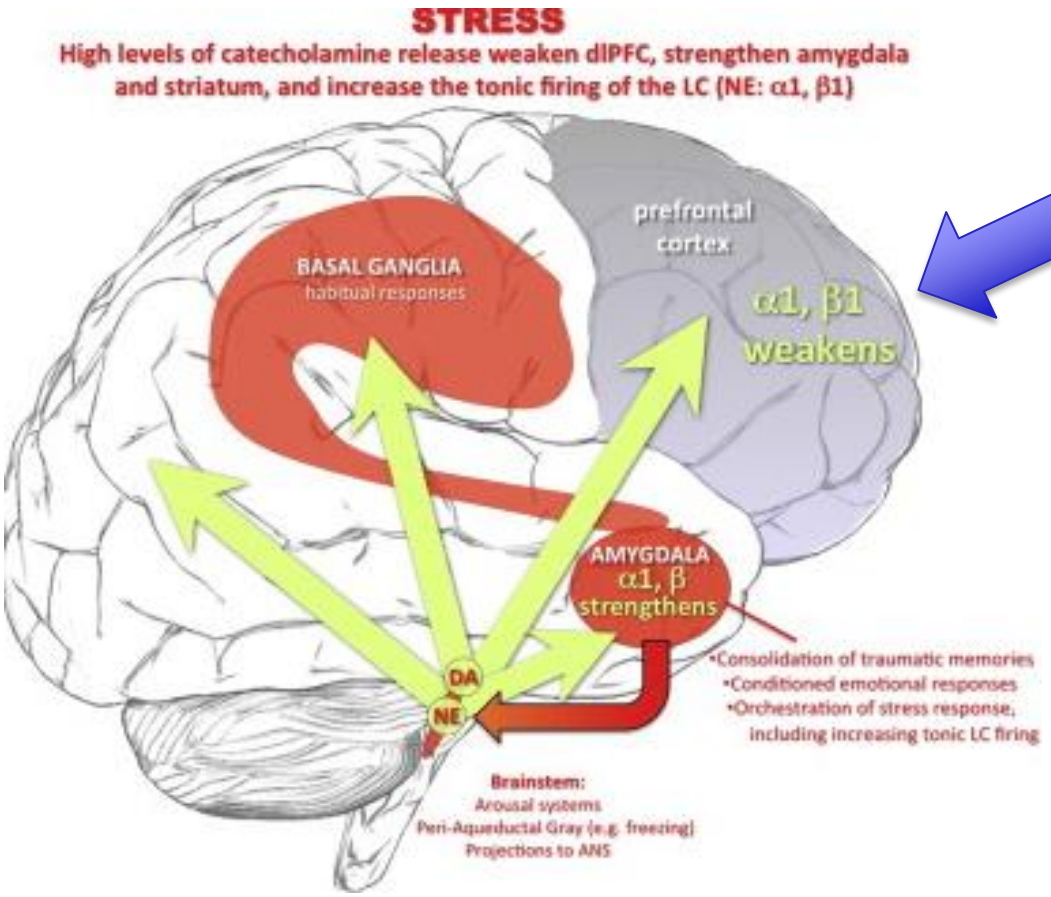
PFC
aka **- EXECUTIVE FUNCTION**



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Organization
Everything has a place, and everything is in its place
Planning & Goal Setting
Determining what needs to be accomplished, and by when
Time Management
Scheduling when to do what needs to be done
Self-Regulation
Keeping on track and adapting to reach defined goals
Accountability
Owning the results and learning from experiences to improve
Executive Function Skills

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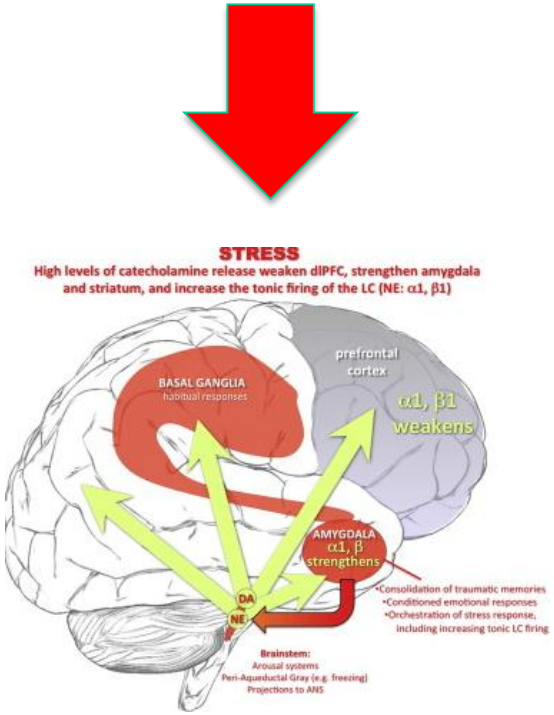
Tang, Y. Y., & Leve, L. D. (2015). A translational neuroscience perspective on mindfulness meditation as a prevention strategy. Translational behavioral medicine, 6(1), 63-72.

Down regulates amygdala



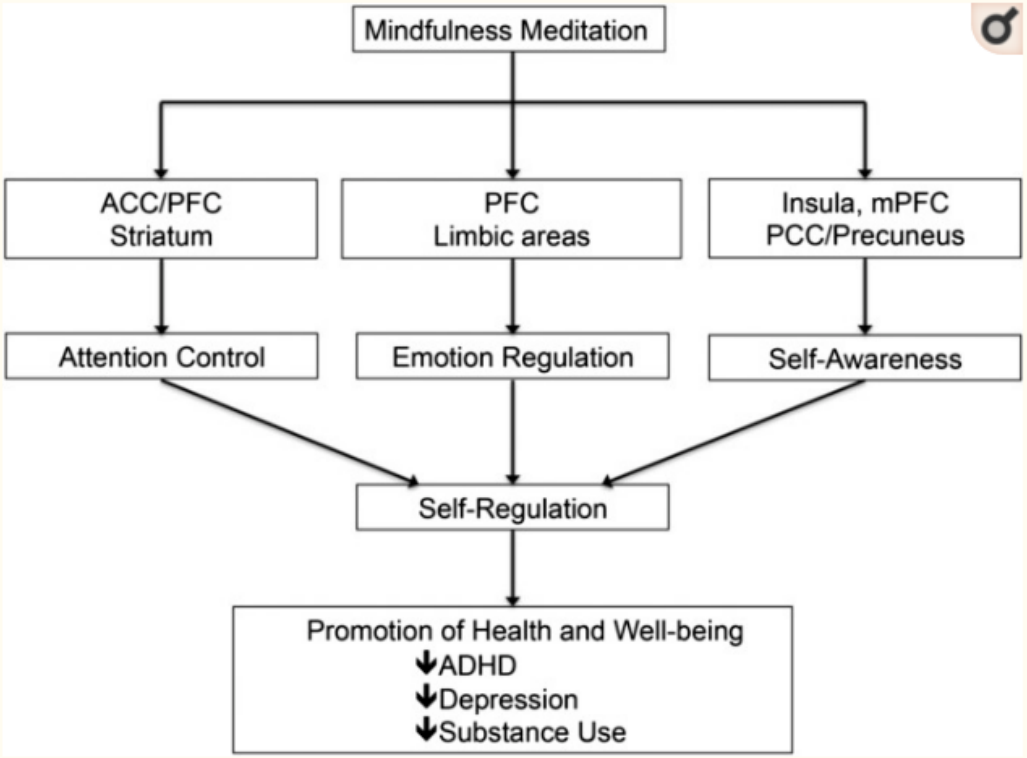


Fig. 1

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

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

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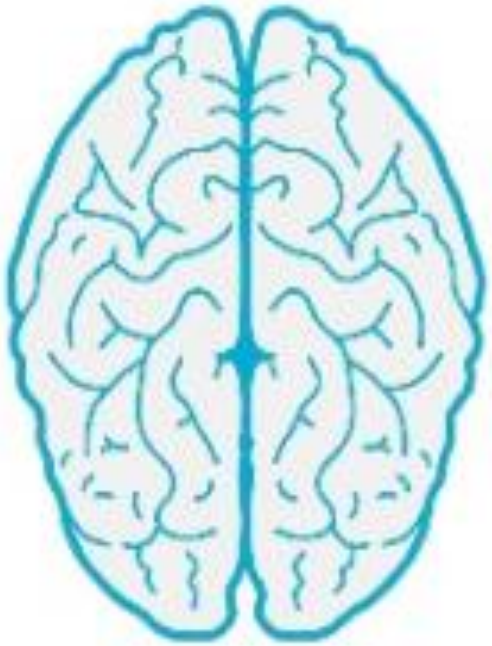
The benefits of neuroscience-based mindfulness training

IMPROVE

Performance
Productivity

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



REDUCE

Absenteeism
Healthcare Costs

Stress
Anxiety
Depression
Blood Pressure
Addiction
Insomnia
PTSD
Pain

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- Tech for training attn . . . but using them requires a few steps

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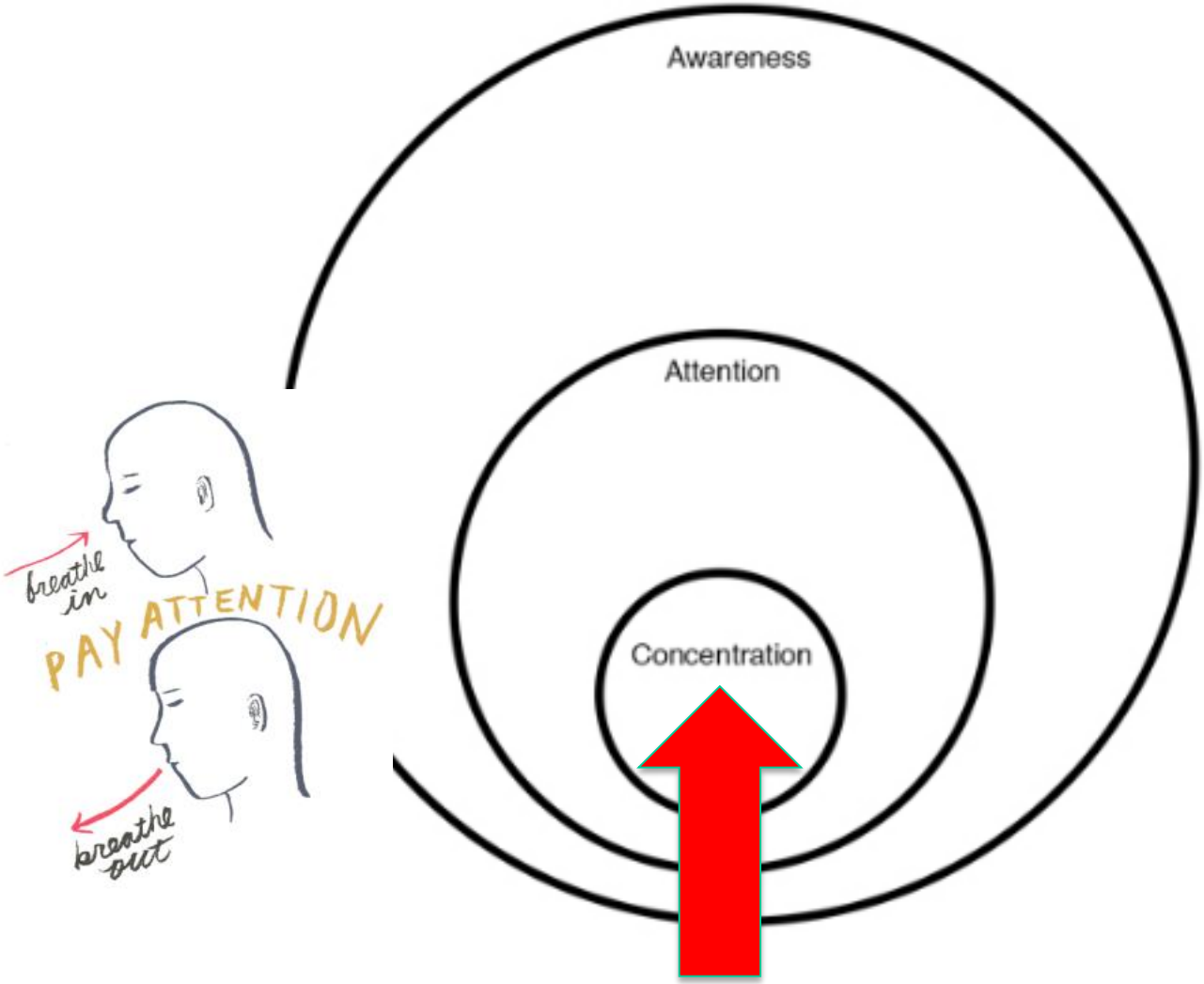

1st aspect of attn . . . choosing a focus on “particular object

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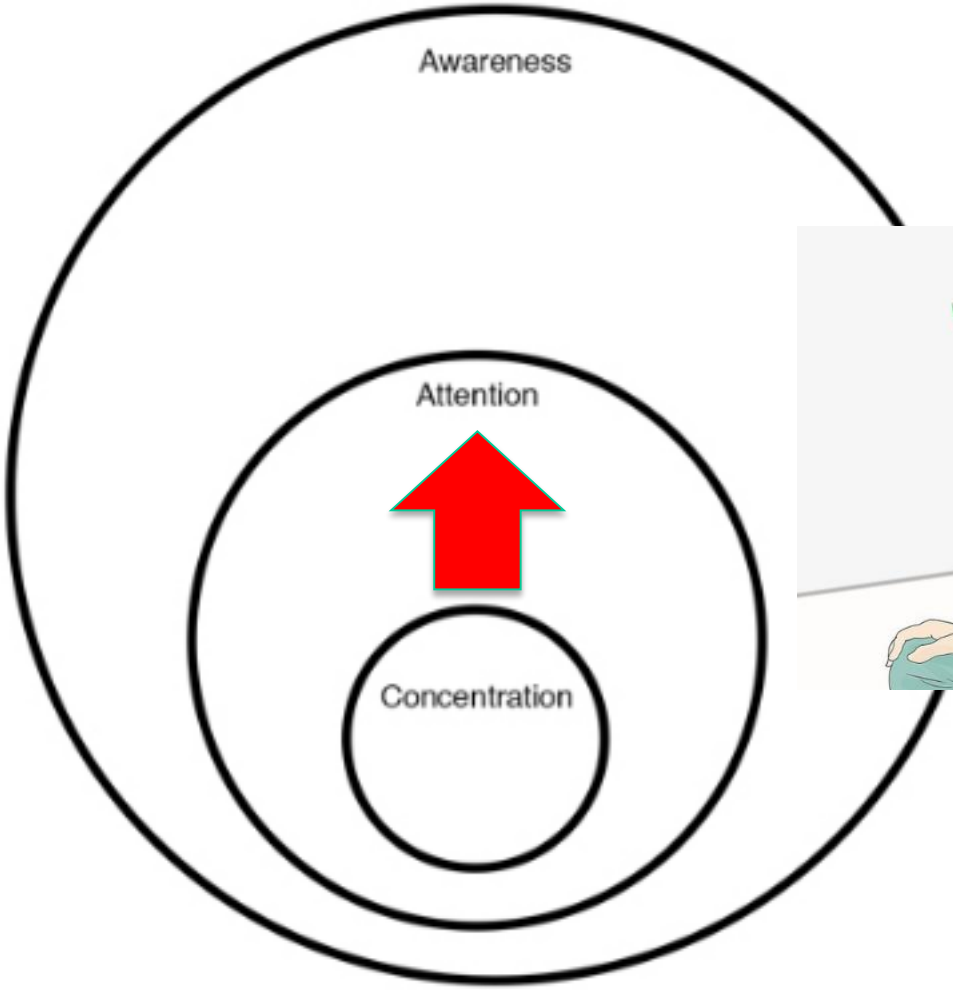

Degree to which you sustain attn, despite distractions

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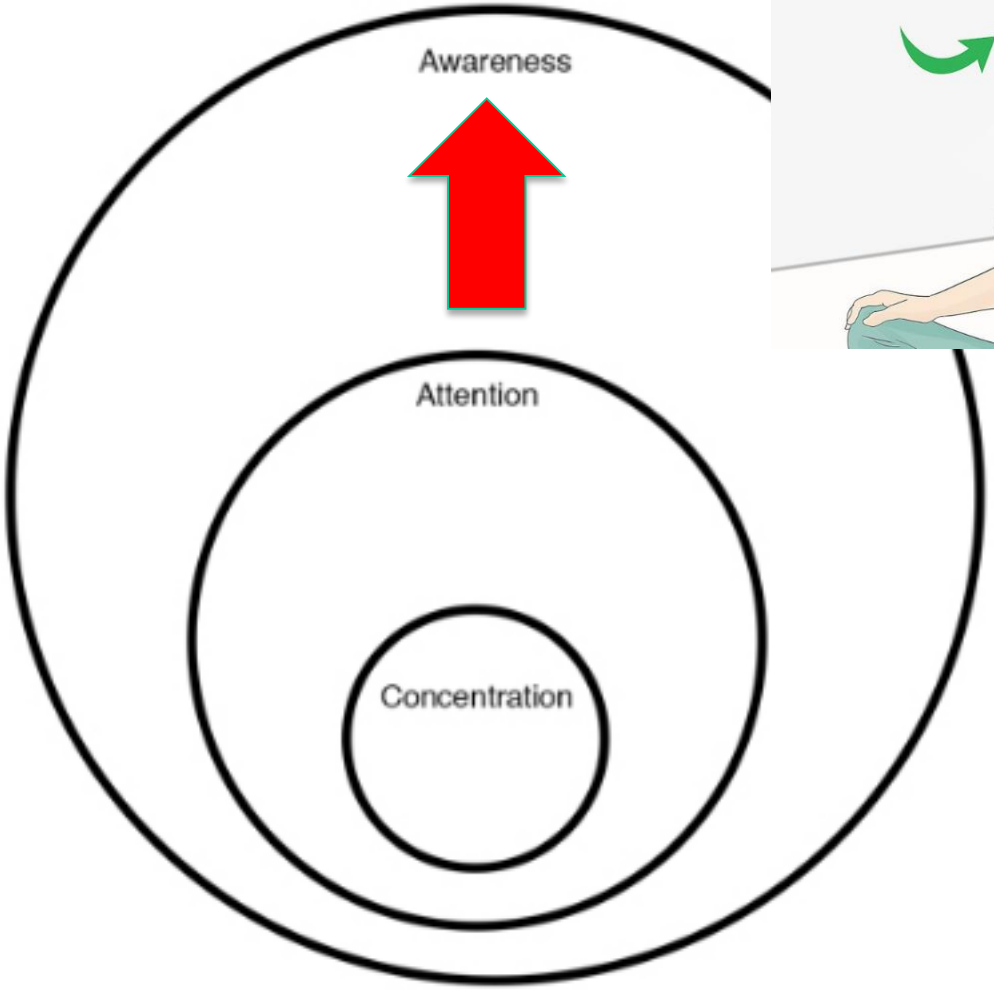
Ability to recog . . . attn has wandered or dulled . . refocus



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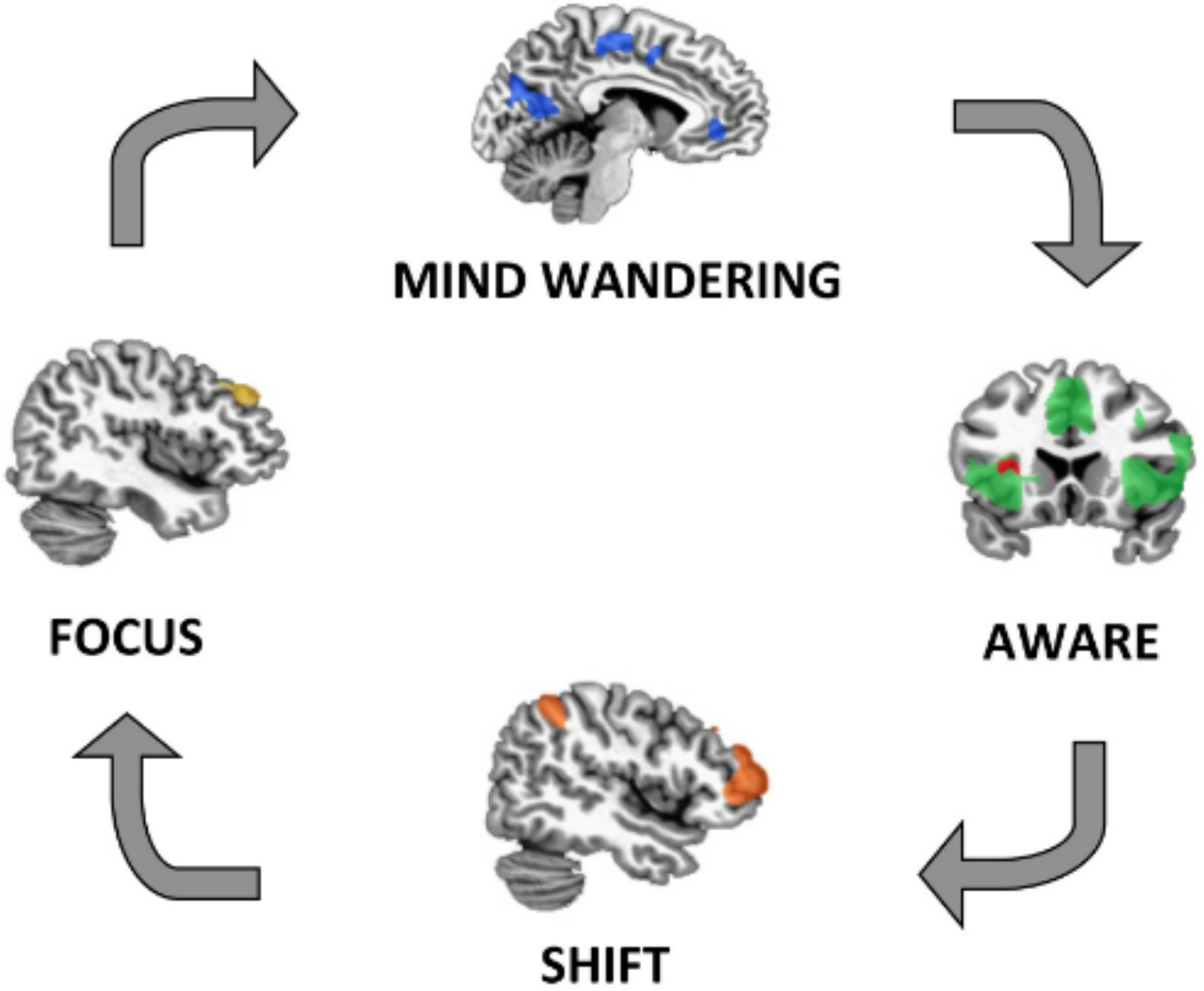

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RUSH UNIVERSITY MEDICAL CENTER

frontiers in HUMAN NEUROSCIENCE

ORIGINAL RESEARCH ARTICLE
published: 01 March 2012
doi: 10.3389/fnhum.2012.00038

Effects of meditation experience on functional connectivity of distributed brain networks

Wendy Hasenkamp* and Lawrence W. Barsalou

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

Edited by:
Amishi P. Jha, University of Miami, USA

Reviewed by:
Juliana Yordanova, Bulgarian Academy of Sciences, Bulgaria
Rebecca Elliott, University of Manchester, UK

****Correspondence:***
Wendy Hasenkamp, Department of Psychology, Emory University, 36 Eagle Row, Suite 270, Atlanta, GA 30322, USA.
e-mail: whasenk@emory.edu

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

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

INTRODUCTION

Various forms of contemplative practice, including meditation, have recently become the subject of intensive scientific research (Brefczynski-Lewis et al., 2007; Pace et al., 2009; Baron Short et al., 2010; Manna et al., 2010). In general, it is reasonable to postulate that as meditation experience accumulates, the repeated engage-

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Let’s practice

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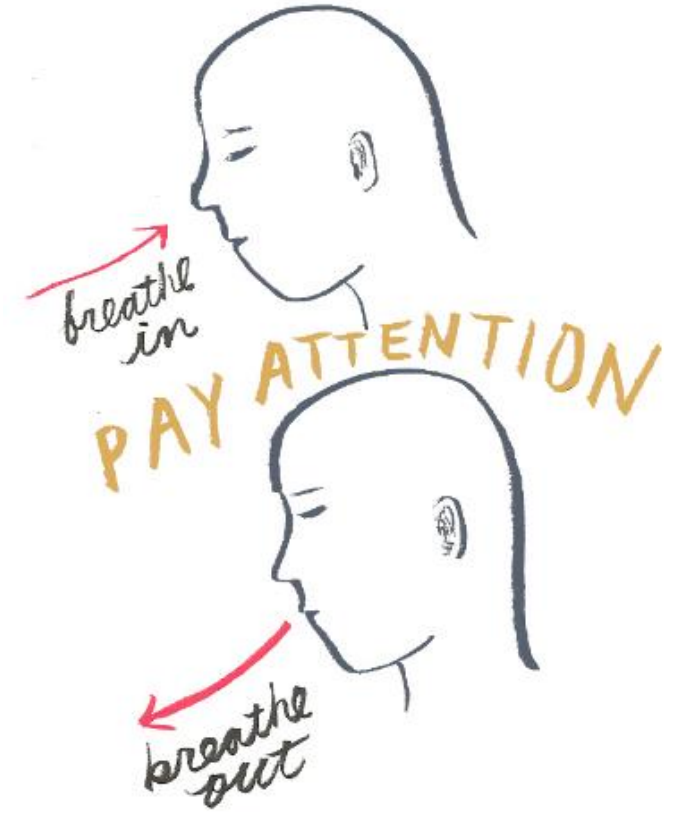

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What did you notice ?

How might you use this in the workplace?

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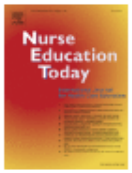
ELSEVIER

Nurse Education Today

Volume 50, March 2017, Pages 92-96



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

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

Show more

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

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Highlights

- Brief instructor guided mindfulness practice in higher education can promote student wellbeing.
- Mindfulness practice might help mitigate stress and anxiety among students in higher education.
- Mindful breathing at the start of class supports a respectful and peaceful

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Martin Seligman, Ph.D.

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

Positive Psychology Progress

Empirical Validation of Interventions

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

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

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

In this article, we first review the recent growth within positive psychology. Next, we describe basic research that bears on whether people can become lastingly happier, and then we present the results of our own happiness interventions that we rigorously tested with a randomized, placebo-controlled design.

July–August 2005 • American Psychologist
Copyright 2005 by the American Psychological Association 0003-066X/05/$12.00
Vol. 60, No. 5, 410–421 DOI: 10.1037/0003-066X.60.5.410

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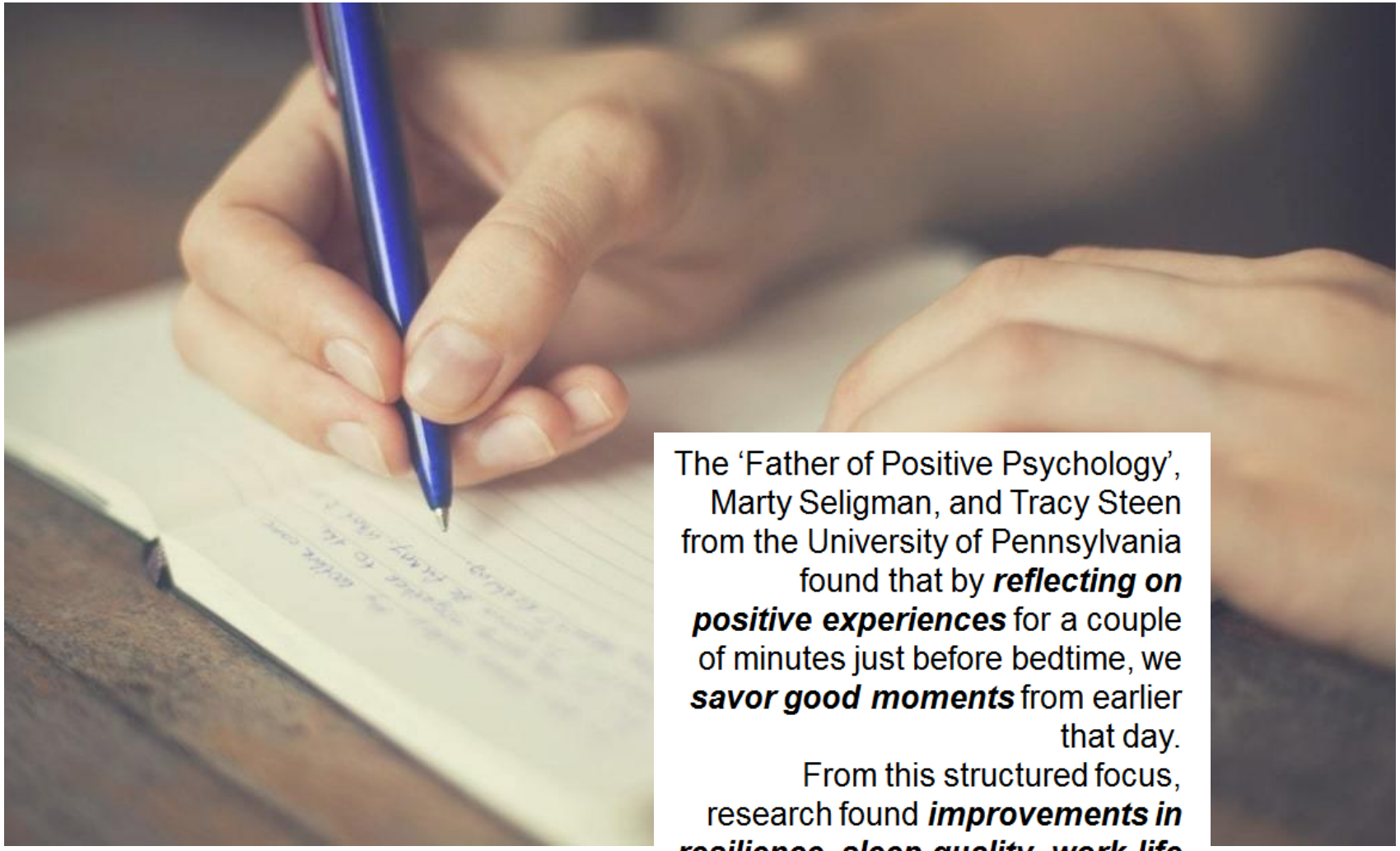

The 'Father of Positive Psychology', Marty Seligman, and Tracy Steen from the University of Pennsylvania found that by ***reflecting on positive experiences*** for a couple of minutes just before bedtime, we ***savor good moments*** from earlier that day.

From this structured focus, research found ***improvements in resilience, sleep quality, work-life balance, and even depression***.

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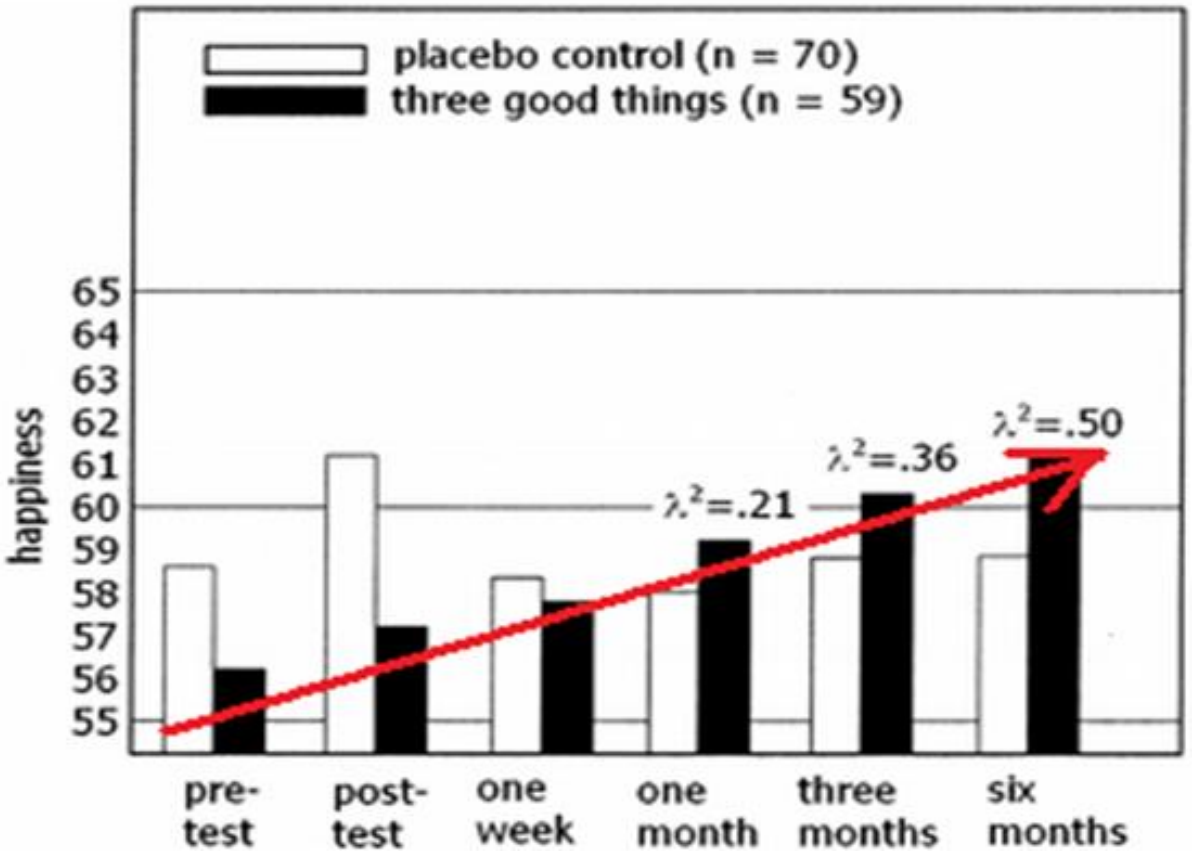

Seligman, M. E., Steen, T. A., Park, N., & Peterson, C. (2005). Positive psychology progress: empirical validation of interventions. American psychologist, 60(5), 410.

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Source:
MidMichigan Health
UNIVERSITY OF MICHIGAN HEALTH SYSTEM

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RUSH UNIVERSITY MEDICAL CENTER

"3 Good Things" Practice

Develop a daily "gratitude" practice in 3 easy steps

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

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

Good Thing #1

Step 1.

Step 2.

Step 3.

Good Thing #2

Step 1.

Step 2.

Step 3.

Good Thing #3

Step 1.

Step 2.

Step 3.

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What did you notice ?

How might this impact your health and wellbeing?

How might you use this at work?

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Compassion Practice

Sci of compassion …strides.
Ability to strengthen it and beginning to understand

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Mindfulness
DOI 10.1007/s12671-017-0773-3

ORIGINAL PAPER

Altering the Trajectory of Affect and Affect Regulation: the Impact of Compassion Training

Hooria Jazaieri[1] · Kelly McGonigal[2] · Ihno A. Lee[3] · Thupten Jinpa[2] · James R. Doty[2,4] · James J. Gross[3] · Philippe R. Goldin[5]

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Abstract A growing literature has begun to document the effects of compassion training on a variety of important interpersonal behaviors (e.g., helping behavior). What is not yet well understood, however, is what impact compassion training has on affect and affect regulation. To examine this issue, we implemented a 9-week compassion training program in which 51 adults provided twice-daily ratings of four affective states (anxiety, calm, fatigue, alertness) as well as their desire and capability to regulate these affective states. In addition, participants provided weekly responses regarding five specific regulatory strategies. Analysis of day-to-day trajectories of affective experience showed a decrease in anxiety and increase in calmness. Day-to-day trajectories of affect regulation demonstrated that participants were more likely to choose to accept lesser use of expressive suppression and greater a when experiencing stress/anxiety. These results su interventions such as compassion training may help specific affective states and modify the use of and s for specific regulatory strategies.

Keywords Affect · Affect regulation · Affective t Affect dynamics · Self-efficacy · Compassion · D Experience sampling · Ecological momentary ass Multilevel analysis

One commonly cited definition of compassion that arises in witnessing another's suffering and

Seppala et al. Journal of Compassionate Health Care (2014) 1:5
DOI 10.1186/s40639-014-0005-9

Journal of Compassionate Health Care

ORIGINAL RESEARCH Open Access

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

Emma M Seppala[1*], Cendri A Hutcherson[2], Dong TH Nguyen[1], James R Doty[1] and James J Gross[3]

Abstract

Background: Stress is a critical problem facing many healthcare institutions. The consequences of stress include increased provider burnout and decreased quality of care for patients. Ironically, a key factor that may help buffer the impact of stress on provider well-being and patient health outcomes—compassion—is low in healthcare settings and declines under stress. This gives rise to an urgent question: what practical steps can be taken to increase compassion, thereby benefitting both provider well-being and patient care?

Methods: We investigated the relative effectiveness of a short, 10-minute session of loving-kindness meditation (LKM) to increase compassion and positive affect. We compared LKM to a non-compassion positive affect induction (PAI) and a neutral visualization (NEU) condition. Self- and other-focused affect, self-reported measures of social connection, and semi-implicit measures of self-focus were measured pre- and post- meditation using repeated measures ANOVAs and via paired sample t-tests for follow-up comparisons.

Results: Findings show that LKM improves well-being and feelings of connection over and above other positive-affect inductions, at both explicit and implicit levels, while decreasing self-focus in under 10 minutes and in novice meditators.

Conclusions: These findings suggest that LKM may be a viable, practical, and time-effective solution for preventing burnout and promoting resilience in healthcare providers and for improving quality of care in patients.

Keywords: Loving-kindness meditation, Compassion, Empathy, Mindfulness, Positive affect, Healthcare, Stress, Burnout,

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© brings m/p benefits & positively impacting rela

Loving Kindness

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

– Sharon Salzburg

Self-Compassion

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

– Kristin Neff, PhD

3 components:

self-kindness, common humanity, and mindfulness

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Let’s Practice

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What did you notice ?

How might you use this in your life?

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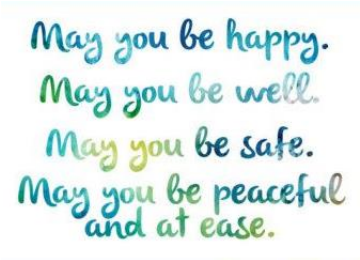

What did you notice ?

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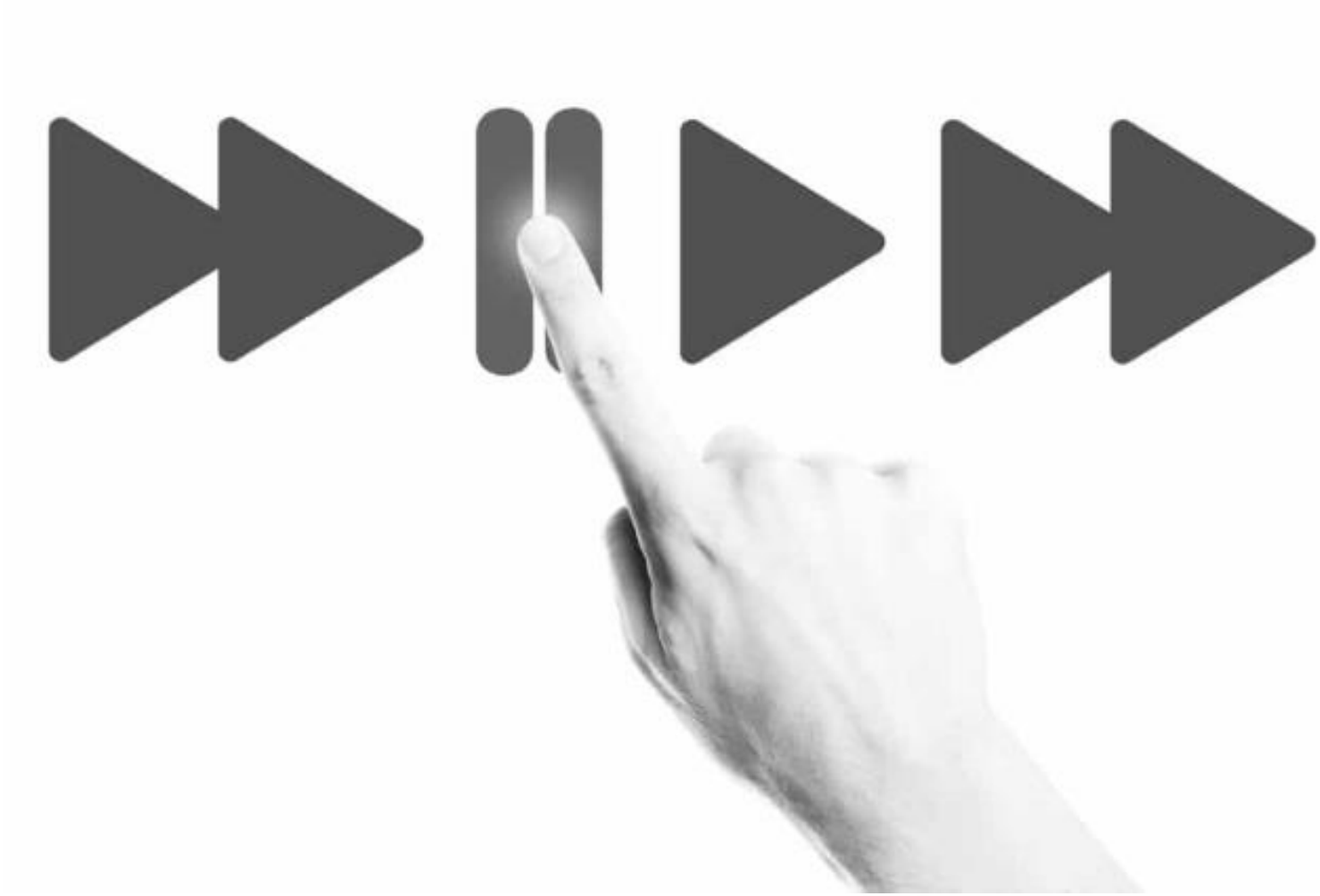

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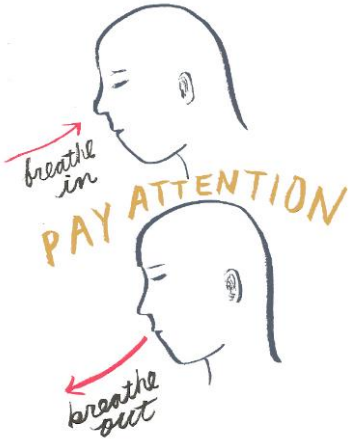
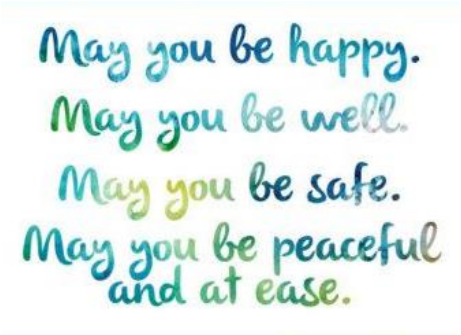

breathe in
PAY ATTENTION
breathe out

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


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

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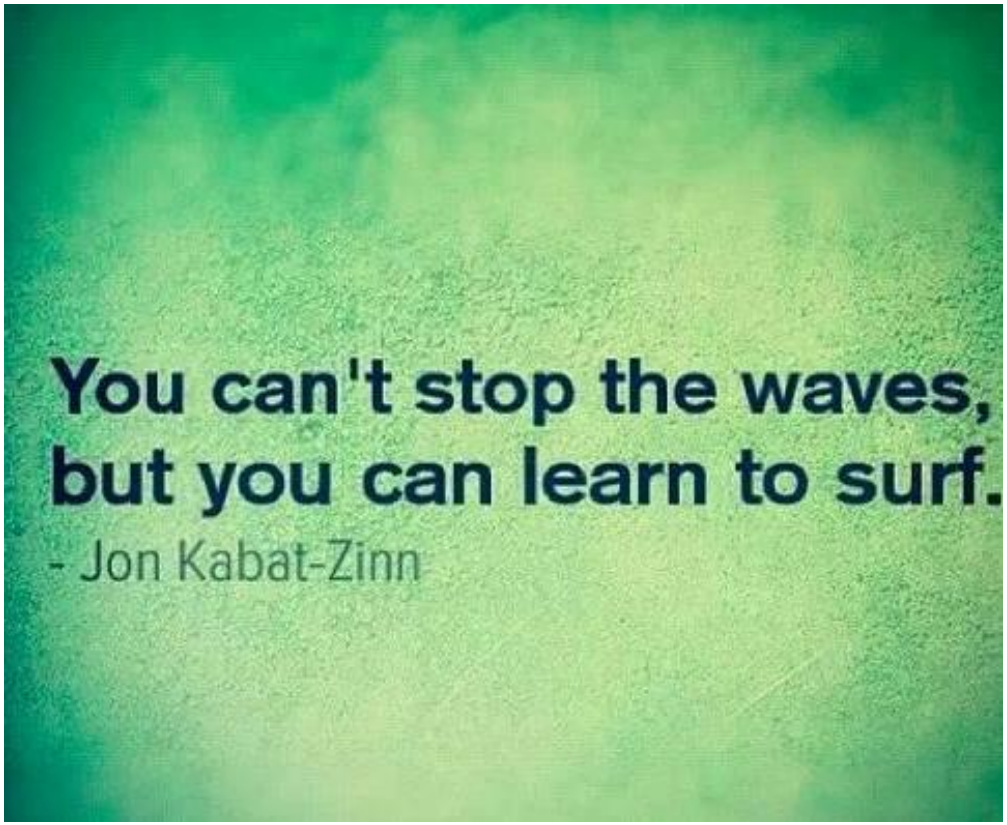
You can't stop the waves,
but you can learn to surf.
- Jon Kabat-Zinn

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

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“3 Good Things”
What went well today?

Good Thing 1:

What was your role?

Which one of the following emotions *best fits* how this good thing makes *you feel*?

- Amusement, gratitude, inspiration, interest, joy, hope, love, pride, serenity, other, not applicable

Good Thing 2:

What was your role?

Which one of the following emotions best fits how this good thing makes you feel?

- Amusement, gratitude, inspiration, interest, joy, hope, love, pride, serenity, other, not applicable

Good Thing 3:

What was your role?

Which one of the following emotions best fits how this good thing makes you feel?

- Amusement, gratitude, inspiration, interest, joy, hope, love, pride, serenity, other, not applicable

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RUSH

Excellence is just the beginning.

Rush University

Developing a Business Plan

Faculty Affairs, Teaching Academy
March 12, 2019

Joan Kurtenbach
VP, strategic planning, marketing and communications
Rush University Medical Center

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Why do you think business plans are important?

Who has written a business plan?

What was your experience?

Start with the Strategic Plan

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What Distinguishes RUSH?

Mission:

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

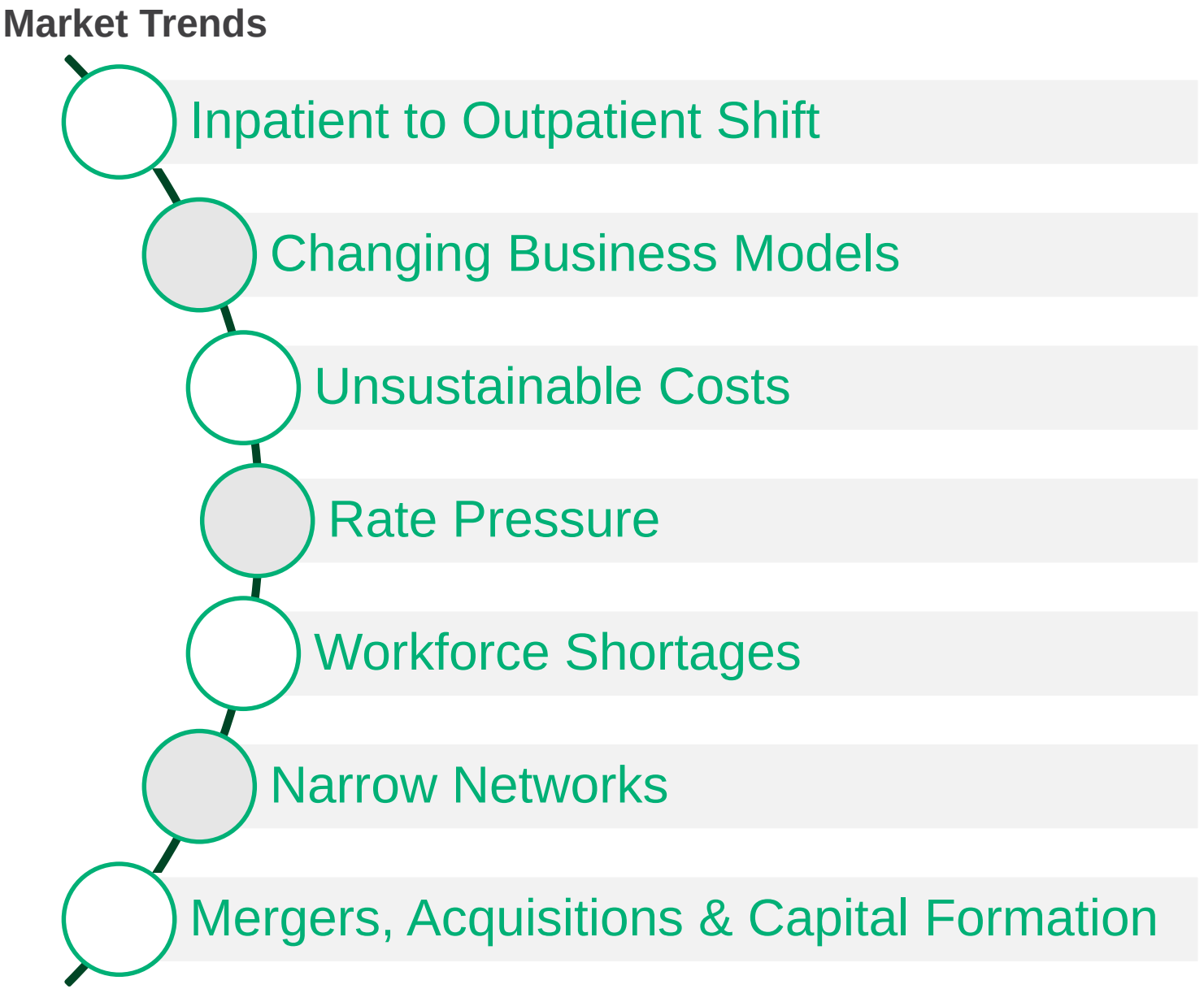
Vision:

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

Values:

- **Innovation**
- **Collaboration**
- **Accountability**
- **Respect**
- **Excellence**

RUSH is positioned to succeed in a constantly evolving environment



Dual Path to Transformation

Strategic Plan for **RUSH**: Time to focus and accelerate

Improve the Business
Core Growth and Repositioning
1 – 3 years

Reposition today's business while creating the future

Transform the Business
New Growth and Innovation
5 – 7 years

- Talent Development and Engagement
- Top Decile Quality Performance
- Innovation Capacity
- Business Development

Four Highly Interrelated Strategic Priorities

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

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

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

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

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

RUSH'S STRATEGIC OBJECTIVES

Engage
2.3 million individuals

Nationally recognized as
Top health care places to work

Reach
Top decile in engagement

Achieve
Top Decile Performance in Quality & Equity

Be recognized as
the Premier Education Destination

Achieve
$240M annual research budget

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

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

LEARN. DISCOVER. THRIVE.

Opportunities available through Rush University:

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

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

Strategic Plan

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

Business Plan

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

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

Business planning

What is a business plan?

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

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

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

Can help determine **feasibility** of a proposal

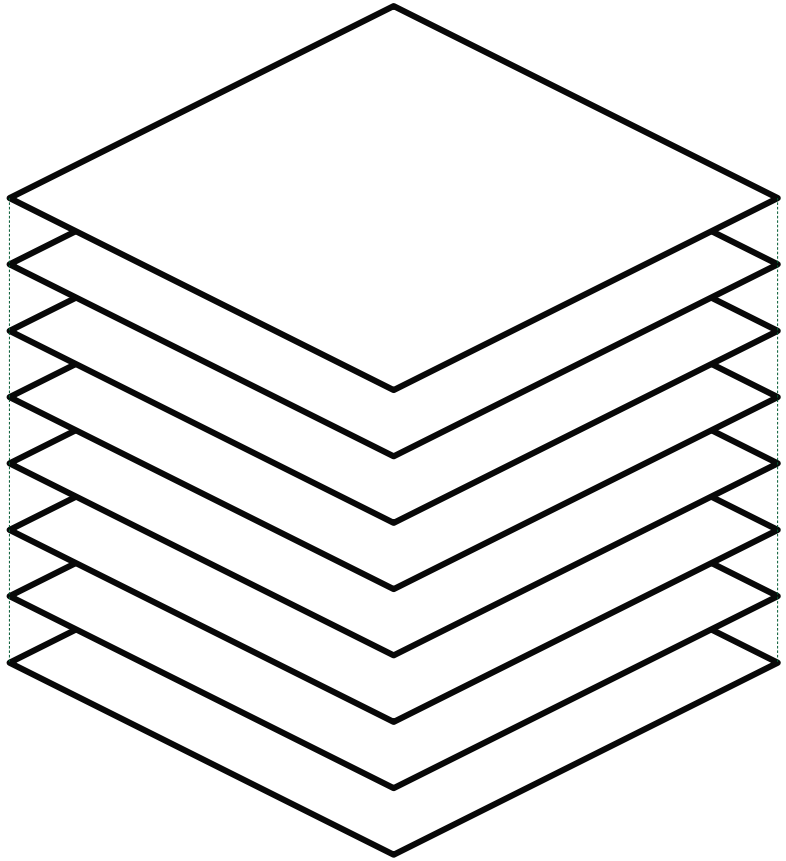
Obtain **funding**

Establish **metrics** to better manage projects

Content varies depending on **purpose and context**

What are the elements of a *comprehensive* plan?

I. Executive Summary
II. Market Analysis
III. Company Description
IV. Organization and Management
V. Marketing and Sales Management
VI. Description of Service or Product Line
VII. Funding Request
VIII. Financials
- Appendix



Executive Summary

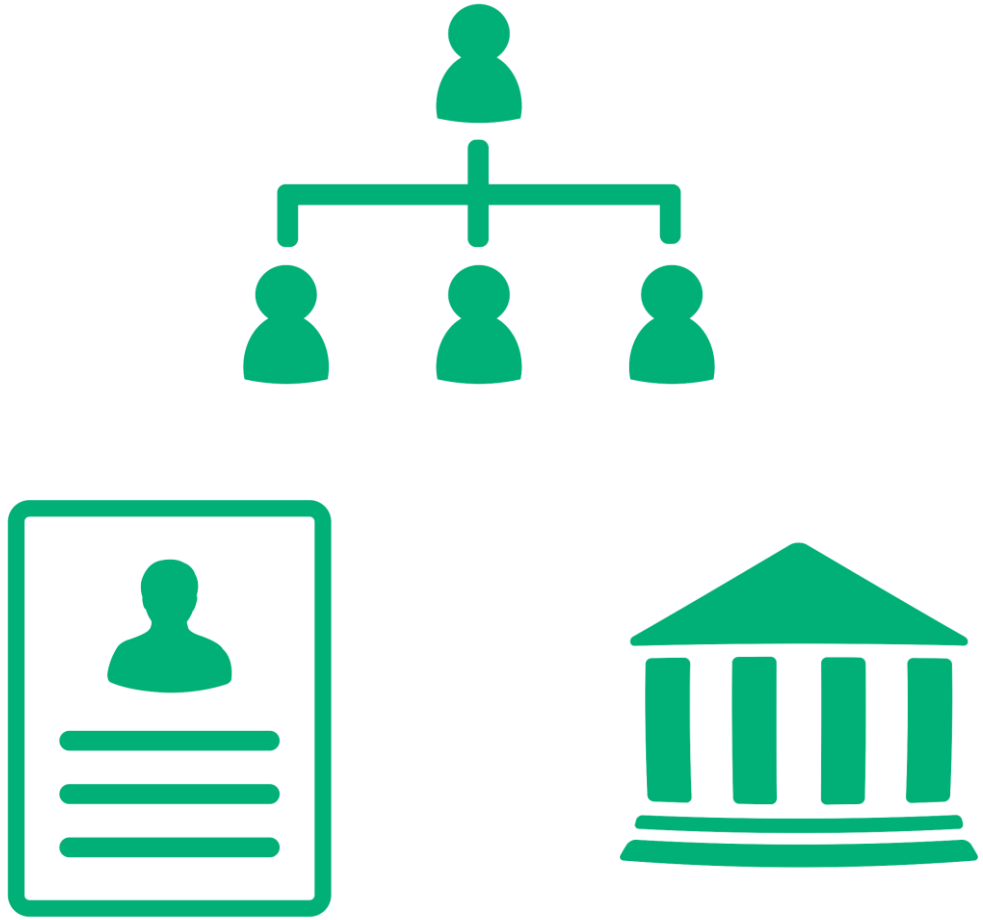
- ✓ MVV
- ✓ Description of **organization**
- ✓ Growth **prospects and projections**
- ✓ Product and service **explanation**
- ✓ Summary of **financing and funding needed**
- ✓ Summary of **organization's future**

Company Description

1. Focus and nature of the business and marketplace
2. Consumers that will be served
3. Competitive advantages the company will have

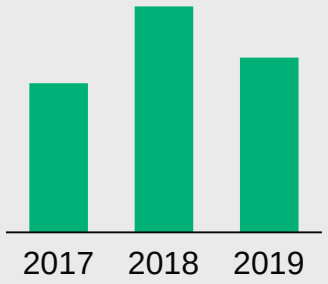
Organization and Management

- Org chart
- Ownership and legal structure
- Profiles of senior management team
- Governance structure



Market Analysis

Industry and prospects (growth, trends, etc.)



Customer characteristics

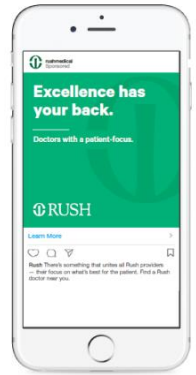
Size of the market and how market is changing

Competitors

Market barriers and impediments to be overcome

Marketing and Sales Management

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



Description of Service or Product Line

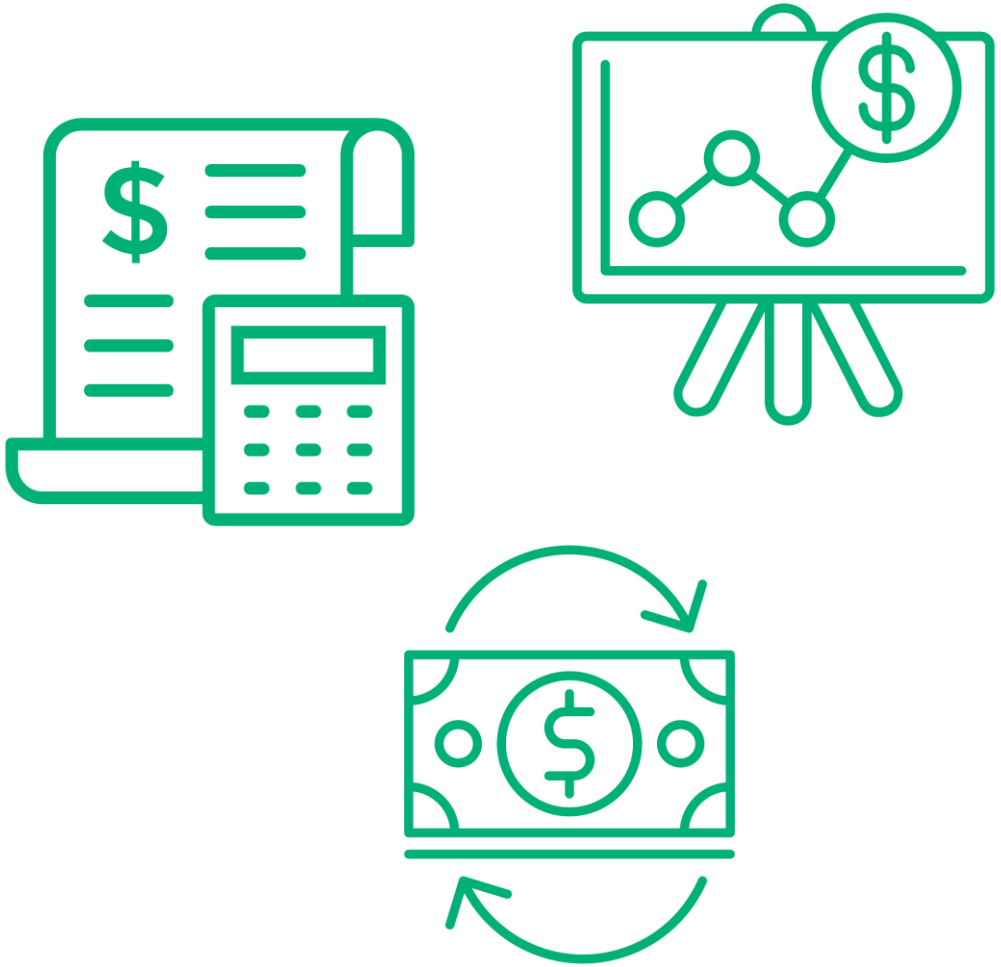
- ✓ Service or product to be **offered and competitive advantage**
- ✓ Point in the **product life cycle**
- ✓ Relevant **research and development** activities

Funding Request

- ✓ Current and future **funding needs**
- ✓ **Capital and operating and length of time** money will be needed

Financials

- ✓ **Historical data** from last 3-5 years
- ✓ Financial **projections** for 3-5 years forward
- ✓ Income statements, balance sheets, cash flow, capital expenditure budgets, ratios and trend analyses



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

To estimate revenue, need to know:

1. Average charge per procedure
2. What we're actually paid for the procedure by payor
3. What percent of our business is Medicare, Medicaid, Commercial insurance, HMO/PPO, or self pay (Payor Mix)
4. Trends—up or down, that will potentially impact our payment

- Consider additional or "spin-off" revenue (& costs) that may be associated with new cases, such as diagnostics
- Consider bold market changes that may impact the demand

Cost Estimates

To estimate expenses for new procedure, need to know:

Direct Costs of Providing Care

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

Indirect Costs of Providing Care

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

Simple Pro Forma Draft

One Example:

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

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

Simple Pro Forma Draft (Continued)

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

Applying a Risk Level to the Financial Projections

Level of Risk:

Low

Criteria:

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

Medium

Criteria:

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

High

Criteria:

- New market, service
- Reimbursement/imple mentation risk
- Large volume growth
- High exit strategy cost

Good projections and assumptions help you:

- ✓ Be able to **distinguish** attractive ventures from certain failures
- ✓ Establish a more **standardized process** for evaluating ideas to ensure **objective** weighing of opportunities and risk
- ✓ Encourage **informed decision making** on new ventures that reduce surprises and help us plan for potential financial impact

An effective business plan has these elements

- Consistent with organization mission and vision
- Honest understanding of competitive market
- Target market defined – where will the business and revenue realistically come from?
- Realistic financial projections

For success

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

Final thoughts on business planning at Rush

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

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

RUSH UNIVERSITY MEDICAL CENTER

www.rush.edu

Giving Feedback to Learners

Teaching Academy Series
April 16, 2019

Beverley Robin, MD, CHSE
Eitan Kimchi, MD
Caleb Bragg, MD
Radhika Chimata, MD
Caprice Gilpin, MD
David Sholtes, DO

RUSH Rush is a not-for-profit health care, education and research enterprise comprising Rush University Medical Center, Rush University, Rush Oak Park Hospital and Rush Health.

Learning Objectives

1. Describe rationale for giving feedback
2. Recognize challenges to giving effective feedback
3. List characteristics of effective feedback
4. Use role play to practice giving effective feedback

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Agenda

1. Brief didactic
2. Role-play examples
3. Role-play giving feedback
4. Evaluation

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What is feedback?

- A comparison between a trainee's observed performance & a gold standard which is provided to the trainee in order to improve his/her performance.

"There's nothing about your performance that you need to change ... other than everything."

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

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Why give feedback?

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

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In the absence of feedback learners….

- Assume they are doing well
- Assume they are doing poorly
- Fail to set goals
- Perceive faculty/instructor disinterest

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

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Barriers to effective feedback

- Lack of time
- Lack of training
- Infrequent observation of learners
- Concern about impact on reputation
- Effects on learner-instructor relationship
- Belief that learners know how they are performing
- Makes instructors/learners uneasy

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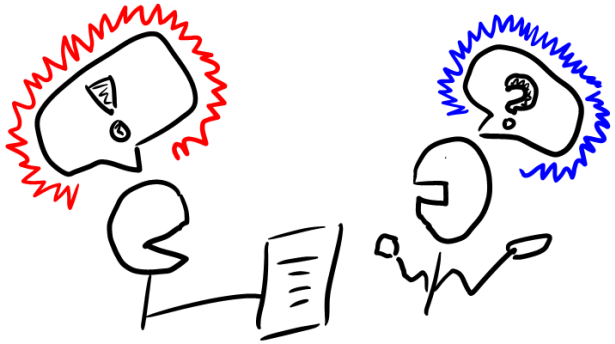
CartoonStock.com

Example of ineffective feedback



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Characteristics of effective feedback

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

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Principles of effective feedback

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

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Feedback strategies

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

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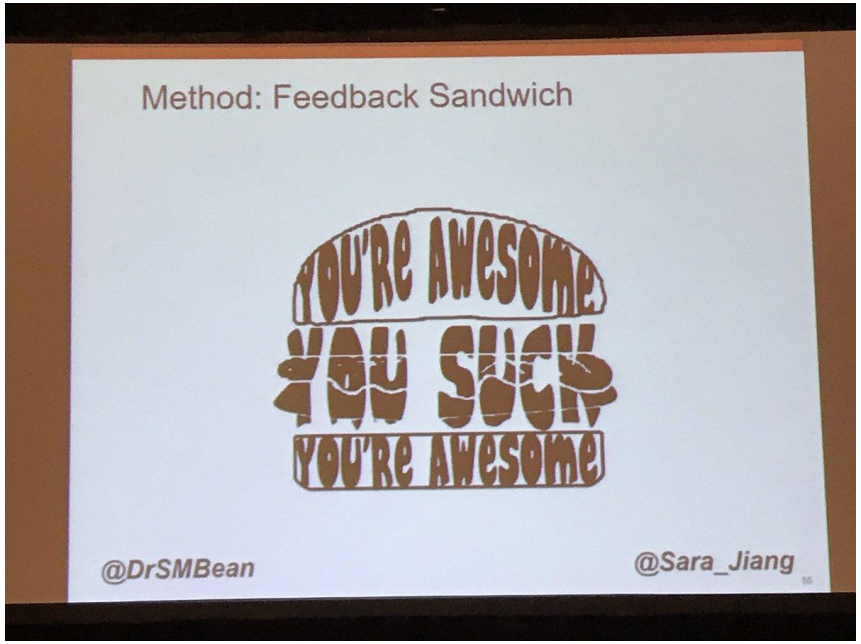
Sandwich model

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



Advantages

- Quick
- Specific
- Familiar

Limitations

- Praise may obscure constructive comment
- One-way
- Focuses on criticism

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Ask-Tell-Ask

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

Advantages

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

Limitations

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

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Example of effective feedback

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Your turn……

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Wrap up / Questions

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

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Challenges in the Clinical Learning Environment

Rush is an academic health system comprising Rush University Medical Center, Rush Copley Medical Center and Rush Oak Park Hospital.

Learning Objectives:

1. Define the clinical learning environment (CLE)
2. Classify the domains of the CLE describe their importance
3. Recognize the challenges and threats to maintaining an optimal CLE and discuss strategies to prevent and overcome them

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

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What is the Clinical Learning Environment?

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

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What is the Clinical Learning Environment?

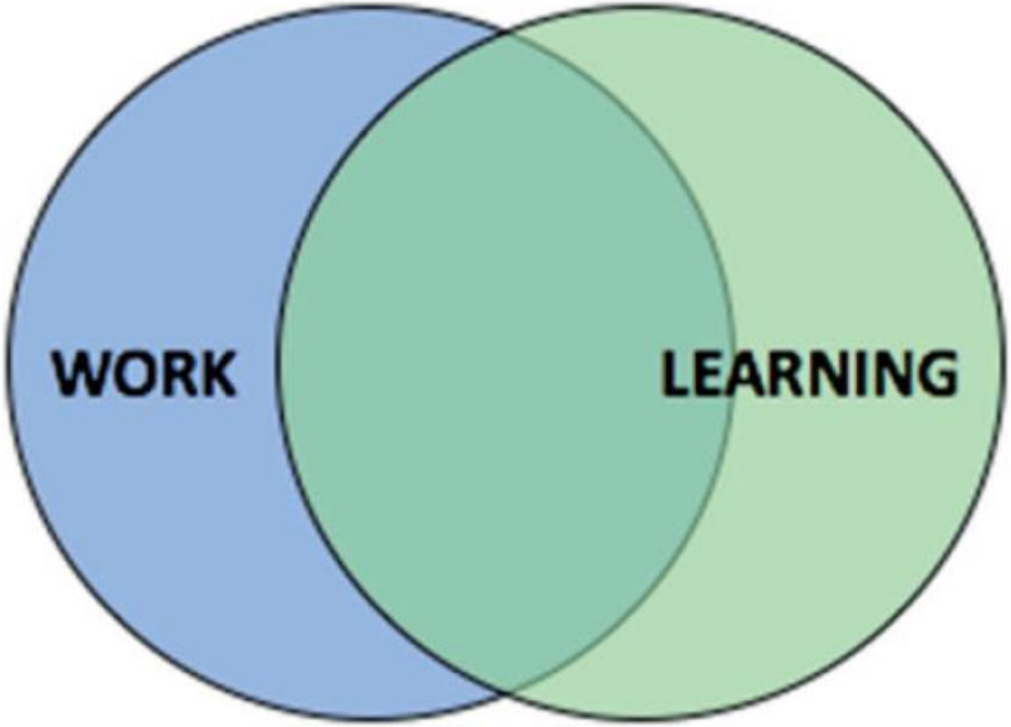

Figure 1. The CLE constitutes the overlap between the domains of work and learning and their congruent and competing rationales.

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

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

- Health professionals often work in stressful settings with high productivity expectations and inadequate resources.
- Learners are not always welcomed into work settings, may receive inadequate supervision and support, and sometimes are excluded or harassed
- Patients can feel unsupported and their care can be compromised.

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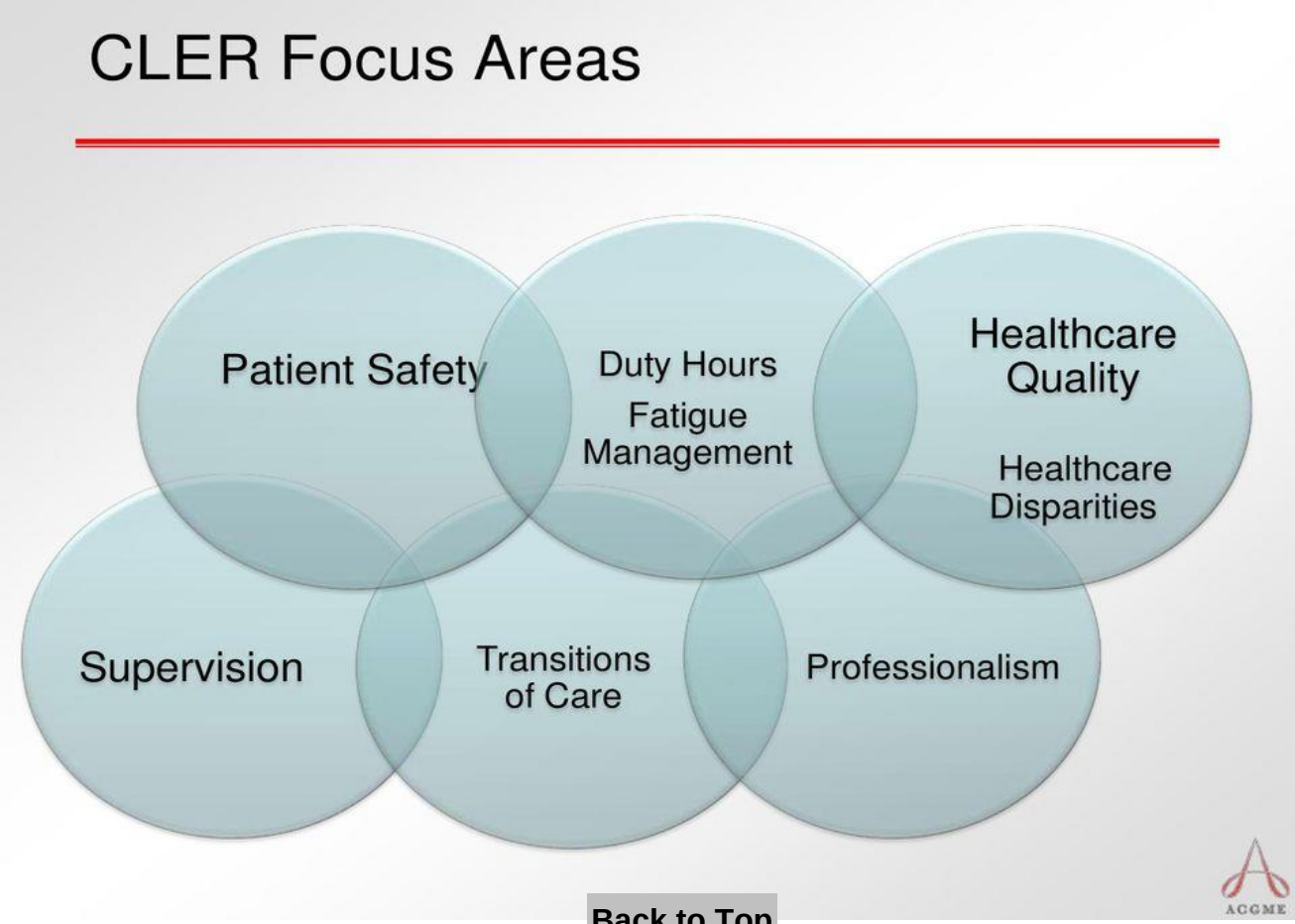
Clinical Learning Environment Review (CLER)



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Mistreatment

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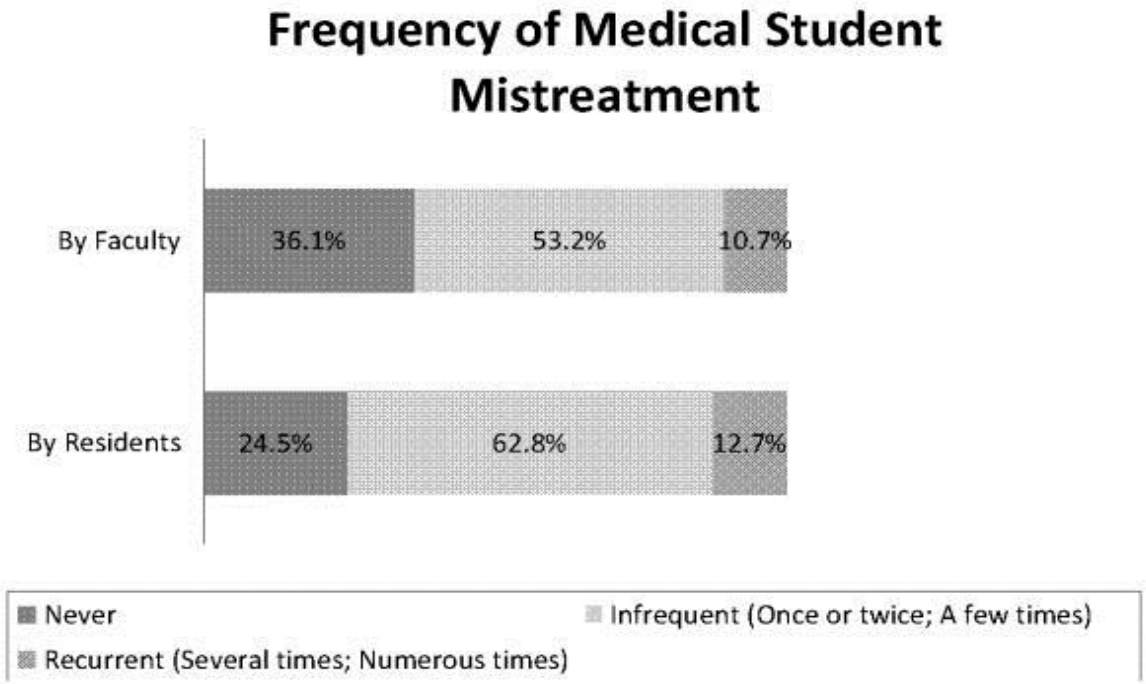

Cook A, Arora V, Rasinski K, Curlin F, Yoon J. Academic Medicine. 89(5):749–754, 2014.

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Online Reporting Portal

RUSH

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

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

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

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

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Report Tracking Database

RUSH

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

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Patient vs. iPatient

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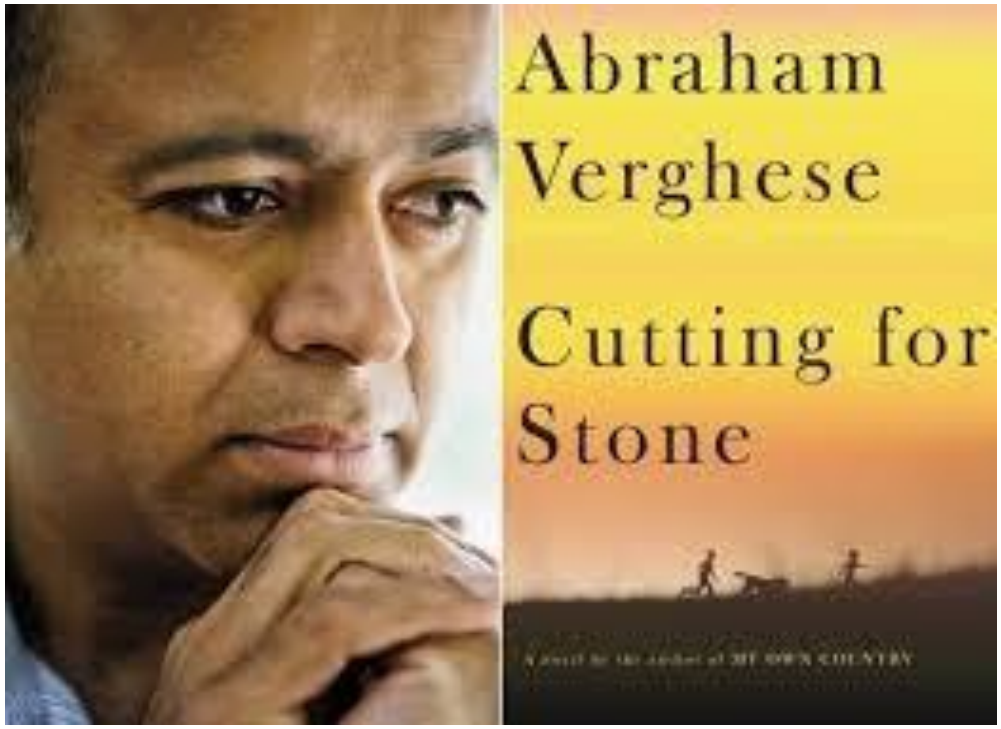
“Treat the Patient, Not the CT Scan”



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Assessment of Inpatient Time Allocation Among First-Year Internal Medicine Residents Using Time-Motion Observations

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

JAMA Intern Med. Published online April 15, 2019.

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Rush is an academic health system comprising Rush University Medical Center, Rush Copley Medical Center and Rush Oak Park Hospital.

Wellness?

Rush is an academic health system comprising Rush University Medical Center, Rush Copley Medical Center and Rush Oak Park Hospital.

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

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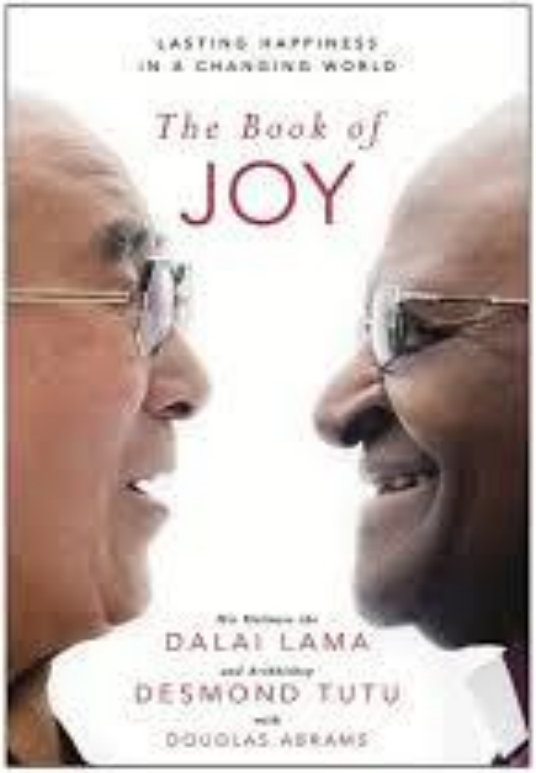
Rush is an academic health system comprising Rush University Medical Center, Rush Copley Medical Center and Rush Oak Park Hospital.


LASTING HAPPINESS
IN A CHANGING WORLD
The Book of
JOY
DALAI LAMA
DESMOND TUTU
DOUGLAS ABRAMS

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Supervision – do we really believe?

Rush is an academic health system comprising Rush University Medical Center, Rush Copley Medical Center and Rush Oak Park Hospital.

RUSH

Excellence is just the beginning.

Rush University System for Health

Striking the right balance

How thoughtful use of graphics can elevate your presentation

6/18/19

Kim Sareny

Director, Creative and Brand Strategy, Marketing and Communications

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Objective

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

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1 **Content**

— Finalize it first

— Visuals are part of the content

2 **Design**

— Basic principles

— Graphics as part of layout

— Minding your brand

— The power of great photography

3 **Resources**

Content planning — Ask these questions:

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

Is this a fun or serious topic?

Is the material complicated? What part must be understood?

What are the main points or take aways?

Design — Basic Principles

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

Design — Do’s

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

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

Design — Example: symmetry and alignment

Engage 2.3M individuals

Top employer in health care

Top decile performance in quality and safety

The premier education destination

$240M in annual research

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

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Design — Example: Symmetry asymmetry and more

Before:

Content was basic text that was organized like this:

Following are some stats from the design side:

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

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

6 operating rooms

2 special procedure rooms

65 exam rooms

100,000 square feet

20 specialties

LEED level “silver” anticipated

Unique design features

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

Sports Performance Center

Interactive home-health tech area

Electric vehicle charging stations

Efficiency features

25% more energy efficient than baseline building performance

98.8% construction waste diverted from landfills

26% materials used with recycled content

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

Architecture and Design

43 design team members

15,500 design hours worked

12 months start to finish

Construction

456 field employees received safety orientations

3,800 Concrete

43,120 CY

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

55,000 lbs. Rectangular Ductwork

18 months start to finish

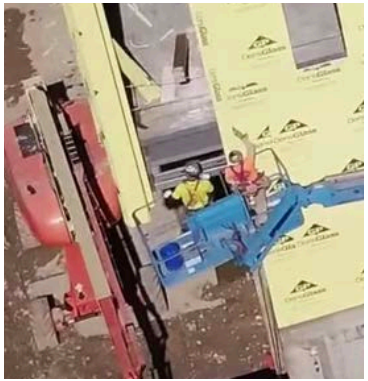
Work hours and Safety

151,000+ hours worked

100+ safety walks conducted

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

Over 99% Safe



Over 99% safe

$3,373,405

The total amount of savings, cash reserve

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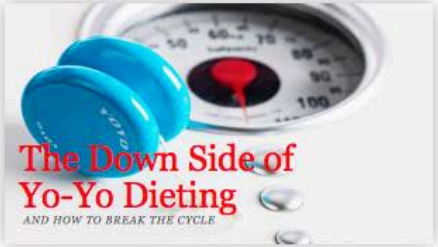
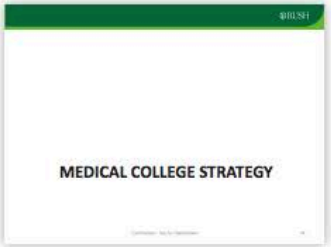
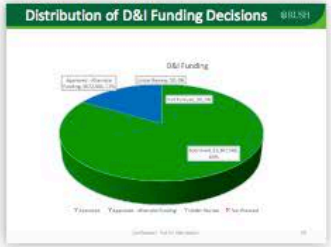
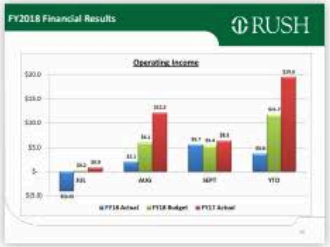
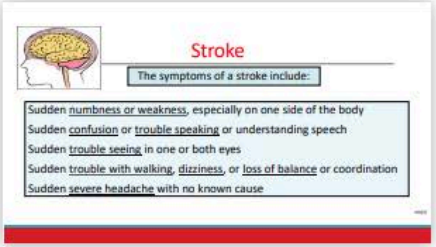
Design — A case for templates and consistency











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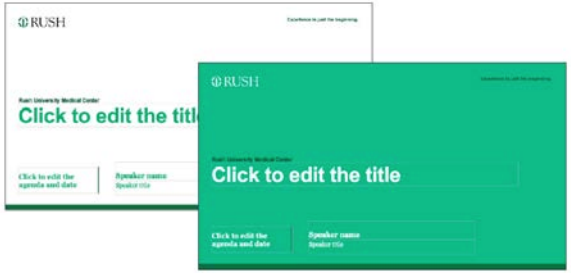
Design — Rush branded PowerPoint template system

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

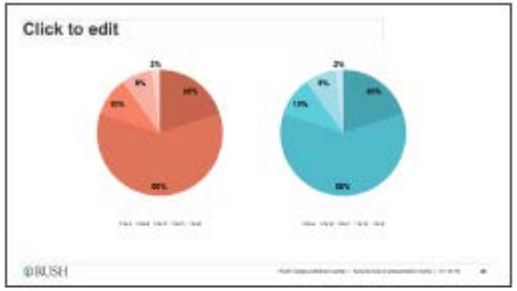
Design — Rush branded PowerPoint template system

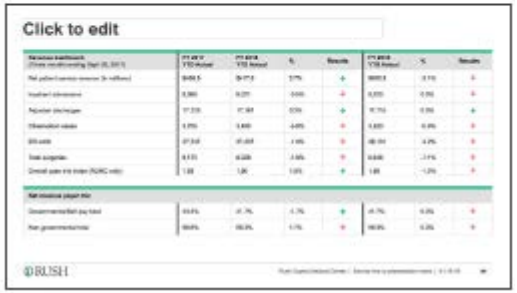
Slide Types:
Title
Agenda
Statement
Divider

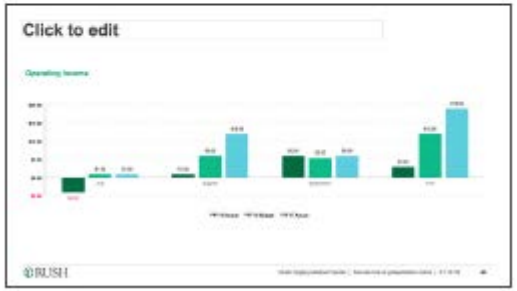


Design — Rush branded PowerPoint template system

Slide Types:
Charts and Graphs



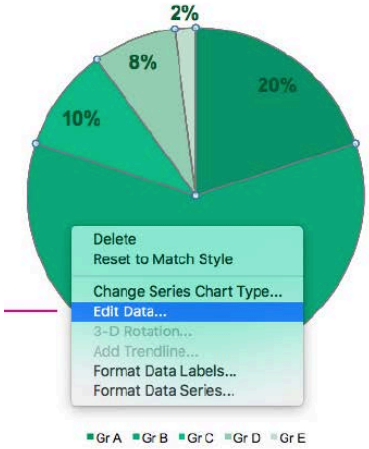


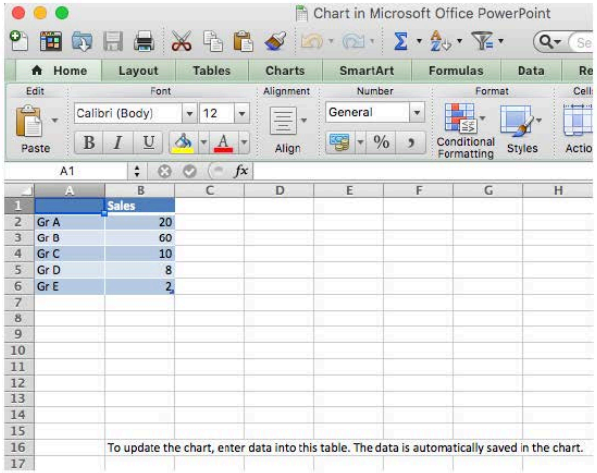


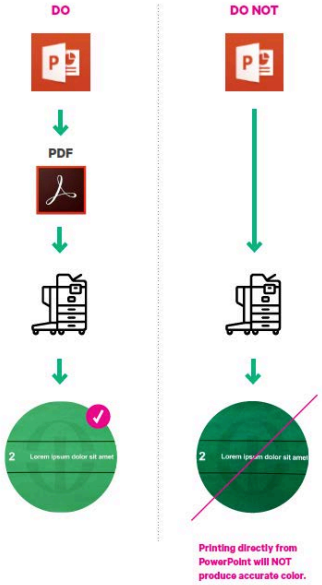
Design — Rush branded PowerPoint template system

PPT Template guide:

Working with charts and graphs
Compressing Pictures
Printing and more

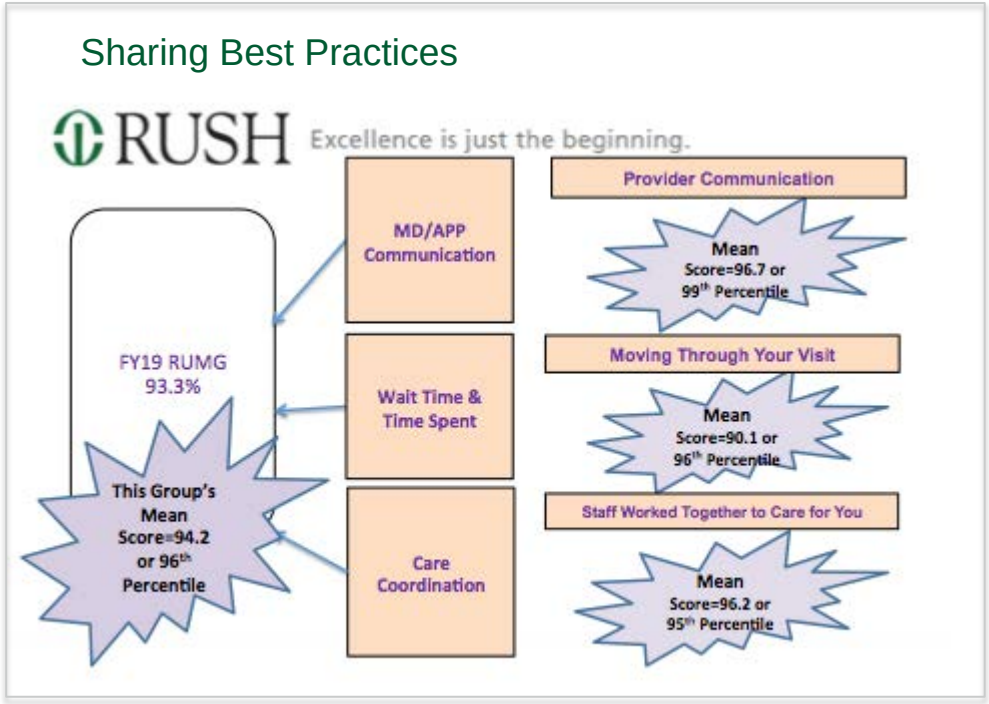






Design — Example: Hierarchy and visual ordering

Before



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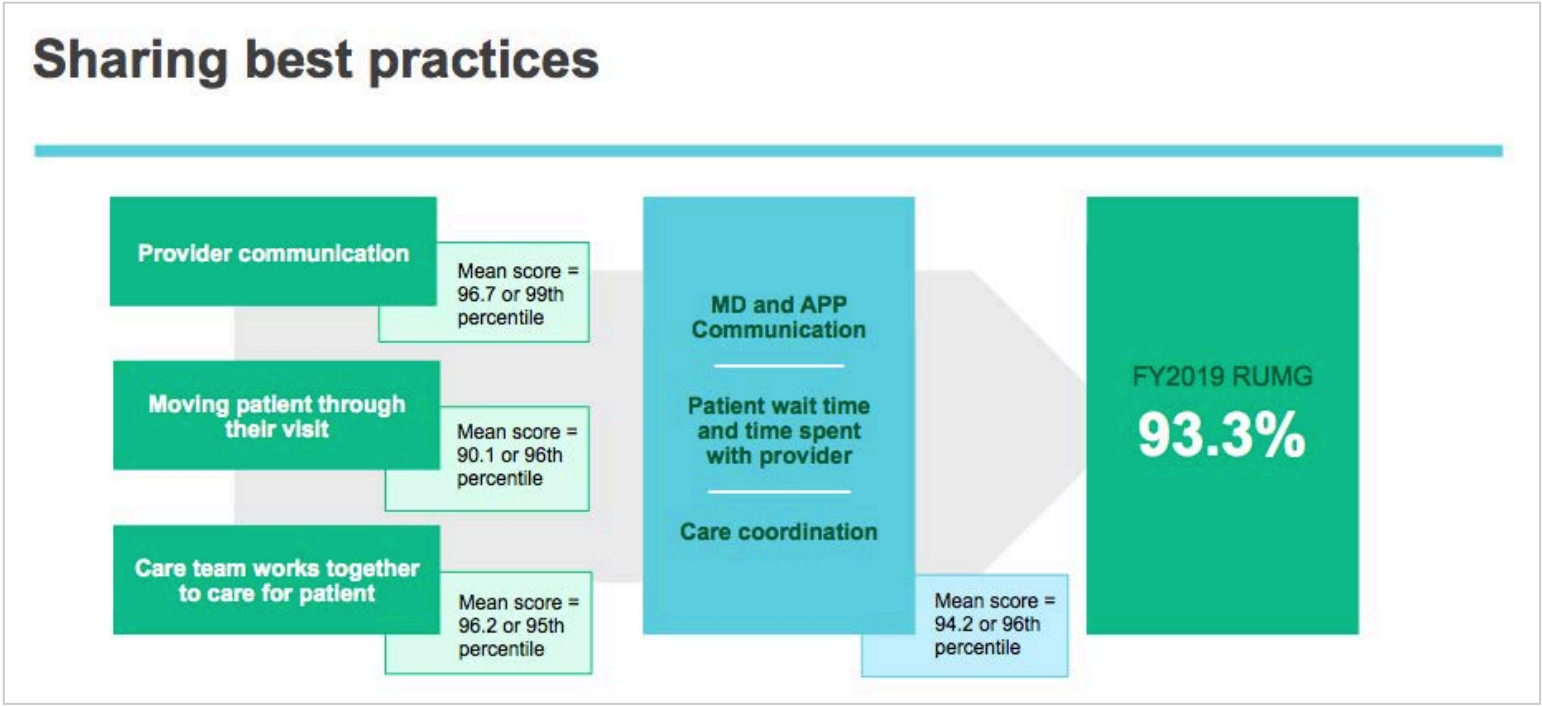
Design — Example: Hierarchy and visual ordering

After



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Design — Graphics for content clarity

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

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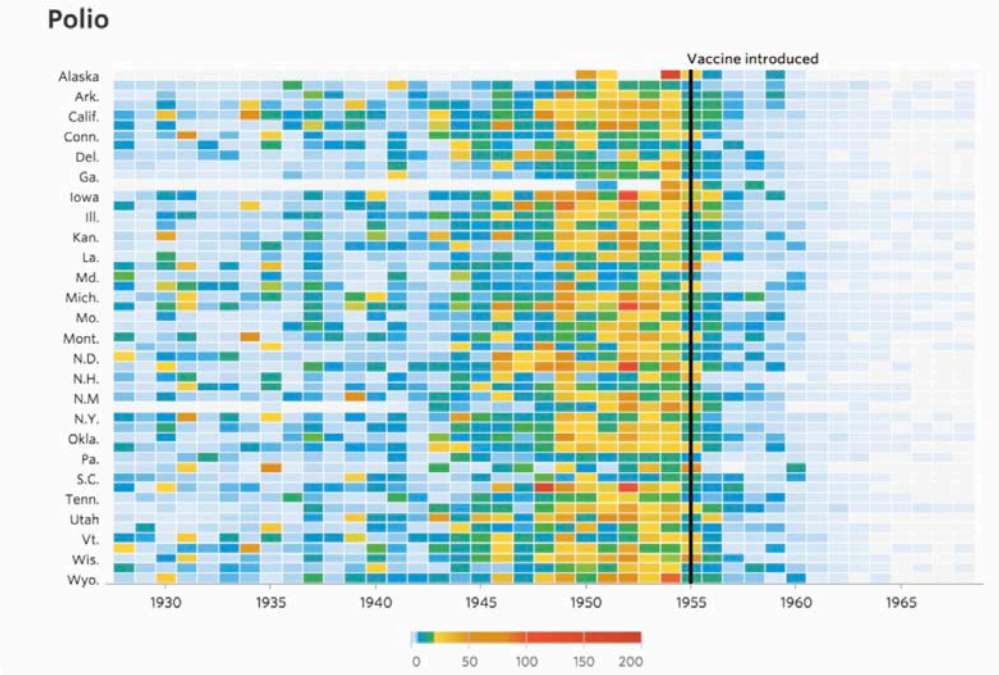
Source: Rush's 2018 Health Equity Report: Patient Care Through an Equity Lens. Illustration source: Robert Wood Johnson Foundation

Design — Graphics for content clarity



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

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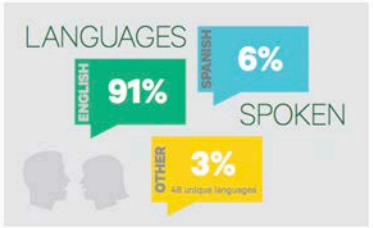
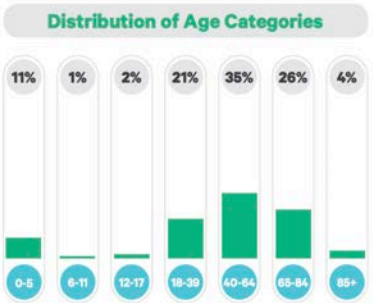
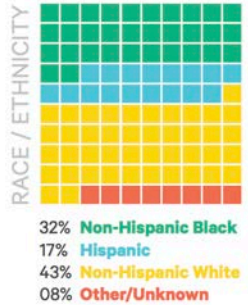
Design — Mind your brand, branded charts and graphs







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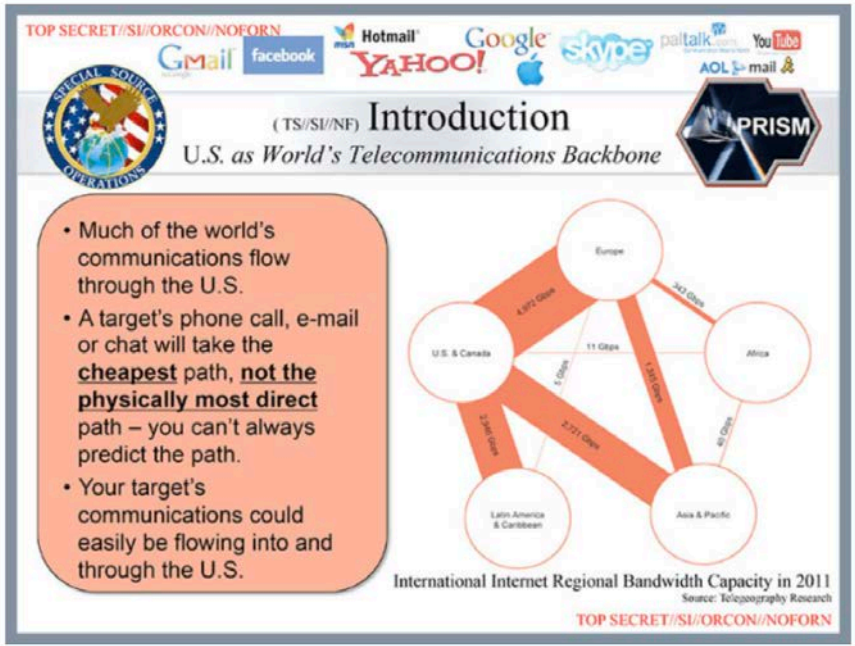
Source: Rush's 2018 Health Equity Report: Patient Care through an Equity Lens

Design — Mind your brand and credibility



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

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Design — Mind your brand, so much more credible!

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

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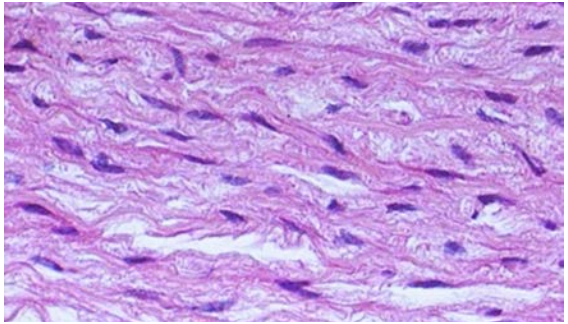
Design — The power of photography to tell a story



Example: images used online as part of annualreport.rush.edu, ”Excellence Begins with Cancer Innovation”

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Design — The power of photography to tell a story

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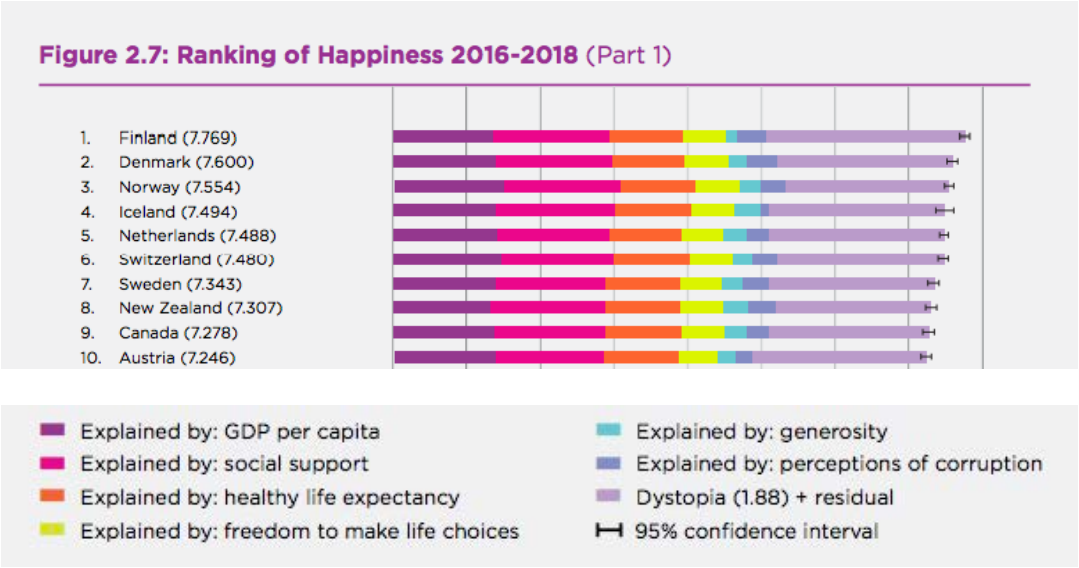
Design — Power of photography to humanize topic



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

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Design— Power of photography to humanize topic

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

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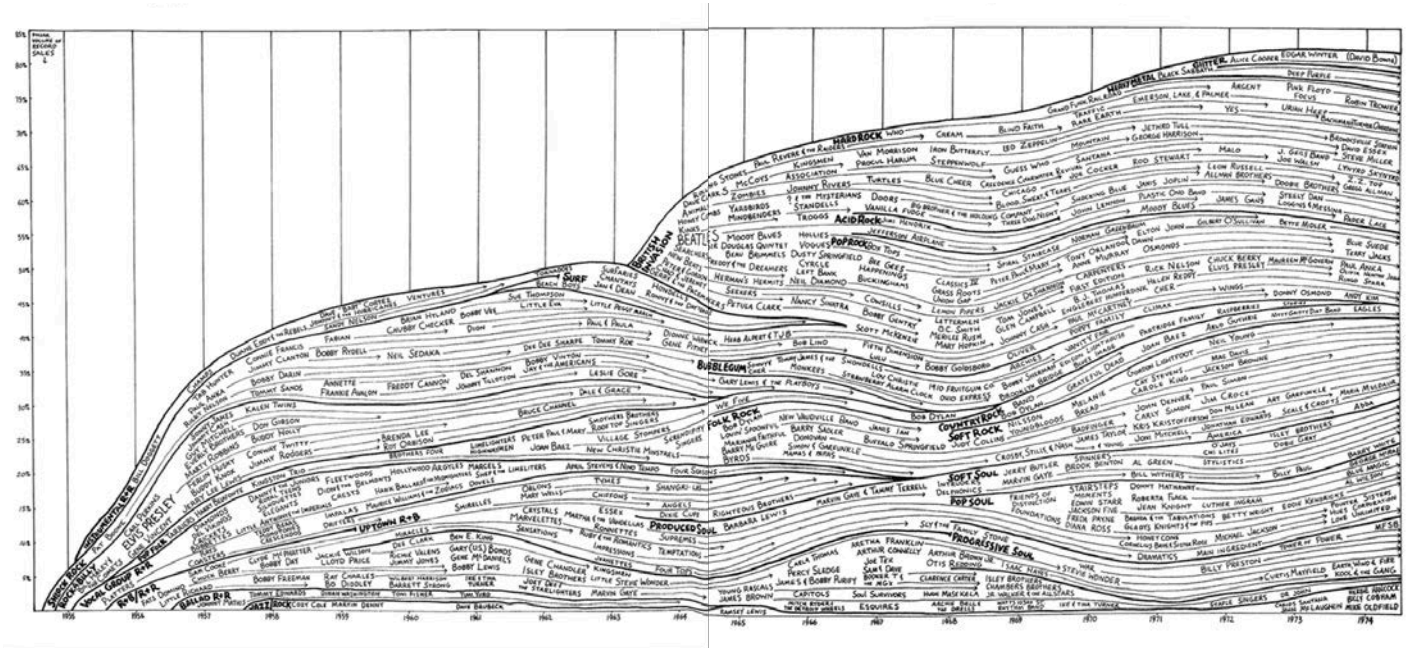
Design examples — Fun stuff, Pop and Rock “timeline”



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

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

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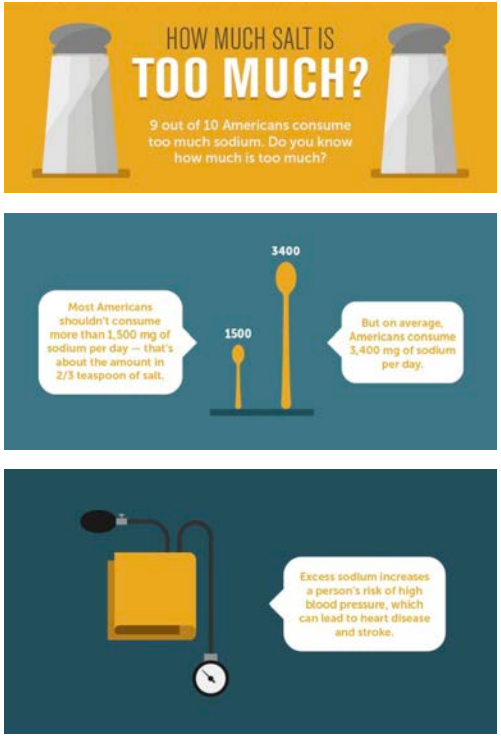
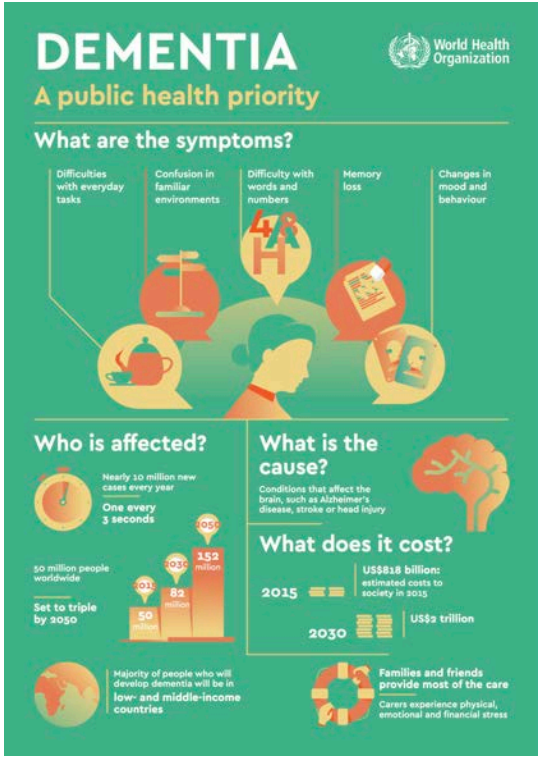
Source: Edward Tufte, Visual Explanation
Author: Reebee Garafalo

Design — Fun stuff, Infographics





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Source: Rush Health and Wellness "quick guides", World Health Organization

Design — Don’ts

Include too much copy or fill a slide with information

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

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

Feature distracting transitions or animation

Resources

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

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Finding assets: Photography, video and illustration

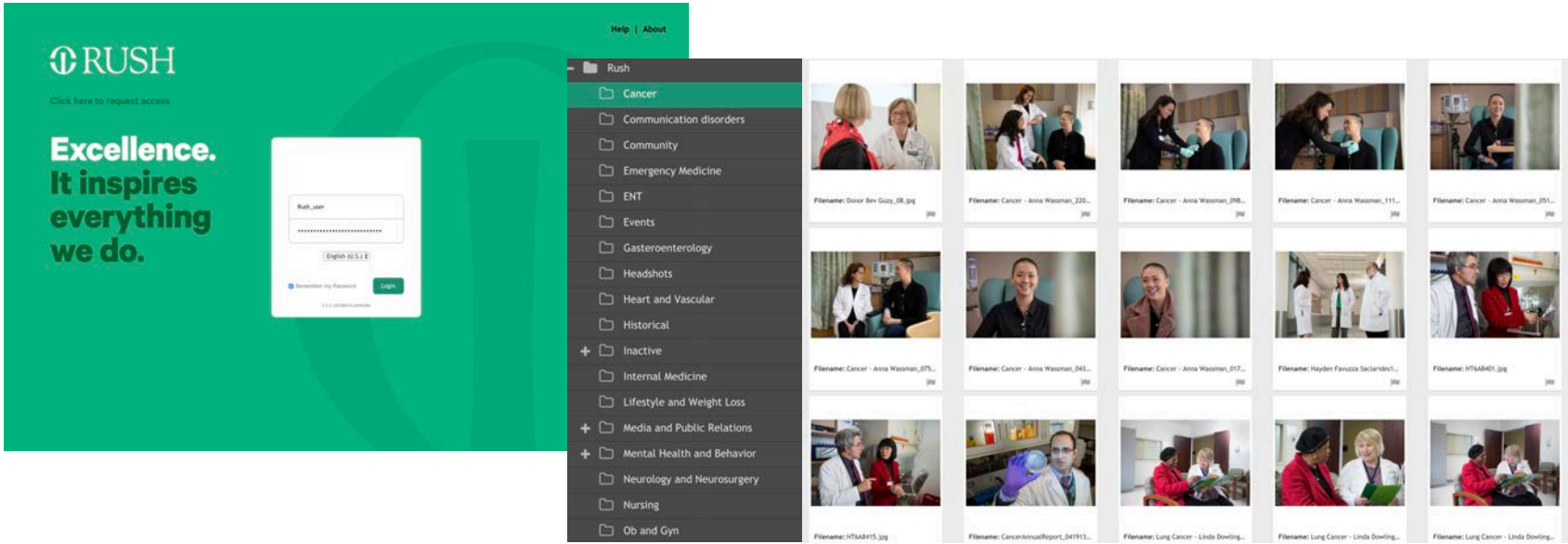
Start here:
medialibrary.rush.edu

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

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

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

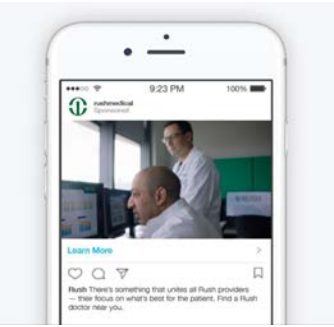
Rush Media Library

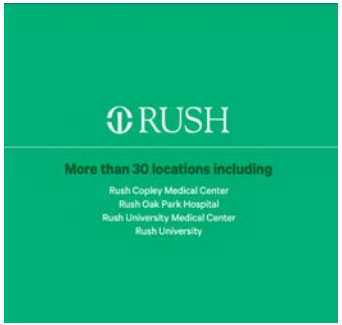


Media Library links:
medialibrary.rush.edu
medialibrary.rush.edu/rush_brand_assets

Marketing and Communications Resources

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





Rush Marketing and Communications Resources

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

Branding
Marketing and strategy (including Rush University)
Creative direction
Content development and strategy
Graphic design and art direction
Web strategy and management
Video and photo production
Social media
Media relations
Internal and external communications
Rush physician communications
Marketing call center
Printing coordination

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

Inspiration

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

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

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

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

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

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Questions?

Thank you.

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