

## Workshops

### Abstract #1012

#### Moralmap.com: Website for Moral Reflection. An Interactive Educational Tool for Use in Medical Training

Myra van Zwieten<sup>1</sup>

<sup>1</sup>Academic Medical Center

Following this workshop, participants:

- are aware of the background and content of Moralmap.com
- have experienced the website's innovative possibilities
- would be able to use Moralmap.com in their own curriculum

The modern doctor needs to be a well-rounded professional. Patients are becoming increasingly well-informed, but they still rely on their doctor for counsel, also when it comes to morally sensitive issues. In order to be able to discuss ethical issues with their patients, physicians first of all need to know their own moral viewpoint. Moralmap.com helps physicians to open moral issues up for discussion in an accessible way.

Moralmap.com is an interactive educational tool that invites students and trainee physicians to reflect on questions like "How assertive should your patients be?", "How do you deal with the pressures of time in your work as a doctor?" and "Should you always discuss everything with your patients?" Visually appealing assignments encourage users to think about moral issues in a playful way. Personal views are made explicit step by step, based on individual case histories. Print-outs of the assignments form the basis for further classroom discussions.

Moralmap can be used independently by educators in the field of medical ethics, medical communication and professionalism. Lecturers do not need to be medical ethicists themselves to be able to use the website in their teaching, since all the necessary ethical expertise is already incorporated in the website assignments themselves as it were.

#### Outline of workshop activities

Introduction:

- Implementing moralmap.com in a medical curriculum
- Experiences in the Academic Medical Center in Amsterdam: 20 minutes
- Interactive session in dyads
- Getting acquainted with some of the website's assignments: 25 minutes

Plenary interactive:

- Identifying facilitators and barriers of using Moralmap in your own teaching setting: 25 minutes

*\*indicates presenter*

In conclusion:

- Implementing moralmap in your own curriculum: tips and tricks: 20 minutes

**Keywords:** *medical ethics, e-learning, professionalism, blended learning*

### Abstract #1017

#### Feedback in Experiential Communication Sessions: Managing Feedback in Different Learning Contexts

Jonathan Silverman<sup>1</sup>, \*Marcy Rosenbaum<sup>2</sup>

<sup>1</sup>University of Cambridge, <sup>2</sup>University of Iowa

#### Purpose

This workshop will focus on providing feedback in experiential communication skills teaching. It will explore how to give feedback in a variety of teaching contexts.

#### Objectives

As a result of this workshop, participants will be able to:

1. Describe how to structure feedback to learners on their communication skills to enhance learning
2. Implement key components of effective feedback in experiential communication skills sessions
3. Compare and contrast the differences in feedback approaches depending on the teaching context including one to one, small group, with video review, with and without simulated patients.

#### Rationale

Feedback is a key component of effective communication skills teaching. Managing the feedback process in a variety of different communication teaching situations is essential if facilitators wish learners to enhance and change their communication behavior in actual clinical practice.

#### Activities

The workshop will be highly interactive, participant centered and experiential. Following a brief introduction (00:10), participants will observe a consultation on DVD as if directly observing it in the outpatient setting (:10-:20). They will then in pairs explore what they would emphasize in feedback to the learner (:20-:30). With the use of volunteers from the audience, we will then explore in a sequential fashion how to provide feedback in a variety of teaching contexts including one to one teaching (:30-:45), when video review is available (:45-55), within small groups (:55-1:10) and with simulated patients (1:10-1:20). These approaches will emphasize the benefits strategies such as learner agenda driven feedback, balanced behaviorally specific feedback and opportunities for re-rehearsal of skills in each of these contexts. The session will end with a summary of feedback principles and participants summarize take-home strategies to use at their own institution (1:20-1:30).

**Keywords:** *feedback, communication skills, teaching*

**Abstract #1018**

**A Communication Tool for Self-Management of Chronic Conditions**

\*Krista Hirschmann<sup>1</sup>, Vickie Cunningham<sup>1</sup>, Rita Grillo<sup>1</sup>  
<sup>1</sup>Lehigh Valley Health Network

The Flinders Program is a generic patient-centered communication tool based in the principles of motivational interviewing and designed to promote self-management among those with chronic conditions. It is generic in the sense that it can be used with an chronic condition (or multiple conditions simultaneously) and patient-centered in that it targets what the patient identifies as their biggest problems and goals, even if those goals fall outside of health related issues. Developed in Australia in the late 1990s, the Flinders Program has large amounts of evidence-based data supporting its use, but remains relatively unknown to U.S. audiences. This workshop will introduce the principles and four key Flinders tools, demonstrate the process and discuss how one U.S. homecare nursing program integrated Flinders into their practice along with preliminary results of readmissions rates.

**Key Strategies: Discussion, Didactics, Case-study, Demonstration, Role Play**

The workshop format is:

Introductions, Welcomes and Objectives – 5 minutes

At the end of this workshop participants will be able:

1. to identify the seven principles of self-management
2. to describe the four Flinders tools
3. to recognize how Flinders can be integrated into practice

Discussion: What is your current approach for promoting self-management among those with chronic conditions? How well does it work? – 5 minutes

Didactic – 15 minutes

1. Introduce principles of self-management
2. Introduce Flinders (2 tools)

Development of a case per audience experiences – 10 minutes

Demonstrate/role play first 2 tools – 10 minutes

Didactic – 10 minutes

1. Introduce Flinders (2 tools)
2. Connection to motivational interviewing

Demonstrate/role play second 2 tools: – 5 minutes

Didactic on implementation by homecare nurses and impact on readmission rates – 10 minutes

Discussion: Take-aways and learnings from the workshop – 5 minutes

1. What worked well for you?
2. What questions, comments, or clarifications do you have?

Evaluations: 5 minutes

**Keywords:** *chronic conditions, communication tool, Flinders Program, self management*

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**Abstract #1027**

**Rapid Rapport for Results: Learning Non-Verbal Medical Communication**

Jason Luban<sup>1</sup>

Countless studies prove that the most common trait of exceptionally effective practitioners is their ability to quickly develop and maintain deep rapport with their patients. Learning rapid rapport yields improved diagnoses and treatment outcomes, reduced levels of practitioner burn-out, lower malpractice liability and consistently satisfied patients.

In this enlightening, experiential, multi-media workshop, you'll discover immediately applicable techniques that will fit easily into your clinical routine. We'll cover verbal and non-verbal communication, experiencing the impact of:

- Advanced language patterns
- Mirror neurons
- Psychogeography
- Eye-accessing cues
- Developing well-formed outcomes
- Anchoring
- Pacing and leading, and more.

Refresh your practice through this one-of-a-kind class combining traditional wisdom with the latest research in advanced communication science, hypnosis and neurolinguistics. You'll learn the secret methods and subtle underpinnings of exceptional communicators, and you're guaranteed to get powerful results for yourself and your patients. You'll leave with a rare understanding of human interaction and many new skills to use with the next patient you see, as well as the next person you meet.

**Keywords:** *Rapport, patient-centered, non-verbal, communication, research*

**Abstract #1051****A Click is All it Takes: Exploring the Role of Social Media in Medical Education**

\*Richard Frankel<sup>1</sup>, Martha Grayson<sup>2</sup>, Felise Milan<sup>2</sup>,  
Gabriel Bosslet<sup>1</sup>, Donald Brady<sup>3</sup>

<sup>1</sup>Indiana University School of Medicine,

<sup>2</sup>Albert Einstein College of Medicine,

<sup>3</sup>Vanderbilt University School of Medicine

**Session Summary**

It is widely known that “Millennials,” who include our medical students and residents, are almost constantly engaged in using social media such as Facebook which, alone, counts over 23 million in the U.S. Among Millennials, communicating via social media has supplanted other forms of interaction, including the telephone and even email.

After a Rutgers University student committed suicide shortly after a cyber bullying attack The New York Times wrote, “Students are encouraged by Facebook and Twitter to put their every thought and moment online, and as they sacrifice their own privacy to the altar of connectedness, they worry less about the privacy of others.” Posts on Facebook range from a factual accounting of events to the more personal and intimate. Not uncommonly, Facebook users are known to share personal feelings with large groups of friends on their site. Many medical schools and post-graduate training programs are including curricula designed to reduce the inappropriate or unprofessional uses of social networking.

The goal of this workshop is to explore modes of teaching professionalism and communication skills to Millennial learners who use and depend upon social networking sites to relate. Questions to be addressed are: How can we best learn from our students about their habits of practice using social networking sites? Is social media the antithesis of thoughtful communication or do Millennials see it differently? How can medical educators use social networking and newer modes of communication to teach professional values?

**Session Objectives**

1. Recognize prevalence and usage patterns of social media and social networks by medical students and residents.
2. Review the current state of knowledge about Millennials’ attitudes and values toward use of social media.
3. Brainstorm educational strategies geared to the current generation of medical students and residents in light of their patterns of electronic and online communication.

**Keywords:** social media, professionalism, communication

**Abstract #1055****Writing the Physician’s Tale: Sharing Stories and Publishing Your Narratives**

\*Elizabeth Rider<sup>1</sup>, David Hatem<sup>2</sup>, William Branch Jr.<sup>3</sup>,  
Shmuel Reis<sup>4</sup>

<sup>1</sup>Harvard Medical School, <sup>2</sup>University of Massachusetts  
Medical School, <sup>3</sup>Emory University School of Medicine,

<sup>4</sup>Technion-Israel Institute of Technology

**Objectives**

Participants will:

1. Discuss uses of narrative in professional education
2. Discuss and give feedback on participants’ narratives in small groups
3. Discuss criteria for publication of narratives, commenting on qualities that increase likelihood of publication
4. Discuss resources for publishing healthcare narratives

**Summary**

Worldwide, narrative medicine is touted as a way to achieve greater empathy, reflection and societal trust, to support personal and professional development, and to reinforce the ideals of the medical profession. Publishing narratives is now more common in medical journals, and more clinicians seek to publish their work. Yet criteria for publication are often mysterious, as publications use different guidelines than used for scientific articles.

This workshop will allow participants to write a short narrative, bring narratives they are working on, receive feedback from fellow workshop participants, and consider whether publication is a goal of their writing. Participants will have the opportunity to discuss criteria and outlets for publication with three editors of the Reflective Practice column of Patient Education and Counseling (Rider, Hatem and Reis) as well as teachers of writing in medical education settings.

**Session Activities**

1. Introduction of faculty and participants – 5 minutes
2. Large group discussion – 10 minutes
  - a. How have people used narrative in their education programs?
  - b. How has this been received?
3. Small group exercise – 60 minutes
  - a. We will break down into small groups and allow participants an opportunity to write and read narratives they have written and to obtain feedback from their peers.
4. Large group discussion: Criteria and avenues for publication – 10 minutes
5. Wrap-up and evaluation – 5 minutes

**Keywords:** narrative, reflective practice, medical education, writing, publishing

### Abstract #1065

## A Faculty Development Program to Enhance Medical Humanism

\*William Branch<sup>1</sup>, David Hatem<sup>2</sup>, Greg Makoul<sup>3</sup>,  
Paul Haidet<sup>4</sup>, Richard Frankel<sup>5</sup>

<sup>1</sup>Emory University School of Medicine,

<sup>2</sup>University of Massachusetts Memorial Medical Center,

<sup>3</sup>Saint Francis Hospital and Medical Center,

<sup>4</sup>Pennsylvania State University College of Medicine,

<sup>5</sup>Indiana University School of Medicine

### Session Learning Objectives

After attending the session, participants will be able to:

1. Articulate the structure, resources and curriculum needed to implement a faculty development program similar to ours.
2. Explain how reflective learning enhances values, attitudes and professional growth.
3. Use appreciative inquiry narratives or role play simulation to impart humanistic values.

### Session Summary

The initial years on clinical faculty are a time of rapid development, often without specific training or guidance. In a supportive environment, junior faculty may develop into influential role models of humanistic values. We previously reported significantly superior humanistic teaching in faculty members who participated in a longitudinal faculty development program at five medical schools. We have now expanded the program to include eight additional schools. Our program stresses reflective learning interspersed with experiential exercises that address humanistic teaching skills. This workshop will review the structure, learning goals and methods of our successful program. Workshop leaders are experienced facilitators at one of the participating schools.

Attendees of this workshop will experience first-hand one of three key curricular components of our program in break-out groups:

1. A reflective learning session based on writing an appreciative inquiry narrative
2. Learning to be an influential role model, or
3. Learning to provide feedback to residents and medical students within the context of the hidden or informal curriculum.

### Session Activities

Format:

1. Panel Presentation: Structure, goals, curricular content and evaluation results of our Faculty Development Program to Enhance Humanistic Teaching – 15 minutes.
2. Breakouts (choose one) – 60 minutes:
  - a. Write an appreciative inquiry narrative followed by facilitated reflective discussion.
  - b. Learn skills to be an influential role model of medical humanism.

- c. Practice providing feedback to learners in the context of the hidden or informal curriculum.
3. Regroup for Interactive Discussion and Concluding Comments

**Keywords:** professional, humanistic, faculty development, development, humanism

### Abstract #1076

## How to Develop vVideo-vignettes for Research of Provider-patient Communication

\*Marij Hillen<sup>1</sup>, Liesbeth van Vliet<sup>2</sup>,

<sup>1</sup>Academic Medical Center - University of Amsterdam,

<sup>2</sup>NIVEL - Netherlands Institute for Health Services Research

### Rationale

Research of provider-patient communication is often observational, prohibiting conclusions about the direction of effects. Moreover, as communication is mostly used as a “catchall concept,” these studies offer little information about the effects of specific communication. To overcome these and other limitations, video-vignettes are a useful tool, as they allow for standardization within an experimental design. In practice, however, the development of video-vignettes may seem daunting because many practical and methodological issues need to be resolved. This workshop is intended to share expertise on, as well as experiences with, these issues.

### Objectives

Upon completion of this workshop, participants will:

1. be informed about the advantages and potential barriers of video-vignettes studies in order to determine when video-vignettes might be useful
2. be familiar with the different steps in developing video-vignettes and the associated practical and methodological issues.
3. be better prepared to tackle these practical and methodological issues when conducting video-vignettes research

### Session Format/Activities

Participants will be enabled to share their (possible) expertise on video-vignettes development. We will discuss the advantages and limitations of video-vignettes studies, and go over the successive steps in the development thereof, drawing from both the literature and our own experience. Methodological and practical issues encountered in this process are discussed and illustrated with examples from our own research. Hands-on advice is provided on the appropriate approach, depending on the nature and aims of your research. Participants are encouraged to discuss their views on how to handle these various dilemmas.

**Outline of session**

- Welcome, introduction of presenters and workshop participants – 20 minutes
- Short introduction of video-vignettes research in medical communication research and in other settings – 10 minutes
- Interactive discussion and illustration of the various practical and methodological issues encountered in video-vignettes development – 50 minutes
- Conclusions – 10 minutes

Maximum number of participants: 30

**Keywords:** *methodology, video-vignettes, provider-patient communication*

**Abstract #1123**

### Navigating NIH Grant Mechanisms and Writing Persuasive Proposals

\*Wen-ying Sylvia Chou<sup>1</sup>, Ulla Connor<sup>2</sup>, Kathryn Lauten<sup>2</sup>  
<sup>1</sup>NIH/NCI, <sup>2</sup>Indiana University Indianapolis

Part One of this workshop will be conducted by an NIH Program Director who will provide an overview of the grant submission process, grant mechanisms and review process, NIH resources available to investigators, current funding priorities in social and behavioral sciences, and submission guidelines and tips. Special attention will be paid to health communication and informatics, including media and journalism and clinical communication.

Part Two of this workshop will be conducted by an expert in grant writing and intercultural communication who will provide guidance on specific linguistic and cultural considerations, especially tailored for non-native English speakers but relevant for all. The focus will be on rhetorical moves and linguistic features of grant writing and strategies for writing clear and persuasive grant narratives to improve funding likelihood, especially of Summaries and the sections of Background and Significance of research.

**Objectives**

After participating in this workshop, participants will:

1. Understand the NIH grant process
2. Understand the roles of NIH grant personnel
3. Be aware of grant language practices specific to English language and U.S. research cultures
4. Be able to apply writing recommendations to their own grant proposals

**Format/Activities**

The workshop will combine information presentations with interactive exercises and proposal examples. It may be helpful for participants to bring proposal drafts, but this is not necessary.

- Part One: NIH information combined with tips and question period – 40 minutes
- Part Two: Writing recommendations combined with editing exercises – 40 minutes
- Large group question session – 10 minutes

**Keywords:** *grant writing, intercultural communication*

**Abstract #1178**

### How to Develop a Successful Program Using Videotaped Encounters to Enhance Communication Skills

\*Sara Abbott<sup>1</sup>, Lily Pien<sup>1</sup>, J. Harry Isaacson<sup>1</sup>,  
 Amy Windover<sup>1</sup>,

<sup>1</sup>Cleveland Clinic Lerner College of Medicine of Case Western Reserve University

**Purpose**

To discuss best practices of videotape review and help participants identify practical strategies for developing or refining a videotaping program specific to the needs and resources of their institution.

**Objectives**

At the end of the session, participants will be able to:

1. State the benefits and challenges of using videotape review for communication skills training.
2. Describe attitudes and behaviors that facilitate communication skill development during videotape review.
3. Identify strategies to create a successful videotape review program.

**Methods (90 minute workshop)**

1. Introduction of course staff and objectives.  
 Audience introductions – 10 minutes
2. Introduce 3-function model for videotape review, with focus on creating a safe environment and promoting student-centered learning. – 10 minutes
3. Observe a mock video-tape review utilizing 3-function model (5 minutes) followed by large group reflections. – 10 minutes
4. Provide detailed example of videotape review program at CCLCM, with emphasis on the following issues to consider when creating a videotape review program. – 15 minutes
  - a. Integration with existing curriculum
  - b. Faculty development and training
  - c. Setting (where to videotape, who to interview, etc.)
  - d. Equipment requirements and expense
  - e. Student preparation
  - f. Review format: one-on-one vs. small group
  - g. HIPAA-compliant consent and videotape storage

5. Small group exercise for developing a videotape review program. Worksheets provided. – 20 minutes
  - a. Participants will describe current communication skills program and videotape review if currently used.
  - b. Participants will use worksheets to develop an outline of a videotape review program specific to the needs and resources of their institution.
  - c. Participants will share their ideas with the small group and receive feedback.
6. Large group will debrief unique strategies for videotape review programs identified in small groups and address remaining issues and questions. – 15 minutes
7. Summary and conclusions – 5 minutes

**Keywords:** videotape review, curriculum design, faculty development

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#### Abstract #1274

### An Individualized Evidence-based Approach to Medically Unexplained Symptoms

\*Francesca Dwamena<sup>1</sup>, Auguste Fortin VI<sup>2</sup>,  
Robert Smith<sup>1</sup>,  
<sup>1</sup>Michigan State University, <sup>2</sup>Yale University

Medically unexplained symptoms (MUS) are common in primary care and often lead to excessive healthcare utilization. Yet, primary care physicians often lack the confidence and skills to diagnose and manage effectively patients who suffer with this problem. We will use didactics, videotape and role-play to train participants to use an organized, individualized and patient-centered approach that has been demonstrated in randomized controlled trials to be effective. The studies showed clear improvements in mental health, patient satisfaction and physical disability; decreased use of narcotics and benzodiazepines; and increased use of full dose antidepressants. A related qualitative study identified opportunities that will be explored further during the workshop to enhance the effectiveness of the method. In addition to discussing the state of the science of the problem of MUS, this workshop will provide ample opportunity for practicing the art of self-awareness and relationship-building that is vital to fruitful interactions with these and other difficult patients.

#### Learning Objectives

By the end of the workshop, participants will be able to:

1. Describe the steps required to establish a diagnosis of MUS;
2. Establish and maintain effective relationships with patients with MUS;
3. Assist patients with MUS to understand their illness;
4. Negotiate and agree on specific treatment plans with patients with MUS; and
5. Assist patients with MUS in making a commitment to actively participate in their care.

#### Agenda

- Introductions, announcements
- Video Part I with discussion
- Classification and Diagnosis of MUS (didactic)
- Treatment of MUS (didactic and discussion)
- Faculty demonstration of skills with discussion
- Participant role-plays (small groups); Video Part 2 (with discussion)
- Feedback and Evaluations

**Keywords:** somatization, communication, relationship, medically unexplained symptoms, behavioral change

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#### Abstract #1310

### Impact of Family of Origin and Culture on Communication Skills and Styles: An Interactive Workshop

\*Kathy Cole-Kelly<sup>1</sup>, Shmuel Reis<sup>2</sup>

<sup>1</sup>CWRU School of Medicine,

<sup>2</sup>Department of Family Medicine, Haifa, Israel

#### Rationale

Although there is an increase in the teaching of communication skills in medical education, the exploration of one's family of origin and culture of origin is rarely a part of communication skills training. This workshop provides a model for raising participants' awareness of these influences in their own styles of communication.

#### Objectives

At the end of this session participants will:

1. Describe a valuable exercise using the genogram with guided questions to learn about their own family's explicit and implicit rules about communication.
2. Describe stories of their cultural experience that have influenced their communication style.
3. Develop a workshop that will examine the impact of family and culture of origin influences on their communication.

This workshop will be presented by two experts in the field of doctor-patient communication and family therapy.

This workshop will encourage participants to explore their own family and cultural styles of communication through use of the guided discussions while gathering family trees and cultural stories.

#### Outline

Overview of workshop – 5 minutes

Annie Hall – video clip. Pairs will think and reflect on how his/her dinner table revealed his family's culture and communication style; large group share – 15 minutes

Modeling the gathering of family trees with specific areas targeted – 10 minutes

- Gender differences
- Shame/embarrassment
- Expressions of emotion – sad, happy
- Role of interruptions
- Touch, etc.

Gathering genograms in pairs – guided questions – 20 minutes

Implications of group findings for teaching communication skills – 15 minutes

Narrative exercise: Family stories of change will be written after these exercises and then be shared – 20 minutes

**Keywords:** *family genogram, culture of origin, communication styles*

### Abstract #1353

## Qualitative Research Methods for Healthcare Communication

\*Janice Hanson<sup>1</sup>, T J Jirasevijinda<sup>2</sup>, Beth Lown<sup>3</sup>

<sup>1</sup>Uniformed Services University of the Health Sciences,

<sup>2</sup>Columbia University, <sup>3</sup>Mount Auburn Hospital

### Objectives

1. Describe sampling strategies and data collection methods for qualitative research.
2. Describe strategies to ensure credibility of data and analysis in a qualitative study.
3. Develop a plan for a qualitative study, including a sampling strategy, data collection method(s) and strategies to ensure credibility.

### Abstract

Qualitative research offers useful methods for research in healthcare communication. To ensure rigor, credibility and transferability of findings, qualitative research requires careful planning of sampling, data collection and analysis. This workshop will provide an overview of qualitative research methodology, describe sampling strategies, data collection methods and analysis, and invite participants to work on projects with peer feedback. Participants will work in small groups with a facilitator, using detailed worksheets. Didactic topics will include a brief overview of the types of research questions best addressed by qualitative research and discussion of methods that ensure rigor and credibility.

Participants will work actively and closely with presenters to:

1. refine a research question;
2. write a sampling plan;
3. select data collection methods;
4. practice qualitative data analysis;
5. review a research plan for rigor.

The workshop will close with an opportunity to share the groups' research plans and ask questions. Participants will

leave the workshop with a toolkit that includes detailed worksheets, checklists for the qualitative research process, and an annotated bibliography with published examples of qualitative research and resources for applying qualitative methods.

### Workshop Outline

- Brainstorm research topics in communication in healthcare; select 3 – 10 minutes
- Listen to didactic on designing a qualitative study – 10 minutes
- Refine research questions – 10 minutes
- Select sampling strategies – 10 minutes
- Select data collection strategies – 10 minutes
- Listen to didactic on qualitative data analysis – 10 minutes
- Practice data analysis – 15 minutes
- Report back, ask questions – 15 minutes

**Keywords:** *qualitative research, research methods, credibility, sampling, data analysis*

### Abstract #1372

## The Learning Environment and Patient Centered Communication: Examining the Connection in a Research Collaborative

\*Larry Gruppen<sup>1</sup>, Win May<sup>2</sup>, Kathryn Huggett<sup>3</sup>, William Filstead<sup>4</sup>, Susan Skochelak<sup>4</sup>

<sup>1</sup>University of Michigan,

<sup>2</sup>University of Southern California,

<sup>3</sup>Creighton University, <sup>4</sup>American Medical Association

The learning environment is a growing concern in many countries, even becoming an issue of medical school accreditation in some. The learning environment can affect many aspects of the overall educational experience, but of greatest concern is its effect on professionalism and communication skills, in particular, patient-centered communication. Although many studies of the learning environment have been conducted, there is considerable variability in how the learning environment is defined and what institutional, social, educational, and personal factors are considered to be part of it.

Through interactive discussion among the participants, this workshop will seek to identify key variations in the definition of "learning environment" across nations and institutions. It will also explore educational problems in communication skills and patient-centered communication associated with the learning environment. It will then explore possible research designs and collaborations

This workshop will be facilitated by representatives of two U.S. medical schools who are members of a 14-school consortium to study the learning environment and one representative of the American Medical Association, which sponsors the consortium. The workshop will begin with a brief

overview of the literature and underlying theory of the learning environment and its relationship to patient-centered communication skills. It will then briefly describe the potential of a multi-institutional collaborative study and how it can address key research and educational questions in this area. Participants will then explore how various teaching and promoting communication skills are affected by the learning environment in their home institution. The workshop will close with discussion of potential research designs and questions that could be pursued across institutions.

A running summary of key topics, points, and best practices will be recorded by a member of the workshop team and this will be disseminated to the participants after the workshop.

**Keywords:** *learning environment, patient-centered communication, research, collaboration*

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#### Abstract #1439

### Using the Relational Coordination Survey Instrument to Improve Workplace Culture

\*Anthony Suchman<sup>1</sup>, Jody Hoffer Gittel<sup>2</sup>, Elsie Mainali<sup>3</sup>

<sup>1</sup>Healthcare Consultancy, McArdle Ramerman Center,

<sup>2</sup>Brandeis University, <sup>3</sup>Relationship Centered Health Care

#### Learning Objectives

Participants will:

- Gain familiarity with the concept, history and measurement of relational coordination.
- Know how to use the RC survey to provide individual and team performance feedback.
- Understand a relationship-centered approach to using surveys and fostering organizational change.
- Explore the use of the RC survey in their own organizations

#### Summary

“Relational Coordination” (RC) is the capacity of a team to self-manage complex interdependent tasks and adapt in the moment to ever-changing circumstances. It requires respectful relationships, shared understanding and shared goals, supported by relational work practices. The Relational Coordination Survey is a well-validated measure of team interaction that has been strongly associated with clinical outcomes, quality, efficiency, patient satisfaction, and staff satisfaction and resilience in a variety of clinical settings. It is easily administered and can be used as a source of feedback for individuals, functional groups within a team, and the whole team itself. The RC Survey is most effective when used as part of a team intervention that embraces the same values of partnership, respect and shared understanding that are the desired goal for the team’s behavior.

After a brief description of the concept of RC, participants will have an opportunity to complete an actual RC Survey. They will then work a case study of a conflict-ridden

hospital-based clinical team, beginning with an analysis of baseline RC survey data. In small groups, they will design potential interventions. We will then describe the actual intervention and present outcome data. Participants will then consider uses of the RC survey in their home organizations.

#### Schedule

- Welcome, overview, RC concept and survey – 15 minutes
- Administer RC survey – 5 minutes
- Case study, analysis of baseline data – 15 minutes
- Plan and discuss interventions – 15 minutes
- Review actual intervention and outcomes – 15 minutes
- Using the RC survey at home – 15 minutes
- Adjourn

**Keywords:** *teamwork, team survey, workplace culture, organizational change, relationship-centered administration*

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#### Abstract #1452

### Developing the Skills of Excellent Leadership

\*Shakaib Rehman<sup>1</sup>, William Branch<sup>2</sup>, David Hatem<sup>3</sup>,  
Elizabeth Kachur<sup>4</sup>, Howard Beckman<sup>5</sup>,  
Gregory Makoul<sup>6</sup>, Dennis Cope<sup>7</sup>

<sup>1</sup>RHJ VAMC/Medical University of South Carolina,

<sup>2</sup>Emory University, <sup>3</sup>University of Massachusetts,

<sup>4</sup>Medical Educational Development,

<sup>5</sup>University of Rochester,

<sup>6</sup>Saint Francis Hospital and Medical Center,

<sup>7</sup>UCLA-Olive View

#### Introduction

There are very few formal training programs available for healthcare professionals who would like to lead in various capacities. Professional societies are fertile ground for nourishing and nurturing emerging leaders. Programs like this is also important for succession planning.

#### Targeted Group

Emerging healthcare leaders

#### Expected outcomes

By the end of the session, participants will be able to:

1. Discuss the qualities of excellent leaders.
2. Discuss the skills of leadership.
3. Describe their own leadership goals in the AACH or in their home organization and their planning process to achieve these goals.

#### Brief Outline

1. Introduction of faculty and participants – 5 minutes
2. What are the qualities of excellent leaders? – 15 minutes
  - a. Exercise in pairs in which you will have a discussion with another participant in the workshop. Tell them a story about an excellent leader that you know. The story should demonstrate their leadership skills. After 5 minutes, switch roles.



- b. Reconvene in the large group and discuss the qualities of excellent leaders.
3. Excellent leaders and what they do – 10 minutes
4. Discuss leadership goals for workshop participants in small groups- 50 minutes
  - a. What are your goals for your own leadership role in any organization that you belong to?
  - b. What is the skills set that is needed?
  - c. How will you develop those skills?
  - d. How will you insure that those in leadership know that you have those skills?
  - e. How do good leaders foster leadership skills in those who report to them and insure succession planning?
5. Wrap-up, evaluation and next steps for home

**Keywords:** leadership, relationship, skills

Go to the style you use most and flip chart your responses to the following 4 questions

1. What do you do to demonstrate this style?
  2. What circumstances make it most effective for you?
  3. What results do you get?
  4. How does it impact your relationships with direct reports?
- World café Part 2 – Areas to flex your style – 10 minutes  
Go to the style you use least and review the responses of the last group and respond to the following questions
    1. When could you use this role in your current leadership position?
    2. How do you think it would impact your results and relationships?
  - Debrief and take away – 10 minutes

**Keywords:** leadership, leadership styles

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### Abstract #1481

## Flexing My Leadership Style to Realize Better Results and Relationships

\*Maysel White<sup>1</sup>, Krista Hirschmann<sup>2</sup>

<sup>1</sup>AACH and Lifespan, <sup>2</sup>AACH and Lehigh Valley Hospital

Leading teams is quite challenging and the research shows that leaders use six different leadership styles

- Authoritarian or coercive
- Authoritative or visionary
- Affiliative or relationship oriented
- Democratic
- Pacesetter
- Coaching

Leaders who can flex their style to use the right style, at the right time, under the right circumstances, and with the right people have the best outcomes and relationships with their direct reports. This a self-awareness workshop where we will explore the pros and cons of using the different styles in your healthcare environment. We will work with you to assess what your role demands of you, what your typical or habitual style is, and the style you use the least. The goal is to help you become a more flexible leader.

### Agenda

- Introductions and learning objectives (discussion) – 10 minutes
- Appreciative inquiry – what makes an effective leader? (skills practice) – 15 minutes
- What does my role demand of me (assessment of current role)? – 5 minutes
- Managerial style (self assessment) – 15 minutes
- Discussion of the 6 managerial styles – are you using the right style, at the right time, with the right circumstances, with the right people (discussion) – 20 minutes
- World café Part 1 – Current habits and strengths – 10 minutes