

## **E.L.F.: Where Evidence, the Clinical Relationship, and Musings of Leadership Converge.**

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### **Published In/Presented At**

Hansen, S. E. (2018, May). E.L.F.: *Where Evidence, the Clinical Relationship, and Musings of Leadership Converge*. Poster Presented at: STFM Society of Teachers of Family Medicine, Washington, DC.

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# E.L.F.: Where Evidence, the Clinical Relationship, and Musings of Leadership Converge

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## CliftonStrengths™<sup>1</sup> – MY TOP 5

### STRATEGIC THINKING (What could be)

- **Input (#1)** Naturally inquisitive, resourceful, thorough collector of information
- **Learner (#3)** Committed to continuous acquisition of knowledge, skill

### EXECUTING (Get things done)

- **Responsibility (#2)** Desire to serve and uphold values and stability
- **Deliberative (#4)** Cautious, thoughtful with decisions; pre-emptive trouble shooter

### RELATIONSHIP BUILDING (Glue for team)

- **Harmony (#5)** Highlights consensus, ensures inclusion, uncomfortable with conflict

### INFLUENCING (Bring wider audience)

## LITERATURE SEARCH THEMES

- **Empirical evidence:** Key to shared decision making (SDM)
- **Clinician training:** Communication skills, appropriate situations for shared decision making
- **Challenges in practice:** Physician misconceptions, equipoise discomfort, knowledge of true costs to patients, time commitment
- **Patient stories:** “Illness experience” informs clinical expertise
- **Resources needed:** Decision aids, interprofessional teams, referral sites
- **Policy supports SDM:** How about clinical guidelines?

## MISSION STATEMENT

“I believe it is my responsibility to ask questions ... foster collaboration ... expand my own expertise ... connect others to information and resources. In breaking through self-imposed and cultural barriers to bring my voice into the conversation, I have the power to influence perspectives, build stronger connections with colleagues, and reimagine my professional value.”

## DELIVERABLES TO LVHN

### A BOUNDARY-SPANNING LEADER

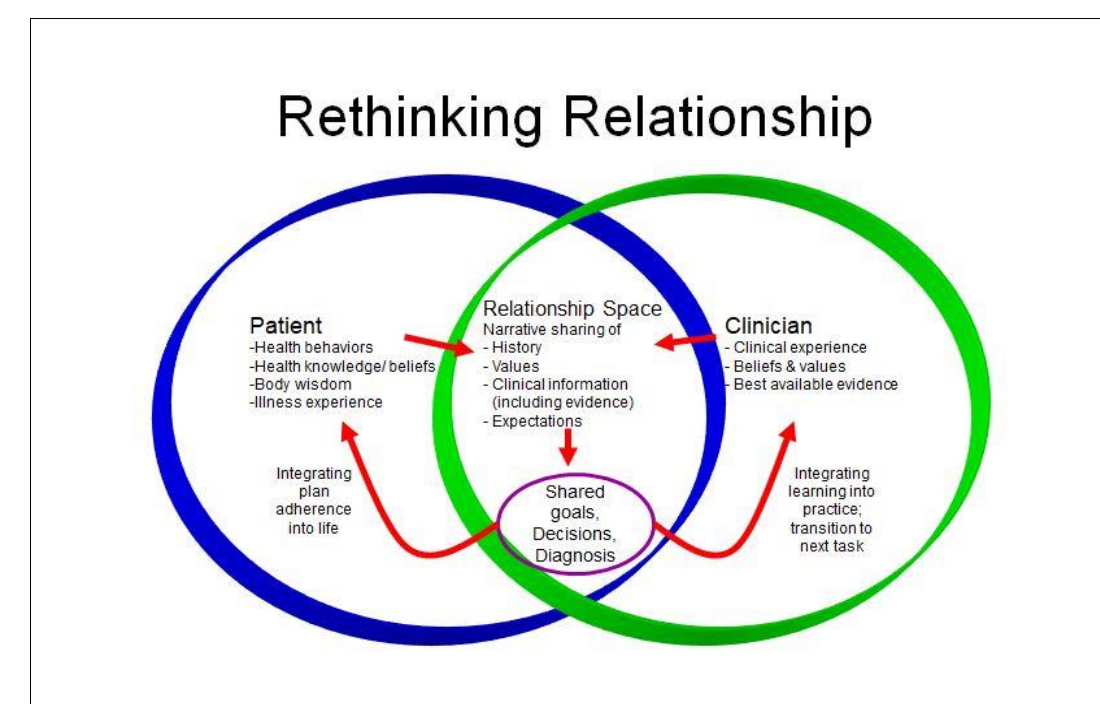
- Co-facilitation of 3 residency-wide learning events in AY 2017-18
- At table of curricular change
- More visibility in clinical setting

### INTELLECTUAL CAPITAL

- Shared decision making strategies
- Theoretical perspectives of clinical practice (EBM, VBP)
- Patient perspective

### INTERACTIVE TOOL OF TURTLE CRAFT

- Relationship-Centered Evidence-Informed (RCEI) model



## HOW E.L.F. INFORMED PROCESS

- **Group Presentation** Long-Distance Planning, Communication, Bonding, Adaptation
- **Kotter<sup>2</sup> “Pitfalls” Analysis** Clarity of Vision, Need for Urgency, Guiding Coalition, Short-Term Wins
- **TED Talks** Role Models, Ideas, Inspiration, Emotion
- **Movie Club** Opportunity to Connect, Gain Insight, See Leadership Through Different Lens
- **“Lollipop” Moments** Mindfulness, Gratitude, Intentional Action, Seizing Opportunity

## FAMILY MEDICINE OBSERVATION THEMES

- Emphasis on **medical knowledge** because “clinicians’ biggest concern is biomedical competency”
- Inpatient service rife with **logistical challenges** that **impede** consistent **collection** of this “other evidence”
- Learners mention shared decision making, but rarely describe **what happens in relationship space**
- Attention to **patient context, values, health beliefs** emerges most often in Behavioral Medicine Clinic or in response to preceptor prompts

## NEXT STEPS at LVHN

- Introduce **new RCEI tool posters** and **presentation materials** in teaching sites
- Continue advocacy for **curriculum integration** opportunities
- Explore ways to capture **clinical questions at POC**
- **Expand boundaries** even farther

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## Acknowledgments

I am ever grateful to all of those who made this experience so enriching:  
ELF faculty Drs. Renee Crichlow and John Frey for delivering inspiring content and sparking thoughtful discussion. All guest faculty and my cohort colleagues for sharing their expertise and journeys.  
Lehigh Valley Health Network leaders Drs. Grant Greenberg, Julie Dostal, Drew Keister, Nyann Biery, Brian Stello for supporting my application process, project formulation and information acquisition.  
Drs. Susan Mathieu, Jeff Mathieu, Veronica Brohm, Beth Careyva, Katarzyna Jabbar, Adam Haydt, Lynn Wilson, and Kate Linehan for granting me access to observe clinical precepting sessions and discuss educational theory.  
Drs. Daniel Burke, Shane Scanlon, Yasir Abunamous, Joylyn Yeazell, Maggie Chun-Allen, and Erin Smith for insights on these topics from the resident learners’ perspective.  
And Dr. William Miller for his ever-sage observations and advice as my “unofficial” fellowship mentor and Turtle Craft spirit guide.