

ACHE CHAPTER PANEL DISCUSSION TEMPLATE #4-Updated

For ACHE Face-to-Face Education Credits

Career Positioning—

Proactively Managing Your Professional Development

Length: 1.5 Hours

Target Audience: Early to mid-careerists with up to 19 years of experience

Description: This panel will focus on the nuts and bolts of career planning. It will explore steps an individual should take within his or her organization and in the surrounding community to reach the next level in his or her career. The program will begin with brief opening remarks of approximately 10 minutes by the moderator, followed by 15-minute presentations by each of the three panelists. The program will conclude with a 30-minute question-and-answer period.

Faculty: Moderator plus three panelists. We recommend that an experienced executive serve as moderator for this session. Recommended panelists are: 1) an ACHE Fellow, 2) a CEO, and 3) an individual whose career is on the rise (e.g., Regent's Early Career Executive recipient, past presidents).

Topics for Discussion: *ACHE Fellow and CEO*

- | Career progression
- | Approach they took
- | Skills required for the future
- | What they look for in job applicants

Up-and-coming rising stars

- | How they reached this point in their career
- | Identifying a mentor
- | How to work with a mentor
- | Role and importance of involvement in a professional association
- | The value of ACHE's credentialing program
- | External development opportunities (community service, committee/board service)
- | Volunteerism/community involvement
- | Continuing education

Questions for Discussion:

1. What one thing has made the greatest impact on your career?
2. How can executives avoid career missteps or landmines?
3. How do you identify service opportunities that will enhance your skills?
4. How do you make the most of a mentoring relationship?
5. In retrospect, if you could do one thing over, what would it be?

Materials for Distribution:

Broscio, M., Scherer. J. 2014. “What’s Your Plan?” *Healthcare Executive* [Online article; retrieved 07/09/2015.] https://www.nxtbook.com/nxtbooks/ache/he_20141112/index.php?startid=60.

Broscio, M. “Is it Time for Your Career Check-Up?” *Healthcare Executive* [Online article; retrieved 2/7/07.] www.ache.org/newclub/career/guides/manager2.cfm.
(Go to: Chapter Education Manual Appendix for handout)

Additional Resources:

Bowen, D. 2015. “Career Planning: A Process of Discovery.” *Healthcare Executive* [Online article; retrieved 07/09/2015.]
https://www.nxtbook.com/nxtbooks/ache/he_20150708/index.php?startid=8.

White, K. 2015. *Take Change of Your Healthcare Career: 50 Lessons that Drive Success*. Chicago: Health Administration Press.

ACHE. 2015. “Leadership Development for Developing Leaders.” *Early Careerist Newsletter*. February. [Online article; retrieved 07/09/2015.]
https://www.ache.org/mbership/ECN/newsletter/jan_feb_15.cfm

ACHE. 2006. “Get the Job You Want in Healthcare Management.” *Early Careerist Newsletter*. August. [Online article; retrieved 2/7/07.]
<http://www.ache.org/newclub/NEWSLTTR/YoungHE/August2006.cfm>.

“CareerEdge,” online toolkit. ACHE Healthcare Executive Career Resource Center [Online information; retrieved 7/09/2015.] <https://www.ache.org/newclub/career/CareerEDGE-FAQ.cfm>

Howard, C. C., R. A. McLean, and R. C. Chapman. 2002. *Careers in Healthcare Management: How to Find Your Path and Follow It*. Chicago: Health Administration Press.

Tyler, J. L. 2011. *Tyler’s Guide: The Healthcare Executive’s Job Search*, 4th edition. Chicago: Health Administration Press.

ACHE CHAPTER PANEL DISCUSSION TEMPLATE #35-UPDATED

For ACHE Face-to-Face Education Credits

Implementing Strategic Plans for Successful Operations

Length: 1.5 hours

Target Audience: Senior executives
Vice presidents and department/division leaders

Description: Once the strategic plan is developed, the work is only half done. Without effective implementation, a strategic plan may be no more than a fancy binder on a shelf. Leaders face many challenges in getting organization-wide buy-in of the goals and plan and in setting up a system of accountability to ensure that the strategic plan is followed. This program will review common situations and concerns addressed by the panelists when implementing their strategic plans. The program will conclude with a question-and-answer period.

Faculty: Moderator and two to three panelists.

The moderator should be a CEO who has led and implemented a successful strategic planning process.

Panelists can include other healthcare executives (chief operating officer, chief financial officer, vice president of planning), clinical leaders, consultants or healthcare organization board members who have been involved in implementing a strategic plan.

Topics for Discussion:

- Identify and involve stakeholders in the planning and implementation of strategic plans
- Gain the buy-in of key stakeholders in the implementation process
- Set up a framework of accountability to ensure that members of the organization uphold the plan
- Monitor progress and measure the success of the strategic plan
- Address potential roadblocks
- Review and revise the plan

Questions for Discussion:

1. Who do you involve in the strategic planning process? How does this choice affect the level of organizational acceptance of your plan?
2. How do you communicate your strategic plan throughout your organization?
3. Have you encountered a lack of internal support for your plan? How have you addressed this issue?
4. How do you ensure members of your organization are accountable for the implementation of the strategic plan?
5. What tools and metrics do you use to assess the plan's ongoing success?
6. How does your organizational mission affect the implementation of your strategic plan?
7. When and how often do you assess the results and revisit the strategic plan for updates? How often do you completely revise the strategic plan?
8. How does the external environment affect the plan and your approaches to revision?
9. What roadblocks have you encountered in implementing your strategic plan? How have you addressed these challenges?

Material for Distribution:

Wagner, K. (2017) The New Strategic Imperative for Philanthropy Programs. *Healthcare Executive* 32(3) 19-24.

Additional Resources:

Hegwer, L. (2017). Rural Healthcare Strategies Beyond Telehealth. *Healthcare Executive* 32(4) 21-28.

Van Dyke, M. (2016). Leading in a Era of Value: 3 Key Strategies for Success. *Healthcare Executives.* 31(6) 20-28.

Borgstrom, M.P., Deshpande, O.M. Balcezak, T.J. (2017) Pursuit of Value Drives Strategy to Improve Operations and Outcomes. 34(2) 3-13.

Longenecker, Clinton O., and Paul D. Longenecker. (2014) Why Hospital Improvement Efforts Fail: A View From the Front Line. *Journal of Healthcare Management*. 59(2): 147-57.

Kash, Bita A., Aaron Spaulding, Christopher E. Johnson, and Larry Gamm. (2014) "Success Factors for Strategic Change Initiatives: A Qualitative Study of Healthcare Administrators' Perspectives." *Journal of Healthcare Management* 59 (1) 65-81.

ACHE CHAPTER PANEL DISCUSSION TEMPLATE #44

For ACHE Face-to-Face Education Credits **Successfully Leading Change in Healthcare Organizations**

Length: 1.5 hours

Target Audience: Department heads, vice presidents and C-suite executives involved in leading organizational change

Description: The healthcare environment is constantly changing, and provider organizations must adapt in order to survive and thrive. Organizations are frequently asked to respond to legislative changes, market fluctuations, safety concerns, and patient or staff demands. The success of major change implementation hinges on how it communicated and how it impacts individuals and processes in the organization. Stakeholders frequently resist change for many reasons, including not having enough information, fear of how the change will affect them, comfort with the status quo, and not understanding the benefits of the change. For change to truly be effective, a leader must know how to effectively communicate the benefits, minimize the barriers and describe the processes. Learn from your peers as they share approaches that were successful and those that impeded the change process.

Faculty: Moderator and 2 to 3 panelists

The moderator should be a healthcare C-suite executive who has experience leading a major organizational change, such as reorganizing service lines, changing performance criteria and measurement approaches, merging with another organization, or implementing new technologies.

The panel should include 2 – 3 other healthcare executives (COO, CMO, vice presidents, etc.) with experience in leading major change processes, especially those where resistance was present.

Topics for Discussion:

- Assessing the need for an organizational change
- Planning the change roll-out
- Communicating the change processes and benefits
- How to involve all stakeholders in the change
- Candidly presenting the challenges the process will present to the organization and those it serves
- Recognizing the signs that the change is being resisted or is not working

- How to sustain change in the short term and in the long term

Questions for Discussion:

1. In your experience, what are the major drivers of organizational change?
2. What are the critical steps in planning for any significant organizational change?
3. How do you begin implementing the change process?
4. Who do you involve to ensure that the plan is complete and addresses all parts of the organization?
5. How do you communicate the change throughout your organization? How do you bring key stakeholders on board?
6. Share examples of efforts that were less successful than you anticipated. What would you have done differently and what did you learn?
7. What were the key sources of resistance and how were they overcome?
8. What advice can you offer about engaging physicians, nurses and other clinical staff in your change efforts?
9. How did you access the feelings of the community about the change? How about from patients and their families?
10. What are the key costs of a change effort?
11. How have you sustained the change over time in your organization?
12. What is the most important thing leaders can do to advance successful change?

Resources:

- McCutcheon, Stephanie, FACHE. 2009. "Leading Change: Progression to the Future at Hospital Sisters Health System." *Frontiers of Health Services Management*, 26 (2): 9-19.

Suggested Sources:

- Adams, John. "Successful Change." *OD Practitioner*, (35) 4. 2003.
- Atchison, Tom, EdD and J. Bujak. *Leading Transformational Change: The Physician-Executive Experience*. Chicago: Health Administration Press, 2001.
- Butler, Greg and C. Caldwell. *What Top-Performing Healthcare Organizations Know: 7 Proven Steps for Accelerating and Achieving Change*. Chicago: Health Administration Press, 2008.
- Ford, Jeffrey and L. Ford. "Decoding Resistance to Change." *Harvard Business Review*, April, 2009.
- Kotter, John. *Leading Change: Why Transformation Efforts Fail*. Cambridge, MA: Harvard Business School Press, 2007.

Note: This template is based on a program developed by the American College of Healthcare Executives, Rhode Island Chapter.

ACHE CHAPTER PANEL DISCUSSION TEMPLATE #65

For ACHE Face-to-Face Education Credits

Financial Implications: The Push From Inpatient to Outpatient Care

Length: 1.5 hours

Target Audience: C-Suite Executives, Senior Healthcare Executives, Clinical and Operational Leaders, Nurses and Physicians, Financial Personnel

Description: The prospect and implementation of significant healthcare reform, partly as a result of the Patient Protection and Affordable Care Act, has caused healthcare organizations to reconsider their strategy and policies as they relate to revenue, volume, clinical operations, and human resources. Healthcare organizations—especially hospitals and ambulatory care centers—have witnessed a changing financial landscape as it relates to the healthcare reform policies.

One element of healthcare reform has been the shift from inpatient to outpatient care. Outpatient care encompasses all patients who seek medical care that are not officially admitted to a hospital under the inpatient status. Observation status is considered an outpatient level of care.

This shift from inpatient to outpatient care, which has been partly driven by payers across the financial continuum, aims to reduce healthcare costs associated with expensive inpatient admissions and to provide safe, efficient care in the most cost-effective setting. The degree of financial impact from this shift in care delivery structure will vary from organization to organization, however all organizations will be affected.

Faculty: Moderator and two to three panelists. The moderator must be a C-Suite healthcare executive with extensive knowledge of healthcare policy, finance, and operations as they relate to inpatient versus outpatient care at the strategic and business operational levels.

The panel must be comprised of a diverse group of individuals representing different healthcare organizations. The panel is to include: a hospital C-suite executive, a senior-level executive of strategy or operations as they relate to a healthcare organization's financial position, and/or a high-level clinical leader, such as a medical director or chief medical officer.

Topics for Discussion:

- Healthcare reform and how it relates to inpatient versus outpatient care
- Observation level care
- Reclassification of inpatients to observation level of care
- Revenue differences between inpatient and outpatient care
- Financial strategy during healthcare reform
- Costs of creating outpatient care networks and payer relations
- Financial impact of declining inpatient volumes and of increasing outpatient volumes

Questions for Discussion:

1. What trends are you, or organizations you work with, seeing with respect to inpatient, observation, and traditional outpatient volumes?
2. How will your organization accommodate growing outpatient volumes and what resources will be necessary?
3. What financial trends have your organization seen related to shifting or decreasing volumes? Do these trends vary by payer?
4. What are the long-term financial implications of the shift from inpatient to outpatient care for healthcare organizations?
5. Has your organization seen an increase in payer denials due to reclassifying patients? If so, what affect is this having on the overall finances of the hospital?

Materials for Distribution:

Mark Grube, Kenneth Kaufman, and Robert York. “Decline in Utilization Rates Signals A Change in the Inpatient Business Model.” *Health Affairs* (March 2013)

<http://healthaffairs.org/blog/2013/03/08/decline-in-utilization-rates-signals-a-change-in-the-inpatient-business-model/>

Additional Resources:

Baugh, Christopher W., and Schuur, Jeremiah D.. “Observation Care—High-Value Care or Cost-Shifting Loophole?” *New England Journal of Medicine* 369:4 (July 2013).

Center for Medicare & Medicaid Services. “Are You a Hospital Inpatient or Outpatient?”

<http://www.medicare.gov/Pubs/pdf/11435.pdf>

ACHE CHAPTER PANEL DISCUSSION TEMPLATE #78

For ACHE Face-to-Face Education Credits

Technology Innovation Changing the Face of Healthcare Delivery

Length: 1.5 hours

Target Audience: C-Suite Executives, Clinical and Operational Leaders, Physicians and Nurses, Information Technologists, Vendors, Consultants

Description: With the implementation of the Patient Protection and Affordable Care Act, there is a necessity to take stock of where the medical community stands on change and innovation, specifically regarding the use of technology. The demand for higher quality healthcare at a lower cost creates an imminent need for change and innovation in healthcare delivery. Healthcare has already seen innovations in the tools used to deliver care, including pharmacy products, medical devices, information technology, and biotechnology products. This innovation has changed and continues to change the way healthcare is delivered. This panel will discuss how health systems are using innovation in technology to improve the value of the healthcare they deliver. Examples may include using technology to improve connectivity, patient flow, provider efficiency, and/or quality measurement.

Faculty: Moderator plus 2-3 panelists.
Moderator should be an executive who has successfully implemented or facilitated healthcare technology innovation.
Panelists should include a Chief Innovation/Technology Officer (or individual with similar experience) from a major healthcare system; a senior operations or finance leader who has implemented technology innovation in their facility; and a vendor or health care organization representative with experience in one of the following areas: information systems, imaging and/or medical device engineering, design and manufacturing, and/or a biotechnology research and design organization.

Topics for Discussion:

- Growth of clinical innovations;
- Potential impact of the PPACA on future innovations affecting costs to patients;
- Trends in financing innovations in particular areas (biotechnology, informatics);
- Role of health administrators in encouraging innovation in areas that may face clinical reluctance or resistance;
- True effectiveness of technological innovations that have drastically changed healthcare delivery, such as EMRs and other digitalization of medical data;

- How innovations in particular areas (medical devices, biotechnology, etc.) will affect individual patients;
- The extent to which innovation should be used to encourage standardization; and
- Pros and cons of moving away from traditional medical practices, such as paper-based practices.

Questions for Discussion:

1. Describe innovations you may already be implementing in your organization. How have these changes affected the day-to-day and overall operations of your organization?
2. From a provider perspective, how can we best implement change without drastically affecting cost to consumers and patients?
3. Do you think that policies and regulations are effectively keeping up with the pace of healthcare innovation, or are changes being made at too rapid a pace for legislation to stay current?
4. What other areas would benefit from new practices or technologies?
5. What three things can providers do to increase the diffusion of innovation and reduce costs?

Materials for Discussion:

Birk, S. (2012). Innovative strategies for hospital-physician integration. *Healthcare Executive*, 27(5) 21-28.

Buell, J.M. (2013). Health information exchanges: Achieving coordinated care. *Healthcare Executive*, 28(5) 11-18.

Teisberg, E.O., Porter, M.E. & Brown, G.B. (1993). Making competition in health care work. *Harvard Business Review*, 72(4), 131-141.

Thakur, R., Hsu, S.H., & Fontenot, G. (2012). Innovation in healthcare: Issues and future trends. *Journal of Business Research* 65(4), 562-569.

Weaver, B., Lindsay, B.,& Gitelman, B. (2012). Communication technology and social media: Opportunities and implications for healthcare systems. *Online journal of issues in nursing*, 17(3).

Additional Resources:

Freestone, D. (2010). Connecting healthcare 2010: Integrating healthcare to improve patient information flow, data quality, & consolidate health records. *Health Information Management Journal*, 39(2) 58-60.

Furman, J.L., Porter, M.E., & Stern, S. (2002). The determinants of national innovative capacity. *Research policy*, 31(6) 899-933.

Herzlinger, R.E. (2006). Why innovation in health care is so hard, *Harvard Business Review* 84(5) 58.

Shortell, S.M., Gillis, R., & Wu, F. (2010). United States Innovations in healthcare delivery, *Public Health Reviews*, 32(1) 190-212.

ACHE Chapter Panel Discussion Template #103

For ACHE Face-to-Face Education Credits

Rethinking the Ambulatory Care Network

Length:	1.5 hours
Target Audience:	C-suite and other senior-level healthcare executives, clinical and operational leaders, and physicians charged with setting organizational direction and/or responsible for real estate decisions
Description:	Organic growth and acquisitions have rendered existing Ambulatory Care Networks obsolete and inefficient. Healthcare systems are focusing on developing ideal geographic distributions of new and current sites of care that optimize access, capital costs, operational costs, and population health management goals. They are creating standardized templates for the “Medical Office Building of the Future,” including a common vision for end-to-end flow of patients, staff, and providers in the new facilities, and space requirements to support lean operations, and virtual care. Healthcare executives and ambulatory care managers must understand how to deploy ambulatory care to best support their organizations’ strategic, financial, and operating goals.
Faculty:	Moderator plus three to four panelists. The moderator should be an executive or consultant well versed in delivery networks and system strategy. Panelists should include a health system executive and a large physician group executive to provide the strategic perspectives of managing in organizations in the current delivery model and planning for the future. Additional panelists may be a health plan leader, an executive responsible for strategic real estate decisions, or an executive or director responsible for customer experience.
Topics for Discussion:	<ul style="list-style-type: none">• Identify the fundamentals of care distribution planning• Review the appropriate data and analytics needed to understand the market• Discuss the appropriate services for a medical office building based on various care distribution plans• Consider alternative primary care staffing models and implications for space requirements when planning medical office buildings• Examine the importance of evaluating existing locations and buildings for continued strategic alignment• Discuss implications of medical staff goals on network planning• Identify ways the ambulatory network can improve the customer experience

Questions for Discussion:

1. How should we be positioning ourselves for the future?
2. How do we make sustainable choices today to target and break the barriers hindering tomorrow's growth potential?
3. How do we act more like a "for-profit?"
4. How might we model our system (hub and spoke, constellation, other)? Which models work best in which settings (academic, urban, community, rural, large system, independent, other)?
5. What are the implications for model of care? Operations? Technology?
6. What are the key measures in assessing the effectiveness of ambulatory care?
7. What are some common tools used in ambulatory network planning?
8. How big should our MOBs be?
9. What services should be where? What are the key issues and priorities in the decisions about adding or deleting clinical services?
10. How do we balance access and reimbursement?
11. What operational models should we consider?
12. What role will telehealth play in shaping our ambulatory networks? How can we quantify and plan for telehealth in our ambulatory environments?
13. Where are opportunities for collaboration and other synergies?
14. What are the latest trends in local MOB Market? How are the regional demographics changing and how might this impact the demand for services and placement of facility resources?
15. What other disruptors are important factors to know in the provision of ambulatory care?

Materials for Distribution:

NONE

Additional Resources:

1. <https://www.hfmmagazine.com/articles/2988-five-strategies-for-building-up-an-ambulatory-care-network>
2. <https://www.hfmmagazine.com/articles/1852-eight-ambulatory-models-of-care>
3. <https://jamanetwork.com/journals/jama/article-abstract/2480464>
4. "Retail and Real Estate: The Changing Landscape of Care Delivery," Scott A. Mason, DPA, FACHE, Spring 2015, Frontiers of Health Services Management

ACHE Chapter Panel Discussion Template #106

For ACHE Face-to-Face Education Credits

On the Executive Track, Leading People Who are More Experienced Than You

Length: 1.5 hours

Target Audience: Early to mid-careerists with 0 to 10 years of experience.

Description: Leadership and leading others is more of an art than science especially in healthcare. Normally the topic of leadership and management principles is learned by completing formal education programs and continuing education in healthcare management – but more often leadership and building a successful team is learned “on-the-job”. New and younger healthcare leaders are playing a bigger role in organizational transformation and managing others. At times, the new healthcare executive may be in a leadership position for the first time or may have little direct experience compared to those who they are managing. The panelists will present strategies for successfully navigating these leadership challenges and insight into how to avoid common management mistakes.

Faculty: Moderator plus two to three panelists. Moderator provides an overview of the importance of collaboration in the workplace, team building and identifies strategies used to lead personnel with more experience.
We recommend that the moderator be a healthcare executive with 10 years' experience in leading physicians and healthcare executives. Panelists should be senior-level healthcare executives with responsibility for creating and evaluating the effectiveness of management teams. Potential panelists might include CNOs/CMOs, COOs, CFOs, CIOs, and members of their respective teams.

Topics for Discussion:

- Discuss the guiding principles and competencies for healthcare leadership.
- Discuss the information gathering and productivity stage of leading new people and creating the right organizational culture to lead a team.
- Discuss personal experience and key drivers to success in leading personnel with more experience.
- Discuss one or two essential skills for leading more experienced staff.
- Discuss how to avoid common management mistakes.

- Discuss overall organizational culture, and strategies to create a successful multigenerational team.

Questions for Discussion:

1. Over the course of your career, what style of leadership do you feel has worked best when leading staff with more experience in their field?
2. What advice do you have for younger healthcare executives who may be placed in roles which place them in positions of greater responsibility than their seniors?
3. What challenges may a young healthcare executive face when leading staff with more experience and what tools do you recommend the young healthcare executive use to overcome those challenges?
4. Describe the organizational culture that helps support the creation of successful multigenerational teams.
5. Provide an example of a project or issue in which a multigenerational team worked on that was favorable/successful and rationale as to why it was successful.
6. Provide an example of a project or issue in which a multigenerational team worked on that was unfavorable or did not work out so well and provide a rationale as to why.
7. Discuss what competencies new and young healthcare leaders should continually develop and work on.

Materials for Distribution:

ACHE Policy Statement. Considering the Value of Experienced Healthcare Executives Regardless of Age. <http://www.ache.org/policy/age-disc.cfm>

ACHE Policy Statement. The Healthcare Executive's Responsibility for Professionalism. <http://www.ache.org/policy/professionalism.cfm>

ACHE Healthcare Executive 2018 Competencies Assessment Tool.
http://www.ache.org/pdf/nonsecure/careers/competencies_booklet.pdf

Additional Resources:

Reinertsen JL, Bisognano M, Pugh MD. *Seven Leadership Leverage Points for Organization-Level Improvement in Health Care (Second Edition)*. IHI Innovation Series white paper. Cambridge, MA: Institute for Healthcare Improvement; 2008.

Dye, C.F., Lee, B.D., *The Healthcare Leader's Guide to Actions, Awareness and Perception*. Chicago, IL: Health Administration Press, 2016.

Schlichting, N. 2012. "Engaging Workers from All Generations", *Frontiers of Health Services Management* 29 (1): 34-39.

Howard, D.M and Silverstein, D.M. The Interpersonal Skills of Recent Entrants to the Field of Healthcare Management: Final Report. Chicago, IL: Health Administration Press, 2011.

ACHE CHAPTER PANEL DISCUSSION TEMPLATE #117

For ACHE Face-to-Face Education Credits

The Principles and Characteristics of Emotional Intelligence in Healthcare

Length: 1.5 hours

Target Audience: Early careerists to senior executives

Description: The relationship between an organization's employees internally, and with patients, external stakeholders, and supporting people externally, is critical to the success of healthcare organizations. In today's fluid environment, cognitive intelligence and technical skills are only part of individual and team effectiveness. Leaders and staff must utilize emotional intelligence or emotional quotient, which includes self-awareness, self-management, motivation, authenticity, empathy, adaptability and resilience. The impact of emotional intelligence can influence better patient outcomes and higher quality of care, as well as reduce staff burnout. This panel discussion will provide an overview of EI and examples of how it affects healthcare delivery.

Faculty: Moderator plus two to three panelists. The moderator should be an academic or a consultant whose area of concentration is EI/EQ. The panelists may include a CEO and/or senior-level executive, CMO, COO or CNO.

Moderator:

Provides an overview of the topic, including the benefits of EI staff and potential organizational impact of poor EQ leaders and teams on the overall delivery of care.

Panelists:

Each panelist should briefly present a successful strategy they have used to improve their organizational and personal EQ.

Topics for Discussion:

- The meaning of emotional intelligence/emotional quotient
- The different types of EQ assessment tests or models
- How to manage emotions when confronted with daily job requirements and especially challenges, while maximizing effectiveness, leadership, morale and motivation
- The link between EI, a stronger organization and better patient outcomes

Questions for Discussion:

1. What is EI?
2. Why does EI matter?
3. How can EI influence burnout?
4. How does EI awareness and effectiveness vary by generation?
5. What are the parts of Daniel Goleman's five-part model of what constitutes EI?
6. What are the four branches of EI used in the Mayer-Salovey-Caruso Emotional Intelligence Test?
7. What tests are used to measure EQ?
8. How do you improve your team's EI and develop employees and current and future leaders to improve organizational effectiveness?
9. How can EI affect patient outcomes?

Materials for Distribution:

[Provide material on the topic that will be used in the program as a handout for the participants.]

Additional Resources:

- Consortium for Research on Emotional Intelligence in Organizations. Accessed June 3, 2019. http://www.eiconsortium.org/about_us.htm
- Gresham T. Emotional intelligence predicts job performance, study shows. October 25, 2010. Accessed May 27, 2019. <https://phys.org/news/2010-10-emotional-intelligence-job.html>
- Goleman D. Emotional intelligence. Bantam. 1994.
- Goleman D. What makes a leader? Harvard Business Review. January 2004.
- O'Boyle EH, Humphrey RH, Pollack JM, Hawver TH, Story PA. The relation between emotional intelligence and job performance: A meta-analysis. Journal of Organizational Behavior. June 13, 2011. <https://doi.org/10.1002/job.714>
- Mayer JD, Salovey P, Caruso DR. Mayer-Salovey-Caruso Emotional Intelligence Test. Toronto, Ontario: Multi-Health Systems, Inc. 2002.
- Weins K, Rowell D. How to embrace change using emotional intelligence. Harvard Business Review. December 2018.
- Hammerly ME, Harmon L, Schwartzberg S. Good to great: Using 360-degree feedback to improve physician emotional intelligence. Journal of Hospital Medicine. September/October 2014. https://journals.lww.com/jhmonline/Fulltext/2014/09000/Good_to_Great_Using_360_Degree_Feedback_to.9.aspx
- Delmatoff J, Lazarus I. The most effective leadership style for the new landscape of healthcare. Journal of Hospital Medicine. July/August 2014. https://journals.lww.com/jhmonline/Fulltext/2014/07000/The_Most_Effective_Leadership_Style_for_the_New.3.aspx