

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

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

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*"Each of us is more than the worst thing we've done." – Bryan Stevenson³ ***

*"How do I know I'm right?" – Ray Dalio⁴ ***

*"It's more about the ideas than the outcome." – Simon Sinek⁹ ***

*"It's all connected." – Fields Wicker-Miurin¹⁰ ***

*"No idea is born fully formed ... kind of messy and confused, but full of possibilities." – Margaret Heffernan¹¹ ***

*"The way we world needs you, and it needs the things you carry." – Susan Cain⁶ ***

*"The Danger of a single story." – Chimimanda Ngozi Adichie⁸ ***

*"Choosing meaning is better for your health than avoiding discomfort." – Kelly McGonigal⁵ ***

*"[problems] is with humility." – Tim Harford¹² ***

*"The way we solve [problems] is with humility." – Tim Harford¹² ***

*"You need to know what you're hungry for." – Pamela Meyer⁷ ***

*"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." – Susan Cain⁶ ***

CliftonStrengths™¹ – 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

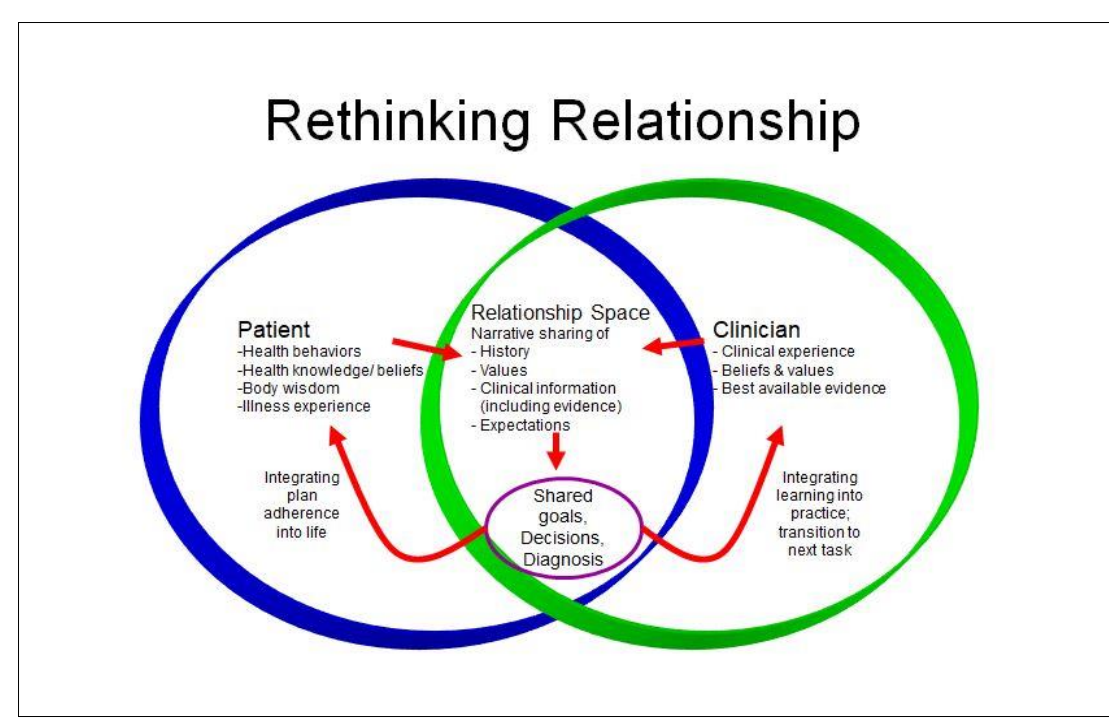
- **Empirical evidence:** Key to shared decision making (SDM)
- **Clinician training:** Communication skills, appropriate situations for shared decision making
- **Challenges in practice:** Physician misconceptions, equipoise discomfort, knowledge of true costs to patients, time commitment
- **Patient 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
- **Kotter² "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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