

A HITCHHIKERS GUIDE TO THE HEALTHCARE GALAXY



A New Paradigm To Create the Human Physicians of the Future

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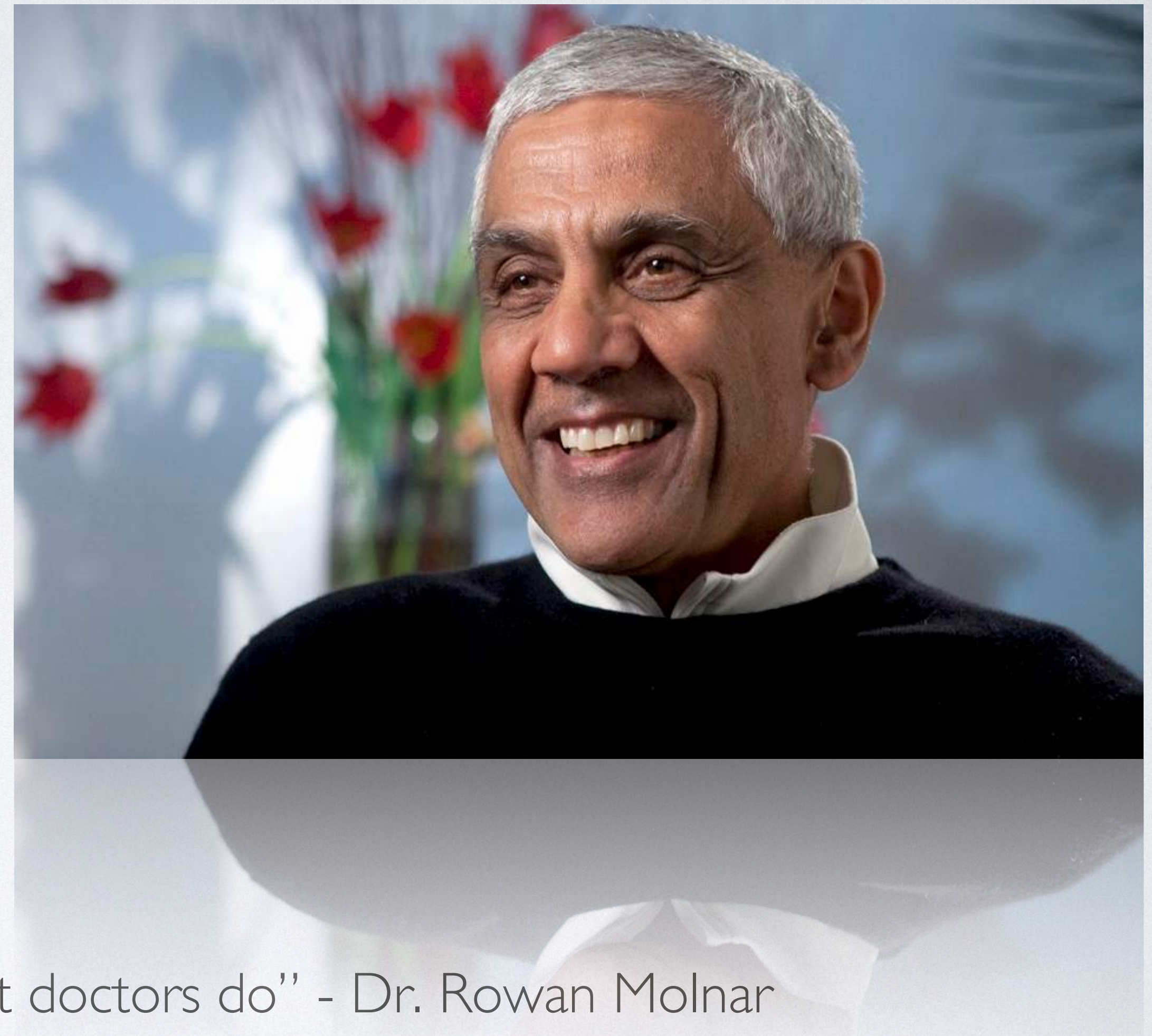
President & CEO

Thomas Jefferson University and Jefferson Health

“WE Need An Extreme Makeover Of Medical Education”

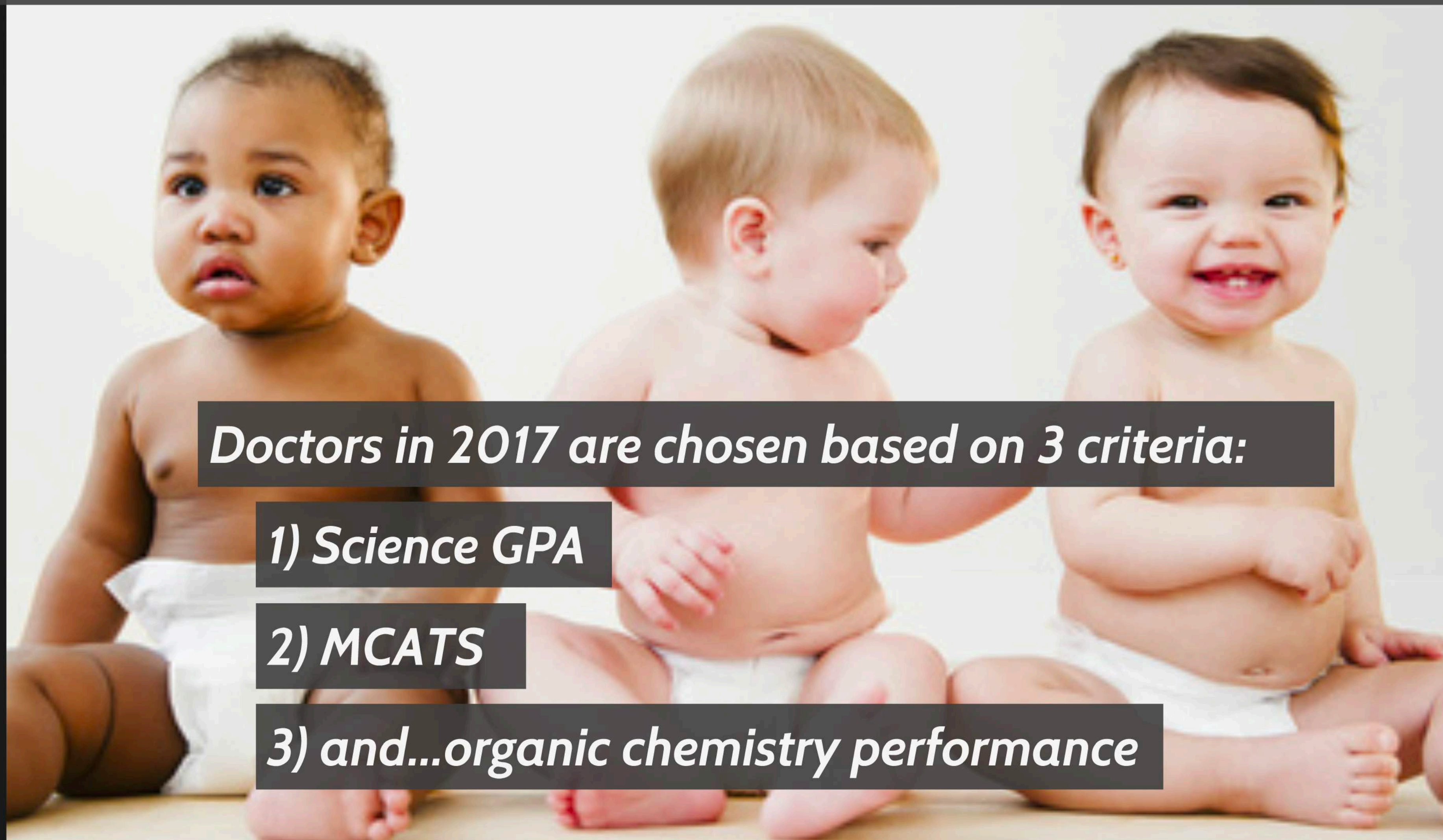


“Technology will replace 80% of what doctors do” - Dr. Rowan Molnar



“Any doctor that can be replaced by a computer should be” - Vinod Khosla

Start from the Beginning



Doctors in 2017 are chosen based on 3 criteria:

1) Science GPA

2) MCATS

3) and...organic chemistry performance



Start from the Beginning

...yet we were amazed that physicians are not more empathetic, communicative and creative

Physician Baggage

Biases Physicians Bring to the Table



Competitive Bias

- *abused-abuser*
- *winner takes all-distributive*

Autonomy Bias

- *lack of trust*
- *personal issue*

Hierarchy Bias

- *pecking order*

Creativity Bias

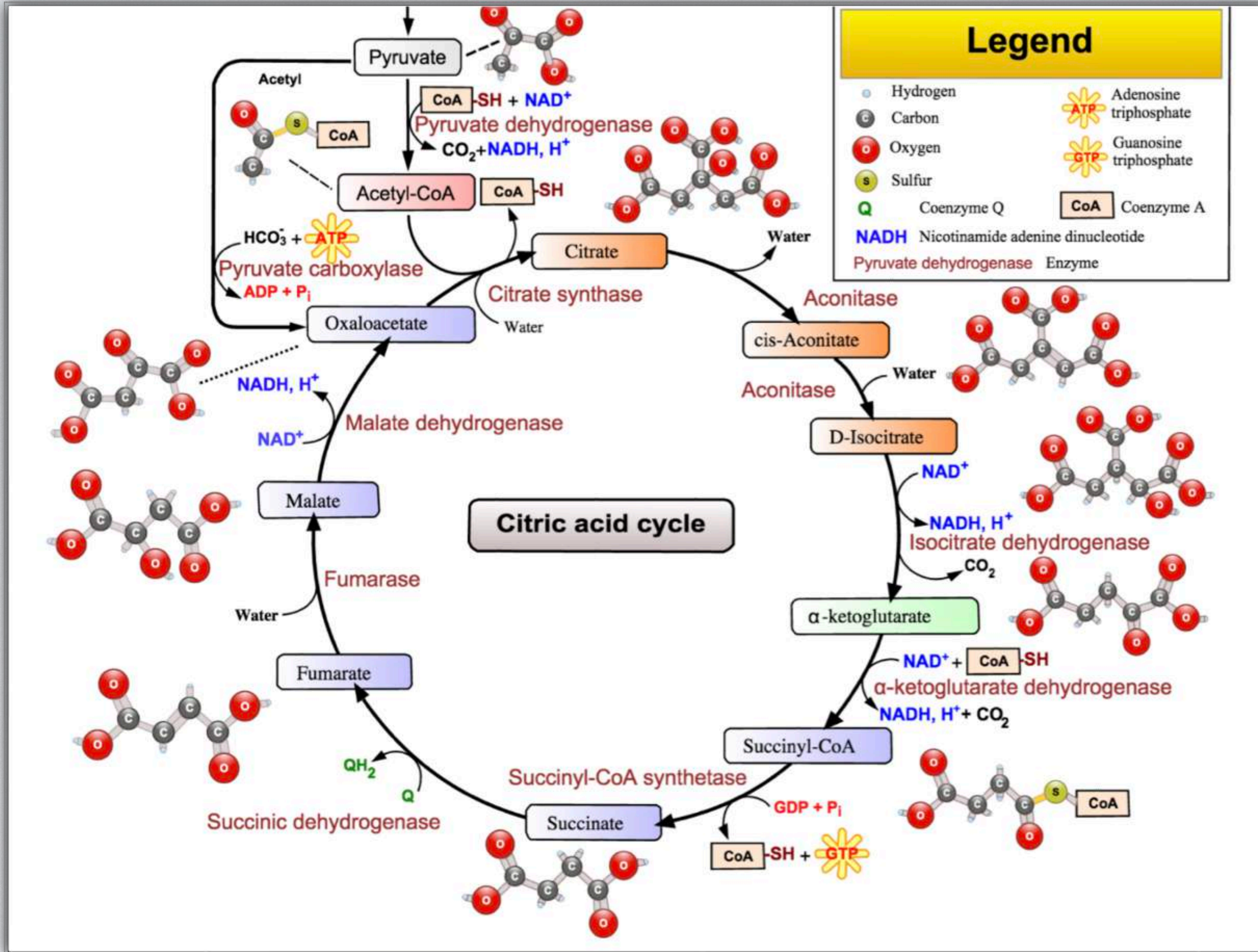
- *risk averse*
- *unwillingness to think differently*

70% of Physicians Practicing 3 Years Or Less Felt They Did Not Learn What They Need Most in Practice

- *Management of change*
 - *Negotiations*
 - *Healthcare financing*
 - *Effective communication*
 - *Making patients happy*
-
- *Individuals in an organization*
 - *Leadership development*
 - *Running an effective meeting*
 - *Marketing you, your practice,
and your health system*



WHAT DOES THE DOCTOR OF
THE **FUTURE** LOOK LIKE?





What's Going On In This Picture?

Getting to 2027

SELECT Program

SELECT was 7th in nation in attracting applications from black male applicants

Morehouse was 1st, Howard was 3rd, Xavier was 4th

Boston University

Holistic admissions brought the class from 11% to 20%

Thomas Jefferson University: Scale of Empathy

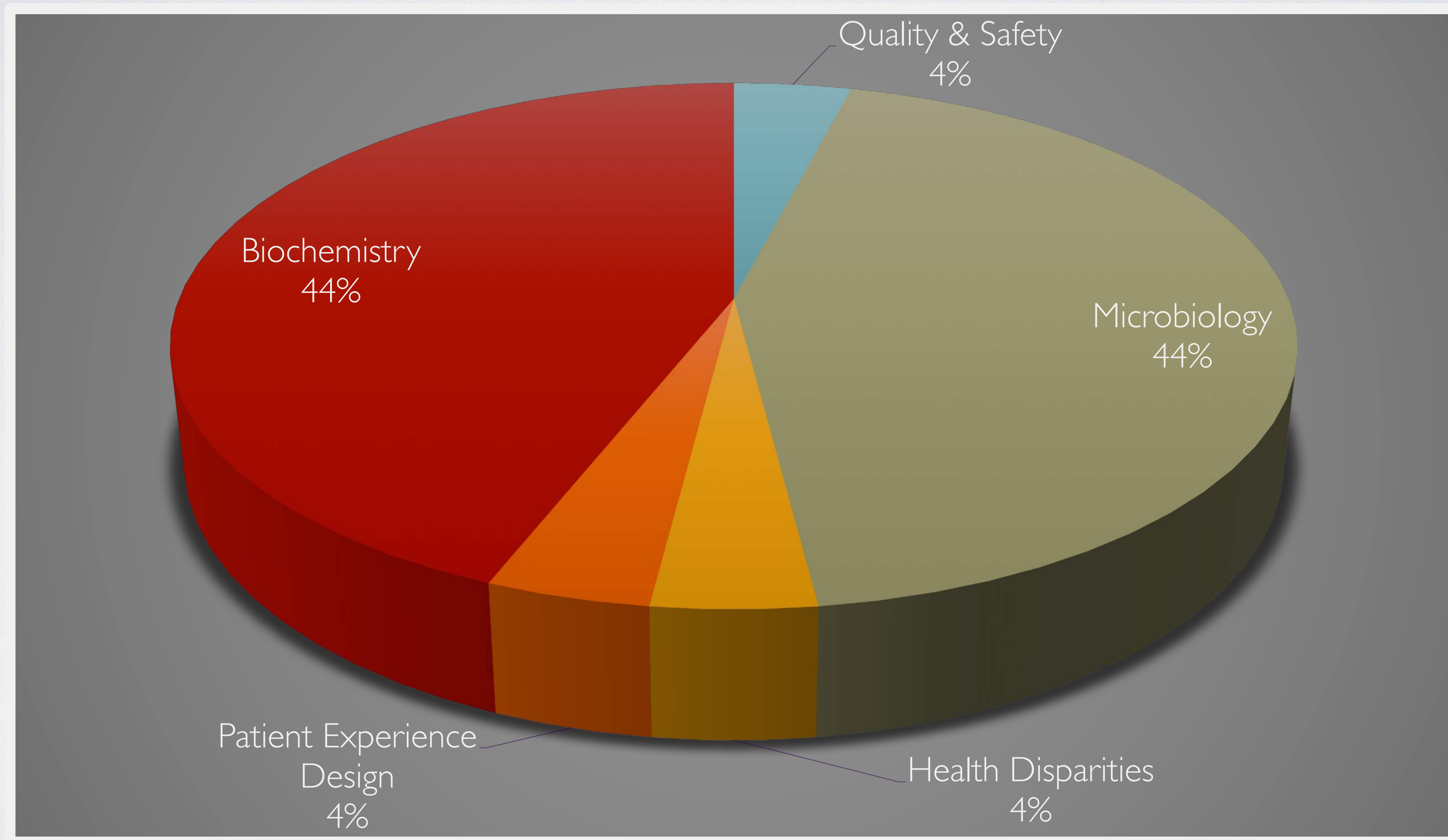
Defined the new curriculum that is now being used at Jefferson and Stanford



In the 21st century knowing all the answers will not distinguish intelligence.
The ability to ask the right questions will be the mark of true genius.

IBM

Disrupting the Curriculum



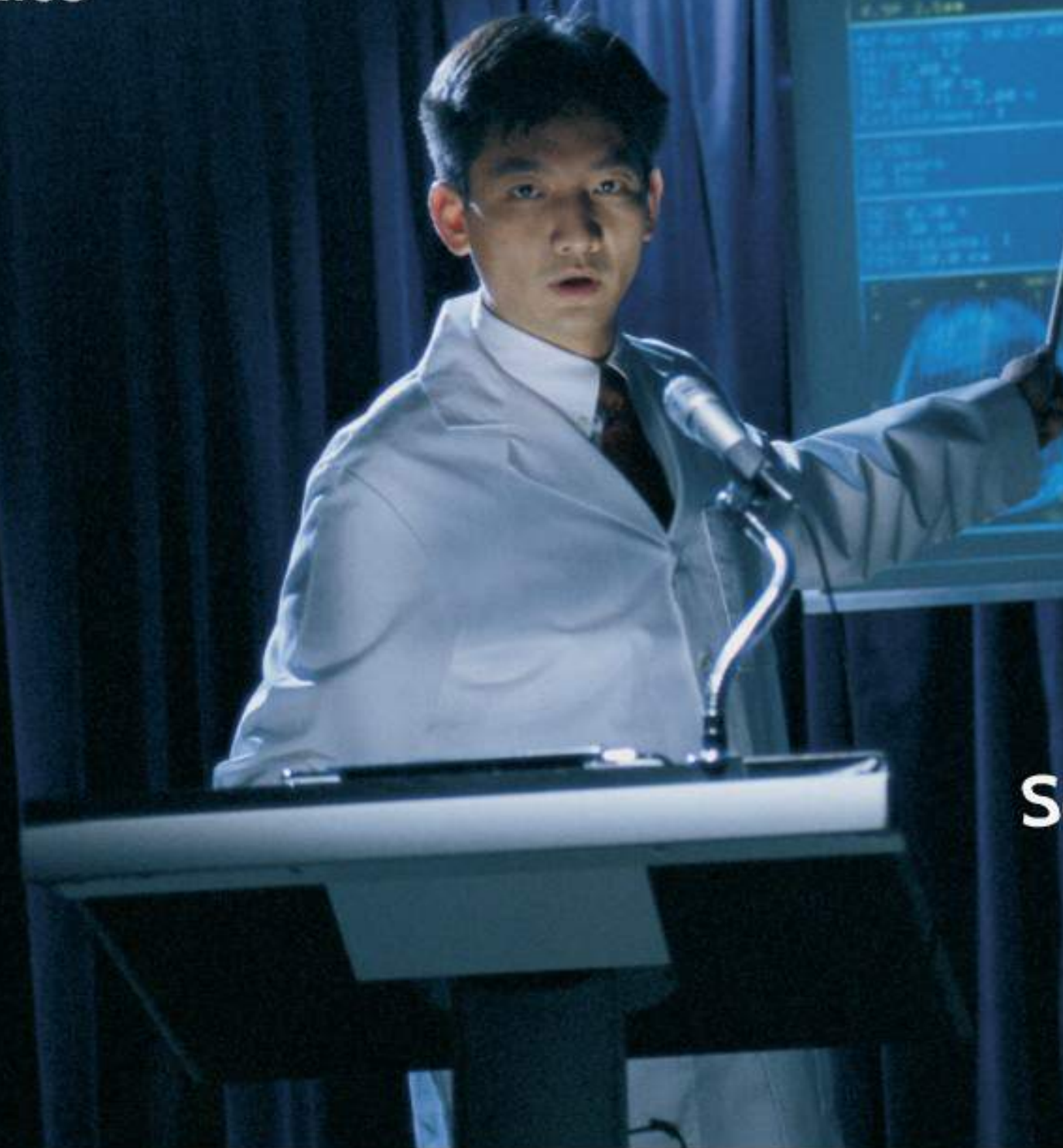
The Art of Attending



Workshops designed to sharpen observation skills of health students by observing versus seeing art

A New Educational Paradigm:

Translating Medical Advances and Knowledge into
Improved Patient Care Through Procedure Rehearsal
Studios



See one, Do one, Teach one... No more

Three Facts That Should Scare You



- Hospitals are helpless when it comes to senior physicians with frequent complications
- Health systems have no way of determining if someone who has not trained in a new technology is competent
- The “see one...do one...teach one” philosophy of medical education does not work if you’re the “one” on the other end of the table



Is your surgeon qualified?
Can they prove it?

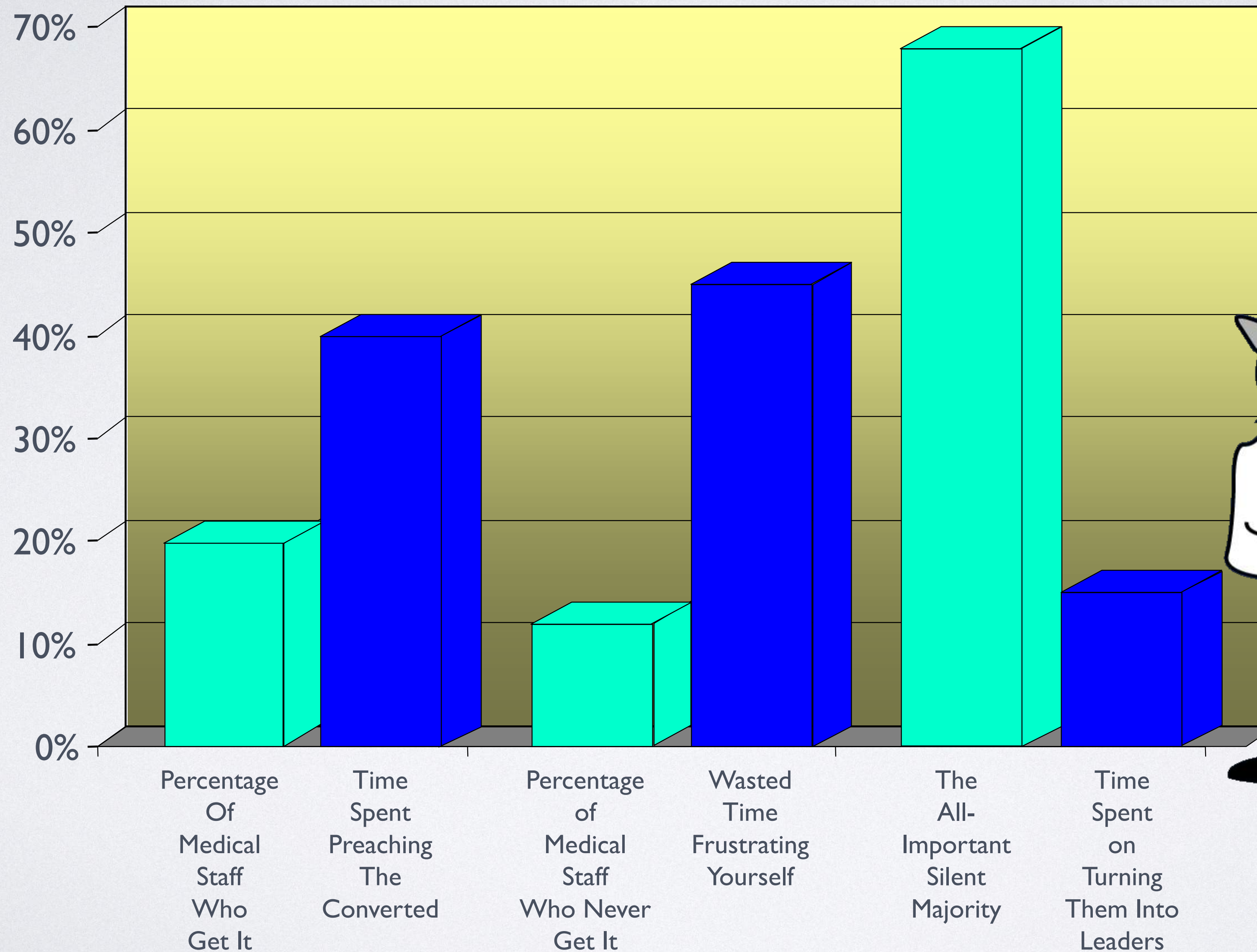




It Is Hard To Get Someone To Do Something

When Their Salary Depends Upon Them Not Doing It

PHYSICIAN ATTITUDES VS. ADMINISTRATORS TIME CHANGING THEM



“JOLT”ing JEFFERSON

Changing Culture



- ▶ 30 senior emerging leaders yearly
- ▶ Application process, sponsor involvement, executive approval
- ▶ Three highly integrated streams in a 9-month program
 - ▶ Classroom
 - ▶ Project/Stretch Assignment
 - ▶ Executive Coaching

OUTCOMES

- Competency Development
- Readiness for Leadership Roles
- Projects
- Participant Feedback
- Sponsor Feedback
- **Physician Burnout**





Remember Why You Went Into Healthcare

When you Applied to Medical or Nursing School



When a great team loses through complacency, it will constantly search for new and more intricate explanations to explain away defeat

After a while it becomes more innovative in
thinking up why they lost than **thinking up how to win**



“We're Gonna Turn this Team Around 360 Degrees”

After his team went 24-52 in 1995



Most Importantly, we have to

START NOW