BEHAVIORAL SCIENCE APPLICATIONS IN CONTINUING MEDICAL EDUCATION

A CASE STUDY IN BUILDING A CONSULTATIVE TRAINING RELATIONSHIP
WITH THE MEDICAL STAFF OF A COMMUNITY HOSPITAL

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This study was conducted with the financial support of the Bureau of State Services; Public Health Services; Department of Health, Education and Welfare under Contract No. PH 108-66-89.

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# TABLE OF CONTENTS

Summary and Implications ............................................. i

Development of the Project .......................................... 1

Introductory Interviewing, Observation and Data Collection ........ 3

Feedback Session ......................................................... 7

Training Seminars ....................................................... 8

Evaluation of Training Seminars ...................................... 13

EXHIBIT A: Background of Community Hospital .................... 15

EXHIBIT B: Evaluations by Participants in March Committee Meetings in Community Hospital .......................... 18

EXHIBIT C: Participants' Evaluations of the March Meetings of Six Committees in Community Hospital .......... 19

EXHIBIT D: Training Program -- Community Hospital ............... 20

EXHIBIT E: Evaluation of the Training Seminars with CRUSK Two Weeks Afterward ............................... 26
SUMMARY AND IMPLICATIONS

Effective continuing education for physicians in the community general hospital is dependent upon many different things. One of these is the manner in which the medical staff is organized and way in which its various committees function. To understand how to improve the quality of continuing education and to augment the role that Professional Activity Study data—or other new knowledge—might play in the delivery of better patient care, it is necessary to look intensively at how medical staffs and their committees now function and what might be done to increase their effectiveness.

Part of our work in the first year was designed to explore, understand, and, if possible, to begin to improve the functioning of the medical staff as a social system in a typical community hospital. It was recognized from the outset that we would not be able to progress very far in only a few months, but it was felt that a start should be made to test the feasibility and potential usefulness of such an approach.

With the assistance of the President of the Staff, the Director of Medical Education, and the Hospital Administrator, an effective linkage and working relationship was established with the medical staff and related groups in "Community Hospital" in a moderate size city in the midwest. Interviews, observation, and limited data collection procedures were used to learn how these units were functioning. Our preliminary findings and ideas were reported back to the Joint Advisory Committee and the first step of an action program was undertaken to effect improvement.

Findings: As a result of our initial work, we can make the following statements:

1. Heretofore, in approaching the hospital system to attempt to obtain the use of knowledge from new data banks--PAS and our own research about The Community General Hospital—we have gone through the "Administrator's Door."

This was
not effective, very little was accomplished. This point of entry did not bring us into enough contact with the physicians or introduce us to the principal problems of day-to-day coordination and the severe time limitations under which the system was operating. This time, after a series of contacts with the Chief of Staff, we made our approach through the "Medical Door" and have succeeded in beginning to build a potentially much more effective relationship.

2. Our findings suggest that the educational needs of physicians extend beyond the area of clinical practice, into the areas of learning, motivation, and effective organizational development and action. As their understanding and specific skills in these areas are strengthened, there would appear to be greater possibilities for attaining the interest and motivation of physicians in improving their own continuing educational processes.

3. Our work so far has revealed that one of the major problems in this hospital centers around the effective functioning of the various medical committees and the interlacing of the efforts of these committees with the other units in the system. The attitude and motivation of physicians working with the hospital appear to be associated with their participation and evaluation of the effectiveness of these committees.

4. Time is a very significant variable in this setting. It affects what the physician can do in terms of both hospital coordinative activities and continuing education. Until a better understanding is gained by physicians about how to develop more effective time use patterns, very little can be expected in terms of real participation and interest in these activities.
5. Although this hospital had a rather active program of continuing education, it was felt by the President of the Medical Staff, and his associates, that skills in organizational development should take first priority. Our initial efforts were therefore concentrated in this area.

Work in a second hospital using this same general approach was not begun as had been projected because of the necessity of a major operation for a key member of our project staff. Instead, efforts were concentrated during the latter part of the contract year in developing the effectiveness of this exploratory-consultative-training relationship with this one hospital.

Implications: We believe that the "consultative-training relationship" that evolved with the medical staff of this hospital, supported by the administrative staff and board members, offers an effective model for working with other hospitals and can build the foundation for improving continuing medical education.
DEVELOPMENT OF THE PROJECT

Several different procedures and points of entry for initiating a relationship with a community general hospital were considered. It was decided to build on a relationship that had been developing between CRUSK and the members of the medical staff, the administrator, and a few of the board of trustees at "Community Hospital." (See Exhibit A.) Informal discussion about the possibility of such a relationship occurred in October 1966. A formal request was made in November; a dinner with a large sector of the medical staff was arranged in December by the President of the Staff and the Hospital Administrator. Here we outlined the major objectives of our study, our method of developing the working relationship, and some of the possible implications. Collaboratively working together to learn where we might be most useful to each other in the exploration of the problems of continuing education and medical staff functioning was stressed. Subsequently, we supplied additional information about the goals of our work. The topic was again discussed in the next Medical Staff Meeting. A vote was taken and our proposed program accepted. We were invited to attend the next monthly Medical Staff Meeting in January.

Objectives: The general objectives of our work may be summarized as follows:

1. To explore, understand, and possibly help improve the functioning of some of the elements of the social system in which the physicians were working in "Community Hospital."

2. To learn how we, as social scientists, might begin to develop mutually helpful relations with a medical staff that could endure over time, in which there could be an exchange of information about how doctors work and learn together and what has been discovered in other organizational systems about effective problem-solving.
3. To begin to identify some of the situational factors that facilitate or impede effective continuing medical education.

**Methodology:** Our general methodology in entering this social system involved the following basic steps:

1. Interviews and observations to understand the present structure of committees, internal coordinative processes, and approaches to continuing education, and to identify the basic problems or areas in which improvement might be made.

2. Reporting back our perceptions and findings, with the understanding that the responsibility for deciding to go ahead, to take action, or to develop programs to effect improvement would remain with the medical staff and the hospital.

3. Depending upon the help required, standing ready to assist in any "consultative-training" or developmental activities that might lead toward improvements.

This general method would be cycled repeatedly depending upon the situations and the needs that developed through time. It was hoped that this would avoid many of the difficulties encountered in organizational development and utilization of scientific knowledge. These difficulties arise when the consultants impose interpretations and/or a time table on the client system. If the members of client system have not been involved in the determination and understanding of their needs, they usually resist any interpretation of their situation by outsiders or those whom they would see as asking them to consider making changes.

Our project proceeded as follows:
**INTRODUCTORY INTERVIEWING, OBSERVATION AND DATA COLLECTION**

Phase I: Once we had general agreement to proceed within "Community Hospital," we organized a five-man survey committee to visit the hospital for three days in January. During this period, we engaged in four specific activities that gave us a preliminary understanding of how the medical staff was functioning as a social system.

1. We sat in on the monthly Medical Staff Meeting. We observed the manner in which business was conducted. We also had an opportunity to look carefully at the medical education program that was presented that evening.

2. Later that evening, we were invited to a reception at the home of the President of the Staff. This was attended by most of the physicians who occupied the key roles in the hospital and the Hospital Administrator. There was a very lively and informal discussion about our work and an expression of some of the problems of the hospital on which they felt that we might be of some help.

3. During the next two days, we had an opportunity to interview individually the chairmen of key committees of the Medical Staff as well as members of the Administrative Staff. These interviews lasted about an hour and focused upon the following basic questions:

   a. What do you see your role to be in your position as __________?  
   b. What specific plans and objectives do you have for your committee (or your service) for the coming year?  
   c. How will you go about assessing the achievement of your committee (or service) at the end of the year? What kind of measures will you use?  
   d. What important problems do you encounter in your role as __________?
e. When you want something done in the hospital, who can get it done for you?

f. Who are the most influential staff members in the hospital?

g. How is PAS being used in your area within the hospital?

h. What is being done in the area of continuing education for the staff?

All of these interviews were taped and discussed by members of the team. They formed the basis for subsequent planning, interviewing, and suggestions for change.

4. In between the individual interviews, various members of the survey team sat in on meetings that were held by the Accreditation Committee, the General Practice Clinical Conference, the Department Heads Committee, the Coordinating Council for Nursing, and the Management Committee. All of these meetings were also recorded for later review to check upon the observation made while the meetings were in progress.

These four activities served to introduce the members of our team and Dr. Jack Perlman of CPHA to the principal medical and administrative staff members of Community Hospital. This experience gave us insight into the ways in which the various groups were functioning and simultaneously allowed members of the hospital to see the manner in which we proposed to work at the outset observing and interviewing.

Phase II: After analysis of our findings from the first phase of our work, two members of our CRUSK team made another site-visit. During this trip, extended interviews were conducted with the President of the Staff, the Pathologist and Director of Medical Education who will be the next President of the Staff, the Hospital Administrator, and the Assistant Hospital Administrator. These interviews explored in depth the present state of committee functions
and continuing education as seen by these key individual. Meetings of the Medical Executive Committee and Infection Committee were also attended.

We found a considerable consistency in their views. These checked with our own, and after some informal discussions with the President of the Staff and the Hospital Administrator, it was agreed that it might be useful to consider focusing on the following areas of action for a time:

1. Help to improve the functioning of the various medical staff committees to obtain greater interest and participation of physicians, and in the process to identify and utilize their ideas for improving the hospital system as a whole.

2. Attempt to deal with the "utilization of time" which was so repeatedly reported by physicians as their reason for not participating in committee meetings or preparing effective educational programs.

3. Study the present program for continuing medical education, and taking steps to approve its effectiveness. It was becoming clear that many physicians expected to sit passively and receive education--listening to content and discussions that often had only marginal relevance to their individual interests or concerns. Models of participative continuing education and client centered knowledge utilization were lacking.

4. Look into the situational interlinking and level of coordination among the many committees meeting within the hospital. There appeared to be some room for improvement in the linkages among committees. Not all members knew how their groups fitted into the system as a whole; planning and reciprocal accountability could clearly be improved.
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Out of this informal exchange of ideas it became evident that some type of a larger, internal advisory and coordinating group would be needed. It was agreed that the Joint Advisory Committee, consisting of five members of the Board of Directors and the Executive Committee of the medical staff would be asked to form a liaison committee to coordinate future work with CRUSK, and that a meeting would be held with them to review progress and consider next steps. It was also agreed to develop a tentative proposal and perhaps questionnaire that might be used to undertake a deeper and more specific analysis of the functioning of all committees within the hospital.

Phase III: At the end of February, two members of the CRUSK team returned to the "Community Hospital" (1) to discuss the progress of our work to date with the Joint Advisory Committee, and (2) to request approval for the next more formal step in the collection of data about the functioning of the medical staff and the hospital. A brief questionnaire had been developed to find out more systematically about how those attending the many committee meetings felt about the way these meetings were functioning (see Exhibit B). After a discussion, it was agreed that such a form would be adopted and utilized in all committee meetings during the month of March. The necessary forms would be supplied to the Assistant Hospital Administrator, who would distribute them at the end of each meeting. They would be completed by each individual member of the committee anonymously, placed in an envelope, sealed, and mailed to CRUSK.

Since this action was completed early, and more time was available, the survey team took the opportunity to sit in on the committee meeting of the Accreditation Committee, the Nursing Service Section, and another regular meeting of the medical staff. This was very helpful in gaining further "live experience" with committee processes.

During the month of March, we kept in administrative touch with the Hospital to see that the forms were completed and mailed
to us as each committee conducted its meeting. We also obtained copies of the minutes of these meetings to review along with the questionnaire findings. Our questionnaires were tabulated in early April, and arrangements made to report back our findings.

**FEEDBACK SESSION**

The President of the Medical Staff and the Hospital Administrator arranged a special dinner meeting with the chairmen of the key committees on April 12. It was at this session that we presented our basic survey findings in the form of "a problem-centered discussion." The key problems discussed were:

1. The wide range of differences among chairmen in developing the purpose and scope of responsibility for their particular committee.
2. The lack of effective linkage and accountability between the chairmen of the committees, the Executive Committee, and the total medical staff.
3. The frequently expressed concern about the waste of time in hospital committees and the question of proper "utilization of time."
4. Our observations that many committees functioned on "Roberts' Rules of Order" and spent too much time reading, editing, and recording minutes, rather than focusing on the objectives of the committee and the problems that needed to be resolved in reaching those objectives.
5. The difference among committees in their members' evaluations of the meetings (Exhibit C) and the especially wide range of differences among physicians and participants as a whole who had attended meetings during the month (Exhibit B). These differences suggested possibilities for improvement although the overall evaluations of the committees functioning were generally favorable (Exhibit B).
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This feedback stimulated an active discussion. No definite solutions were reached. As the meeting ended, it was agreed the group would meet to decide future action, and, if we could be of any assistance, to call upon us.

A few weeks later, we received a telephone call indicating that they would like us to conduct a seminar during the latter part of May. Thirty-nine physicians holding major role responsibilities within the hospital's medical staff would be invited to attend. It was suggested that these seminars concentrate on (1) developing more effective committee action, and (2) the more effective "utilization of time."

In the latter part of April, one CRUSK staff member and Dr. Perlman of CPHA attended the meeting of the finance committee of the board of trustees, the regular monthly staff meeting, and the accreditation committee. A special conference was held in addition with the Director of Medical Education, the Chairman of the Records Committee, and the Medical Record Librarian. This meeting was to explore thinking regarding recent events in which Professional Activities Study statistics had been checked and found incomplete. The discussion focused on sources of the error and subsequent problem-solving steps to be taken. These included as a next step a more extensive study of the reliability of the statistics.

**TRAINING SEMINARS**

Training seminars were held on three consecutive evenings for approximately thirteen doctors each evening. The administrator and his assistant had invited participants from three different categories: (1) committee chairmen, (2) committee members, and (3) other doctors whom they wished to see more actively involved in the hospital structure.
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Since we only had less than three-hour period each evening, we decided to concentrate on three areas that could be helpful: interpersonal skills in communication, group skills for work within committees, and more effective management of time. Our main objective was to increase both the participant's intellectual and behavioral understanding in these three areas. Our designs called for identifying typical problems, suggesting new ways of handling these problems conceptually, and providing a little reality testing of these ideas behaviorally.

**Interpersonal Skills:** We began the seminar with an exercise which emphasized accuracy in listening and observing, the ability to summarize both ideas and feelings, and practice in looking at both the content and process of a discussion between two people. The doctors were divided into groups of four with two of them conversing for approximately two minutes while the third listened and prepared to summarize the interaction and the fourth observed. After the interaction, the third doctor summarized what had taken place. Then the fourth doctor checked with the two initial discussants to see whether the summary was correct. Each group of four then reported to the total group in the session about what they had learned in their practice group of four.

In the first exercise, the summarizer was requested to summarize only the content of the interaction. The exercise then was repeated changing the roles of the doctors. This time the summarizer was to include both the content and feeling evidenced by the speakers. The third time through the exercise, only the feelings of the discussants were summarized.

**Observations:** Some of the issues that arose out of the discussions about the exercise were:

1. The difficulty of reducing the interaction into a few short sentences of summary.
2. The difficulty of maintaining objectivity when the summarizer was emotionally involved in the topic of the discussants.

3. The difficulty of summarizing the feeling of the speakers to their satisfaction.

4. The difficulty in discussing the accuracy of the interaction (the process) without lapsing back into a discussion of the topic (the content).

The importance of repeating the other person's ideas and feelings before going ahead in a developmental discussion was stressed.

**Group Skills:** The aim of this section was to give the doctors a feeling for the process of group interaction and how stopping to discuss "what had been happening in their group" can be helpful for improving a committee's functioning. The movement from interpersonal skills with an emphasis on content and feeling to committee action seemed a natural progression.

The group of doctors was split into two subgroups with half the total group sitting in a center circle and the other half in an outside circle. The outer circle was to observe the inner group as they simulate a committee discussing, "How can PAS statistics be more effectively used in the hospital?" The committee's action was stopped after about five minutes and the observer group was asked to state their observations of what was happening. Then roles were switched; the observers now became the "committee;" the same question was discussed. At this point the total group was invited to make recommendations that the first group should attempt to follow as they became the "committee" again. The two groups were then given a brief opportunity to try their suggestions. Each try was followed by a group discussion of what had happened.
Observations:

1. The group of doctors had a difficult time understanding the difference between the process and the content of the committee discussion.

2. The lack of familiarity with the PAS statistics by some of the doctors became markedly evident as the discussion in the committee progressed.

The importance of putting some time aside at each meeting to critique the process of the meeting—the efficiency with which the group is working—was underscored.

Effective management of time: The first two evenings concentrated on the relationship of one's values, goals (short-term and long-term), and utilization of time. Each doctor completed a value ranking questionnaire form as a means for understanding his own value system and was then asked to think about his goals for the next five years ("Where would he like to be in five years?"). Each doctor compared his goals and value system for consistency and the implications it had for his time utilization. Since this section was last in the seminar we usually were not able to proceed to the last step which was to work out a percentage distribution of time that would enable him to meet his goals and then to specifically plan the next week accordingly.

Upon evaluating the feedback from the participants each evening plus our own observations of the two seminars, the staff decided to conduct the third evening somewhat differently. Instead of completing the value scale, we just discussed the relationship of values to time and proceeded immediately into a percentage analysis of time utilized on various activities in a normal week for two different doctors. Each doctor was asked if he was satisfied with his time allocations, and if not, how would he change them. From the desire to change, we moved into means of accomplishing the change.
The concept we emphasized at this meeting was that changing personal modes of behavior requires a desire, a commitment, and a sharing of these with another person so that you have some accountability to others for improving. Ideally, the other person should be of the own individual's choosing and a person whom he trusts. Since the ideal choice was not possible at the training seminar, we had the doctors split into pairs. Each pair was to discuss some aspect of time utilization with which they were dissatisfied and possible means for improving. One of the points stressed throughout was that an individual should discuss his time pressures with the appropriate people involved in the particular situation.

Observations:

1. The change for the third evening seemed to fit our time allocation much more adequately than the previous sessions.

2. The actual experiencing and discussing their "time problems" with another person stimulated their thinking. It turned out to be a new experience for many of the doctors to deal directly with the problem of time rather than just working along and letting events dictate their use of time.

3. Several new suggestions for more efficient time management were voiced in the total group.

4. The approach of the last evening had another benefit: that of promoting sharing of one's problems with another individual. This type of sharing can enhance other types of cooperation within the hospital.

The emphasis here was on the importance of analysis of own time use—primitive though it may be—planning in terms of goals, and some type of public commitment so performance can be reviewed as the basis for a new cycle of analysis, planning, and review.
**EVALUATION OF TRAINING SEMINARS**

Following each evening's seminar the doctors completed an evaluation form (Exhibit D). The comments were reviewed and discussed by the staff the following day. The Administrator was also contacted each day for a discussion of any comments he might have received about the previous evenings seminar. Thus the evaluation forms, the administrator's feedback, and our own observations provided three types of information from which the staff could evaluate the first two seminars and make appropriate changes for the next meeting.

The first part of Exhibit D summarizes the reactions of all the participants in the three meetings. The meetings in the aggregate were evaluated as favorable and productive. Seventy percent of the doctors' summary evaluations were on the favorable end of the scale. (Two out of five were very favorable.) Sixty-two percent gave responses indicating they saw the meeting as toward the productive end of the scale, nineteen percent were neutral or felt the evening to be unproductive (7 people) and another seven did not check the question about whether the session was productive or unproductive. These summary evaluations together with the written-in comments (see both summary and selected verbatim comments) indicate the meetings were on target for about two-thirds of the physicians, but that our meeting design was not as relevant as it should have been for the other third.

The participating doctors were requested to complete another form approximately two weeks following the seminars (Exhibit E). Sixteen of the thirty-seven participants responded to a form designed to measure the learning and change by the doctors after a period of time had elapsed.

Members of the medical staff of Community Hospital continue to be interested in developing their skills in the management of their committees and in improving their use of the information from the
Professional Activity Study as a part of their continuing education program. They have asked when we plan to return to the hospital and discuss possible next steps. It is clear that we have been successful in establishing a useful relationship with this medical staff on which we can build subsequently to learn more about how doctors see PAS and continuing education.
EXHIBIT A

BACKGROUND OF COMMUNITY HOSPITAL

Community Hospital is located in a medium sized Midwestern town. There are two hospitals in this town, with many physicians having privileges at both. Community Hospital has a reputation for having better equipment and more speedy support services for its medical staff, whereas the other hospital is known for more personalized care for the patient.

The annual discharge at Community Hospital is around 12,000 per year for 255 adult beds. There is no medical intern program at the hospital. There is, however, a nursing school. The active medical staff numbers about 115. Only about 30 to 40 doctors are actively concerned with committee work and other related administrative functions.

The present administrator has been at the hospital approximately ten years. Previous to his appointment, the hospital was experiencing major personnel and financial problems. Community Hospital is now solvent and in the process of a major expansion. The administrator has an excellent relationship with the medical staff and is credited with the vast improvement evidenced by the hospital during the past ten years. The relationship with the Board of Trustees has been equally good. The Board members are active and interested in the hospital.
CONTACT AND ENTRE

The first contact with individuals from Community Hospital occurred in September of 1965. Members of the medical staff and administration attended the University of Colorado Medical Staff Conference held at Estes Park, Colorado. Dr. Floyd Mann of the Center for Research on Utilization of Scientific Knowledge (CRUSK) addressed this Conference on achieving an effective medical staff. He also conducted small training groups for 30 to 40 participants. Following these sessions, Dr. Mann was approached by members of a number of medical staffs, including one from Community Hospital, to ask about the possibilities of further training in the areas of Dr. Mann's specialty.

A few months later a pathologist from the Community Hospital medical staff attended a two-day Professional Activity Study tutorial conducted by the Commission on Professional and Hospital Activities (CPHA). Assisting in this tutorial, Dodd Bogart of CRUSK was asked by this physician about possible reading material—especially references to the work of Carl Rogers. A brief bibliography of Carl Rogers' work was mailed to him a few days later.

In September of 1966, CRUSK conducted a six-day Working Conference for Medical Staff Development. The conference consisted of training in interpersonal communication, group problem solving, and hospital organizational development. Members of the medical staff of Community Hospital were extended an invitation to participate. The President of the Staff and the person expected to succeed him in office, the Director of Medical Education, attended the conference. Their reactions to the conference were very favorable.
In September of 1966, Dr. Mann again addressed the University of Colorado Conference on Medical Staff Development. Several members of the Community Hospital medical staff, the board of trustees, the administrator, attended training sessions on conflict management conducted by Dr. Mann and Dodd Bogart. Members of this group expressed an interest in further work in this area.

In December of 1966, CRUSK asked the President and the Director of Medical Education in Community Hospital about the possibility of working with CRUSK on a continued staff development study and training basis. A dinner was arranged by the President of the Staff and the Hospital Administrator, at which Dr. Mann, Dodd Bogart, and Gretchen Groth of CRUSK, and Dr. Slee and Dr. Perlman of CPHA attended for the purpose of making a proposal for a cooperative project.

The proposal was acceptable to Community Hospital and the CRUSK-CPHA staff was invited to attend the monthly staff meeting in January.
EXHIBIT B
EVALUATIONS BY PARTICIPANTS IN MARCH COMMITTEE MEETINGS
IN COMMUNITY HOSPITAL

(X = mean response for the participants in six meetings; x = range of responses)

Date ____________ Committee meeting ____________ Name ____________

Your reaction to this meeting is needed to know how it might be improved. Your responses will not be revealed except in an anonymous summary. Place an X in the appropriate space to indicate your reaction on each dimension. If you have a question of meaning check the explanation sheet.

GROUP DECISIONS

1. many, not many
2. not good, good
3. important, not important

INFORMATION EXCHANGE

4. not much, much
5. valid and accurate, not valid and accurate
6. not important, important

GROUP DIRECTION

7. not clear, clear
8. democratic, not democratic
9. not efficient, efficient

GROUP ATMOSPHERE

10. enjoyable, not enjoyable
11. not stimulating, stimulating
12. helpful, not helpful

NEXT STEPS

13. clear, not clear
14. not likely followed up, likely to be followed up

OVERALL VALUE OF MEETING

15. high, low

MEETING LENGTH

16. too long, not too long

GROUP PARTICIPATION

17. not everyone, everyone

These included the following committees and number of participants in each: surgical (6), joint advisory (7), infection (8), tissue (3), nursing coordinating council (6), and executive (6).
EXHIBIT C

PARTICIPANTS' EVALUATIONS OF THE MARCH MEETINGS OF SIX COMMITTEES IN COMMUNITY HOSPITAL

(Small letters designate average scores of responses of members in different committees)

Date Committee meeting Name

Your reaction to this meeting is needed to know how it might be improved. Your responses will not be revealed except in an anonymous summary. Place an X in the appropriate space to indicate your reaction on each dimension. If you have a question of meaning check the explanation sheet.

GROUP DECISIONS

1. many a ebc fd not many
2. not good baed fo good
3. important af ebd a not important

INFORMATION EXCHANGE

4. not much ae bd fo much
5. valid and accurate odf be a not valid and accurate
6. not important a bde fo important

GROUP DIRECTION

7. not clear ea db fo clear
8. democratic eof db not democratic
9. not efficient a e b fde efficient

GROUP ATMOSPHERE

10. enjoyable bdf eac not enjoyable
11. not stimulating af db stimulating
12. helpful bdfc e a not helpful

NEXT STEPS

13. clear boedafb not clear
14. not likely to be followed up ab efda likely to be followed up

OVERALL VALUE OF MEETING

15. high fdefb a low

MEETING LENGTH

16. too long ea bd of not too long

GROUP PARTICIPATION

17. not everyone a b fde everyone

These included the following committees and number of participants in each: surgical (6), joint advisory (7), infection (8), tissue (3), nursing coordinating council (6), and executive (6).
EXHIBIT D  
TRAINING PROGRAM -- COMMUNITY HOSPITAL

POST SESSION REPORT SUMMARY

1. What was your reaction to this evening's session?

<table>
<thead>
<tr>
<th>Favorable</th>
<th>Unfavorable</th>
</tr>
</thead>
<tbody>
<tr>
<td>41%</td>
<td>24%</td>
</tr>
<tr>
<td>5%</td>
<td>14%</td>
</tr>
<tr>
<td>5%</td>
<td>11%</td>
</tr>
<tr>
<td>no response</td>
<td></td>
</tr>
</tbody>
</table>

What were some of your specific reactions?

<table>
<thead>
<tr>
<th>FAVORABLE</th>
<th>UNFAVORABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. enjoyed and learned from problem solving approach</td>
<td>1. too long; bad time of day, bored</td>
</tr>
<tr>
<td>2. session was thought provoking and stimulating; prompted self-inspection</td>
<td>2. doctors already knew these skills</td>
</tr>
<tr>
<td>3. committee analysis helpful</td>
<td>3. not sure of purpose of meeting</td>
</tr>
<tr>
<td>4. liked the group participation and examples used (this meeting different from usual ones)</td>
<td>4. staff should have provided more direction to help sharpen learnings</td>
</tr>
<tr>
<td>5. liked the analysis of &quot;time management&quot;</td>
<td>5. time too short</td>
</tr>
<tr>
<td>6. more conscious of listening skills</td>
<td></td>
</tr>
</tbody>
</table>

2. How productive was this evening's session as a learning experience?

<table>
<thead>
<tr>
<th>Productive</th>
<th>Unproductive</th>
</tr>
</thead>
<tbody>
<tr>
<td>21%</td>
<td>30%</td>
</tr>
<tr>
<td>11%</td>
<td>11%</td>
</tr>
<tr>
<td>8%</td>
<td>19%</td>
</tr>
<tr>
<td>no response</td>
<td></td>
</tr>
</tbody>
</table>

What were some of the specific things you learned?

<table>
<thead>
<tr>
<th>COMMENT</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. no comment or no learnings</td>
<td>6</td>
</tr>
<tr>
<td>2. importance of time in my life re-evaluated; the importance of looking at my values with respect to how I utilize my time</td>
<td>8</td>
</tr>
<tr>
<td>3. how to improve my understanding and listening; the importance of both feeling and content in listening and understanding</td>
<td>5</td>
</tr>
<tr>
<td>4. the importance and difficulty in summarizing accurately</td>
<td>2</td>
</tr>
</tbody>
</table>
| 5. comments relevant to committee meetings:
  a. necessity for adequate information and preparation | 2 |
  b. how to improve committee action and stimulate a group | 6 |
  c. importance of directional leadership | 2 |
  d. sharpened skills in defining a problem, setting goals and analyzing a problem | 7 |
  e. greater need for cooperative thinking and presentation | 1 |
  f. stopping committee action, discussing what's been happening and then trying again is a useful method of learning | 2 |
| 6. wondering whether information and learning will be applied when back in hospital | 3 |
EXHIBIT D (continued)

POST MEETING REPORT

Selected Verbatim Comments Especially Important for Future Session Planning

What were some of your specific reactions?

... Not good time of day to think, study, produce--bored to some extent until end. (4) [This number indicates the scale point participant checked. 1 assigned to the most favorable scale point, 4 to middle, 7 to most unfavorable.]

What were some of the specific things you learned?

... Found the value scale most interesting--liked the talk at the end. Surprised to find out what meeting was all about when I arrived. (4)

... Session was something different--a new stimulating innovation. (1)

... I came here with the idea that this was just another day and lonesome evening, but found it rather stimulating. (1)

... It brought home to me the reasons why meetings I have attended were boring, long, unproductive. (1)

... Provocative. Difficult to evaluate relative to hospital. Food for thought relative to meeting procedures. (2)

... Too much time spent on non-essentials and not enough time understanding basic problems. To approach meetings with the goal of conserving time. (2)

... Better statement of purpose in respect (to a conference). (1)

... Need for evaluation of own individual use of time and the group use of time. Forced to evaluate my own values. (2)
4 hours—that's 2 hours too long. Seemed redundant compared to knowledge gained from previous sessions. I gained knowledge of how committees can and should function. (5)

Not much—the steps in defining, listing, analyzing, and deciding were well presented in the previous meeting. (5)

Thought provoking!
Demonstrating need of coordination or organized plan. Feel that some of opinions given required much time for rebuttal. (2) Productive evaluation: (1).

Most of us realize and share and know that committee meetings are time consuming. The methods of grouping and summarizing also are known to us. What we need to know is how to actively kill a useless meeting or to actually change wish-wash into active thinking. (5)

How to stimulate a group. How to improve living. In general, stimulating. (1)

Participation was good. Learning was average to good. This type of program should promote learning and an increased interest in participation in their hospital life, as well as their entire life. (2)

Relearned the importance of time. Put first things first. I think you are on to a good thing. (3)

Instructive, educational, interesting. (1)

How to listen and understand. How to organize committees and how to participate more effectively. How to organize time for the benefit of any patients and myself. How to be more helpful. (1)

I enjoyed the actual participation in these examples. (1)

The importance of defining the issue under discussion as well as goals. The importance of a guiding personality to maintain the objectives of the committee. The importance of accurate transmission of a summary. (2)
. . . Time consuming, but beneficial.
   Different than most meetings. Enjoyed it. (3)

. . . Learned? Better organization of a meeting--as this one was well organized, fast moving. (4)

. . . The session was entertaining. The attempt to reduce the complexity of our situation was somewhat absurd. I doubt that you really know what we are all about.

. . . In an irrelevant fashion, it was productive (no scale points)

. . . To see involvement and interest of certain individuals when I would have considered to be indifferent or bored with this type of activity. For the time spent, tremendous progress was made in acquainting the group with ways of analyzing group activities or problems. (1)

. . . That you can kindle an interest in group functions in a matter of an hour or two. Can the interest be fanned or will it be out in a few days? I believe that I shall interrelate better in the future with this group and hope that all of us employ the methods illustrated in our committee functions. (2)

. . . As we evaluated each group and placed on the blackboard different observations, I was left with the thought that there may have been certain points we were missing and would be enlightened by the lecturers. Possibly a more precise summary of the more important points should be stressed. (1)

. . . Repetition improves performance. We benefit from being observed and observing and then having constructive criticism and comment. Psychology is in! An enjoyable evening. (1)

. . . Should provoke an evaluation of self and goals which from time to time is valuable. (4)
Time consuming, but beneficial.
Different than most meetings. Enjoyed it. (3)

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Repetition improves performance.
We benefit from being observed and observing and then having constructive criticism and comment. Psychology is in! An enjoyable evening. (1)

Should provoke an evaluation of self and goals which from time to time is valuable. (4)
I noted an undercurrent in the feeling of some members of the group, questions as to the purpose and involvement of our staff with CRUSK. We all approached this meeting with interest and participated well. The willingness of CRUSK people to share with us experience which can help improve our work potential, is gratifying. (2)

The importance of both content and feelings in group action. The importance of defining the problems and goals of group action. The need to reassess values in perspective to allow time to pursue guiding principles. (3)

I entered the meeting with the same negative attitude of most all committee meetings. It proved to be educational in productivity of committee meetings. It was enjoyable and a good learning experience. (1)

Time too short for individual discussions, for observations, and for discussion of subjects. (1)

How will we benefit by what you told us? How can we change the day's routines to everyone's benefit—the doctors, the patients, the public? (1)

Made me stop and think about listening to people and getting the proper interpretations. How difficult it is to accomplish something in a group in a short concise manner. (1)

New ideas about getting others ideas for utilization of time. Working in a group. Listening more closely. (2)

Rot

More rot. (no scale points)

Of just fair help. I believe this is better taught to students. (4)

Believe (still) lack of proper communication is important—and we are over organizing everything in life. Thoreau said we need just solitude. (no scale points)
Pleased at full participation of all present. Methods of demonstrating points were very good, that is participative sessions brought out factors better than if presented didactically. (1)

Value of assessing activities in times of process, results, and utilization of time in various activities. Benefits discussing time utilization problems with others who have or have had similar problems; (1)

I have concluded why the committees I have been on have wasted time and accomplished little.

I know a great deal but am afraid little will be put to use. (no scale points).
EXHIBIT E
EVALUATION OF THE TRAINING SEMINARS WITH CRUSK TWO WEEKS AFTERWARD

Phase I

In the first part of our session we looked at some aspects of COMMUNICATIONS: summarizing, checking back that the understanding is correct; being aware of both the content and the feelings involved.

Thirteen out of sixteen who filled out this questionnaire felt their knowledge and skill in this area had room for improvement as a result of the seminar. Almost 80% reported they were more conscious of the two levels of communication (content and feeling) in their daily work since the session and around 60% were more conscious of listening. However, only three out of the 13 stated they had tried to utilize the listening skills about which they were now more conscious.

Phase II

The second part of the program was designed to enhance understanding of COMMITTEE MEETINGS and their process (as opposed to content).

Again, thirteen out of sixteen felt their knowledge and skill in this area had room for improvement as a result of the seminars. Less than half had not been to any committee meetings since the CRUSK session. Only half of those generally felt they were more aware of the process of the meeting than before. However, no one had taken a few minutes in the meeting to discuss the process (three did consider doing it but did not carry it out).

Phase III

The third part of the program was concerned with better MANAGEMENT OF TIME.

Nine out of sixteen felt they had room for improvement in this area. Seven had been more aware of how they utilized their time since the session, but none had made any specific changes in their time allocation.
EXHIBIT E (continued)

EVALUATION OF THE EVENING SESSIONS WITH CRUSK

Selected Verbatim Comments

Participants indicates by his checking of alternatives that his knowledge and skill in first area—communications—was adequate and the session added nothing new. Then adds in margin: I have been more conscious of communications since, however.

Any constructive comments? I did not find it a waste of any evening. However, the early part of the session was too much "college-type" work at the end of a busy day. I did enjoy and profit from the latter, more didactic part of the program. I discussed the evening with several people later and several were not aware of PAS or ISR—their evening was pretty confused.

I doubt that set past patterns can be changed by one classroom lecture. Why not your comments on the conduct of our meetings. What were the results of the many hours you spent?

Make some participants have all important materials prior to meeting.

More discussion and constructive suggestions by CRUSK team during the analysis following the week committee meetings. This participant noted he was "permitting expression of thought by the other person without interrupting and listening more intently."

Have attended those meetings and it is interesting to see processes develop. Have made some attempt to analyze my goals again—no major change anticipated.

I thought that the meeting was well handled for a novice in this type of activity. I felt that I have more to learn than to offer at this point and would actually like to engage in similar situation at some future time.

I need further reminders of the things we discussed—I did feel they were worthwhile. I have failed to reconsider the thoughts of our discussions and solidify those things in my thinking. This questionnaire way helped remind me—some form of reminder of the goals and discussion would be good for me.
More conscious of "interpretation of meaning or feelings." More aware of wasting time. More aware of drawing out all committee members. Did you consider discussing meeting. Considered, but did not actually carry it out. Am aware of poor management of time--have done little to correct this as yet. For future sessions, do more in depth on one topic.

I somehow felt that this session was an adventure in learning, like the educators of 10 years ago who felt the best way to learn was to permit "brilliant" students to go their own way in educating themselves. To forget about older methods of instruction whenever students were told how to do things more efficiently, the attitude was to let them learn themselves by experimentation. Personally, probably because I am older, my preference perhaps would be for your group to give much more constructive criticism.

"Rot, more rot."
EXHIBIT E (continued)
--Form Used--

EVALUATION OF THE EVENING SESSIONS WITH CRUSK

Phase I

In the first part of our session we looked at some aspects of COMMUNICATIONS: summarizing, checking back that the understanding is correct; being aware of both the content and the feelings involved.

1. Do you feel your knowledge and skill in this area (check one):
   ____ was adequate and the session added nothing new
   ____ has room for improvement as a result of the session

2. If the latter, please answer the following questions:
   A. Have you been more conscious of any person to person communication aspects in your daily work since the session?  ____ Yes  ____ No
      If yes, which ones?  ____________________________________________
      ____________________________________________
      ____________________________________________

   B. Have you tried utilizing any of the above aspects?
      ____ Yes  ____ No
      If yes, give an example.  ________________________________
      ____________________________________________
      ____________________________________________

   C. Do you feel you are more aware of the two levels of communication (feeling and content) than you were previously?
      ____ Yes  ____ No
      Comment:  ____________________________________________
      ____________________________________________
      ____________________________________________
Phase II

The second part of the program was designed to enhance understanding of COMMITTEE MEETINGS and their process (as opposed to content)?

1. Do you feel your knowledge and skill in this area (check one):
   ___ was adequate and the session added nothing new
   ___ has room for improvement as a result of the session

2. If the latter, please answer the following questions:

   A. Have you attended any committee meetings, (hospital or other) since the CRUSK session?  _____ Yes  _____ No

   B. If yes, did you feel you were more aware of the process of the meeting than before?  _____ Yes  _____ No

   If yes, comment on this experience

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

   C. Did you consider at any time during the meeting taking a few minutes to discuss what had been happening to evaluate it?
      _____ Yes  _____ No

   If yes, tell us specifically what you did and what happened.

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

   D. Has anyone in a meeting you have attended recently taken a few minutes to discuss process--what was happening?
      _____ Yes  _____ No

Comment:  __________________________________________________
   ____________________________________________________________
   ____________________________________________________________
Phase III

The third part of the program was concerned with better MANAGEMENT OF TIME.

1. Do you feel your knowledge and skill in this area (check one):
   ___ was adequate and the session added nothing new
   ___ has room for improvement as a result of the session

2. If the latter, please answer the following questions:
   A. Have you been more aware of how you utilize your time recently? ___ Yes ___ No
      If yes, tell us what you are thinking or feeling ________________________________
      ________________________________
      ________________________________
      ________________________________
      ________________________________
      ________________________________

   B. Have you made any specific changes in your time allocations? ___ Yes ___ No
      If yes, tell us in what area and how did you go about doing it?
      ________________________________
      ________________________________
      ________________________________
      ________________________________
Phase IV

1. What evening session did you attend?  ____ Wed.  ____ Thurs.  ____ Fri.

2. May we have any constructive comments about how we might conduct future learning sessions of any type for busy members of the medical profession.

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________