Welcome

The Summer Institute is the annual centerpiece of the School of Community Medicine. The weeklong event is our introduction to shaping the discipline of Community Medicine. This field book guides you through the learning experiences and provides a rationale for each activity.

Goals for Summer Institute

- Experience Community Medicine as a discipline that directs health care services toward improving the determinants of health, productivity, and equity in our community.
- Appreciate stakeholders’ experiences with Tulsa’s health care system and how changes might improve health for everyone.
- Develop the emotional and moral self-awareness needed to act with integrity amidst systems that often invite us to violate our basic values.
- Create a prototype and business plan to deliver a new or improved service or product that adds value for a specific health care stakeholder.

Improving Health and Health Care

Participating in the Summer Institute helps us see how Tulsa’s health care system works and might work better. We work in interdisciplinary teams of faculty and students to identify problems, uncover root causes, and design innovative solutions. Visioning solutions to today’s problems is only a beginning. The long-term outcome for the School of Community Medicine is the transformation of a health care workforce that focuses on the needs of individuals and their community, rather than on the success of the health care professional or the system in which we work.

By innovations we mean the services or products that leverage stakeholder strengths with new ideas or technology. These provide more effective, more coordinated, and more patient-centered care across providers and social, public, research, and educational agencies in our community.

Institute participants innovate by developing Prototypes. These are small first steps that permit us to work with customers and other stakeholders to learn what they need (but do not have). For prototypes to become new products or services, they must have a business model that delivers the innovation to customers who need it and generates a revenue stream sufficient to cover the costs of production and delivery.
In business, stakeholders include customers who pay for the product or service, partners who participate in the supply chain from production to delivery, and/or innovators who identify potential improvements.

In health care, patients are the ultimate customers. They pay for health care through out-of-pocket co-pays, deductibles, insurance premiums, and taxes. In return, they expect better health, reduced risk of future disease, and high quality care at an affordable price.

A second group of health care innovation “customers” are health care purchasers. These are organizations that buy health insurance on behalf of their constituents. Purchasers include: (1) Employers who provide health care benefits in lieu of wages and negotiate insurance premiums and allowable provider fees on behalf of their workers; (2) Governments that purchase health care insurance for their citizens (Medicaid or Medicare) or directly fund care for beneficiaries (Veterans, active duty service men and women, or Native Americans); and (3) Charity, which comes from providers pro-bono service or philanthropy and community fundraising to buy services for those who cannot buy the services and therefore do without.

A third group of health care innovation “customers” are providers. These are physicians and other health care professionals and their staff organized into health systems, hospitals, medical groups, nursing homes, pharmacies, and other care delivery services.

A fourth set of “customers” for innovations are the people who sustain the infrastructure. These do not directly deliver health care; however, they supply the equipment and services that enable health care. Infrastructure includes information transfer, drug and equipment production, research, education, and regulatory structures that ensure safety and fairness in the health care system.

Community Health System Model

FIGURE 1: ReThink Health Model of a Community Health System

The Ripple Foundation’s ReThink Health Model of a Community Health Systems provides a simplified, but realistic, framework to conceptualize our local health care system. The model represents the health care system as the yellow box in Figure 1. The diagram shows how the components of the system affect each other. Starting with the blue box labeled “Risk” in the figure; the model shows how Risk (health habits or social advantage) affects Health (shown by connecting arrow). People with health problems seek Care (the arrow connecting health and care). Care ideally improves health (shown by reverse arrow). Good health reduces further risk (reverse arrow). Care generates a Cost, and the payment of costs determines access to care. Capacity of providers determines the amount of care available.
The health care system (yellow field) directly influences a community’s **Productivity** and **Equity**. At the bottom of the model, the green boxes show how funding impacts **Innovation** (which in turn affects the components of the health care system). Today, the most influential controls on health system behavior are **payment schemes** that are replacing fee-for-service. The most effective way to create an **innovation fund** involves mechanisms that reinvest savings realized from reducing costs by eliminating waste and achieving greater efficiency and effectiveness of care.

### Summer Institute’s Design for Learning

The institute’s design is based on a process for social transformation described by Otto Scharmer’s **Theory U**. The model merges experiential learning, reflective practice, and open, honest dialogue to motivate social transformation. The theory describes how a group of committed people start a social movement to co-create a better future. **Figure 2** shows the five steps, which structure the Institute’s activities.

#### Figure 2 Otto Scharmer’s Theory U Model of Social Transformation

1. **Bring Diverse People Together**

   In the Summer Institute, we begin the U Journey by inviting like-minded individuals to learn and work together to improve the health and health care for our community. We assemble as large groups of students and faculty from different disciplines to engage in learning about our common goals. Faculty shed the teacher role to become peer learners and explorers with students. We appreciate each other’s strengths, insight, and wisdom regardless of our education, title, or life experiences.

2. **Experience What Life Calls Us to Do**

   We assign **Car Groups** of five to seven explorers (faculty and students from at least two different disciplines) to ride together into the community to discover first-hand the “pain” (barriers, frustrations, mistakes, and waste) that patients, providers, and social and public service stakeholders experience in their health care work. Through appreciative inquiry, the explorers learn the value stakeholders add to deliver higher quality, safer, more patient-centered, and personally satisfying care.

   Here is how we explore our community:

   **Anchoring Lectures and Panels** – We begin each day with a lecture or panel conducted by faculty who help us expand our ideas about community medicine.

   **Community Interviews** – Car Groups interview stakeholders using “appreciative inquiry” to silence our voice of criticism, cynicism, and fear. We open our minds and hearts to the experiences, views, and sensitivities of health care system stakeholders. With genuine
interest, we inquire to understand the problems patients, providers, and others have in doing their jobs. We seek to understand their successful innovations and wishes for better care. We verbally appreciate the core goodness in these people and their organizations. In the interviews, we see that their pains are surmountable and they can add value.

**Poverty Simulation** – On Tuesday, participants engage in a simulation of living four weeks in poverty and coping with the system that tries to be helpful. Although somewhat artificial, most participants experience the frustration, boredom, and resiliency it takes to live in poverty in our community.

**Shadow OU Clinic Patients** – Students shadow patients who receive health care from the OU student-run Bedlam free clinics, the OU Schusterman teaching clinics, and the OU Wayman Tisdale Specialty Clinic. Students pair with a patient in the waiting room and use appreciative inquiry to begin to understand how the most vulnerable Tulsans experience their health care. Students begin to hear what patients wish might change to help them do their “job” as a patient more easily.

**World Café** – After community interviews, a poverty simulation, and shadowing patients, the whole Summer Institute comes together to learn from each other. The world café fully engages every participant in a single conversation about stories heard and ideas that contribute to an understanding of our stakeholders’ burdens and potential for added value.

3. Reflect on Our Professional Calling

One cannot experience the heart wrenching stories of pain and courage in our Community Medicine exploration without being morally and emotionally moved. In the Summer Institute, we move to the bottom of the U Journey and take time to reflect on our experience. We use the reflection to shape our concept of the moral challenge our healing profession calls us to face. At the OU School of Community Medicine, we believe that reflection on action is an essential practice for developing self-aware professionals. We reflect in what we call, **Professional Meaning Conversations**. These 60-minute conversations provide a venue for personal and group reflection on what we are seeing, hearing, feeling, and thinking about the needs and possibilities for health in our community. The activity is based on the idea that reflection, both individually and in community, is crucial to practice with integrity amidst systems and cultures that often invite us to violate our own basic values. The professional meaning space provides a safe place where deeper understanding of ourselves and of our community grows within us.

4. Create Prototypes

Once we crystalize a vision of the needs of our stakeholders, we co-create **prototypes** of products or services that might reduce stakeholder pain or add value to their work. Building prototypes redirects our angst over the gap between the current health care system and the possibilities of a better one into the creative energy needed to bring the better system into being.

We use the term “prototype” to indicate a work in progress. It is neither final nor fully developed. Prototyping permits us to learn by
doing. Our work generates feedback from potential customers about how the idea looks and feels to them and how well it meets their needs. We use feedback from stakeholders and potential customers to refine our assumptions and redesign the prototype to make it more valuable.

Prototyping is different from performing pilots or traditional research projects. It is iterative action and redesign. It encourages learning quickly from early failures and making improvements. In contrast, pilots and research projects are designed to show success or to support a hypothesis. Prototyping requires confidence to put an idea out there and ask for feedback from potential customers before we have figured out our entire plan. This approach runs counter to the usual “plan before acting” way of doing things.

Prototyping steps include:

**Capture and Connect Ideas** – Throughout the Institute we invite participants to post ideas on the Community Health System Model posters placed throughout the Learning Center to show which components of the health system are under consideration for improvement. The improvements might improve health by: 1. Reducing Risk, 2. Improving Quality of Care, 3. Increasing Provider Capacity, or 4. Reducing Cost to Patients. Participants may write a few words or draw a figure of an idea on Post-Its and stick them on the referenced section of the Community Health System Model (Figure 1). We encourage participants to add new Post-Its to elaborate ideas, merge several Post-Its, build upon existing ones, and move them around the boards to evolve a more robust plan.

**Marketplace of Ideas** – On Wednesday afternoon, one or more participants, called “idea vendors” will take ownership of an innovation idea by consolidating the Post-It ideas into a rough plan for an innovation. Alternatively, at this point, new ideas can be proposed. We have room for up to 12 “idea vendors”. The remaining members of the Institute become “idea buyers” who will mill about the marketplace looking for a prototype idea they wish to help develop. The buzz of the marketplace generates energy and enthusiasm to take action.

**Prototype Design Team** – When six to ten people from at least two different disciplines and a diversity of strengths across the four domains of Executing, Influencing, Relationship Building, and Strategic Thinking choose a poster, they form a Prototype Design Team. The team selects a workspace and begins to create a prototype and business plan. The prototype Value Proposition is central to this process and can be stated as “We propose a business to help X (Customer) to gain Y (benefit) by using Z (product or service we create)”.

**Prototype Business Model** – The Business Model Canvas (Figure 3) is an organizing tool to bring good ideas to life. We turn our idea into a (1) Value Proposition (center box in Business Model Canvas) which describes how the prototype will solve a frustration, alleviate pains or create gains to a (2) specific Customer Segment (right hand box in diagram). The business model canvas guides us to develop a (3) Channel for Delivery of the product or service to our customer and how we develop and maintain (4) Customer Relations. Once we have identified the prototype and the customer segment, we describe how and what they are
willing to pay to create a (5) **Revenue Stream** (bottom right) sufficient to get the product or service into use. If the team finds the prototype has a reachable customer segment that is willing to pay for the cost of production and delivery, we are ready to plan the prototype.

**Figure 3 Business Model Canvas**

The numbers in parentheses indicate the order for considering the components.

On the left side of the canvas, we define the (6) **Resources** needed to produce the prototype, the (7) **Partners and Suppliers** who will help us build the product or service, and (8) the **Activities** or steps needed to be done to produce the innovation. We add up the (9) **Costs** of production and delivery and determine if the projected revenue will be sufficient to bring the prototype to market.

**Prototype Product** – The work product is called “Prototype” because it is an idea made concrete. It is not complete and may not even work. It must be sufficiently detailed to permit designers, partners, and customers to handle it, feel it, and give honest feedback about its potential value to them. Ideally, the prototype is a working model, a slide show, movie, poster, or document, which brings your idea for improvement to life. It is something that can be viewed, handled, and understood in an instant. It attracts attention and interest and more suggestions for making it more valuable.

**Feedback and Iteration** – After only 90 minutes of work, design teams present their prototype Value Proposition and business model to the SI participants to receive early feedback about the value of the innovation. On Thursday, the teams use the feedback and revise their plan. The teams go into the community taking the plan to potential customers and partners to solicit feedback and make rapid changes to make the prototype more valuable. The plan may pivot 180 degrees to bring the prototype in line with their needs. Thus, prototyping involves rapid-cycle learning with continuous improvement through integration of feedback from valuable customers and potential partners.

**Display Prototype and Business Plan** – On Friday, design teams promote their prototype and its business plan. One member of the team pitches the prototype business plan to the rest of the Summer Institute participants and community stakeholders. The “prototype display” has three components: (1) a model, picture, or diagram demonstrating the prototype’s value proposition, (2) the customer base that is expected to be willing to pay for the product or service, how the business will reach and maintain the customer base, and what revenue might be expected from the customer base, and (3) the production costs including cost of partners and suppliers and personnel costs to perform the activities to deliver the prototype.
Prototype Evaluation  The Summer Institute participants who are not promoting their team’s prototype, along with community stakeholders, circle around the display hall examining the presented prototypes, evaluating their value proposition and the feasibility of the business plan. Using the PIE mobile app, evaluators provide structured feedback by questioning the designers, making suggestions, and telling designers what it would take for them to be willing to imagine buying the innovation.

5. Evolve Community Medicine

By Friday noon, most of the SI participants have realized that our mutual intentions and actions are synergistic and interconnected in a large innovation ecosystem. Our interviews, simulations, world café, professional meaning conversations, and iterative prototype business plans convince us of the power of the innovation ecosystem we call the School of Community Medicine. We begin to see how our individual work as a health care professional is part of a much larger emerging whole. We are energized by the creative synergy that emerges from collaboration with an open mind, heart, and will. Whether our prototype ever becomes a reality is not as important as our experience in learning that together we are the source of the future that needs us to emerge. At our celebration luncheon, we commit our intention to remain connected to the vision of community medicine as a platform for launching our careers and a vehicle for continuously improving health and health care.

F. Daniel Duffy, Taylor Potter, Liz Kollaja, and Justin Van De Wiele (July 2013, revised 2014)

SOURCES:


Sunday July 28, 2013

2:00 – 2:30 PM
Check-in at TU Housing
Students staying at TU check in at House 1 – Kappa Alpha Theta

3:00-3:10 PM
Check-in for Summer Institute at Schusterman
Location: Learning Center
Liz Kollaja

Learning Objectives: At the completion of this session, participants will...
• Appreciate the diversity of Strengths among the Summer Institute participants
• Wear the t-shirt color of their academic discipline:
  o Medicine - Green
  o Physician Assistants - Yellow
  o Nursing - Sangria
  o Social Work - Maroon
  o Others – Light Blue, Royal Blue, Pink, Navy, Grey, etc.

Directions:
• Pick-up packet, name badge, put on your t-shirt, and go to Founders Hall
• Pick-up the StrengthsFinder Appreciative Inquiry activity cards and begin to meet colleagues on the Summer Institute “U Journey”

3:10 - 3:15
Welcome
Dr. Gerry Clancy will welcome you to the Summer Institute and kick off the week by inviting us to participate in the StrengthsFinder Exercise.

3:15 – 4:00
Welcome Mixer: Getting to Know Each Other’s Strengths and Diversity
Justin Van De Wiele, PhD

Directions:
• Dr. Clancy will welcome the Institute in Founder hall.
• Dr. Van De Wiele will provide brief instructions for the StrengthsFinder Appreciative Inquiry activity icebreaker/mixer. Review the definitions of your Strengths and the sample Appreciative Inquiry questions provided on the card.

4:00 –6:00 pm
Bus Tour of Tulsa Community
Envisioning a Healthy Community
Shawn Schaefer, OU Tulsa Urban Design Studio

Get on the bus!
Bus #1 – Clancy/Fox
Bus #2 – Schaefer/Stewart
Bus #3 – Duffy/Munoz

Learning Objectives: At the completion of this lecture, participants will...
• Know the geography of Tulsa, its growth history, and its changing demography
• Be able to describe the factors that have shaped the Tulsa community as it is today
• Be able to describe how the built environment affects health and wellness
• Consider how innovations in urban design might create a healthy community
Directions:
- Participants will view Dr. Schaffer’s video online before the tour.
- Tour guides will describe the features of Tulsa on the tour.
- Express what you have learned about Tulsa from the tour over dinner.

6:00 – 7:00 pm
Dinner at Founder Learning Center
Community Interview Car Group Planning
Location: Learning Center, Founders Hall

Learning Objectives: At the completion of the Car Group Planning, the group members will be able to...
- Appreciatively introduce their car group members to another group
- Describe the group’s diversity of professions and Strengths
- Use Appreciative Inquiry techniques for the community interviews
- State the assignments for community interview roles.

Directions:
- Enter Founders Hall to meet with your Community Interview Car Group.
- Find the table with the number of your Car Group (found on your name tag)
- Shawn Schaffer and Gerry Clancy will lead a reflection on the Tour of Tulsa
- The faculty member will invite each Car Group member to...
  - Tell about his or her background
  - Describe his or her strengths from Strength Finders
  - Tell something they would like others to know about themselves
  - Review the interview assignment sheet describing the three interviews for Monday
- Make Assignments for Monday interviews:
  - Driver
  - Navigator
  - Thank You Note Writer
  - Recorder for Facebook entry
  - Photographer for Facebook posting (if patient has given permission)
- Review the principles and practice of Appreciative Inquiry
- When directed, the group goes through the buffet line together and returns to the table to eat while they complete their planning.
Monday July 29, 2013

7:45 – 8:30  
**Faculty Breakfast and Meeting**  
Location: LC137 for Faculty Meeting  
Daniel Duffy

**Directions:**
- Get breakfast in the lobby and go to LC137 for faculty meeting.
- Bring your Summer Institute Field Book for directions and taking notes during the day.
- Make certain thank you notes are written after each interview.
- Encourage the group to post on SI Facebook photos and appreciative statements about visits.
- Make certain that the group can describe the problems or “pains” people seeking health care and those delivering it experience, and describe potential value or “gains” that an innovation produced by the School of Community Medicine might bring them.
- Identify the location for their group’s Professional Meaning Conversation at 4:00 pm (on back of name tag)
- Review the purpose and methods of Appreciative Inquiry.
- Review SNAP lunch rules.

**Learning Objectives:**  At the completion of this meeting, faculty will be able to...
- State the Mission of the School of Community Medicine and the Seventh Competency
- Describe the deliberate plan of SI experiences as following the “U Journey”
- Explain the relationships between community health risks, health, health care, provider capacity, and costs of care on the productivity and equity of a community.
- Describe how innovations leading to better health, productivity, and equity might be funded.
- Describe the determinants of health and how prior Institutes have prototyped improvements
- Crystalize a vision of better health and health care by prototyping innovations in Community Medicine.

8:00 – 8:30  
**Student Breakfast**  
OU Learning Center: Perkins Auditorium

**Directions:** Go through buffet line in Learning Center lobby. Go to Perkins Auditorium and join any group for breakfast. Reflect in conversation the experience of the Tour of Tulsa.

8:30 – 9:30 am  
**Anchoring Lecture #1**  
The Intentional Design of the Summer Institute  
Location: Learning Center, Perkins  
Justin Van De Wiele, PhD  
Daniel Duffy, MD

**Learning Objectives:**  At the completion of this lecture, participants will be able to...
- State the Mission of the School of Community Medicine and the Seventh Competency
- Describe the deliberate plan of SI experiences as following the “U Journey”
- Explain the relationships between community health risks, health, health care, provider capacity, and costs of care on the productivity and equity of a community.
- Describe how innovations leading to better health, productivity, and equity might be funded.
- Describe the determinants of health and how prior Institutes have prototyped improvements
- Crystalize a vision of better health and health care by prototyping innovations in Community Medicine.
10:00 am – 10:45 am  
**Community Interview #1**  
**Health Care Service User (Patient)**  
Location: Person’s home or other meeting site described on Car Group’s assignment page

**Learning Objectives:** At the completion of this interview, participants will be able to...
- Describe the patient’s or caregiver’s resiliency in their approach to their health and health care
- Name at least one barrier to health care or self-care
- Name one thing (service or product) that might relieve the barrier or add value to the patient’s care

**Directions:**
- Arrive at interview on time, call if you will be late.
- Team members introduce themselves
- Thank the person for agreeing to the interview; if the person has not signed the consent have him or her sign it now. Please note whether they would like their photo to be taken or not. Photographs are always optional.
- Make certain the patient is comfortable
- The assigned interviewer begins by asking open, honest questions, and listening to respond with appreciative and respectful statements to deepen the conversation. Remember this is not a diagnostic interview, it is an appreciative inquiry.

**Questions you might ask**
1. What health care services do you use?
2. Who provides most of your health care?
3. How does the cost of health care affect your family (personal) finances?
4. What social or community services do you rely on to help with your health?
5. What problems have you experienced in getting the health care you need?
6. What (services or products) might make getting health care easier or better for you?
7. Who has been most helpful to you in coping with your health problems?
- Thank the interviewee for their time
- Write a thank you note telling what you learned from the interview

11:00 am – 12:00 pm  
**Community Interview #2**  
**Social or Public Service Organization**  
Location: Agency site Car Group’s assignment

**Learning Objectives:** At the completion of this interview, participants will be able to...
- Describe the purpose and services provided by the organization.
- Describe how the organization is paid for its services.
- Name one problem or “Pain” the organization experiences in providing high quality client service
- Name one innovation that might remove the problem or add value to the organization’s work.

**Directions:**
- Arrive at interview on time; call if you will be late.
- Team members introduce themselves; identify who will be interviewed, as there may be more than one person in the room.
- Thank the interviewee for agreeing to the interview
- Ask the interviewee to sign the Talent Release provided in your car group packet;
remember photographs cannot be kept confidential, and will be posted on the closed Facebook page available only to the SI participants. Interviewees may refuse to be photographed

- The assigned interviewer begins the interview asking open, honest questions, and listening carefully to make appreciative and respectful statements to interviewee in order to deepen the understanding of the agencies pains and potential for future gains.

**Questions you might ask**

1. What services does your organization provide?
2. How do your clients find you?
3. How are you paid to deliver your services?
4. What health care providers do you work with to deliver services to your clients?
5. What difficulties or “Pains” do you experience in providing high quality services and achieving personal satisfaction for your work?
6. What one improvement might make your services have even higher quality?
7. Who has been most helpful to you in providing high quality services?

- Thank the interviewee for their time
- Write a thank you note telling what you learned from the interview

**Learning Objectives:** At the end of the lunch, participants will be able to...

- Describe any difficulties in finding food in Tulsa neighborhoods
- Describe difficulties in purchasing a nutritious, satisfying meal for SNAP amount ($1.50) for one meal per person.
- Describe the “pains” or problems that providers experience in giving health care in Tulsa.
- Describe the “gains” or innovations that might help providers deliver higher quality services and have more satisfying careers

**Directions:**

- Purchase a lunch for the members of your car group accommodating dietary restrictions. Spend no more than $1.50 per person – this is the amount of the 2014 SNAP (Food Stamps) program for one meal.
- You may purchase food at a grocery store, restaurant, or other facility, but not use food from anyone’s refrigerator or go to a home to cook your meal.
- You must eat the meal in the neighborhood where your purchase the food – you may eat in the car if necessary.
- Over lunch, interview the providers in the group to learn their perspective about meeting health care user’s (patient’s) needs.

**Questions you might ask Providers in Your Group**

1. What services do you and your organization provide?
2. How do your (patients) clients find you?
3. Where does the money that pays for your services come from?

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12:00 – 1:15 pm

**SNAP Lunch and Provider Perspective**

Location: Grocery store, restaurant, or food vendor in the neighborhood of the patient interview.
4. What other health care providers and workers do you work with to deliver services to your (patients) clients?
5. What difficulties or “Pains” do you experience in providing high quality services and achieving personal satisfaction for your work?
6. What one improvement might make your health care have even higher quality?
7. Who has been most helpful to you in providing high quality health care?

1:30 – 2:30 pm
Community Interview #3
Social or Public Service Organization
Location: Agency site described on Car Group’s assignment

Learning Objectives: At the completion of this interview, participants will be able to...
- Describe the purpose and services provided by the organization.
- Describe how the organization is paid for its services (e.g. Tax allocations, philanthropy and fundraising, client payment or insurance).
- Name one problem or “Pain” the organization experiences in providing high quality client service
- Name one innovation that might remove the problem or add value to the organization’s work.

Directions:
- Arrive at interview on time; call if you will be late.
- Team members introduce themselves; identify the persons who will be interviewed, as there may be more than one person in the room.
- Thank the interviewee for agreeing to the interview
- Ask the interviewee to sign the Talent Release provided in your car group packet; remember photographs cannot be kept confidential, and will be posted on the closed Facebook page available only to the SI participants. Interviewees they may refuse to be photographed
- The assigned interviewer begins the interview asking open, honest questions, and listening carefully to make appreciative and respectful statements.

Questions you might ask
1. What services does your organization provide?
2. How do your clients find you?
3. How are you paid to deliver your services?
4. What health care providers do you work with to deliver services to your clients?
5. What difficulties or “Pains” do you experience in providing high quality services and achieving personal satisfaction for your work?
6. What one improvement might make your services have even higher quality?
7. Who has been most helpful to you in providing high quality services?
- Thank the interviewee for their time
- Write a thank you note telling what you learned from the interview

3:00 – 4:00 pm
World Café and Snack
Location: Founders’ Hall
Daniel Duffy, MD
**Learning Objectives:** At the completion of the World Café, participants will be able to:

- Name three problems or “Pains” experienced by the current Tulsa health care system stakeholders.
- Name three “Ah Ha’s” or surprises that teams experienced in conducting the community interviews.
- Name one problem that teams discovered in the interviews that you might not have considered before.
- Name one prototype innovation that might add value or relieve pain in the health care system.

**Directions:**

- Pick up refreshments
- When directed, move to your assigned table on your name badge for Round 1 of World Café
- Your badge will indicate your role as “host” or “explorer”
- The host invites everyone to introduce themselves – there will be five or six people who have had different interview experiences.
- The host will ask the “explorers” to draw one conclusions or “Ah Ha” in a two-minute statement, about the Tulsa community’s health care system based on what they heard, saw, and felt from their interviews.
- A table scribe captures the “Ah Ha’s” listing them on the butcher paper, as stakeholder affected, gains, and pains, while noting the car group providing the insight.
- After each person who wishes to talk has done so, the host redirects the conversation by asking for and writing examples of what they found that could make health care better.
- After 20 minutes, the organizer invites explorers to move to their Round 2 table (shown on name badge), and pick up the conversation with a new group and a different host.
- The host summarizes the first conversation and asks the new group, to bring conversations from their first tables to add to the list of stakeholder strengths and “pains” that might provide opportunity for innovation in health care.
- After another 20 minutes, the leader asks “hosts” to report one stakeholder pain and one stakeholder gain reported in that table’s conversation. In turn, other hosts add to the growing list without reporting duplicate findings.

4:00 – 5:00 pm

**Professional Meaning**

Location: Room assignment on back of name badge

Leaders: Daniel Duffy, Meredith Davison, Martina Jelley, Michael Weisz, Ron Saizow, Kent Teague, Justin Van De Wiele, John Schumann, Michael Gomez, Mark Fox, Gerry Clancy, and Julie Miller-Cribbs

**Learning Objectives:** At the completion of the professional meaning conversation, participants will be able to...

- Describe the experience of reflecting on the community experience and honestly and openly sharing the experience with others.
- Explore the idea that providing health care with integrity amidst systems that often invite us to violate our own basic values may be challenging.
- Use the Touchstones to guide free and safe participation in a conversation that helps us...
develop deeper understanding of ourselves and of our community.

Directions:
- Find the number and location for your professional meaning conversation on the back of your name badge.
- Two car groups will meet with a designated facilitator to reflect on the emotional impact and ethical meaning of the experiences during the first day of the institute.
- The facilitator will lead introductions, explain the purpose of the meeting, and help the group establish Touchstones or “rules of engagement” for making the conversation safe.
  - Each person is invited and encouraged to speak but is not required to do so.
  - We allow each person to speak without interruption and we listen respectfully.
  - Participation is in free order with no forced marches around the room.
  - We are mindful not to dominate the conversation so that each individual has ample time to learn aloud.
  - No fixing, criticizing, saving, giving advice, or setting each other straight.
  - When we ask each other questions, we will give each other the freedom to answer without suggesting what that answer should be.
  - Silence and quiet are respected as important ways of learning together.
  - After all who wish to speak have spoken, the group will reflect together on common elements in stories, shared insights, and observations.
  - Are there any other Touchstones that anyone would like to propose to guide our time together?
- Journaling - The facilitator may introduce a 5-minute journaling exercise: “To prepare ourselves for the work ahead of us during this hour, I’d like to invite each of you to take a piece of paper. For the next 5 minutes, I invite you to write down in your journal whatever thoughts, feelings, ideas, images or impressions that want to be expressed about your experiences thus far with community interviews or any other aspect of the Summer Institute.”
- Sharing in pairs - the facilitator may invite sharing in pairs what they wrote: “Now I’d like to invite us to divide into pairs and each take 5 minutes to share your experiences from this morning with your partner.”
- Group Sharing – The facilitator may say: “I’d like to invite everyone to rejoin the group. In this time, each person is invited to share whatever wants to be shared, in no certain order, keeping in mind our Touchstones. We will have about 25 minutes.”
- Wrap-up for 5 minutes
| Use the space below for journaling during Professional Meaning |
Tuesday, July 30, 2013

7:30– 8:15
**Faculty Breakfast and Meeting**
Location: Lobby and LC137 for Faculty Meeting
Daniel Duffy

**Learning Objectives:** At the completion of this meeting, faculty will be able to...
- Describe the concept and experience of experiential learning
- Discuss the value of faculty meetings in a multi-component course.

**Directions:**
- Pick up breakfast and go to LC137 for the brief faculty meeting.
- Debrief the community interviews
- Debrief the SNAP lunch
- Debrief World Cafe
- Debrief the Professional Meaning Conversation
- Identify logistical problems
- Describe the faculty role in the Poverty Simulation
- If you have not already done so, sometime today create an account in order to use the Prototype Inception Evaluator survey app for activities on Wednesday ([https://measure.ouhsc.edu](https://measure.ouhsc.edu))

7:45 – 8:15
**Student Breakfast**
Location: Perkins

**Directions:**
- Get breakfast in Learning Center lobby and go into Perkins
- If you have not already done so, sometime today create an account in order to use the Prototype Inception Evaluator survey app for activities on Wednesday ([https://measure.ouhsc.edu](https://measure.ouhsc.edu))

8:15 – 9:30 am
**Anchoring Lecture #2**
*Early Adversity & Impacts on Health and Well-Being: Examples from our Clinics*  
Learning Center – Perkins Auditorium  
Julie Miller-Cribbs, PhD  
Martina Jelley, MD

**Learning Objectives:** At the completion of the panel, participants will be able to...
- Explain how pathways to good and bad health begin in early childhood.
- Explain that at every stage of our lives we are confronted by a cycle of opportunity or disadvantage, which can influence our health.
- Describe Tulsa-based research that highlights the relationship between ACEs and physical and mental health.

9:30 am – 12:00 pm
**Morning Poverty Simulation**
See back of nametag for participation assignments
Location: Learning Center, Founders Hall
Ric Munoz, MSW, JD

**Social Simulation**
See back of Nametag for participation assignments
Location: 1D04
Julie Miller-Cribbs, PhD
Learning Objectives: At the completion of the poverty simulation, participants will be able to...

- Describe the stress, coping, and resourcefulness needed to keep a roof over your head, food on the table, kids in school, and get or keep a job when living in poverty.
- Name three advantages that a self-sufficiency wage ($40,000 per year or $19 per hour, Tulsa 2012) provides that are not available to a person or family living in poverty.
- Name three environmental influences or social factors that lead to living in poverty.
- Discuss your understanding of the relative importance of health care for families living in poverty.

Directions:
- Check in at the front of Founder’s Hall and pick up your scenario.
- Find your seat and the other member of your simulation “family”
- Wait for instructions from the facilitator.

12:00 – 12:45 pm
Lunch for Morning Poverty Simulation and Social Simulation Participants
Orientation to Shadowing Patients for Medical Students
Perkins Auditorium
Daniel Duffy, Ronald Saizow, and Leticia Enriquez-Rojas

(Other Students and Faculty are invited to shadow patients after the Summer Institute on Tuesdays from 1:00 to 5:00 pm or on Tuesday or Thursday Evenings from 5:00-9:00 pm)

Learning Objectives:
- At the conclusion of the orientation, students will be able to...
- Locate the person visiting an OU teaching clinic and conduct a shadowing interview to get to know the health care experience from the patient perspective.
- Identify the determinants of health at work in the person’s life
- Analyze the quality of care (patient-centeredness, timeliness, safety, effectiveness, efficiency, and equity at an OU teaching clinic from a patient’s perspective.

Directions:
- Over lunch, faculty and staff from the respective clinics will describe the purpose of shadowing patients to learn their experience of care at an OU teaching clinic.
- You will be assigned a patient to sit with in the waiting room throughout the visit.
- Get to know the patient as a person, using appreciative inquiry, ask open, honest questions and make statements that acknowledge and deepen your understanding of the patient’s life story.
  - You might ask questions like the ones used in the community interview.
  - Using your experience in the poverty simulation, ask questions to determine if the patient’s experience in life was similar to your simulated experiences.
  - Use appreciative statements to recognize the resourcefulness and tenacity of the patient and deepen the conversation.
  - Consider what you and a group of Community Medicine colleagues might do to relieve some of the patient’s pain
experienced in seeking care or add positively to the patient’s experience.

- At the end of the visit, reflect on the questions about the quality of the health care experience from the patient’s perspective.
- Thank the patient in person for letting you get to know them and their experience in health care.
- Write the patient a thank you note telling them your appreciation for taking their time to talk with you.

1:15 – 4:45
Go to the clinic where you will shadow patients.
Various Clinic assignments on your name badge

Clinic Addresses:
- Bedlam-L, first floor Family Medicine Clinic, 1111 S. Saint Louis, Tulsa
- Schusterman Clinic 3rd Floor Internal Medicine
- Wayman Tisdale Specialty Clinic, 36th street North and Hartford

Learning Objectives: At the completion of the shadowing experience, the student will be able to:
- Describe the barriers to health care experienced by persons using the OU teaching clinics.
- Describe the resiliency, coping, and hope patients express when they receive affordable medical home care.
- Describe the experience of seeing a patient receive care from medical students or residents in a teaching clinic.

Directions:
- Go to the reception desk, introduce yourself as a Summer Institute medical student, and ask for a person to shadow.
- Introduce yourself as an entering student to the person who has agreed to your shadowing their visit. Tell the person that you wish to learn from their experience of receiving health care at this clinic, that you may take notes about what you learn, that your notes will be confidential and you will not tell anything about the person that can identify them to others. Tell them how much you appreciate their willingness to talk with you and let you see what they experience.
- You will need to play the interview by ear – you will have a good bit of time to be with the patient to engage in conversation.

QUESTIONS YOU MIGHT ASK WHILE SHADOWING
Here are some questions you might use to guide your conversation – you are not required to answer all of them, just use them as a guide. Rather than writing the answers at the time of the conversation, you might wait until later and write the answers as a reflection of your experience.

1. Tell me about you as a person and a member of a family or group of friends?
2. How do you make financial ends meet?
3. What health care services do you use?
4. In addition to the doctors at this clinic, who provides your health care?
5. How does the cost of your health care affect your family (personal) finances?
6. What social or community services do you rely upon to help with your health?
7. What problems have you experienced in getting the health care you need?
8. What (services or products) might make getting health care easier or better for you?

9. Who has been most helpful to you coping with your health and living problems?

10. On what or whom do you rely for your strength?
   - Thank the person shadowed for their time
   - Write a thank you note telling the person shadowed what you learned from the interview

REFLECTIONS ON QUALITY OF PATIENT EXPERIENCE

1. Was the visit patient-centered? From check-in, through waiting, the visit and the check-out, was everything and everyone performing to serve the patient’s interests?

2. Were the steps in the visit performed in a timely manner?

3. Was the visit effective? Did the patient seem to get what he or she needed?

4. Was the visit efficient? Did the sequence of clinic processes move smoothly without confusion or wasted time, steps, or supplies?

5. Was the clinic visit safe? Did you see everyone wash hands and use gloves appropriately?

6. Was the health care equitable? Did the patient receive the same quality of care that a person with more resources might receive?

7. What might you working in a team of Community Medicine colleagues do to relieve some of the patient’s or provider’s pain experienced in seeking or providing care?

1:30 – 4:30 pm
Afternoon Poverty Simulation
Location: Learning Center: Founders Hall
Ricky Munoz, MSW, JD

Learning Objectives: At the completion of this simulation, participants will be able to...

- Describe the stress, coping, and resourcefulness needed to keep a roof over your head, food on the table, kids in school, and get or keep a job when living in poverty.
- Identify the advantages that a self-sufficiency wage ($40,000 per year or $19 per hour, Tulsa 2012) provides that are not available to a person or family living in poverty.
- Recognize the influence of the environment and social factors that play out in poverty.
- Describe the relative importance of health care for families living in poverty.

Directions:
- Check in at the front of Founder’s Hall and pick up your scenario.
- Find your seat and the other member of your “family”
- Wait for instructions from the facilitator.

7:00 – 9:00
Social Night at Dust Bowl
211 S. Elgin Ave.
Wednesday July 31, 2013

7:45 – 8:30 am
Faculty Breakfast and Meeting
Location: LC137 for Faculty Meeting
Daniel Duffy

Learning Objectives: At the completion of this meeting, faculty will be able to...
- Describe the process of “emergent learning”
- Describe how faculty might use “Social Simulations”, demonstrations, guided shadowing, and reflective journaling as educational methods.
- Describe the faculty role in prototyping, use of business model canvas, and giving initial feedback
- Use the PIE tool for obtaining structured feedback on the quality of a learning work product.

Directions:
- Pick up your breakfast in lobby and go to LC137 for Faculty Meeting.
- Debrief the Poverty Simulation
- Identify logistical problems
- Review the process and faculty role in the World Café
- Review the faculty role in Professional Meaning Conversation
- Review the faculty roles in the Marketplace of Ideas
- Discuss the goal of Prototyping, using the business model canvas to develop a business plan for bring the prototype into being.
- Describe the Faculty Role in the prototype feedback at 4:00 pm

8:00 – 8:30 am
Student Breakfast
Location: Lobby and Perkins

Learning Objectives – At the completion of this breakfast conversation, students will be able to describe...
- Describe the diversity and similarity of experience in the poverty simulation.
- Describe the diversity and similarity of experience in shadowing patients

Directions:
- Get breakfast and sit at the table with your Car Group
- Stick Post-Its with ideas for innovations and sources of customer pain or opportunities for adding value to the health system on Community Health Model posters
- In your conversation consider prototype ideas you might propose today

8:30 – 10:00 am
Anchoring Lecture #3
Self-Care for the Caring Community
Professional Work
Learning Center – Perkins Auditorium
Jennifer Clark, MD
Steve Hoppes, PhD

Learning Objectives: At the completion of the lecture, participants will be able to ...
- State the importance of self-care when working in stressful and difficult situations.
- Summarize self-care methods to avoid burnout, reduce stress, and improve functioning across multiple domains in life.
• Describe self-care techniques including Mindfulness-Based Stress Reduction.

10:00 – 11:00

**Professional Meaning**

Location: Room assignment on back of name badge

Leaders: Daniel Duffy, Meredith Davison, Martina Jelley, Michael Weisz, Ron Saizow, Kent Teague, Justin Van De Wiele, John Schumann, Michael Gomez, Mark Fox, Gerry Clancy, and Julie Miller-Cribbs

**Learning Objectives:** At the completion of the professional meaning conversation, participants will be able to…

• Describe the experience of reflecting on the community experience and honestly and openly sharing the experience with others.
• Explore the idea that providing health care with integrity amidst systems that often invite us to violate our own basic values may be challenging.
• Use the Touchstones to guide free and safe participation in a conversation that helps us develop deeper understanding of ourselves and of our community.

**Directions:**

• Find the number and location for your professional meaning conversation on the back of your name badge.
• Two car groups will meet with a designated facilitator to reflect on the emotional impact and ethical meaning of the experiences during the first day of the institute.
• The facilitator will lead introductions, explain the purpose of the meeting, and help the group establish **Touchstones** or “rules of engagement” for making the conversation safe.
  o Each person is invited and encouraged to speak but is not required to do so.
  o We allow each person to speak without interruption and we listen respectfully.
  o Participation is in free order with no forced marches around the room.
  o We are mindful not to dominate the conversation so that each individual has ample time to learn aloud.
  o No fixing, criticizing, saving, giving advice, or setting each other straight.
  o When we ask each other questions, we will give each other the freedom to answer without suggesting what that answer should be.
  o Silence and quiet are respected as important ways of learning together.
  o After all who wish to speak have spoken, the group will reflect together on common elements in stories, shared insights, and observations.
  o Are there any other Touchstones that anyone would like to propose to guide our time together?

• **Journaling** - The facilitator may introduce a 5-minute journaling exercise: “To prepare ourselves for the work ahead of us during this hour, I’d like to invite each of you to take a piece of paper. For the next 5 minutes, I invite you to write down in your journal whatever thoughts, feelings, ideas, images or impressions that want to be expressed about your experiences thus far with community interviews or any other aspect of the Summer Institute."

• **Sharing in pairs** - the facilitator may invite sharing in pairs what they wrote: "Now I’d like to invite us to divide into pairs and each
take 5 minutes to share your experiences from this morning with your partner.”

- **Group Sharing** – The facilitator may say: “I’d like to invite everyone to rejoin the group. In this time, each person is invited to share whatever wants to be shared, in no certain order, keeping in mind our Touchstones. We will have about 25 minutes.”

- **Wrap-up** for 5 minutes

| Use the space below for journaling during Professional Meaning |
11:15 – 12:15 am
World Café
Location: Founders’ Hall
Daniel Duffy, MD

Learning Objectives: At the completion of the World Café, participants will be able to:
- Name three problems or “Pains” experienced by the current Tulsa health care system stakeholders.
- Name three “Ah Ha’s” or surprises that teams experienced in conducting the community interviews.
- Name one problem that teams discovered in the interviews that you might not have considered before.
- Name one prototype innovation that might add value or relieve pain in the health care system.

Directions:
- Pick up refreshments
- When directed, move to your assigned table on your name badge for Round 1 of World Café
- Your badge will indicate your role as “host” or “explorer”
- The host invites everyone to introduce themselves – there will be five or six people who have had different interview experiences.
- The host will ask the “explorers” to draw one conclusions or “Ah Ha” in a two-minute statement, about the Tulsa community’s health care system based on what they heard, saw, and felt from their interviews.
- A table scribe captures the “Ah Ha’s” listing them on the butcher paper, as stakeholder affected, gains, and pains, while noting the car group providing the insight.
- After each person who wishes to talk has done so, the host redirects the conversation by asking for and writing examples of what they found that could make health care better.
- After 20 minutes, the organizer invites explorers to move to their Round 2 table (shown on name badge), and pick up the conversation with a new group and a different host.
- The host summarizes the first conversation and asks the new group, to bring conversations from their first tables to add to the list of stakeholder strengths and “pains” that might provide opportunity for innovation in health care.
- After another 20 minutes, the leader asks “hosts” to report one stakeholder pain and one stakeholder gain reported in that table’s conversation. In turn, other hosts add to the growing list without reporting duplicate findings.

12:15 am – 1:00 pm
Lunch and Introduction to Prototyping the Future Health Care System
Location: Founder’s Hall
Justin Van De Wiele, PhD

Learning Objectives: at the completion of this lecture, participants will be able to:
- Either (1) present a prototype idea in the Marketplace of Ideas or (2) choose a prototype idea to help develop
- Appreciate that the most effective teams are diverse with respect to the individual talents contributed by its members
- Describe how a prototype explores the future by doing
• Obtain and act upon feedback from a targeted customer segment on the value of the prototype to them
• Understand that any useful idea needs a customer who will pay enough to cover the costs of production and delivery
• Use the various real-time feedback methodologies (Business Model Canvas, Prototype Inception Evaluator, and StrengthsFinder Visualizer) to advance and accelerate prototype development

Directions:
• Pick up lunch and return to any table
• Participate in the introduction to Prototyping

1:00 – 2:30 pm
Marketplace of Ideas
Location: Founders Hall
Kent Teague, PhD

Learning Objectives: At the completion of the Marketplace of Ideas, participants will be able to...
• Crystalize the “Ah Ha” of Community Medicine awareness into an emerging plan to build a tangible innovation for a specific customer segment based on a financially viable plan
• Display the crystalized vision of a Community Medicine idea that partners, developers, stakeholders, and customers can understand it and want to participate in its development.

Directions:
• Assume a Role – The organizer of the marketplace will invite participants to become either “idea vendors” or “idea customers”. No one may choose to be a watcher.
• Display an Idea – Idea vendors will create a rough poster diagram or minimal text to articulate a Value Proposition or main innovation idea for a prototype with the customer segment that would be willing to pay for the service or product. At this stage, sketches, arrows, and symbols are more useful than text.
• Shop for an Idea – Idea customers mill about the marketplace, looking over the various ideas and select the crystalized vision for a prototype that calls to them and engages their strengths and talents in a meaningful way.
• Pitch the Idea – As the ideas crystalize further in the market, the organizer asks “idea vendors” and their collaborators to give a 30 second pitch regarding their crystalized idea and invite undecided idea customers to join their prototype design group. Design groups should consist of six to ten people with eight being optimal.
• Be mindful of diversity with respect to team member strengths when shopping for ideas and forming teams. As idea customers join teams, the idea vendor will keep a running tally of the professional and personal StrengthsFinder qualities on the team.
• Large Attractors – If an idea attracts more than 10 team members, the group may divide into smaller groups. Maximum group size is 10 members.
• Small Attractors – If an idea attracts fewer than six team members, the organizer will invite others to join the group or propose potential mergers with similar groups. Projects that don’t attract six or more members will be abandoned at this point.
• **Workspaces** – When the prototype work groups have assembled, pick up your prototyping kit and select a space within the facility to begin working. Record your location, prototype project name, and contact person on a master list located with Liz Kollaja at the supply table. This is imperative in order to facilitate timely communication between groups, consultants and organizers.

2:30 – 4:00 pm
**Developing a Business Model Canvas for Prototype**
Location: Learning Center, various locations

**Learning Objectives:** At the completion of this exercise, participants will be able to:
- Form and actively participate in a leaderless group
- Cooperate to respectfully discuss conflicting ideas and come to a rapid and satisfactory resolution
- Understand the key elements of a successful business model for a health care innovation

**Directions:**
- **Introduction** – Participants introduce themselves and describe the talents they bring to the prototype development, what they hope to gain from the prototype, and concerns they have about its feasibility.
- **Review the Elements of Prototype Success** – The success of a prototype hinges not so much on the quality of the idea, but on customers’ willingness to buy and use the invention. Feedback on the five parameters defined in Figure 5 will spur discussions to help guide the prototypes toward success.

**ELEMENTS OF Prototype SUCCESS**
- **Mission** – To what degree is the prototype predicted to be capable of improving health by targeting a root cause of problems encountered during delivery of health care?
  - **Risk** – Does the prototype mitigate social or environmental risk?
  - **Health** – Does the prototype improve health, reduce burden of physical or mental illness, or reduce the age-adjusted death rate?
  - **Care Quality** – Does the prototype improve health care quality by making it more patient-centered, efficient, effective, equitable, timely and/or safe?
  - **Cost of Care** – Does the prototype reduce the cost of care to patients by reducing unnecessary testing, high cost medications, procedures, emergency department visits and hospitalization; increasing provider efficiency; engaging patients in self-care or shared decision-making?
- **Value Proposition** – To what degree does the prototype satisfactorily frame a proposal to increase customer gain and/or reduce customer pain?
- **Customer Gain** – Would it enable a customer to do what they cannot currently do by solving a problem or filling an unmet need?
- **Customer Pain** – Would it mitigate pain that a customer is currently enduring during the course of doing their respective jobs (either as patients or providers) within the health care system?
- **Revolutionary** – Would successful implementation of the prototype be predicted to be a game changer?

- **Customer Segment** – To what degree does the prototype identify an appropriate health care system customer who will buy the innovation either directly or indirectly by influencing a third party?
- **Feasibility** – What is the perceived likelihood of successful prototype implementation?
  - **Rapid** – Can the prototype get into use quickly?
  - **Relationally Effective** – Does the prototype leverage existing networks, build on existing products or services, are customers looking for this solution?
  - **Scalability** – Can it be done on a small scale locally? Can it be scaled up?

- **Participation** – All members in the group should be active participants in creating the prototype.
- **Time** – The design groups will have one and one-half hours on Wednesday to prepare a PowerPoint of the idea, and six hours on Thursday to finish the prototype and business plan.
- **Value Proposition** – Groups must quickly crystallize their vision for the value the innovation product or service brings to a particular customer segment.

- **Crystalize the improvement idea in visual form** – Someone in the group should quickly capture the conversation in a visual form using diagrams, drawings, stick figures, and the business model canvas as a framework for visualization.
- **Evolve the Business Model** – Begin with the sketch developed in the Marketplace of Ideas and flesh out the value proposition, the key customer segment, partners and other resources, and the potential financial model utilizing the provided Business Model Canvasses.

- **Identify the prototype champion(s) and administrative facilitator(s)** – The champion is generally the person (or persons) who conceived the prototype idea. Who is most willing to fight to bring the prototype into being? A strong supporter that believes in the prototype and who is willing to assume this role is critical to prototype success. The administrative facilitator should be a faculty or staff member who has access to the University administrative infrastructure. This person(s) may be called upon to mentor or assist in post-Institute development of conceived prototype projects. This could provide a convenient means to develop projects with interdisciplinary students and faculty throughout the campus. As community medicine faculty this is a big reason we are here!

- **Convert Ideas to a 5-slide PowerPoint Presentation**, template for presentation is available at [http://www.ou.edu/content/tulsa/community_medicine/2013/prototypes.html](http://www.ou.edu/content/tulsa/community_medicine/2013/prototypes.html).
Name of Prototype
(Describes product/service)

Prototype Design Team Members: who, who, who, who, who, who, who and who

Champion: Who is the Champion?

Administrative Facilitator: Who at the SCM has the expertise to help bring the prototype to market?

Customer Segments

- **Main Customers:**
  - Who are they?
  - Why would they buy?
  - What value are you creating for them?

- **Other Customers:**
  - What differentiates these customers?
  - How do you add value to each segment?

- **Developing and Sustaining Customer Loyalty**
  - How will you get product to customers?
  - How will you sustain customer relationships?

*Your business exists for your customers!*

Financial Model

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<tr>
<th>COSTS</th>
<th>DESCRIPTION</th>
<th>$ YR.1</th>
<th>REVENUE</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>Personnel</td>
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<td>Consultant</td>
<td>Start-Up</td>
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<tr>
<td>Consultants</td>
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<td>Sales</td>
<td>Revenue</td>
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<td>Equipment</td>
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<td>Grants/Gifts</td>
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<td>Supplies</td>
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<td>In-kind</td>
<td>Services</td>
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<tr>
<td>Other</td>
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<td></td>
<td>TOTAL REVENUE</td>
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<td>Indirect Costs</td>
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<td></td>
<td>PROFIT (LOSS)</td>
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</tbody>
</table>

| Projected sustainability comments |

Value Proposition

- **Product/Service:** write clear description of the product/service
- **Problem/Need Addressed:** how does it solve a problem or fill a need for a customer?
  - We help “X” (customer) do “Y” (something) by (using) “Z”
- **Uniqueness:** How does product or service differ from current offerings?
- **Value to Different Customers:** How does the value proposition differ for different customers?

Key Partners

- **Key partners/suppliers**
  - What value do they add?
  - What value do you add to them?
  - What activities/resources will they provide?
  - What is the ‘cost’ of this partnership?

- **Motivation for partnership**
- **Structure of the partnership**
  - Strategic alliance between non-competitors
  - Coopetition: cooperation between competitors
  - Joint ventures to develop new business
  - Buyer-supplier: assure reliable supplies

*Strategic alliances innovate*

- Email the presentation to justin-vandewiele@ouhsc.edu by 3:45 pm in order to organize presentations for feedback from the full Institute.

- **Communication and Broadcasting** – At least one prototype work group member should be the primary social media intermediary to post progress of your group’s work on Facebook and Twitter to both facilitate cross-pollination amongst the various prototypes, but also as a linkage to the wider community we serve.
Round One Institute Feedback
Location: Perkins
Justin Van De Wiele, PhD and Kent Teague, PhD

Learning Objectives: At the completion of this activity, participants will be able to

- Give and receive iterative quantitative and qualitative feedback from potential users of the prototype specifically utilizing the Prototype Inception Evaluator survey app
- Interact with “customers” to identify the most useful elements of the prototype and make changes to amplify these or remove unnecessary elements.

Directions:

- **Presentation** – Prototype work groups will have three minutes to “pitch” their evolving prototype business model using their five-slide PowerPoint presentation. Presentations will be queued up and presented very quickly. You may want to consider Strengths profiles when selecting your presenter(s). Influencers may be particularly suited for this role. Participants should take notes and jot down questions/suggestions for the various prototype development teams. There will be an opportunity to review the presentations and provide electronic ranking and comments to all teams at the conclusion of the three-minute pitch phase.
- **Feedback** – Once all prototypes have been presented, the presentations will be presented again for approximately two minutes apiece. During this time participants will used the Prototype Inception Evaluator app to rank the projects along the criteria shown in Figure 5. Additionally, a free form comment section will also allow input of text. Be as constructive and helpful as possible in your feedback. The goal of this exercise is to iteratively improve our prototype projects by soliciting input from our fellow Institute members. The data will be collected and provided to the prototype development teams at the beginning of the prototyping activities on Thursday to help them improve their projects.
### Figure 5. Evaluation Elements for a Successful Prototype

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Scale</th>
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</thead>
<tbody>
<tr>
<td><strong>MISSION</strong> – To what degree is the prototype predicted to be capable of improving health by targeting a root cause of problems encountered during delivery of healthcare? (Rated on a scale from -10 (detracts from mission) to +10 (greatly advances mission))</td>
<td><img src="image" alt="Scale" /></td>
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<tr>
<td><strong>Risk</strong> - Would it mitigate social or environmental risks?</td>
<td><img src="image" alt="Scale" /></td>
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<tr>
<td><strong>Health</strong> - Would it improve health, reduce the burden of physical or mental illness, or reduce the age-adjusted death rate?</td>
<td><img src="image" alt="Scale" /></td>
</tr>
<tr>
<td><strong>Care Quality</strong> - Would it improve health care quality by making it more patient-centered, efficient, effective, equitable, timely and/or safe?</td>
<td><img src="image" alt="Scale" /></td>
</tr>
<tr>
<td><strong>Capacity</strong> - Would it increase the number of providers or increase efficiency by leveraging technology?</td>
<td><img src="image" alt="Scale" /></td>
</tr>
<tr>
<td><strong>Cost of Care</strong> - Would it reduce the cost of care to patients by reducing unnecessary testing, high cost medications, procedures, emergency department visits and hospitalizations; increasing provider efficiency; engaging patients in self-care or shared decision-making?</td>
<td><img src="image" alt="Scale" /></td>
</tr>
<tr>
<td><strong>FINANCIAL MODEL</strong> – To what degree is the prototype perceived to be capable of generating sufficient revenues to cover the costs of its production and delivery to a growing customer base? (Rated on a scale from -10 (never sustainable (costs greatly exceed revenue) to +10 (highly sustainable (generates substantial revenue in excess of costs))</td>
<td><img src="image" alt="Scale" /></td>
</tr>
<tr>
<td><strong>VALUE PROPOSITION</strong> – To what degree does the prototype satisfactorily frame a proposal to increase customer gain and/or reduce customer pain? (Rated on a scale from 0 (not at all) to +10 (completely))</td>
<td><img src="image" alt="Scale" /></td>
</tr>
<tr>
<td><strong>Customer Gain</strong> - Would it enable a customer to do what they cannot currently do by solving a problem or filling an unmet need?</td>
<td><img src="image" alt="Scale" /></td>
</tr>
<tr>
<td><strong>Customer Pain</strong> - Would it mitigate pain that the customer is currently enduring during the course of doing their respective jobs (either as patients or providers) within the healthcare system?</td>
<td><img src="image" alt="Scale" /></td>
</tr>
<tr>
<td><strong>Revolutionary</strong> - Would successful implementation of the prototype be predicted to be a game changer?</td>
<td><img src="image" alt="Scale" /></td>
</tr>
<tr>
<td><strong>CUSTOMER SEGMENT</strong> – To what degree does the prototype identify an appropriate health care system customer who will buy the innovation either directly or indirectly by influencing a third party? (Rated on a scale from 0 (not at all) to +10 (completely defined customer segment))</td>
<td><img src="image" alt="Scale" /></td>
</tr>
<tr>
<td><strong>FEASIBILITY</strong> – What is the perceive likelihood of successful prototype implementation? (Rated on a scale from 0 (not at all) to +10 (highly likely))</td>
<td><img src="image" alt="Scale" /></td>
</tr>
<tr>
<td><strong>Rapid</strong> - Can the prototype get into use quickly?</td>
<td><img src="image" alt="Scale" /></td>
</tr>
<tr>
<td><strong>Relationally Effective</strong> - Does it leverage existing networks, build on existing products or services, are customers looking for this solution?</td>
<td><img src="image" alt="Scale" /></td>
</tr>
<tr>
<td><strong>Scalability</strong> - Can it be done on a small scale locally? Can it be scaled up?</td>
<td><img src="image" alt="Scale" /></td>
</tr>
</tbody>
</table>
Thursday August 1, 2013

7:45 – 8:30
**Faculty Breakfast and Meeting**
Location: Lobby and LC137 for Faculty Meeting
Daniel Duffy

**Learning Objectives:** At the completion of this meeting, faculty will be able to...
- Discuss how to use World Café as a learning tool.
- Describe how to use prototype development as a tool for learning and evaluation of mastery of learning.

**Directions:**
- Pick up your breakfast in lobby; go to LC137 for faculty meeting.
- Debrief the World Café, Professional Meaning Conversation, and Prototype development process.
- Review logistical issues and faculty role in supporting Prototype development.
- Go [https://www.udacity.com/course/ep245](https://www.udacity.com/course/ep245) and set up a free account to view Lesson 1.5A in its entirety (12:28) in order to use Business Model Canvas.
- Describe lunch conversation to get feedback on prototypes.

8:00 – 8:30 am
**Student Breakfast**
Location: Learning Center lobby and Perkins

8:30 – 10:00 am
**Anchoring Lecture #4**
**Advocacy Panel: Navigating the Health Care Community**
Learning Center – Perkins Auditorium
Moderator: John Schumann, MD

Panel Members: Carly Putnam, *OK Policy Institute*; April Merrill, *Legal Aid of Tulsa*; Katie Prentice, *OU Schusterman Library*

**Learning Objectives:** At the completion of the panel, participants will be able to...
- Explain the need to:
  - Empower patients to make health care decisions in their best interests
  - Advocate for what a patient needs or wants (or do not understand)
  - Provide patients with the right to self-determination in their care and in the care of their loved ones.
- Describe how to be better patient advocates and the importance of advocacy in navigating the health care system.

10:00 am – 12:00 pm
**Prototype Development**
Location: Learning Center at various locations
Prototype Design Teams

**Directions:**
- View short videos about the Udacity Business Model Canvas. Access the videos at [https://www.udacity.com/course/ep245](https://www.udacity.com/course/ep245) where you can set up a free account then view Lesson 1.5A in its entirety (12:28 minutes). Some of the Design Team may wish to dive deeper if there is time.
- Revise your Prototype based on the group’s better knowledge of the concepts and elements of a business model as well as by utilizing feedback from Wednesday afternoon. Feedback will be provided in the form of graphical representations and comments elicited from the prototype.
evaluations performed on Wednesday. Aid in interpretation of the analyses is provided below.

**PROTOTYPE PROJECT FEEDBACK**

Institute participants and community members will have evaluated the prototype projects utilizing the Prototype Inception Evaluator survey (PIES) methodology. The following explanations describe the potential patterns the data may exhibit, and may assist in interpreting the results derived from.

For each project, three analyses will be provided: Financial Model vs. Mission, Financial Model vs. Feasibility, and Customer Segment vs. Value Proposition. Brief descriptions of these analyses will be provided along with generalized interpretations. The various colored dots represent the different fields of study of participants present for the Summer Institute.

**Financial Model vs. Mission** – This graph represents a prediction of how well the prototype is perceived to fit the Mission of the School of Community medicine and the return on investment it would be predicted generate (double bottom line adherence). Dots falling in the lower left quadrant of the graphs represent the perception that the project is proposing a negative Financial Model (one whose costs exceed revenue) and one that is negatively aligned with the Mission. This is in contrast to perceptions represented in the lower right-hand quadrant, which indicate a positive Mission alignment, but nonetheless are predicted to be unsustainable. Dots falling in the upper right-hand quadrant indicate the perception that the project is considered to be capable of both generating revenues that exceed costs while also being positively Mission aligned. Projects displaying a majority of dots in this region would be predicted to be successful and sustainable. Dots falling in the upper left-hand quadrant indicate the project is perceived to be financially viable but not aligned with the Mission.

**Financial Model vs. Feasibility** – This type of graph allows exploration of whether Feasibility concerns are driving the Financial Model assessment of the prototype project in question. Maintaining the Financial Model on the Y-axis (as in the top graph) and displaying the perceived implementation Feasibility of the prototype on the X-axis represents to what extent projects are considered achievable with respect to the Financial Model. Dots in the upper right-hand region of the graph represent a belief that the project is both Financially sound and believed to be Feasible. Contrarily, dots falling in the upper left-hand region represent projects that are considered Financially positive, but not Feasible to achieve (i.e., if they were possible, they would make money). Dots in the lower left-hand region represent the perception that a project is not Financially viable, most likely due to concerns over Feasibility. Dots in the lower right-hand quadrant represent projects that are projected to be Feasible, but Financially unsustainable.

**Customer Segment vs. Value Proposition** – This graph provides an opportunity to explore the relationship between the perceived impact of the Value Proposition with respect to the Customer Segment the prototype aims to serve. Projects striking an appropriate balance between these parameters should be observed to have dots falling on the diagonal running from the lower-left corner of the graph to the upper-right corner. Perceptions of a project with a Value Proposition higher ranked than
that of Customer Segment identification are observed in the lower right quadrant of this graph. A pattern of this type potentially indicates that the prototype has either generated a solution for a problem that either does not exist (unlikely) or one that has not identified an appropriate Customer Segment that is willing or able to pay for receipt of the proposed Value (overkill). This could also indicate that for the Customer Segment in question, the Value Proposition exceeds the wants or needs of the customer at the perceived price-point. Observation of responses graphing to the upper-left region of the graph represents the reverse of the previous interpretation. Perceptions of this type indicate that the prototype exposed a Customer Segment with a want or need for which the Value Proposition was inadequate. This could be due to the fact that in order to be satisfied, the Customer Segment would require higher value from the Value Proposition than was proposed. Alternatively, this could represent a problem that is being experienced by a Customer Segment for which there is currently no viable solution.

Graphical feedback will appear slightly different in the current version of PIE, however the above interpretations are the same.
• **Get Feedback** from real Customer Segments. Engage your target customers, go to them, invite them to you, phone, text or Skype them to get their perspective on the utility of the innovation.

• **Revise Your Prototype Plan** - Be prepared to “pivot” or change direction 180 degrees if recommended by customer feedback.

• **Work Product of Prototype** – Build your prototype. You may demonstrate the prototype as a story; it may be a policy, a procedure, a drawing, or workflow process diagram, a demonstration, a tool, a streaming video, or a working model of an instrument.

• **Resources** - It is likely that the Prototype Design Group will need to research background information, locate facts or data from text and Internet resources available in the facilities. Poster-board, markers, Post-It notes, construction paper, glue and tape are available for your use. In addition, a $100 budget for each group has been allocated for building the prototype. We ask that faculty or staff purchase the requisite material then submit receipts to Liz Kollaja for standard University reimbursement.

• **Consultants** - Research specialists, process quality improvement experts, librarians, and media support staff will visit the prototype groups and respond via e-mail or text to assist in prototype development. Contact information will be provided in the prototype resource kit.

• **Final Outcome of Prototype** - We anticipate that many of the prototypes will be digital applications, quality improvement events tested in rapid cycle test of change, or action research projects that will be conducted over the coming months.

12:00 – 1:00 pm
Lunch
Location: Pick up box lunches in Founders Hall

1:00 – 5:00 pm
Finalize Prototype Display and Business Plan
Location: Learning Center various locations

**Directions**

• **Return** to your Prototype Design Group workspace.

• **Build** the prototype model or poster with its business plan for presentation on Friday Morning

**Write a summary abstract (Prototype Précis)**
template available at:
http://www.ou.edu/content/tulsa/community_medicine/2013/prototypes.html

Print 20 copies to have available for interested parties at your prototype display on Friday then email to Justin Van De Wiele by 5:00 pm Thursday evening. (justin-vandewiele@ouhsc.edu)

• **Name of Prototype**

• **Team Members** (** = indicates champion, * = administrative facilitator)

• **Value Proposition**

• **Customer Segments**
  o **Pain** (problem) experienced by customer segment(s) from current situation
  o **Gain** (benefit) experienced by customer segment(s) if prototype is available

• **How will Prototype Work?**

• **Financial Model**

• **Partners and their Services and/or Resources.**
• Use a poster, slide show, model, video, or enactment of the prototype in action. You must include in your display how the elements of the business plan come together to make a viable product or service in the market.

• **Rate** and compare your prototype and business plan according to the Prototype Success Parameters. (See figure 5)

• **Practice demonstrating** the prototype and its business components.

• **Practice answering** questions from customers and Institute stakeholders.

• **Select** one or two group members to stand at the Prototype display, demonstrate its use, answer questions from observers, and get feedback on how it might be improved.

• **Targets for Recognition** in addition to winners determined by PIE:
  - **Customer Feedback**: Hypotheses were most dramatically changed after customer feedback
  - **Simplest**: The most simple and least costly to implement
  - **Immediate Impact**: Greatest immediate impact on Cost, Capacity, Risk, or Care
  - **Artistic**: Best artistic rendition
  - **Successful**: Most likely to succeed
  - **Creative**: Most creative
Friday, August 2, 2013

7:45 – 8:30 am
**Faculty Breakfast and Meeting**
Location: Lobby and LC137 for Faculty Meeting
Daniel Duffy, MD

**Learning Objectives:** At the completion of the meeting participants will be able to...
- Describe how the activities of the Summer Institute recapitulate the Theory U Model.
- Appreciate the educational method that uses active learning and a democratic classroom.
- Use the PIE tool for obtaining structured feedback on the quality of a learning work product.

**Directions:**
- Debrief how well the prototyping design groups have worked.
- Debrief the Summer Institute
- Know host role at the Celebration Luncheon for patients or other stakeholders who attend.

8:00 – 8:30 am
**Student Breakfast**
Location: Perkins

**Directions:**
- After eating, set up the prototypes in the Gallery for review.

8:30 – 9:45 am
**Anchoring Lecture #5**
**Committing to Community: Integrating Lessons Learned into Professional Identities**
Location: Perkins
Gerry Clancy, MD

**Learning Objectives:** At the completion of the lecture, participants will be able to...
- Evaluate the week as we explored together the lives of patients, the aspects of patient care, and our communities.
- Value the opportunity to learn side-by-side with interdisciplinary colleagues
- Discover how to take what we have learned with us on our journey to become professionals in our chosen fields.
- Formulate a plan to remain inspired in this time of transformation and transition in health care.
- Commit to improving the lives of the vulnerable individuals and communities in our lives.

9:45 am – 12:00 pm
**Rating and Feedback of Prototypes and Business Plan**
Location: Learning Center Atrium
Justin Van De Wiele, PhD

**Directions:**
- **Prototype Display** - one member of the prototype design team will stand with the prototype display to help customers use the prototype, show how it works, and describe the proposed business model that will bring it to market.
- **Feedback** - other members of the prototype design group will make their way around the prototypes to evaluate and rate the quality and feasibility of the prototype and its business plan using the PIE survey app that systematically captures the ratings.
• **Switch Presenters** - To permit everyone to rate all of the prototypes, at the half-way point a second member of the prototype design team should replace the first member presenting and soliciting customer feedback on the prototype.

12:00 – 1:00 pm  
**Community Luncheon**  
Location: Founders Hall  
Liz Kollaja  

**Directions:**  
• All participants in the Summer Institute are invited to the Community Luncheon.  
• Table assignments will be made according to Car Groups.  
• Car Groups will welcome patients, providers, and interviewees from agencies and invite them to sit at the Car Group table.  
• Make certain that every guest has a host to welcome them.

1:00 – 1:30 pm  
**Report of Prototype Evaluation Results:**  
**Bringing the Future Health Care into Being**  
Location: Founders Hall  
President Gerry Clancy, Moderator  

**Directions:**  
• Car Groups introduce the guests at their table and we thank them for their participation in the Summer Institute.  
• Recognize and thank the Summer Institute Steering Committee, Committees, Student Interns and others who helped.  
• Introduce Justin Van De Wiele to announce the results of prototype evaluations.  
• Recognize the prototypes where:
  - Hypotheses were most dramatically changed after customer feedback  
  - Simplest and least costly to implement  
  - Greatest immediate impact on Cost, Capacity, Risk, or Care  
  - Best artistic rendition  
  - Most likely to succeed  
  - Most creative.  
• Invite Monica Basu and other community leaders and supporters to say a few words.  
• Invite participants to make any comments of appreciation for what they learned this week.

**Learning Objectives:** At the completion of the Summer Institute, participants will be able to...  
• Describe the experience of structured experiential learning with faculty serving as learner facilitators.  
• Appreciate the variety of strengths and professional disciplines that make up the health care system.  
• Use Appreciative Inquiry to more deeply understand stakeholder’s pain, their ideas for gain in the future, and core of goodness.  
• Understand the burden poverty places on health and the health care system.  
• Appreciate the importance of reflective practice in staying rooted to our core values and resisting health system call to deviate from them.  
• Use tools for tracking complex system relationships (ReThink Health Model of Community Health System, Udacity Business Model Canvas, and the Community Medicine Relationship Model).  
• Use the PIE survey app for obtaining structured feedback on work products.  
• Rapidly plan the business plan for an innovation prototype and get feedback to iteratively improve it.
The Business Model Canvas

**Key Partners**
- Who are our Key Partners?
- What do we buy from them?
- Which Partners are we acquiring from partners?
- Which Key Partners do partners partner?

**Key Activities**
- What do we do that is Value Proposition relevant?
- What do we need to provide Value Proposition?
- How do we create Value Propositions?
- How do we deliver Value Proposition?

**Value Propositions**
- What unique Value Proposition do we offer?
- How do we deliver Value Proposition?
- What Value Propositions do we deliver to customers?
- How do we create Value Proposition?

**Customer Relationships**
- What type of relationship does each of our Customers have with us?
- How are they integrated with the rest of our business model?
- How do we maintain this relationship?
- How do we keep customers engaged?

**Customer Segments**
- For whom are we creating value?
- Who are our most important customers?
- Why are our customers buying?
- How do we create value?

**Key Resources**
- What do we need to make our Value Propositions relevant?
- What do we need to make Value Propositions shortcuts?
- How do we manage Key Resources?
- How do we leverage Key Resources?

**Channels**
- Through which Channels do our Customers want to be reached?
- How do we manage Channel?
- How do we integrate Channel?
- How do we manage Channel's visibility?

**Cost Structure**
- What are the most important costs of our business model?
- Which costs are the most expensive?
- Which costs are the most variable?
- How do we manage Cost Structure?

**Revenue Streams**
- For what value are our Customers willing to pay?
- How do we price our Products?
- How do we manage Revenue Streams?
- How do we manage Revenue Streams?