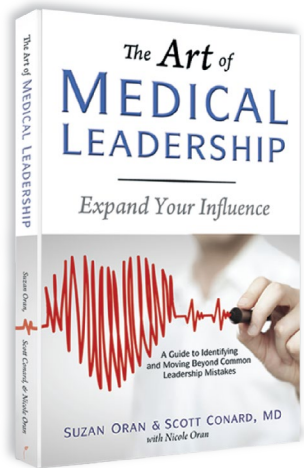




ADVANCING INTEGRATED HEALTHCARE



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# Optimizing Team-Based Care

Kickoff Meeting – March 20, 2025

*Care Transformation Collaborative of RI*

# Agenda

Topic	Speaker(s)	Time
Introductions	CTC-RI and AML Practices	5 minutes
Project Overview	Nelly Burdette, PsyD, CTC-RI Phos Ivestei, CTC-RI	10 minutes
Art of Medical Leadership 1 <sup>st</sup> Content Session	Suzan Oran Nicole Oran Kristin David, PsyD	70 minutes
Wrap up/Questions	Group	5 mins

# CTC-RI Staff Supporting this project



Nelly Burdette, PsyD

Chief Clinical Officer

**Pronouns:** she/her



Sue Dettling, BS, PCMH CCE

Program Manager and Practice Facilitator

**Pronouns:** she/her



Kristin David, PsyD

Integrated Behavioral Health Practice Facilitator

**Pronouns:** she/her



Phos Ivestei, BA

Program Coordinator

**Pronouns:** he/they

# Art of Medical Leadership (AML)



**Suzan Oran**  
Leadership & Life Coach  
(she/her)



**Nicole Oran**  
Leadership Coach  
Certified Life Coach  
(she/her)



**Thank you to our funder:**



# Welcome Practices!

Barrington Pediatric Associates, Inc	East Greenwich Pediatrics
Blackstone Valley Community Healthcare (Broad Street)	Roger Williams Medical Center Internal Medicine Residency Clinic
Blackstone Valley Community Healthcare (East Ave)	
Blackstone Valley Pediatrics	Santiago Medical Group, Inc.
Compassionate Care, Inc	Southcoast Health Tiverton Family Medicine

# Project Goals

- Team-based care is one of the foundational components needed for high-functioning health care systems.
- Traditional team-based care training has been limited to leadership-centric approaches, often leaving out the essential role of the entire practice team.
- CTC-RI and AML's initiative will provide a series that fills the gap that extends beyond leadership, targeting the primary care team to optimize care delivery.
- Recruit 10 Patient-Centered Medical Home primary care practices across Rhode Island for a 12-month practice facilitator-led initiative, fostering new approach to team-based care and a healthier, more engaged workforce

# Your Core Team

Your core team is a max of 5 people:

- Primary Contact Person
- Provider Champion/Practice Leader
- Practice manager
- Medical Assistant
- Nurse

**Other staff can be included:** IBH clinicians, care manager, office personnel, pharmacists, and more are also welcome to participate!



# Training/Meeting Requirements

## Required Meetings

- Kickoff Meeting with 1<sup>st</sup> AML Content Session – **March 20, 2025**
- 3 AML Content Sessions in **June, September, and January held at 3 different times: 7:30-8:30am, 12-1pm, and 5-6pm** (practices only need to attend one in a month)
- Learning collaboratives held on **June 26, 2025, from 7:30-8:30AM** and **October 30, 2025, from 7:30-8:30AM**
- Monthly Practice Facilitations and AML Video Recordings
- Wrap Up Learning Collaborative on **February 26<sup>th</sup>, 2026**



# Important Milestones for Evaluation and PDSAs

PDSAs and Evaluation		
<b>Pre-assessment Tool</b> Completed by the core team, link will be sent after the kick-off meeting	Due April 1, 2025	<i>Link to be provided</i> Practices will take a pre-assessment to identify areas of concentration for improvement
<b>Quality Improvement Plan using “Plan-Do-Study-Act – PDSA”</b> Identify a topic for improving an area of Team Based Care, based on your work with the practice facilitator	Due June 1 <sup>st</sup> , 2025	Aims Statement/Plan & Do due for each practice
<b>PDSA updates</b>	Due October 1, 2025 Due February 1, 2026	Practices submit PDSAs to program coordinator
<b>Post-assessment Tool</b> Completed by the core team	Due January 23, 2026	<i>Link to be provided</i> Practices will take a post-assessment to identify how they improved; Results to be discussed at Wrap up meeting
<b>Learning Collaborative Final Evaluation</b>	Due March 1, 2026	<i>Link to be provided</i>

# Team Effectiveness Questionnaire

- Each individual practice member will take this
- Your score will be averaged across the practice to look for the following domains:
  - Purpose and goals
  - Roles
  - Team processes
  - Team relationships
  - Intergroup relations
  - Problem solving
  - Passion and commitment
  - Skills and learning
- Mid-point PDSA will be submitted from each site focused on a quality improvement initiative.

Read through the following statements carefully, please select the number that MOST represents your view of how well each statement describes your team.

Disagree  
strongly

Disagree

Neutral

Agree

Strongly Agree

1

2

3

4

5

1. Our team has a meaningful, shared purpose. \*

1

2

3

4

5

Disagree strongly

Strongly Agree

2. Team members clearly understand their roles. \*

1

2

3

4

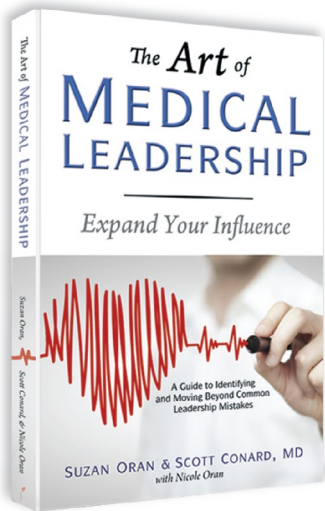
5

Disagree strongly

Strongly Agree

---

# CTC-RI Optimizing Team-Based Care Program



## *The Art of Medical Leadership Lessons*

Session One of Four



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# *Welcome!*

We acknowledge you for your  
commitment to make a difference  
in the field of healthcare and  
ultimately for your patients!

It is our privilege to be your coach!

Suzan Oran  
Leadership & life coaching  
since 1986



Nicole Oran, CLC  
Leadership & life coaching  
since 2014



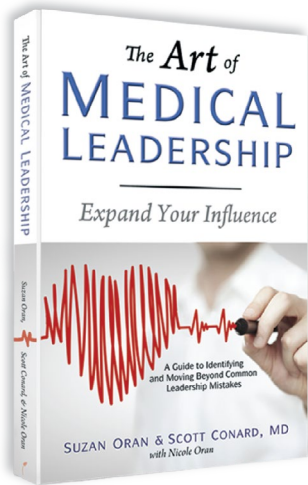
## Effectively Using Your Influence...

***“True leadership is not a function of whether people report to you or where you are on the organizational chart.***

***True leadership is about drawing out leadership from others.***

***True Leadership is about drawing out the best from others; your colleagues, patients, etc.”***

Suzan Oran



## Leadership Definition:

Leadership is the ability to guide, inspire, and influence people to work together toward a common goal.

It's about motivating others to believe in a vision and take action toward achieving it.

Leadership requires qualities like empathy, effective communication, integrity, and resilience, which help build trust and foster collaboration.

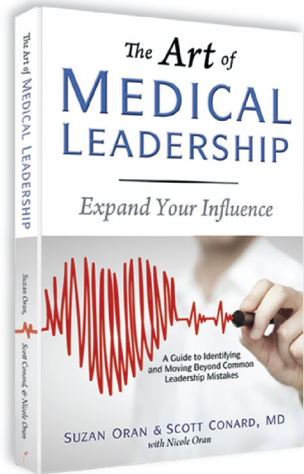




## **To clarify upfront ...**

We are not here to tell you how to do your job.

We are here to provide distinctions, ideas and suggestions that you can use to take yourself to a new level with your job.



## **Purpose of our Sessions:**

To increase your effectiveness in  
optimizing your team-based care  
by utilizing AML distinctions.

**Format:** Read the chapters and watch the corresponding video on Cohere prior to your meeting.

### **Today:**

Chapter 1 & 2

### **June Meetings:**

Chapters 4 & 5

### **September Meetings:**

Chapters 6 & 7

### **January Meetings:**

Chapter 10

(Chapters 3, 8 & 9 are optional)



# Participation

- Please Actively Participate: Ask Questions & Share
- Be Open To New Ideas & Highlight and Deepen Familiar Ideas
- Inquire & Map Onto Your Life Rather Than Believe
- Take Notes: List Your Insights plus Actions You Will Take Going Forward

# Your Goals and Intentions for the Program

Please list in your notes specific goals and intentions you have for:

- Yourself individually
- Your practice or area of healthcare

*Please keep this list handy so that you can refer to it throughout the program and specifically reference it at the end of the program.*

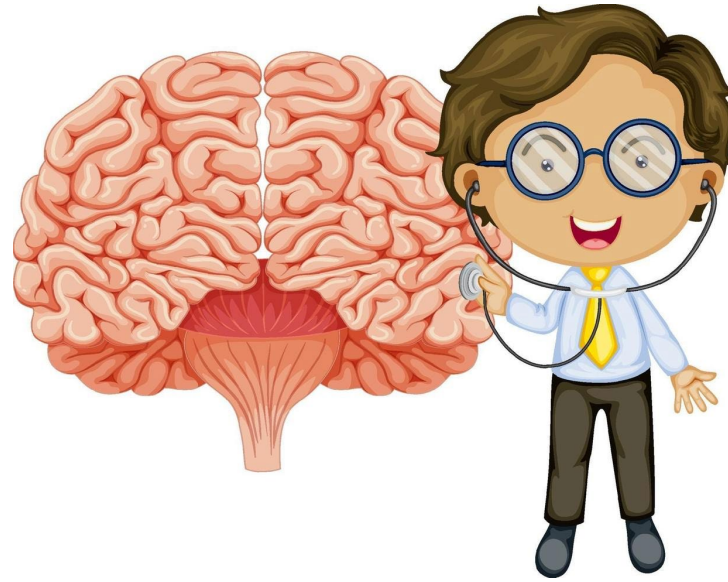


# Introductions by Teams

Please say:

- Your name, role and medical group
- How long you have been with your group
- Share about your goals for this program and your commitment to Optimizing Team-Based Care

# Let's Talk Briefly About How the Human Mind Works



**Your brain contains billions of nerve cells arranged in patterns that coordinate thought, emotion, behavior, movement and sensation.**

A complicated highway system of nerves connects your brain to the rest of your body, so communication can occur in split seconds.

# What if...

We had a hat

that you would wear for 24 hours that was wired so  
that every single passing thought was  
played on a loudspeaker, and  
you could not edit?



Studies show that many (maybe most) of our thoughts  
are critical against others, ourselves and situations.

Plus, add in the funky thoughts...

I suggest that none of us ought to wear that hat 🤨



**Good News... We are not our thoughts!**

**We have automatic thoughts.**

**We have zero control over what thoughts might pop up.**

**We do have direct access to intentionally shift from any disempowering thought to use our gift of “thinking” that is empowering, construction and supportive for ourselves and everyone involved.**

**Check in with yourself on a regular basis, and ask yourself:  
am I currently using my gift of “thinking” vs. steering from automatic thoughts?**



# The Art of Medical Leadership Distinctions: Chapter 1

## **Be – Do – Have:**

How we can maximize our effectiveness by:

First envisioning who we are committed to **Be**.

Then intentionally **Do** what is consistent with that.

Then **Have** the result.

We encourage you to use the book as a guide in making your list and keep it in front of you as you go through this program.

# The Art of Medical Leadership Distinctions: Chapter 2

- The Ego:** This automatic human component impedes our connection with others. When we are coming from workability & empowerment for everyone involved, our ego is not “front & center”.
- Listening “For”:** Increases effective communication and connection with others. Powerfully & intentionally listening. Going beyond being a “good listener”. When it is appropriate to address a topic, we can be more effective while listening “for” everyone involved.
- Being a “Learner”:** Intentionally detoxify negative thoughts and share honestly ideas and concerns in a way that is empowering for everyone involved. Who I am is distinct from my thoughts and recognizing that “I am a thinker”. I have ideas and opinions and I’m open to your ideas and opinions. This is a mindset shift from ego based to commitment and workability based. [This distinction is not referencing the student or the teacher.]



## Reminder - Listening “For”

is never about being passive and stepping over what needs to be addressed.

First – Listen “For” the other person.

Then – Speak up with a commitment to making a positive impact.

Listening “For” can transform our relationships and increase our connection with others.



People feeling heard & respected increases psychological safety.

**Listening “For” Increases the opportunity for you and those around you to excel.**

## A Point to Remember:

We will forever find ourselves reverting to  
Listening “about” and Being a “knower”.

## Intentional Shifting Is our True Power

The key is to catch ourselves (without self-criticism)  
and shift back to the empowering and  
far more powerful mindset of

***Listening “For” and Being a “Learner”!***

# Applying the AML Distinctions

Please Share:

How have you already used these distinctions?

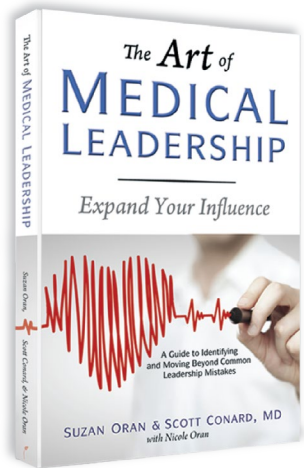
How can you use them going forward?



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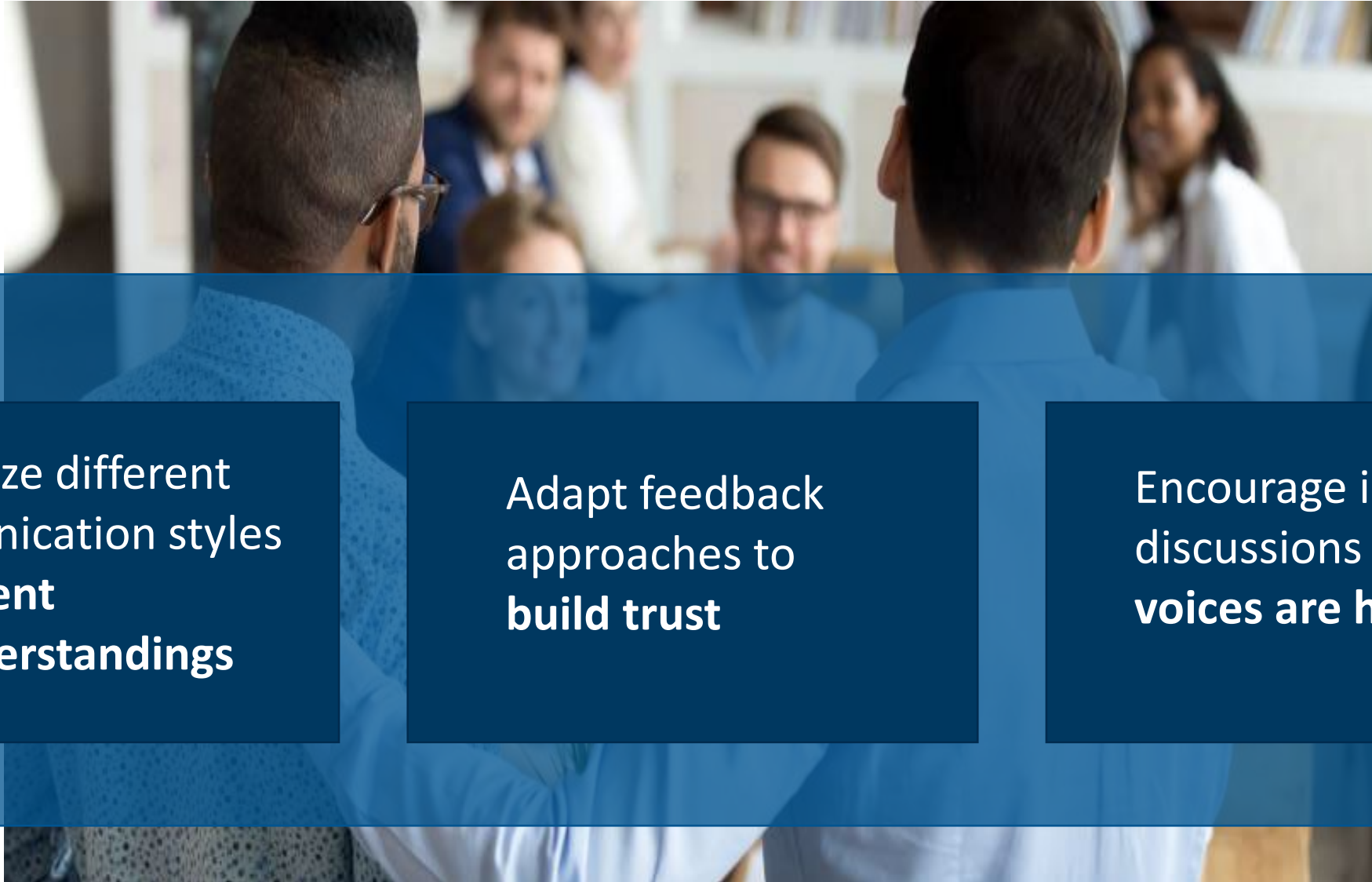


# Inclusive Considerations for Medical Leadership

Kristin David, PsyD - March 20<sup>th</sup>, 2025

*Care Transformation Collaborative of RI*

# How this Impacts Leadership



Recognize different communication styles to **prevent misunderstandings**

Adapt feedback approaches to **build trust**

Encourage inclusive discussions to **ensure all voices are heard**

Citation: Merkin, R. (2015).



## Individualistic Cultures

- Emphasize **independence and direct communication**
- Open discussions and clear feedback are valued
- Disagreements are seen as part of **healthy discussions**
- **Examples:** USA, Canada, Australia, UK



## Collectivist Cultures

- Emphasize **group harmony and indirect communication**
- Prefer feedback that maintains relationships
- Decision-making often involves **group consensus**
- Less likely to voice dissent openly
- **Examples:** China, Japan, Korea, Mexico

Citation: Merkin, R. (2015).

# Ego Expression Across Culture, Gender, and Sexuality

## Gender Norms & Ego

**Masculine norms** → Assertiveness, competition, status-driven.

**Feminine norms** → Relational, collaborative, humility-focused.

**Non-binary & gender-expansive** → Navigate mixed norms, challenging expectations.

## Cultural Differences

**Individualistic cultures** → Assertive, self-promotional, personal achievement.

**Collectivist cultures** → Humility, group success, indirect assertion.

**High power distance cultures** → Deferential to authority, hierarchy shapes ego expression.

## Sexuality & Ego Expression

**LGBTQ+ individuals** may suppress or amplify ego depending on societal acceptance.

**Queer culture** often redefines masculinity, femininity, and self-expression.

**Historical oppression** impacts how pride and identity are communicated.

**Key Takeaway:** Ego is shaped by culture, gender, and lived experience.

Understanding these differences helps build **more inclusive communication and leadership**.





**Culture isn't the only factor influencing communication. People within the same culture may communicate differently.**

- **Personality** – Some naturally prefer directness, others value subtlety.
- **Self-Esteem** – Confidence levels can shape how openly someone communicates.
- **Stress Levels** – Under pressure, communication styles may shift.
- **Context Matters** – Some individuals adjust their style based on the situation.

Ivanov, M., & Werner, P. D. (2010)



# How might this Impact Leadership?

- **Avoid Assumptions** Directness is personal, not just cultural.
- **Adapt Communication** Recognize when to be clearer or more nuanced.
- **Support Psychological Safety**  
Create space for all styles to contribute.
- **Encourage Context Awareness**  
Help teams adjust based on situations

Ivanov, M., & Werner, P. D. (2010)

## Communication Styles

The table below outlines different aspects of communication style and how they tend to vary across cultures. Being aware of how communication styles tend to vary across cultures can help you avoid misunderstandings, but it is also important that you understand your client's unique cultural identity and individual preferences in order to communicate with them most effectively.

COMMUNICATION STYLE	CULTURAL DIFFERENCES	EXAMPLES
Tone, volume, and speed of speech	Culture can influence how loudly it is appropriate to talk, the tone and level of expressiveness in the voice, and the speed of speech. Loud, fast, and expressive speech is common in some cultures but could be considered rude or aggressive in others.	Loud and expressive speech is often more common in African American, Caribbean, Latino, and Arab cultures.  Some American Indian cultures, Alaskan native, and Latin American indigenous cultures favor softer tones of voice and less expressive speech, as do some East Asian cultures.
Eye contact	Culture can influence whether it is considered polite or rude to make eye contact when addressing someone, and whether eye contact is necessary to indicate that one is listening.	Direct eye contact is highly valued, both when speaking and listening, by many White Americans.  Direct eye contact is considered rude in some Asian cultures.
Use of pauses and silence	Culture can influence whether pauses and silence are comfortable or uncomfortable.	Pauses and silence are uncomfortable for many people who identify with dominant U.S. cultural norms.  Some American Indian cultures value silences and pauses as they provide time to process information and gather thoughts.
Facial expressiveness	Culture can influence whether low facial expressiveness is considered normal or interpreted as a lack of understanding, a lack of interest, or even resistance.	Many of the cultures that exhibit high verbal expressiveness also exhibit high facial expressiveness (for example, many cultures from Latin America and the Caribbean).  Maintaining a neutral facial expression is more common among some American Indian and Asian cultures.

US Department Of Health and Human Services, 2014

## Feminine Communication Style



- Focuses on **relationships and connection-building**
- Encourages **collaboration and inclusivity**
- Uses **active listening** and responsive cues (e.g., nodding, verbal affirmations)
- Expresses **empathy and personal experiences**
- Uses **tentative language** (e.g., "I feel," "I wonder if," "Maybe we could")

## Masculine Communication Style



- Focuses on **goal-oriented and problem-solving approaches**
- Values **assertiveness, efficiency, and independence**
- Uses **direct and competitive** language to establish status
- Less emphasis on emotional expression, focusing on **facts and logic**
- Seeks to **persuade, instruct, or entertain** in conversation



# How might this Impact Leadership?

**Blend styles when needed** Balance directness with relational awareness

**Recognize different strengths** – Use collaboration when connection matters, assertiveness when quick decisions are needed

**Adapt based on context** – Certain situations require more relationship-building, while others need efficiency

*By understanding and leveraging both styles, we improve teamwork, decision-making, and workplace dynamics.*



# Communication Apprehension

## Key Findings:

- Women report **lower voice self-efficacy** in workplace settings. (*Yan et al., 2022*)
- Women experience **higher communication apprehension** than men. (*Boyer et al., 2017; Loureiro et al., 2020*)
- Women tend to have **less confidence and speak up less often**, especially early in their careers. (*Howell, 2021; Zenger & Folkman, 2019*)

## Takeaway:

Workplace dynamics can impact communication confidence. Encouraging **inclusive discussions and leadership support** can help bridge this gap.



# What's Your Communication Style?

## Reflection Questions:

- Do you **speak your mind directly** or prefer to **soften your words**?
- Are you more comfortable with **direct or indirect** phrasing?
- Does your **communication style shift** depending on the person or situation?

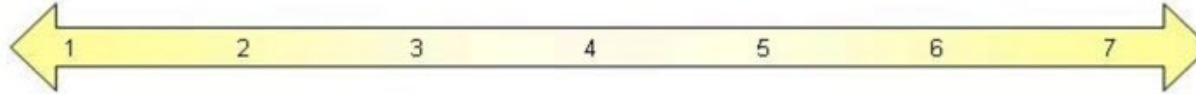
**Self-awareness is the foundation of effective communication.**

*Our communication style is shaped by **culture, personality, and experience.***

Being aware of how we **express ourselves** helps us **adapt and connect** better with others.

Watershed Associates. (n.d.).  
Commisceo Global. (n.d.).  
U.S. Department of Health and Human Services. (n.d.).

### 7. What do you focus on to understand what the other person means?



- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>▪ <b>WHAT is said</b> is most important</li> <li>▪ You naturally look more to the words that are said to understand meaning</li> </ul> | <ul style="list-style-type: none"> <li>▪ <b>HOW something is said</b> is most important</li> <li>▪ You naturally look to the situation and the people involved to understand what is said</li> </ul> |
|---|--|

### 8. What kind of pauses do you leave when talking?



#### Short

- You often start speaking before the other person has finished
- You think interruptions are common and natural

#### Long

- You wait until the other speaker has clearly finished before speaking
- Interruptions are to be avoided

### 9. What is more important in a conversation?



#### Understanding

- You ask for explanations
- You are comfortable disagreeing in public

#### Agreement

- You tend not to ask for explanations because it would be uncomfortable for you
- You feel that any disagreement is usually best done carefully and in private

## Self-awareness is the foundation of effective communication.

Recognize different communication styles to **prevent misunderstandings**

Adapt feedback approaches to **build trust**

Encourage inclusive discussions to **ensure all voices are heard**

**Blend styles when needed** Balance directness with relational awareness

**Adapt Communication** Recognize when to be clearer or more nuanced.

**Recognize different strengths** – Use collaboration when connection matters, assertiveness when quick decisions are needed





# Complete Today's Session

Please put in the chat:

- Any questions you have.
- What value have you taken from our meeting today?
- How will you use it to support your team Optimizing Team-Based Care?

Any closing remarks?

---

# **You Are Here To Enrich The World**

**“YOU ARE NOT HERE MERELY TO MAKE A LIVING.**

**YOU ARE HERE IN ORDER TO ENABLE THE WORLD TO LIVE  
MORE AMPLY, WITH GREATER VISION,  
WITH A FINER SPIRIT OF HOPE AND ACHIEVEMENT.**

**YOU ARE HERE TO ENRICH THE WORLD,  
AND YOU IMPOVERISH YOURSELF IF YOU FORGET THE ERRAND.”**

*Woodrow Wilson*

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***Thank you for your participation today and  
thank you for the difference you make!***

*Reminder:*

*Please read chapters 4 & 5 and  
watch the corresponding videos on Cohere  
for your June meetings.*

# Next Steps

1. Complete Baseline Assessments
2. Continue readings and videos
3. Schedule recurring monthly meetings with Practice Facilitators
  - Practice Facilitators will be reaching out to you to schedule
  - Your first meeting will be in April
4. First payment scheduled to practice upon completion of baseline assessments
  - **1<sup>st</sup> payment:** after Participative Agreement, Responsibilities Document signed, attendance at March Kickoff Session, and completion of pre-assessment
  - **2<sup>nd</sup> payment:** conclusion of project February 2026

# June Content Session

## Chapter 4: Rally the Troops Chapter 5: How to get things done

Slides will cover:

- Keys to having a cohesive, inspired, and fully engaged team, fostering mutual trust
- Acknowledgement and appreciation
- Committed listening & speaking
- Effective requests and responses
- Action vs. Decisions

# Questions?



*Reach out to Phos at [pivestei@ctc-ri.org](mailto:pivestei@ctc-ri.org) if you have any questions!*



# THANK YOU

 [www.ctc-ri.org](http://www.ctc-ri.org)

 [ctc-ri](#)

