



Griffin Hospital Mini Med School

PlaneKnowledge Teleconference
February 27, 2008

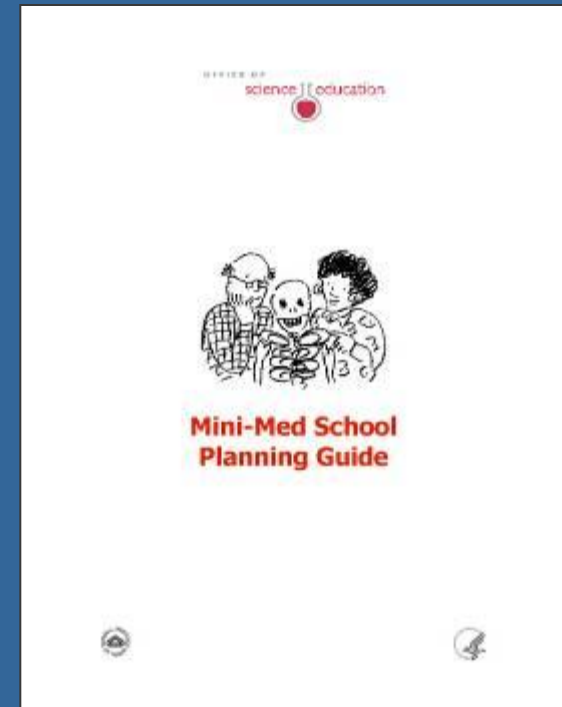
Ken Roberts

Director, Communications & Public Affairs



History

Griffin's Mini-Med School was the brainchild of two senior Griffin Hospital physicians. Utilizing the NIH "Mini Med School Planning Guide," they researched other programs, adopting what they liked, omitting what they didn't, and creating a new framework for community health education and empowerment.



Medical Directors (and founding fathers)

Kenneth V. Schwartz, M.D.
Medical Director, Griffin Hospital



Paul B. Nussbaum, M.D.
President of the Medical Staff





The Course Is...

- Designed to give participants a better idea of Medicine, Medical Practice, and Modern Treatments and Diagnostic Methods
- Designed at High School to College Level
- Designed to provide interaction between participants and faculty
- Designed to encourage participants to obtain additional education and training, such as CPR, First Aid, EMT, or other courses

The Course is Not...

- Hands on
- No “Skills” involved
- Formal Medical Training

(No, you don't get to do surgery...)





Course Overview

- Purpose: to enhance participants' knowledge of Medicine, Human Anatomy, physiology, pathology
- Covers Normal Anatomy, Diseases, Treatments, Diagnostic Tools, Medications
- Organized by disciplines “ologys”
- Presented by specialists on Griffin's Medical Staff

Lecture Format

- Each week is divided into two one-hour sessions, with 15-minute break between sessions and time for Q&A.
- Course binders and handouts provided to facilitate note taking




Templates Create Continuity

- Content template for topics (what the body system is, what it does, what can go wrong, how we fix it)
- PowerPoint template for presentations & handouts (A.D.A.M. and other resources for images)



Mechanisms for Feedback

 Griffin Hospital
Mini Med School

Overall Mini Med School Evaluation

Spring 2007 Session

Your Comments are Important to Us!
Please help us continue to enhance our program by completing and returning this evaluation.

Please circle overall program rating for each:

	POOR	FAIR	AVERAGE	GOOD	EXCELLENT
1. The content was informative and relevant:	1	2	3	4	5
2. The speakers were clear and engaging:	1	2	3	4	5
3. The visual aids enhanced my learning:	1	2	3	4	5
4. The pace of the sessions were:	1	2	3	4	5
5. The program met my overall expectations:	1	2	3	4	5

What did you like most about this program?

Was the content relevant and thorough?

What, if any, changes to the session's education/format would you suggest?

Other Comments:

Name (optional):

PLEASE RETURN AT THE END OF THE SESSION

 Griffin Hospital
Mini Med School

Session Evaluation Form

Session 3, Fall 2007
The Role of Primary Care

Presenter: Domenic Casablanca, MD

Thursday, September 20, 2007

Your Comments are Important to Us!
Please help us continue to enhance our program by completing and returning this evaluation.

Please circle for each:

	POOR	FAIR	AVERAGE	GOOD	EXCELLENT
1. The program content was informative:	1	2	3	4	5
2. The speakers were clear and engaging:	1	2	3	4	5
3. The visual aids enhanced my learning:	1	2	3	4	5
4. The pace of the program was:	1	2	3	4	5
5. The program met my overall expectations:	1	2	3	4	5

What did you like most about this program?

Was the content relevant and thorough on this issue?

What, if any, changes to today's education would you suggest?

Other Comments:

Name (optional):

PLEASE RETURN AT THE END OF THE SESSION



Decision Points

- Length of program? (Started at 9 weeks and expanded to 10; need to avoid holidays, if possible)
- Sponsorship? (Yes - solicited sponsors such as Ethicon, Medtronic, etc.)
- To charge or not to charge? (No - keep accessible to everyone)
- Capacity?



Getting Started

- Set a start date and begin working backward
- Recruit presenters by specialty
- Finalize schedule, begin promotion 6 weeks before start date

Specialties Represented

- Primary Care
 - Dr. Dominic Casablanca
- Cardiology
 - Dr. Kenneth V. Schwartz
 - Dr. Kenneth Spector
- Neurology
 - Dr. Kanaga N. Sena, M.D.
- Orthopedics
 - Dr. Robert Nolan
- Pulmonary Disease
 - Dr. Kenneth Dobuler
- Gastroenterology
 - Dr. Harold Schwartz
- Nephrology
 - Dr. Paul Nussbaum
- Endocrinology
 - Dr. David Moll
- Oncology & Hematology
 - Dr. Jeffrey Orell
- Otolaryngology
 - Dr. Mark Aferzon
- Ophthalmology
 - Dr. James Pinke
- Gynecology
 - Dr. Michael O'Reilly
- Urology
 - Dr. Arnold Rivera
- Rheumatology
 - Dr. Stephen J. Moses
- Dermatology
 - Dr. Nira R. Silverman
- General Surgery
 - Dr. Lee Soto



Promotion

- Electronic and/or print newsletters
- Press releases to local newspapers (front page story in major daily newspaper resulted in 200 registrations in 3 days)
- Ads in local newspapers (reserve as a last resort, pending registration)



Enrollment Process

- Send confirmation letters & e-mails to registrants
- Send “regrets” letters & e-mails to wait list; promise right of first refusal to register for next session



Housekeeping Items

- Establish start, break & ending times
- Parking
- Restrooms
- Q&A time at the end, but individual presenters may welcome questions during presentation
- Questions should be general in nature; questions regarding personal medical conditions should be held until after the program concludes
- Turn off cell phones and pagers!



Details, Details

- Book rooms in advance
- Arrange refreshments
- Secure AV equipment, support
- Recruit volunteers for registration
- Order supplies (binders & dividers, name tags, etc.)
- Plan “graduation” ceremony



Keys to Success

- Remember, if it can go wrong, it will probably wait until the session starts, so be prepared to deal with it
- AV, PowerPoint adventures are inevitable (backup systems essential)
- Planning helps, checklists help more (but still have a “Plan B”)
- Say thank you to everyone, because you’ll be asking for their help again!



It Takes a Village...

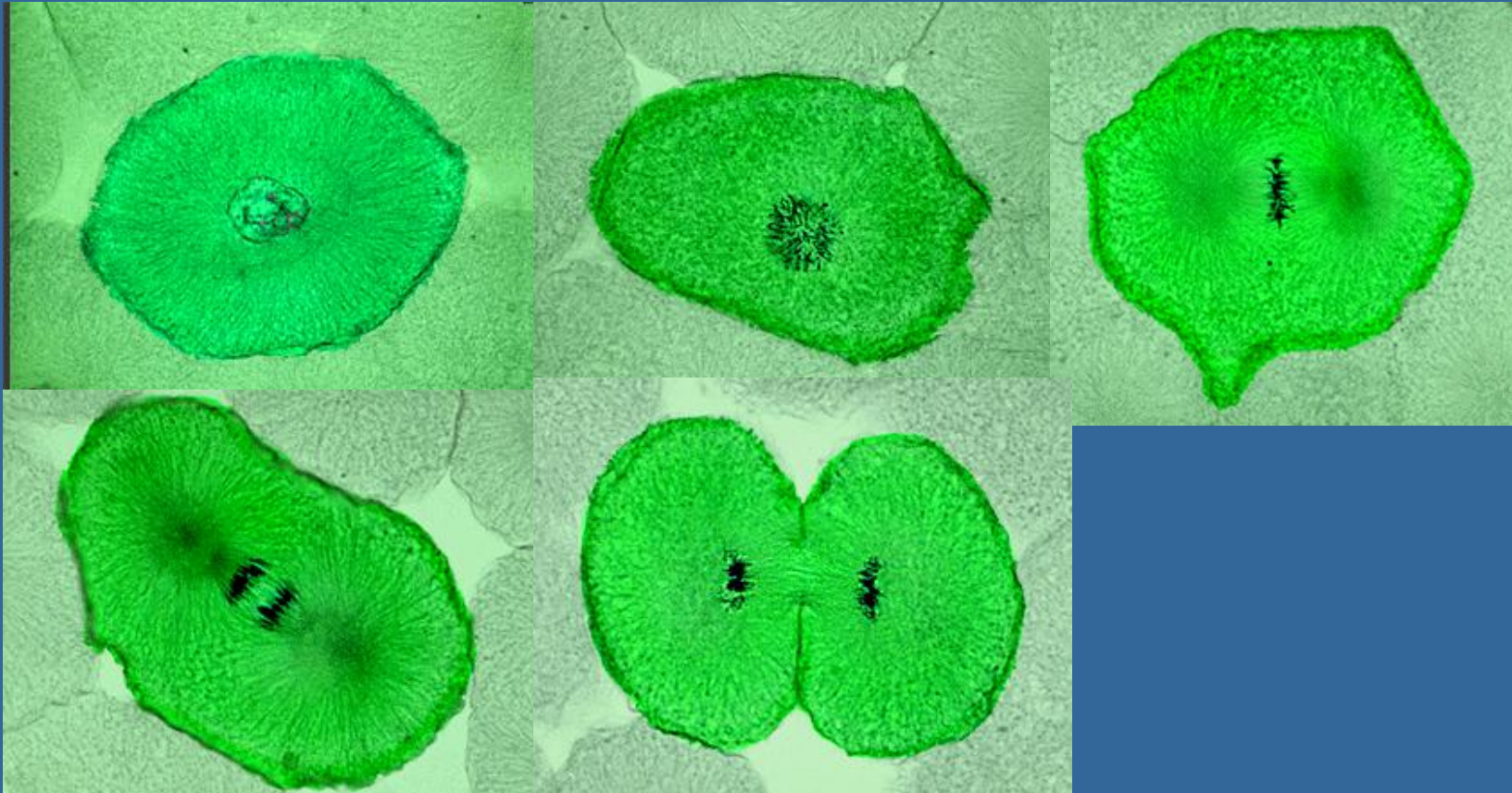
- Medical Librarians
- IT & AV Support
- PowerPoint Expertise
- Marketing/PR
- Phone Registration Staff
- Webmaster
- Reception & Volunteers
- Physicians



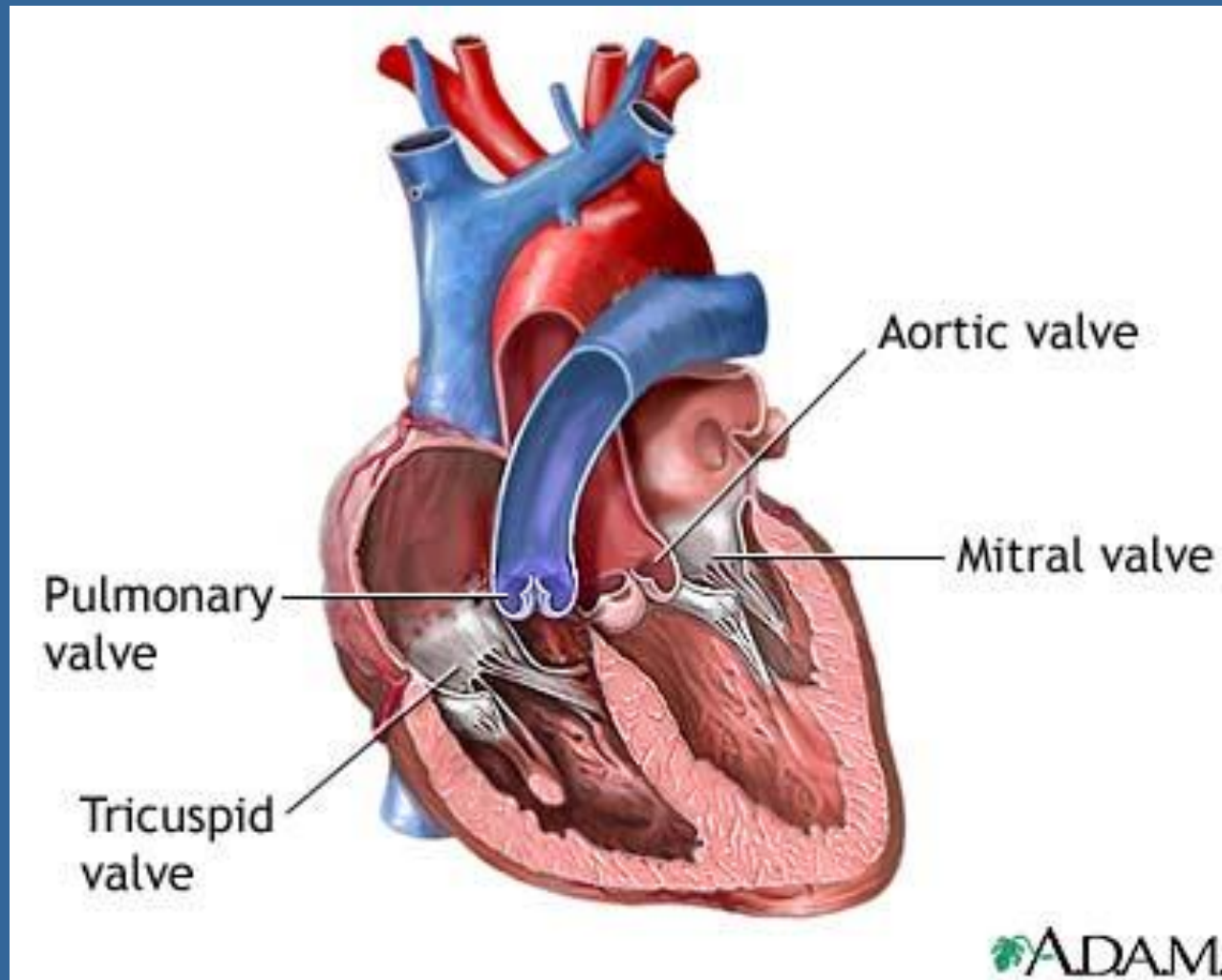
Excerpts from Presentations

Cell Nucleus

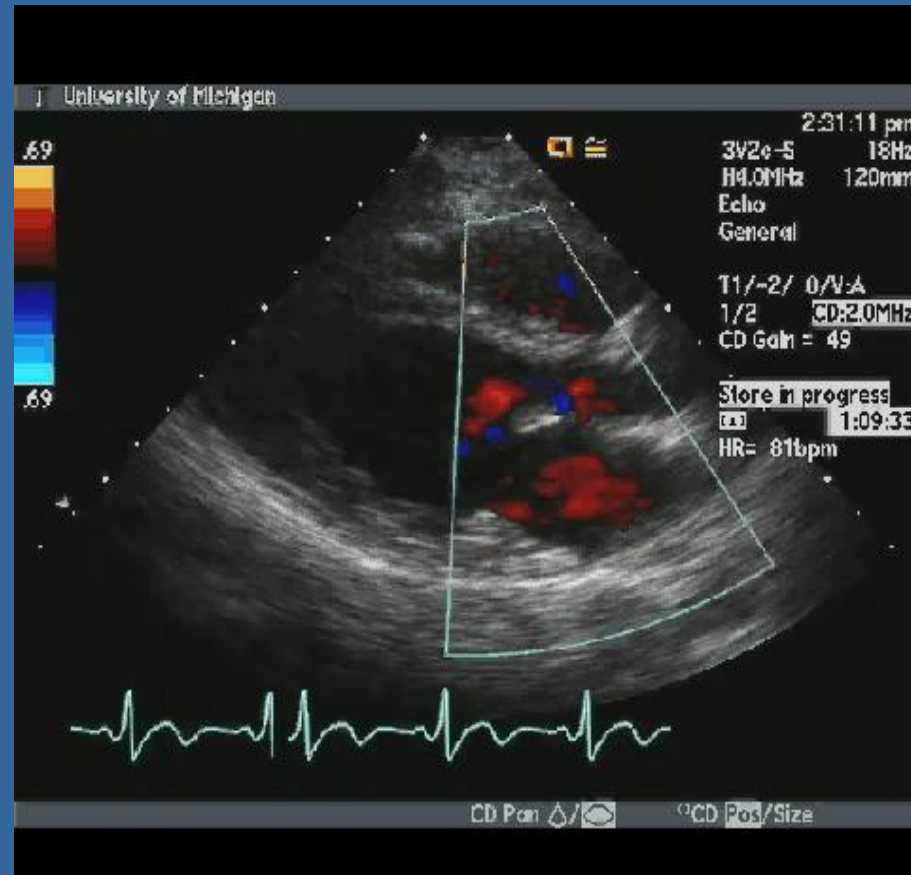
DNA Replication: Mitosis

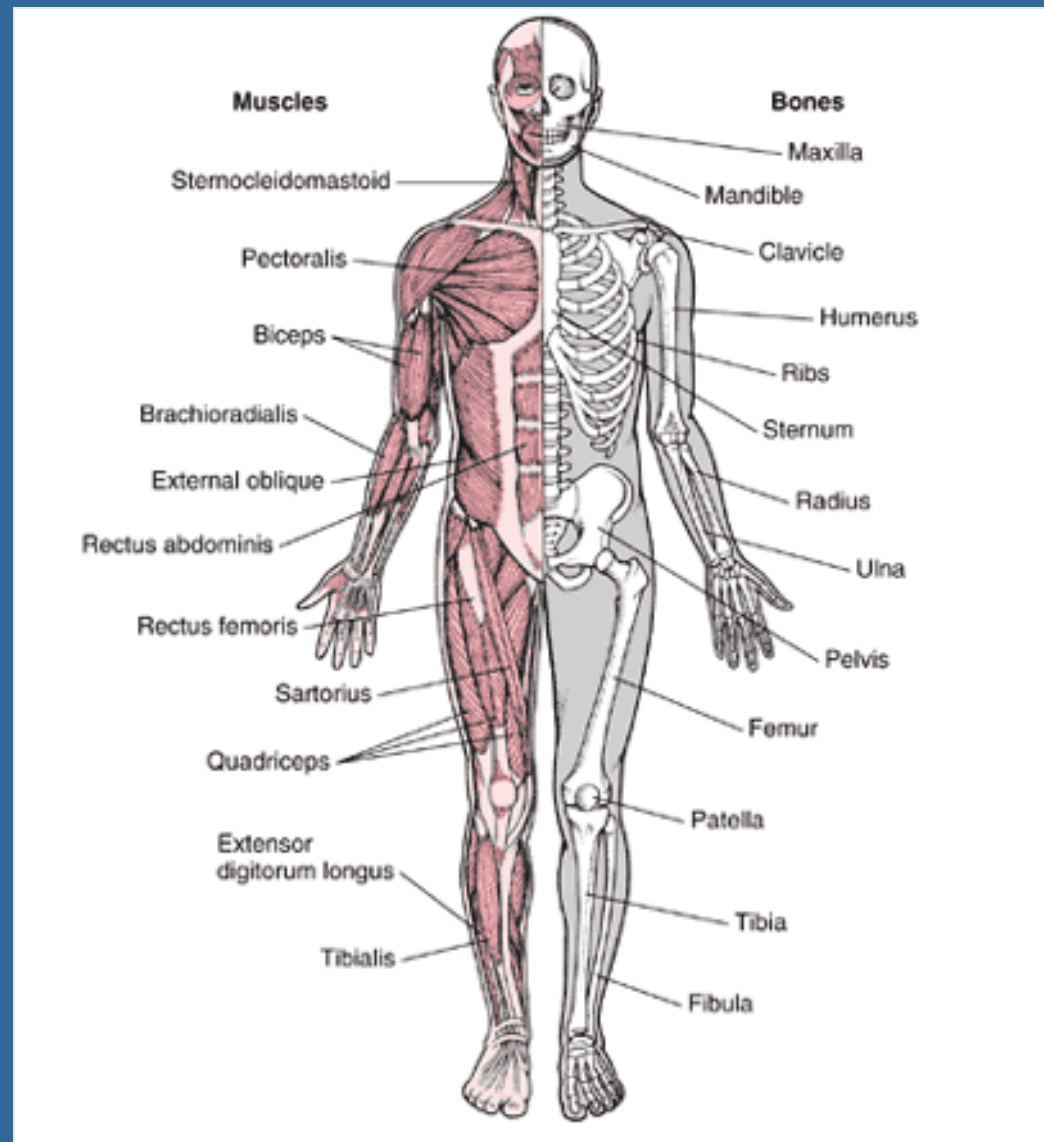


The Heart Valves



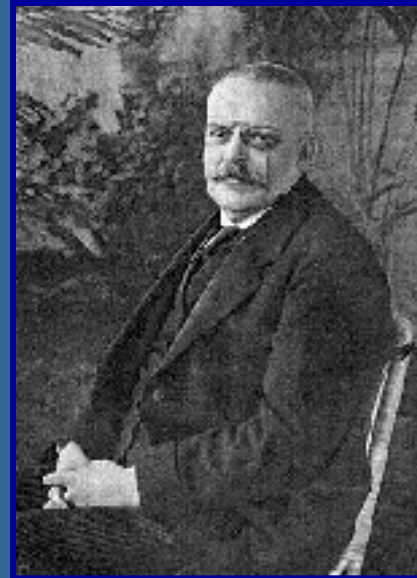
Color Flow Doppler of Mitral Regurgitation





Alzheimer's Disease

- First described in 1907
- Observed in a 51-year-old female patient with memory loss, disorientation, and hallucinations
- Postmortem studies characterized senile plaques and neurofibrillary tangles (NFTs) in the cerebral cortex



Alois Alzheimer

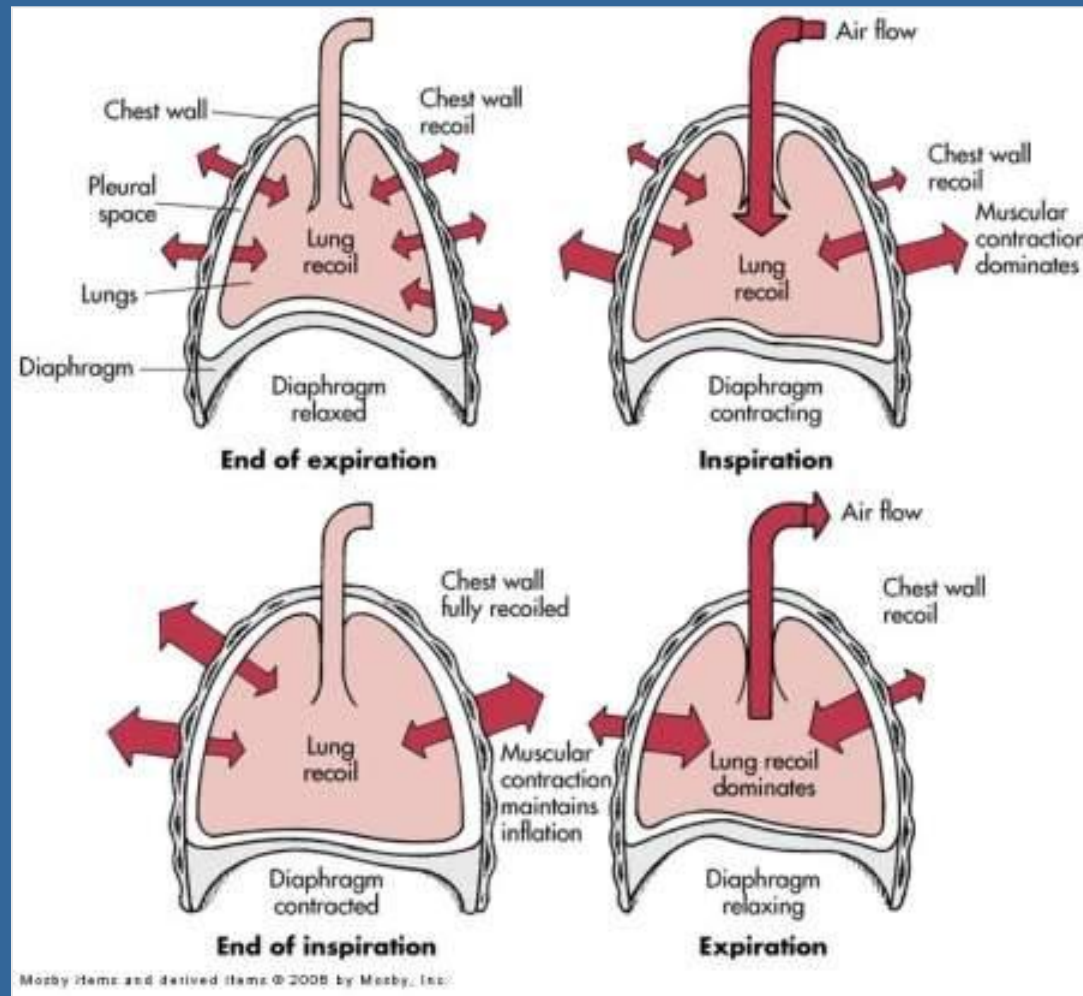


Auguste D

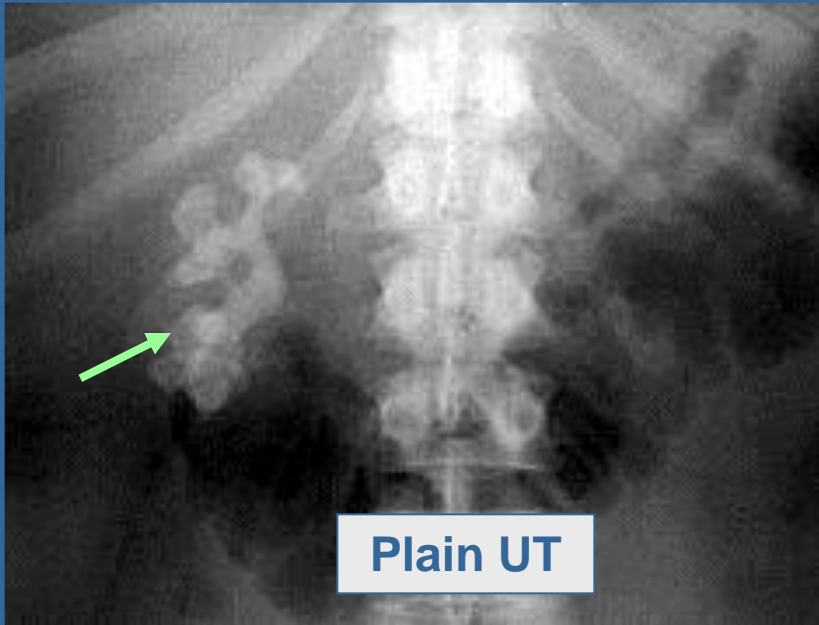
Ulcer



Mechanics of Breathing



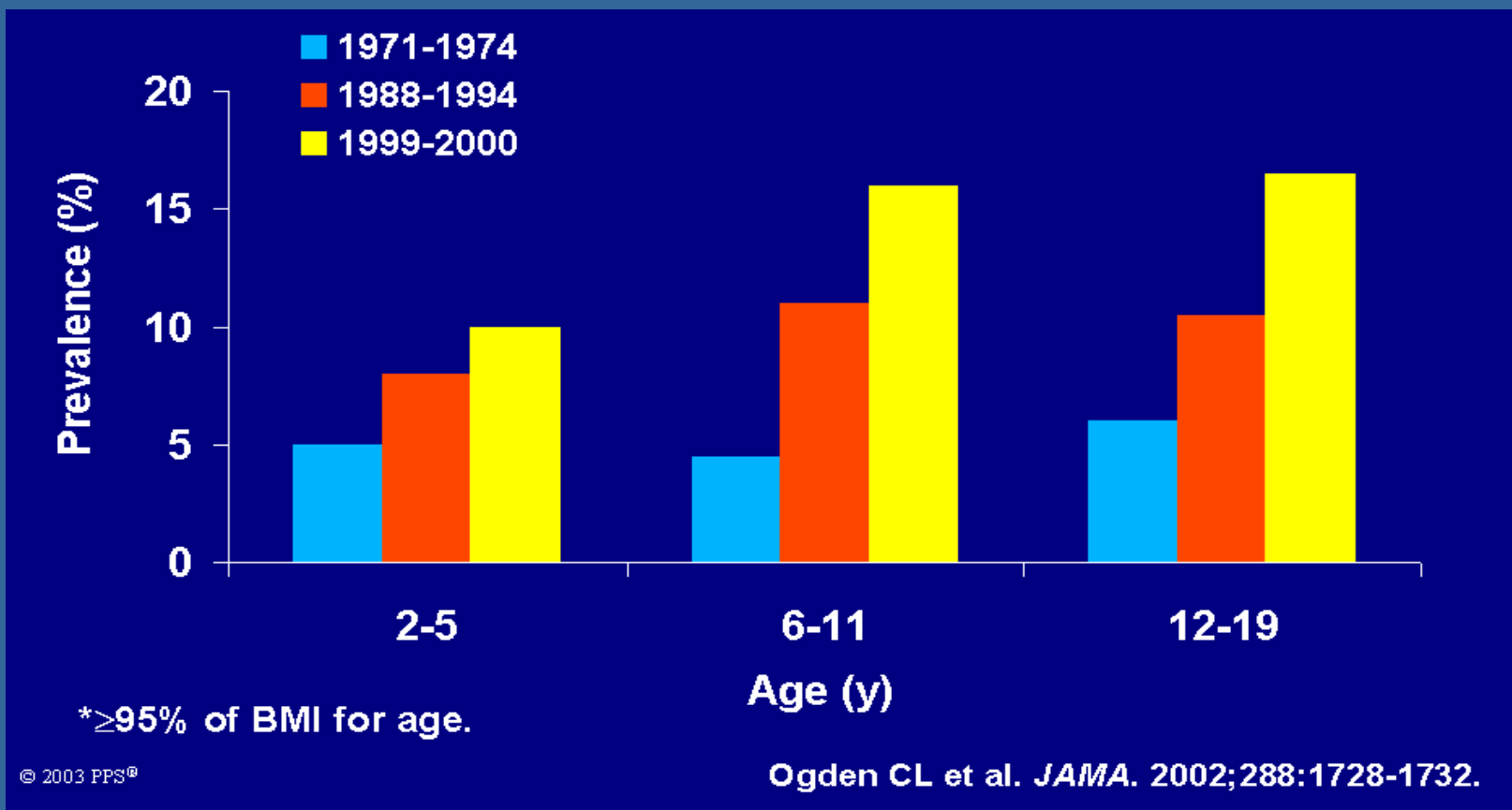
Stones



Right kidney stag-horn stone

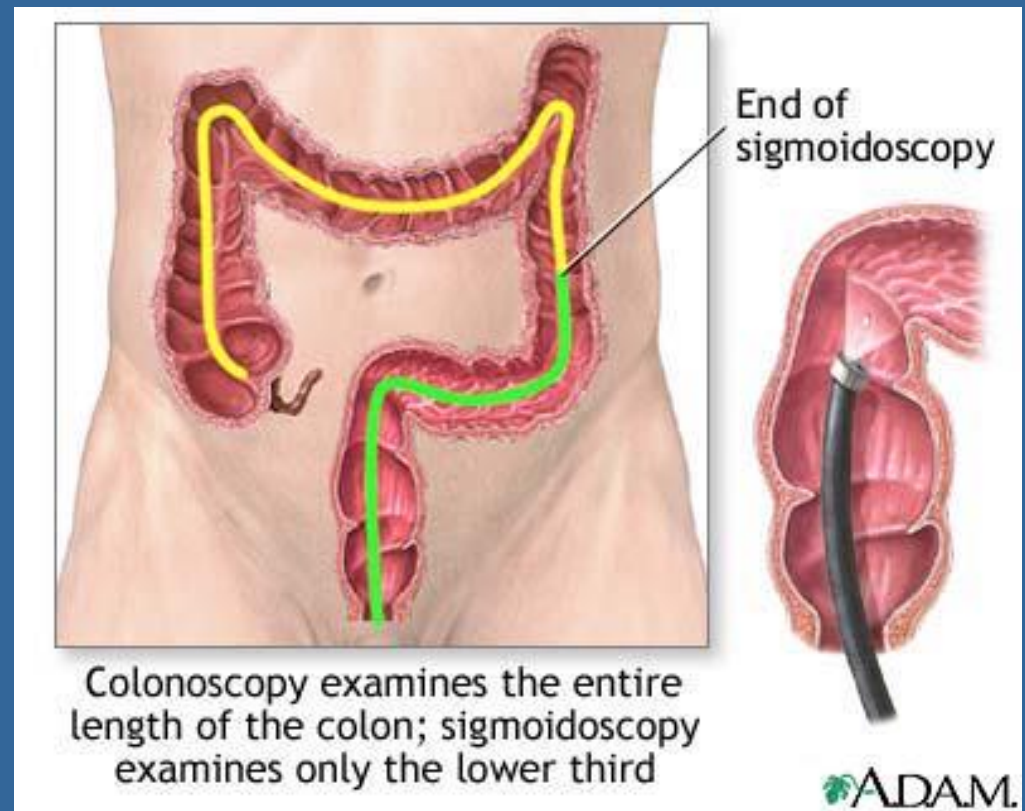
These are phosphate stones that are usually related to infection and commonly affect function of the affected kidney

Prevalence of Overweight* Among US Children and Adolescents



Colon Cancer

- colonoscopy



STAY LOOSE & ENJOY

(It's not going on your permanent record)



How to Judge Success

- # of attendees (100 enroll for each session; roughly 70 “graduate”)





Definition of Success

- Continued interest
- Constructive suggestions (Griffin Hospital added Primary Care, Orthopedics sessions, expanded schedule to 10 weeks)
- Evaluations, feedback extremely positive



Sample Feedback

“I would like to take this opportunity to thank you for the privilege of attending Griffin Hospital’s inaugural Mini Med School Program. I enjoyed the course immensely and looked forward to each week’s session. Kudos to all those involved in the planning and implementation of an outstanding program! Perhaps the future will bring Mini Medical School, Part II. As a successful ‘graduate’ of the introductory program, I’d be delighted to participate in an advanced course.”



Feedback

“Thanks so much for the mini medical school Griffin Hospital offered to us. I have been talking to everyone – family and relatives, friends, neighbors and co-workers about “my medical school”. They all are too impressed to believe that you can deliver such an ambitious outreach program. I enjoyed every session so far and see the doctors are all passionate about their medical career, care about their patients and the community. I bet if each student spread the great news to 10 people, then over a thousand will soon be added to your waiting list. We are all happy to live so close to the greatest hospital in USA.”



Tangible, Intangible Benefits

- More educated consumers
- New people coming through the door, especially from outside primary service area
- Exposure to Planetree model of care
- Market differentiation
- Physician promotion (remind them to bring business cards!)



Summary

- Planning, consensus, teamwork are key
- Logistics, logistics, logistics
- Health education mission met
- Goodwill engendered
- Be prepared to do it again!



Questions?