Avoiding Death by Meeting: An Interactive Workshop for Academic Faculty Highlighting Strategies to Facilitate Effective Team Meetings

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Abstract

Introduction: Effective meetings are a key marker of team function and are critical for task management. While important, the skill set for running an effective meeting is poorly understood. Methods: We developed an interactive curriculum that provided physician leaders in academic medicine with generalizable knowledge and skills to effectively plan and lead various types of team meetings, leverage engagement, and troubleshoot challenging personalities. This workshop (either 60 or 90 minutes) included a video-based demonstration, interactive and facilitated small- and large-group discussion, and a brief didactic to teach best practices in leading meetings. Participants included academic physicians across a spectrum of rank, specialty, and leadership experience. Knowledge, attitudes, and anticipated behavior changes were evaluated using postsurveys including 5-point Likert-type scale questions (1 = poor, 5 = outstanding) and free-text responses. Results: Fifty-seven participants rated the workshop highly with regard to content (M = 4.8), audiovisual materials (M = 4.7), and overall (M = 4.8). Most participants (82%) indicated a plan to change future design or utilization of an agenda as a result of this workshop. Feedback highlighted the need to incorporate practice opportunities in future iterations of the workshop. Discussion: Our results demonstrated that this standalone, interactive workshop focused on skills to effectively lead team meetings was well received and improved knowledge and attitudes of participants across a spectrum of rank, specialty, and leadership experience. The curriculum was time-efficient, widely generalizable, and can be easily adapted for use within academic medical centers to improve meeting effectiveness.

Keywords
Facilitation, Leadership, Effective Meeting, Professional Development, Faculty Development

Educational Objectives

By the end of this activity, learners will be able to:

1. Define various types of meetings and their goals.
2. Identify preplanning strategies to ensure an effective meeting.
3. Design and utilize an effective meeting agenda.
4. Discuss and apply strategies for running effective meetings, including managing constituencies, leveraging engagement, allocating responsibilities, sharing responsibilities for success, and ensuring follow-up.

Introduction

Physicians regularly occupy leadership roles in clinical care delivery, oversight of educational and research programs, and health equity and advocacy initiatives.1,2 Yet physician leaders are often described as “accidental administrators,” lacking training in skills necessary to be an effective leader.3 Given the current challenges facing health care, which are increasing reliance on interdisciplinary teams to provide care and placing greater emphasis on cost control and quality improvement, the need for effective physician leadership is paramount.1,2,4,5 Leadership is comprised of discrete skills which can be taught,6 and physician leadership development programs have been proven to improve physician leadership ability.7-9 Effective physician leadership has been linked to improved patient outcomes, patient satisfaction, and provider satisfaction.10-18 As such, the need for ongoing leadership education and training is increasingly recognized.19-25

The call to action1,2,25-28 to increase formal and comprehensive leadership training for physicians is not a new one, and
leadership training opportunities for physicians within academic health centers are increasingly common. However, a recent systematic review highlighted that current programming more often focuses on broader leadership competencies (e.g., leadership style, feedback), with only a minority of programs covering specific skillsets, such as those skills involved in running an effective team meeting (e.g., group facilitation, group problem-solving and decision-making, oral presentation skills, coaching skills to address specific behaviors). This skillset is a crucial one for leaders in medical education who must engage across and leverage teams comprised of multidisciplinary stakeholders with varying priorities and expectations to achieve a shared goal.

Effective team meetings are a key marker of overall team function. Though critical for team development and task management, many meetings are ineffective (e.g., meetings which lack direction, waste time, or end without resolution of key issues). These failed meetings increase confusion, decrease overall communication and productivity, engender malcontent, and dissolve an atmosphere of mutual accountability. Even under optimal circumstances, it can be challenging to foster stakeholder buy-in, manage constituencies from diverse groups in complex health care systems, and facilitate open communication between groups with varying levels of power and influence. Meeting the needs of multiple audiences presents innumerable challenges for physician leaders across a spectrum of rank and experience.

Despite this challenge, few comprehensive resources exist to provide physician leaders within academic medical centers with the knowledge and skills to more effectively lead team meetings and leverage engagement. While one high-quality workshop published on MedEdPORTAL does address this content area, it is not without limitations. The workshop relied heavily on role-play, which can be an effective teaching strategy but requires a high faculty-to-learner ratio and thus limits audience size. Further, for role-play to be most effective it should be coupled with reflection, coaching, and iterative feedback—all of which are time-intensive. Finally, neither this workshop nor other published resources provide specific communication strategies to address stereotypical challenging personalities (e.g., the wallflower, the expansive optimist, the negative Ned/Nancy).

We aimed to create an interactive workshop that would provide physician leaders in academic medicine with generalizable knowledge and skills to effectively lead various types of team meetings, leverage engagement, and troubleshoot challenging personalities. This workshop, which utilizes video recordings of both effective and ineffective meetings as opposed to role-playing, is unique and easily adaptable for use across a variety of educational settings.

Methods

Curricular Design

This content was developed and taught by the authors, who included clinician educators and faculty leaders within the department of medicine at the University of Pittsburgh School of Medicine. This workshop was designed to adhere to adult learning practices and featured topics felt to be most essential for physician leaders across a breadth of rank and experience.

We adapted content from published business literature regarding best practices in leading meetings. The workshop consisted of four components: (1) a brainstorming ice-breaker; (2) a video-based, interactive, facilitated small-group discussion with large-group debrief; (3) a brief didactic PowerPoint presentation and, in the 90-minute version, an agenda-making activity; and (4) a concluding video-based demonstration of best practices in leading meetings. Video content is owned by the author group.

Implementation

Each workshop began with a 5-10-minute welcome and introduction, followed by a brainstorming exercise around the following prompt: “Think about a recent meeting you attended. Did the meeting go well or poorly? Why?” All audience responses were recorded using a flip chart or whiteboard and sorted into two columns, each one representing attributes of effectual or ineffectual meetings. At the conclusion of the brainstorming session, the workshop facilitators pulled from the list any best practices identified (e.g., sending an agenda in advance, starting the meeting on time) and labelled challenges which would be referenced throughout the remainder of the workshop, as below.

Next, participants viewed two video segments (Appendices A and B) depicting a GME residency program meeting containing multiple problematic leader and attendee behaviors. These reenacted scenarios were based on actual interactions from authors’ experiences leading and attending meetings. We altered these scenarios to remove any identifying information and drafted scripts which were enacted by authors and volunteer faculty from the division of general internal medicine. Prior to viewing either segment, participants were encouraged to deliberately observe the videos (looking for stimulus-response behaviors) and were supplied paper and pen with which to take notes. After each video segment, participants worked for 5 minutes in small groups of four to five to identify problematic behaviors displayed by the meeting attendees (Part I) and by the meeting leader (Part II). After each small-group brainstorm,
The curriculum facilitators reconvened the larger group for 10 minutes and generated a list of observed problematic behaviors, their impact on the meeting dynamic, and what actions the meeting leader might have taken to curb these behaviors. One workshop leader facilitated this discussion, translating all participant-generated observations into skills-based behaviors, while another workshop leader scribed these ideas on the whiteboard/flipchart. Workshop leaders compared this list to that generated from the workshop opening and used it to segue to the didactic portion of the workshop.

The brief didactic section reviewed concrete skills and behaviors across three phases of running meetings: (1) preplanning, (2) running the meeting (e.g., opening, promoting engagement), and (3) closing the meeting. It also taught concrete communication skills to manage common problematic meeting personalities. Of note, in the 90-minute version of this workshop we incorporated a brief small-group breakout session following didactic slides related to creating effective agendas. During this activity, attendees were given five topics to be discussed at an upcoming meeting (Appendix C) and were asked to create an agenda in keeping with their current practice and then compare/contrast this agenda with that of their neighbor (i.e., pair-share). After delivery of the didactic content related to agenda-making, participants were then given the opportunity to remake the agenda using principles discussed.

Following the didactic section, the workshop concluded with a large-group review of a video demonstration of a meeting gone well (Appendix D) to reinforce key concepts. After watching the exemplary video, one workshop leader led a final debrief, summarized take-home points, fielded participant questions, and brainstormed solutions to any challenges generated in the workshop opening that had not yet been addressed. At the end of the workshop, participants were given a handout (Appendix E) of high-yield take-home strategies which were generalizable across meeting types and settings.

Setup and Materials
The curriculum required a conference space with room for a medium-to-large group (our sessions ranged from 17 to 75 participants, as well as two to four workshop facilitators), a computer with Microsoft PowerPoint, a projector and screen, and either a whiteboard or flip chart with markers. To encourage discussion, participants should be seated in round tables of six to 10 with an unobstructed view of the projector screen.

The curriculum may be disseminated as a 60- or 90-minute workshop (Appendix F). We have included 60-minute (Appendix G) and 90-minute (Appendix H) versions of the PowerPoint slides, video content (Appendices A, B, and D), a facilitator guide (Appendix I), and the printed handout distributed at the close of the workshop (Appendix E). This reflected all content required to run this workshop.

Curricular Evaluation
When presented as part of the national society of General Internal Medicine (SGIM) conference, evaluation was dictated by the professional organization. Immediately following the workshop, participants were asked to rank the quality of the workshop using a 5-point Likert scale (1 = poor, 5 = outstanding) across three domains: content, audiovisual materials and activities, and overall evaluation. Participants were also allowed to make additional comments via free-text response. Evaluations were voluntary and collected electronically through the digital meeting app.

When presented as part of the Academy of Master Educators seminar series and the department of pediatrics leadership excellence series, we evaluated the curriculum with paper surveys (Appendix J) administered to all participants immediately after each educational session. All surveys were anonymous. The curricular evaluation began with several demographic questions assessing participants’ age and gender, rank, leadership experience, and experience leading meetings. We incorporated questions about baseline leadership experience and prior experience leading meetings to determine if either of these variables impacted perceived curricular efficacy. To mimic fields from the SGIM evaluation, we also assessed workshop quality using a 5-point Likert scale (1 = poor, 5 = outstanding) across the aforementioned domains. We also asked participants to identify how the workshop would change their practice (i.e., “What is one thing you plan to do differently during your next meeting?”) and concluded the evaluation with an open-ended question asking how we might improve the workshop for future sessions.

Statistical Analysis
Summary statistics were performed using Excel to calculate mean scores for all quantitative data (i.e., Likert scales). Authors reviewed all qualitative data for common themes.

Results
Setting and Participants
We presented this workshop three times: (1) a 60-minute format at a national SGIM conference to a mixed audience of faculty and trainees; (2) in a 60-minute format as a local workshop for the University of Pittsburgh Academy of Master Educator
seminar series to a mixed audience of preclinical and clinical medical educator faculty and fellows; and (3) in a 90-minute version format as part of the pediatrics department leadership excellence series for senior leaders, curated by the Office of Faculty Development of University of Pittsburgh Medical Center Children’s Hospital of Pittsburgh. Participants in the latter audience were uniformly senior with significant experience leading meetings, while participants in the former two venues represented a wide breadth of rank and experience leading meetings.

Participation and Response Rates
We collected 25 evaluations from the 2019 national SGIM conference (response rate 36%), 15 evaluations from the Academy of Master Educators conference (estimated response rate 50%-60%), and 17 evaluations from the department of pediatrics leadership excellence series (response rate 100%). Local respondents (n = 32) represented a spectrum of rank (50% full professor, 16% associate professor, 19% assistant professor, 15% instructor) and specialty (38% pediatrics/subspecialty, 56% general internal medicine, 3% medicine-pediatrics, 3% medicine subspecialty). Many reported having formal clinical (31%) or educational (34%) leadership roles and experience leading meetings (6% daily, 44% weekly, 19% monthly, 25% < six times per year, 6% no response).

Satisfaction With Curriculum
Participants (n = 57) across a spectrum of rank and prior experience rated the workshop highly with regard to content (M = 4.8), audiovisual materials (M = 4.7), and overall (M = 4.8) on a 5-point Likert scale (1 = poor, 5 = outstanding). When asked to identify one concrete thing that the participant would do differently during the next meeting, nearly all who responded to the query (n = 23 of 28, 82%) identified an action related to crafting or utilizing an agenda (e.g., using a bell shape to construct the agenda, listing agenda items as questions the team needs to answer with desired outcomes). Suggestions for improvement included incorporating practice opportunities (e.g., role-play, communication drills) in future iterations if time permits.

Discussion
To address the gap in resources available for providing physician leaders within academic medical centers with the knowledge and skills to more effectively lead team meetings and leverage engagement, we developed this interactive workshop. Our results demonstrated that this standalone, interactive workshop focusing on skills to effectively lead team meetings was well received and improved knowledge and attitudes of participants across a spectrum of rank, specialty, and leadership experience.

This workshop adhered to several best practices of adult learning, and in so doing optimized participant engagement and overall curricular impact. The icebreaker exercise engaged participants in a reflective exercise and gained group buy-in by highlighting the near-universal experience of being involved in an unproductive meeting. In addition to incorporating experiential learning, we also utilized diverse educational methods (lectures, video, and small-group discussion) to engage learners and reinforce key concepts. We chose to utilize video-based demonstrations as this technology facilitated learner development through deliberate observation, an active process wherein learners selectively attended to a specific event, linked observations to prior understanding, and applied reasoning processes to explain the stimulus/response observed. By providing an unbiased external perspective, video mitigated the inaccuracy of self-reflection and self-assessment and provided an opportunity for out-of-the-moment review. A final strength of this curriculum was that we delivered this workshop to physicians across a wide breadth of rank, experience, and specialty, which lent credence to the generalizability of this content.

One important lesson learned while developing and implementing this curriculum was the necessity of seeking participants’ experience and insights. Within each setting, we found learners were eager to share their experience and strategies for success. Given the near-universal experience of attending a poorly run meeting, achieving stakeholder buy-in does not appear to be a challenge for this particular content area. As a result, we suggest utilizing workshop leaders with experience facilitating small and large groups and a timekeeper to ensure successful implementation. While we initially crafted this workshop to meet the goal of teaching skills and strategies a meeting leader can use to direct the course of the meeting, we subsequently recognized that many, if not all, of the strategies discussed in the workshop may be utilized by any meeting participant, regardless of role. We found that this framing expanded the suitability of this content for attendees of all levels, including residents, fellows, and early- and late-career faculty, without modification. Simply put, participants do not need to have experience leading meetings to benefit.

One important limitation of this curriculum, especially considering the recent mass pivot to teleconferencing, was the absence of instruction regarding the fundamentals of effective digital meetings. In future iterations of this workshop, we will certainly need to incorporate fundamentals specific to digital meetings. Additionally, we obtained a low response rate to survey administration within the national conference venue. Further,
our postsurvey evaluation lacked the corresponding baseline evaluation of participant practices and attitudes. A final limitation was that while we captured participants’ anticipated behavior changes, our current evaluation structure did not assess if our workshop led to an actual change in practice.

In summary, this educational workshop added to the critical body of literature aimed at improving physician leaders’ knowledge and skills with respect to leading team meetings and leveraging engagement. Our workshop, which incorporated video recordings to depict characteristics of effective and ineffective meetings, was time-efficient, generated high participant satisfaction across a breadth of rank and leadership experience, and is easily adaptable for use across a variety of educational settings. Future iterations of this workshop will incorporate didactic content with respect to leading virtual meetings and a follow-up activity to assist participants in translating learned material to practice (e.g., an observation checklist including best practices of effective meetings).

**Appendices**

A. Bad Meeting Video Part I.mp4  
B. Bad Meeting Video Part II.mp4  
C. Agenda-Making Activity.docx  
D. Good Meeting Video.mp4  
E. Handout.docx  
F. Workshop Agendas.docx  
G. 60-minute Presentation.pptx  
H. 90-minute Presentation.pptx  
I. Facilitator Guide.docx  
J. Evaluation Form.docx  

All appendices are peer reviewed as integral parts of the Original Publication.

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**Informed Consent**

All identifiable persons in this resource have granted their permission.

**Prior Presentations**

Merriam S, Klein A, Rodriguez J, DeKosky A, Donovan A, McNeil M. Avoiding death by meeting: skills to manage constituencies, leverage engagement, and run an impactful meeting. Workshop presented at: Annual Meeting of the Society of General Internal Medicine; May 10, 2019; Washington DC.

**Ethical Approval**

Reported as not applicable.

**Disclaimer**

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