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## **Richard Evans and Coleen Dunkley Podcast – Episode 104**

### **Ken Segel - Value Capture (he/him/his)**

Welcome, listeners, to another episode of Habitual Excellence. I am... really energized for this one, because I get to talk to a long-time colleague and a new colleague, Rick Evans, you see him as Richard on your screen, we'll see what he wants to be called, but Rick and I have known each other for a long time, since having the blessing of doing some work supporting he and all the people at New York Presbyterian, just before COVID. And his colleague, Coleen Dunkley, who is in the same general line of work as Rick has been in the patient experience world. But like Rick, brings all kinds of depth, in her background and in her work. To the topic we want to talk about today. And the topic is one that I hear... Up and down the organizations we get to work with, and that is the rising communications challenge that's sort of affecting everyone. Across healthcare, as it impacts patients and patient experience, but also the workforce itself. And we want to sort of talk about... we want to sort of tease apart what's going on. We want to look at the generational aspects associated with that, and I think all of us hear some myths. associated with that, and myths have some kernel of challenge in them that may be true, but it's when you dig in and get to the reality that solutions emerge. And so we'll try to close today by hearing from these two experts. About, some win-win paths that we hope can emerge in the workforce challenge, in the communications challenge, and just making healthcare better in general. So, Rick and Coleen, thank you for being here.

### **Richard Evans**

Thank you. Pleasure.

### **Coleen Dunkley**

Yes.

### **Ken Segel - Value Capture (he/him/his)**

Alright, I'm gonna ask each of you to introduce yourselves a little bit, more completely. And Rick, many, many people on this podcast listening may already know you because of your very prominent role nationally. in the patient experience field, in the regard that you're held. Many people may not realize, though, that you have some recent news, so I'd like you to sort of share your path as a leader and a person. And just let folks know in your own voice a little bit more about your background, and then Coleen, you're next.

### **Richard Evans**

Great. Well, it's so good to be here with both of you today. My longtime friend, I don't say old friend anymore, Ken. And Coleen and I go back a ways, too, working together on patient experience, so... Didn't expect to be in healthcare. My training is actually theological. I was training for the ministry, and many, many years ago, decided not to do that, and found myself in healthcare, which... For me, it made sense. My mom was a nurse. Many of my early mentors were in healthcare, and I've had the privilege, really, of sort of being on the ground floor of patient experience. When I first started the work, it was a group of people trying to figure out, what does it mean? How do we understand what patients prioritize? And now I would say it's almost its, own domain of expertise within healthcare. There's a lot of research out there, there's a lot of, Data that, has made it clear what our patients and families prioritize. So it's got... it's developed into a field, and I've ridden that wave. I was the first Chief Experience Officer at Mass General in Boston, which was a, you know, great organization, and also the first Chief Experience Officer at New York Presbyterian. for 11 years, and just this spring, I have shifted, the word's retirement, but that's not what I'm really doing. I'm going to continue to contribute to the field in other ways through teaching and writing and mentoring. I'm still an advisor at NYP through the rest of the year, which I'm already enjoying, but I come to this conversation with a couple of decades of work in the patient experience field, understanding what it means. And if you're dealing with patient experience, you're really also dealing with the experience of the people who work within our walls every day. You can't do one without the other. We actually talk now about human experience. Everyone's having one. And so that's what I come to the conversation with today.

### **Ken Segel - Value Capture (he/him/his)**

Like, I still remember when I first became aware of you, we had just gone and seen at the front line of care together in our first experience with leaders at MIT, and you came back and you said something so profound. I said, who is this guy? And then when I found later from you that you had theological training, I said, aha, you know, there's someone who can really perceive the depths at many levels, human levels. So, as far as we're concerned, you started out on exactly the right foot, and we're glad at all you've done. All right, Coleen, you are still in it in every way. And, we're so excited to have you because you are someone who is out there every day and knows fact from fiction. So will you tell people a little bit more about who you are and your background?

### **Coleen Dunkley**

Absolutely. So, hi everyone. My name is Coleen Dunkley. I am Columbia's program manager at New York Presbyterian. I have been with NYP for over 8 years, and majority of that time, I've had the pleasure of working with Rick and Dan in the Patient Experience Department. And so, I've had the pleasure of working with leaders and frontline staff and, of course, patients and their families to really strategize and work on how we can improve, you know, their experience while being at our different campuses.

**Ken Segel - Value Capture (he/him/his)**

Thanks, Coleen. Great to have you. All right, let's get started, and Rick, I'm going to ask you the first question. So, when I... we were visiting in New York recently, and you said something that sort of stopped me in my tracks, and that was... The organizations that can sort of win the workforce, win the workforce of the future, are going to be the ones that take off, that get through today's terrible turbulence and take off. And I sort of asked... I stopped, and I said, well, okay, tell me, you know, what's behind that? You're not given to broad pronouncements without a lot of depth behind it, so can you share some of what you were thinking as you said that to me?

**Richard Evans**

Yeah, so... Maybe I'll riff off what I ended my comments with, is we really have come to understand that to improve patient and family experience is to attend to the experience of the people on the front line doing the work, nurses, doctors, transporters, housekeepers, all of those people. And if you can't Well, I'll start with... virtually every one of them wants to do well for our patients and families. I don't think I've met anyone in recent years that, you know, works in the hospital, doesn't want to do well. It's not easy. There are, there's production pressure for every single one of the members of our teams. And then we have, other challenges. There's the maze of technology that has to be navigated to sort of actually deliver frontline care. And we've talked about all of that sort of coming together in an integrated fashion, but it hasn't happened quite yet. There's still a lot of fragmentation there. There's the basic skill set of being able to communicate, to know how to communicate to a patient and family. It sounds easy to say, but it can be actually really intimidating. And if you don't have the skill set, there's a gap there that needs to be bridged. It can be really difficult. And then there is the, the echoes still of COVID. The generation of workforce that's in our hospitals now, is probably the least tenured cadre of employees that we've ever had, meaning they were trained very recently.

**Ken Segel - Value Capture (he/him/his)**

Right.

**Richard Evans**

They were trained in a different environment. A lot of that training was virtual. They... some of that training was truncated to get people to the front line. So we've got a mix here where you've got technology coming together. You've got, a different sort of skill set, and then you have generational change, too, which, again, as you said, has some... maybe some myths about that. But there's a lot of factors that make it more critical than ever that we think about this and do it right. If you don't win the workforce, you're not going to be able to make things better for patients and families.

**Ken Segel - Value Capture (he/him/his)**

Right, and extending that thought to, sort of, organizations thriving, right? Because it takes a winning culture, right, to produce consistent, great performance, so... Yeah, that's the scope

of the challenge and the right focus, I absolutely think. Coleen... Coleen, let's turn to you. So... with your expertise, so this word communication has come up, and let's start by thinking about it from the patient's perspective. Like, one of the things your field has taught us is it's what patients want and need most, together with is the team working as a team. Can you, you know, from your eyes, sort of share... just educate us a little bit about why communication is, you know, just such a key coin of the realm for accomplishing our mission?

**Coleen Dunkley**

Absolutely. So, communication is extremely important to our patients. You know, our patients want to feel seen, they want to feel heard, they want to know what to expect next, and just really feel confident that the staff that's taking care of them knows and is aware of what's happening throughout their care, and are communicating with each other. Now, if we look at our different, HCAHPS survey questions, we see majority of them cover communication. And so, whether that's communicating with their nurse, their doctor, are we communicating about their meds? You know, are we truly working together? You know, that is what's important to our patients. And throughout all these different aspects, communication is key. You know, and once it's done correctly and successfully, that's when we're seeing that our patients are leaving those high scores for us, and those wonderful positive comments. Oh, it's important.

**Ken Segel - Value Capture (he/him/his)**

Admit...

**Coleen Dunkley**

every aspect.

**Ken Segel - Value Capture (he/him/his)**

And it makes perfect sense, right? Because every one of us has been a patient, will be a patient, families, you know, with us, and of course that's what we want. And I think the trick is not only keeping it in mind, right, while we're working in the environment, but actually executing it consistently, right? So...

**Richard Evans**

And you think about, okay, so who of us would think, well, of course we need teamwork, but if you talk to our front line, they will tell you how hard it is for them more often than it should be, to get on the same page together. And we have all this technology. And we're connected, and we have devices, and we have all these things, but it's just not as easy as it sounds to get everyone on the same page. And then the last 10 yards of delivering that to the patient and family in the bed.

**Ken Segel - Value Capture (he/him/his)**

Which is where it really matters. Coleen, you were gonna come in.

**Coleen Dunkley**

No, I was saying absolutely, absolutely.

**Ken Segel - Value Capture (he/him/his)**

Okay, alright, that was an amen. Okay. Well, Rick, let's turn to, degenerative aspect of this. One of the things that always gets my antenna up is overgeneralizations, and... I've been around a number of C-suites for a long time, and one of the things, I'll say it so you don't have to, that's crept in is a little bit of, this younger generation, you know, if their skills were higher, we'd be in better shape if they thought, you know, the same values we did. I'm gonna ask you to sketch out the tenor of some of those conversations, if you're willing, and then we're gonna sort of you know, again, all three of us are here because we're interested in a more complex reality, but, you know, Rick, what's the danger in the healthcare C-suites about some of the assumptions we may make out of the challenge that we're facing?

**Richard Evans**

Yeah, and you know, I'll bring some of my personal life into this, too. I got a 15-year-old. And of course, you've got new generations who are much more savvy on technology than some of us, and again, generalizations are dangerous. 80-year-olds can use their phones just like a 20-year-old. But there is, you know, a dynamic out there of communicating virtually. There's a lot of technology to make that happen. And so, that has to be thought through very carefully. Now, the caricature is, you know, you're better at emojis than you are at communicating, you know, in real time, and so we've got to be careful about that. But device... How devices, which are ubiquitous and part of our lives, how those devices are used. In the care setting, that's a real issue in patient experience. Right. And the perceptions around that, I'm dealing with a loved one right now in the hospital, and had to explain to him, no, that's not their personal phone. That's how they're charting. That's how they're communicating with one another. So all that has to sort of be untangled. But there is some research coming out. I mean, there was a report from AONL that this newer generation does have different communication needs, and I think we might also talk about that as we move through the conversation.

**Ken Segel - Value Capture (he/him/his)**

Well, we absolutely should, and so, again, Coleen, let's start to move that direction. So, there's this generational aspect. I sort of encourage leaders, just as Rick has responded, to sort of not think in broad, general terms, but to begin to break it down, and... but there is this perception. You are not only out there every day trying to help people, you know, improve and succeed together, including in these domains, but you're... so you're in touch with Gen Y, Gen Z, and anyone looking at this screen can tell, without anyone knowing anyone's exact age, that you are closer in age, certainly, than the two gentlemen you're talking with. So, you have, at least a greater chance of connecting from shared experience. So, let's spend some time... you've said some things as we talked about... let's think through, you know, your colleagues in Gen Y and Gen Z's perspective. You know, let's break down the

stereotype here, and what are some of the, you know, everything from values to behaviors to strengths that you see out there? You know, paint us a real picture as opposed to the headlines, if you would.

### **Coleen Dunkley**

Yeah, absolutely. You know, this is a conversation that we've had in our Patient Experience Council because this is such a hot topic in the workplace. You know, we had a session talking about what is your preferred communication, you know, with the different generations represented? And, you know, I think we were surprised to see what our Gen Z were saying. So I asked, you know, what is your preferred communication? I gave them the options in text message, in-person, email. And we're finding that, a lot of the younger generation actually prefer in-person communication when it comes to taking care of their patients, because they want to make sure that their patients are safe. They want to make sure that they're doing the right thing. and so they would prefer that instant feedback to be able to speak back to their patient. So we were actually pretty surprised with that. So I think that was a great myth that we were able to debunk, I will say. Yeah.

### **Ken Segel - Value Capture (he/him/his)**

Well, you know, that's a great example, and sort of a... you know, there... two things I occur to, sort of hypothesis testing occurs to me as you say that. One is. younger in the workforce, less experienced, they want to succeed. They know they're caring for people, and they have an innate sense that direct connection is going to be a lot more helpful to them than a text. So that... but that tapping from their perspective, you know, and us all remembering what it was like when we were young in our jobs, you know, especially if you were clinical, etc, wow, right? That's amazing. I don't know if that's right, but that's amazing. And then the... and then the second... Is that, Rick, I think you've mentioned this to me, that this generation has a yearning for genuine connection, despite being so good at this stuff. So... keep going, guys. You know, Coleen, you keep going, you know, from there, that's one example, but am I right in my hypothesis, and what are the implications, and how are you applying them?

### **Coleen Dunkley**

Absolutely, I think you're right. You know, I think Rick touched on how, this newer generation, has kind of been fast-forwarding to these different positions, and so I think it makes it even more, pressure, and, you know, for them to make sure that they get it right, and it is... you know, there is a hesitancy, so they do want that instant feedback. So, you know, I think that we would be surprised with what their preferred communication is.

### **Richard Evans**

The other thing that was embedded in Coleen's... Coleen's remarks that's... that I think is important to tease out, she said counsel. So, we have learned here, and particularly, I think, with our younger generations in our workforce, they want input. Now, I can think when I first started in the workforce, I wasn't expecting to have input into anything. I was expecting to come to work, sort of, Someone tells me what to do, and I'm gonna go do it. And this

generation is teaching us that if you want... and Ken, this is... heart and soul of the kind of work you do with your organization. If you want to improve things for the front line, go to the front line. So we have these councils where our workforce is telling us what they want and need, and we're using that to guide Our work as we should.

**Coleen Dunkley**

Absolutely.

**Ken Segel - Value Capture (he/him/his)**

That's great. I think I... That's... Clearly.

**Coleen Dunkley**

I was gonna say, I think on the other side, we are finding feedback from some of our, nurse managers that, the younger generation sometimes does lack, that interpersonal skill. And so maybe that's fall talk when they go... they do go into those rooms, right? They're so, task-oriented because they want to make sure that they do a good job, they get their job, done, and move on to the next patient. But I think that a piece that's missing is really creating that connection when we're in the rooms and remembering that, you know, these are humans just like us, and they have that life outside of this, the hospital. And so, you know, if you see a Knicks hat, you know, on the table, you know, talk about, what about those Knicks, you know? Just really create and bring that human aspect back into the room. So, I think that is, maybe an opportunity that we could work on, you know, for our younger generation.

**Ken Segel - Value Capture (he/him/his)**

Coleen, thanks for that point, and I... and I realize, especially talking with two leaders from New York City, that I should have complimented you on your World Championship Nicks at the start of this. But you've made another really important point, right, which is that there are some deficits, maybe for a lot of the reasons we talked about, both new and career, but also rushed into the workforce, subject to communication channels which were not in person in an overwhelming way with our Some of the biggest companies in the world, trying to get them to communicate that way, hour after hour, so we can be quite sympathetic. Coleen, what in your work... what have you started to do to try to capitalize on that insight? In other words, to support what we know is that when you connect with a person, and small talk is a way, right, and there's some emerging research on small talk is not small talk, right? It's a way of establishing the beginnings of trust and those things. that everything gets better, and it actually gets easier for that young worker. So, you know, what are you guys doing to apply? Once you discover these insights, what are you doing to let people know, so they can just apply them naturally, but also, you know, push it out there at NYP?

**Coleen Dunkley**

But I think NYP does a great job of really addressing this and trying to close the communication challenge. You know, first, our Patient Experience Council. I'm really proud of what we've built here at Columbia, and across NYP, all of our campuses have councils. But

it's just a platform for everyone to feel safe to really talk about the challenges, the communication gaps, and, how they prefer to communicate, the different communication modes. Are we missing each other with the different communication modes? You know, introducing new technology. So, I think having the conversation, first is, of course, to me, the best route, because now we understand the front line. We also understand the nurse managers, you know, we need to know what everyone is saying from each different level. So, I, you know, I always say the Council is definitely my number one. We also have great skills fair here at Columbia. You know, we talk about, every year we throw a skills fair, and we try to make it a fun theme, so it's engaging for our staff to come and feel safe to really, be educated on what's the best way to speak with our patients, how to really deliver that compassionate care to our patients. And we do lots of role-playing, lots of fun, different games for them they engage in. And, you know, that's something that they look forward to every single year. So, we do a really, really great job on putting on skills fair. And of course, there's some online modules that, we do share with staff for them to, once again, foster that compassionate communication with their patients.

### **Richard Evans**

In our online modules, we really focus on scenarios. So a lot of healthcare training is, you have to basically scroll through a slide deck and answer a question. Doesn't really work with communication. So these trainings are scenario-based. And we talk about moments that matter, Ken, that there are key moments, and then we try to bring structures into the environment. We have something called Bedside Shift Report. Which is a data-driven, evidence-based practice where a nurse coming on and the nurse going off the shift have a conversation about the care plan in the presence of the patient. That helps that Those nurses learn how to communicate, because it's a structured... a way that they can communicate, and it makes them... it gives them an opportunity to become more comfortable. I mean, talking to patients is not a native skill for a lot of us. You have to learn it, you have to practice it, and we're trying to give them opportunities to do that.

### **Ken Segel - Value Capture (he/him/his)**

Right, move through discomfort to build skill through habits, right? And that's how... and it's great. I love how you went from, sort of, the governance level of the council, which is itself a communications channel, but down to that day-to-day, shift-to-shift practice, because We all know not everybody's on the council, right? And so, how do you get it down into daily work? And I think for those of us that come from more specialized functions, like patient experience. We can know everything we want, but it's how do we get what we're learning and what we're, sort of, the wisdom of you know, out there in the workforce, delivered to everybody, right? So it's great to hear how you're knitting those things together. Coleen, one of the, things I appreciated. So, Rick wrote a great piece in Becker's, in his regular Becker's column, about communication. And, in this challenge. And one of the points you made, Rick, but Coleen, I'll ask you to comment first, is that... Communications is not... there may be a skill deficit that's more prone to be if you're younger in the workforce now for a

variety of reasons. But the sort of communications overwhelm and multi-channel is a challenge for every generation in the workforce. So, Coleen, do you see that aspect as well, across MIT, and any comments on that? And then, Rick, I'll ask you to share any thoughts that you have.

**Coleen Dunkley**

Absolutely. You know, technology by itself, is not gonna work if it doesn't have a workflow or great communication paired with it. You know, for example, you know, we are using our phones more because there's so many different aspects on there. You know, if a nurse or a hospital staff goes into the nurse's, the patient's room, and they're maybe charting, like Rick was saying earlier, or, documenting. something from them, and they're not necessarily giving that eye contact. They're not necessarily letting them know what they're doing. It could look like we're ignoring them. It could come up as a misunderstanding. And so, that's why it's really important to pair that communication with the technology. Just letting the patient know, you know, I really want to make sure that I write everything down so I'm documenting what you're seeing, you know, to really let that patient feel seen and heard and respected. So, I can see where technology could cause a misunderstanding. But we have to make sure that we're pairing it with the appropriate communication for it to be successful.

**Ken Segel - Value Capture (he/him/his)**

Rick, any thoughts on this? Communication is a challenge for everybody in the modern environment with technology and multiple modes of technology? Yeah.

**Richard Evans**

I sort of have a big thought about it, and, you know, a couple of decades... well, you can judge if it's a big thought, but a couple of decades looking at this, I have heard all that time that there's this magic moment coming where all of this technology, all of these platforms will somehow be integrated And it'll form a new reality for us to not be overwhelmed. I haven't seen it yet. You know, there's a lot of platforms that our front lines are... they're using the EMR, they're using... I mean, they're just... you can't even... even the number of apps on a hospital-issued phone tells you That we're not there yet. Now, does... again, a lot of hype around AI. Does AI allow for some of that? Are we at a moment where we can have integration? Gosh, I hope so. The workforce has been waiting for it for decades, but I don't know.

**Ken Segel - Value Capture (he/him/his)**

Right.

**Richard Evans**

Big open question for me.

**Ken Segel - Value Capture (he/him/his)**

Yeah, no, I think it is a big fault... a big thought, and it's a big opening, I think, for where we can go here, in terms of making it better. But let me... let me start in a way the three of us haven't talked about yet. Which is, I think, some of the fracturing of technology, it's, you know, it's the nature of the revolution that we're in. But my personal view, and I'll say it so you don't have to, is we've not been particularly sophisticated in healthcare delivery environments about designing great processes that we then bring automation in where it can really help us the most. And I think so often. We take a piece of technology that requires all kinds of human interface to use to solve a problem, or, you know. somebody higher than us in the organization buys something, and then people are left with a lot of needing to move between systems, learn different systems, you know, that kind of thing. So... Rick, you alluded to it, that people in your profession have been seeing this for quite a while, right, out there, and the barriers. So, have you guys had lock experience tips that you would give to others who see it in their environments, but would like the health systems that they're a part of to begin to think a little bit more systemically around, again, back from what the patient needs and the people delivering the work and communication, and more of a connected flow. Any tips in that struggle? If you're willing to share, or sort of, you know, stories that illustrate Progress or work still needing to be done?

**Richard Evans**

I'm gonna share something that's actually pretty basic, but I think important. And this is something that's sort of endemic in the patient experience field. Too many... virtually every organization in America says, we believe in patient experience, we salute that flag. But PX, patient experience work, is still often, too often, a bolt-on. It's the thing we do when we've done everything else. I think at NYP, we've been able to be more thoughtful about that. And so, for me, a sort of a threshold thing is, we have really talented, smart IT leadership, who, by the way, will tell you, the technology is only 5% of the... the rest of the issues are the people and the process issues.

**Ken Segel - Value Capture (he/him/his)**

Yeah, they know.

**Richard Evans**

We have really good leaders in the people space and engagement around those. We have good training programs. We're lucky we have these things. We have operations leaders. So I think what we're trying to do is we try to have a truly strategic conversation Coleen and I can bring our domain of expertise to the table. We see things that maybe our colleagues don't. We understand things because we have data. So I think the first... the threshold thing is, are all of those silos totally talking together about, you know, as we think about implementing yet another tech layer, are we thinking about, together, how do we integrate this? What is it going to do to frontline folks? It may look sexy and shiny and beautiful, how's it going.

**Ken Segel - Value Capture (he/him/his)**

Right.

**Richard Evans**

out at the front line. And we've got all the right people in our organization to figure that out. You know, are we having a truly integrated discussion? I mean, that to me is just like, you know, table stakes, but it doesn't happen as often as it should in many organizations, so that's something we try to do at NYP. I think we're getting better at that, but that's... that should be done everywhere.

**Ken Segel - Value Capture (he/him/his)**

Yeah, it's, sort of, we're naturally bucketed into departments and silos, and it really takes leadership and tension and sort of, you know, standard work to look at it differently, and it's great to hear how hard you're working on it. Coleen, it's great for leaders like Rick to set the right leadership intention, but you're the one actually trying to make sure the pieces come together. That are out there, my guess is, and different initiatives, etc. What would you share, you know, in terms of the work of trying to make sure that those sort of, I always think of them as horizontal connections, so that we can build the right system, happen. And, you know, come on, tell us... tell us some realities, some joys, some struggles.

**Coleen Dunkley**

Absolutely. So, you know, I do agree with Rick. I think that NYP has a great structure of rolling, you know, different projects or technology out, and, oftentimes they do give support. You know, as someone that works with Frontline, I will say that it does take some time for it to be implemented, and for it to be hardwired, because, you know, you could spend say, 3 months working on rolling it out, and maybe that fourth month, you go and you talk about, okay, we have this new, technology, have you guys been using it? And the answer could be no, you know? So, you know, it's a continuous, education, continuous refreshing, when it comes to, rolling things out and implementing them on the units. And it just takes time, and that's the reality of it.

**Ken Segel - Value Capture (he/him/his)**

Yeah, that's for sure. Coleen, would you say your role... And your voice are looked to in a systematic way as these initiatives are unfolded, or is it your savvy, your charm, your expertise, and your assertiveness that steps in, or some combination of the two?

**Coleen Dunkley**

I would love to say a combination of the two, but, you know, I definitely think that, systematically we have to definitely have those leaders in place to really enforce it. You know, we are, a top-down organization, not that frontline doesn't matter, but, you know, this is the way that, you know, we are, and the leaders have to be on board and really have to drive that change on every unit. And then, going down. So, we want to make sure that everyone's on board, everyone's aware, having those first, you know, meetings on that

leadership level, and then bringing it to the front line, and just continuing to, go over and over, reiterate what exactly we're trying to, and connecting that why with it. You know, why is it so important? Because, you know, a lot of times, you know, there are different technology and different projects coming out, and It is overwhelming, and so we really want to connect the why to really drive, you know, the project and watch it unfold.

**Richard Evans**

You know, I said this for years in Coleen.

**Ken Segel - Value Capture (he/him/his)**

Yeah, no, that's great.

**Richard Evans**

The what's in it for me question must be answered. It's there, whether we answer it or not. But for the frontline, what's in it for me?

**Coleen Dunkley**

Especially the front line.

**Ken Segel - Value Capture (he/him/his)**

Right. Right. Right? People have got to be able to deliver for the patients, absolutely. Well, let's keep going on, you know, you guys have laid out a lot of the things you're learning and applying and, you know, systematizing to get better, but, you know, what do you... what do you both see... In your optimistic, energized selves about, you know, continuing to build Win-wins, if you will, out of, some of these deeper insights that, you know, communication's a challenge for everybody, winning the workforce is the key to success. Yes, there are generational aspects, but you've helped us break them down to understand both opportunities and strengths. And maybe some deeper ties between different generations of the workforce. So, you know, where do we go from here? What are you excited about? How are you... how are you... how are you planning to both, you know, build at NYP, Coleen, and Rick, your national voice? You know, win-wins from here. What do you see?

**Coleen Dunkley**

I do believe there is a way.

**Ken Segel - Value Capture (he/him/his)**

Oh, mute.

**Coleen Dunkley**

You know, I... I think no matter what generation that you're a part of, we truly have the same goal here. We want to make sure that our patients are receiving the best care, we want to make sure that their needs are being met, and that they're safe. And so, that is the why. And, you know, from there, we're able to strategize and really think of different ways to really close that communication gap. Right? So, definitely first that conversation, and

then, having those different things that we're working on, such as those, Skills Fair and those different modules that are coming out. You know, I'm excited to see, AI come into, NYP and really unfold, and how it's gonna... we're gonna be able to leverage it to work smarter and not harder. I believe that launched last week here at NYP, so, I signed up to a champion immediately to just make sure I'm aware of what's going on and how I can use it and, you know, be able to, share with the frontline as well.

**Ken Segel - Value Capture (he/him/his)**

Great. Love that optimistic and specific view. Rick? Casting your nap.

**Richard Evans**

Let's see.

**Ken Segel - Value Capture (he/him/his)**

What are you thinking? Yeah.

**Richard Evans**

Yeah, well, I have to make a local comment first. I'm just so grateful we have people like Coleen on our team. and the passion, and the expertise, and the willingness to stand shoulder to shoulder with the people who are actually doing the work. Just, I feel optimistic about the future when I, work with people like Coleen. And, you know, nationally, I went to a conference, I do those things occasionally, a couple months back, and I got up to the stage, and I've been speaking at these for a while, so I'm an old hand at this, but when I looked out at the audience, I was so excited to see so many faces I did not know.

**Ken Segel - Value Capture (he/him/his)**

Right, right.

**Richard Evans**

So, to me, there's a generation coming up in the patient experience field that I'm really excited about, and that's what I want to spend some of the rest of my career doing, is helping them meet the challenges that are coming. So I just have to say that You know, I think, part of the win-win Particularly with this newer generation, again, as an older generation, we have a lot to learn from this generation.

**Ken Segel - Value Capture (he/him/his)**

Yes.

**Richard Evans**

they are... telling us they want feedback, as we've already talked about. They want to be involved in the work, not just doing the work, but they want to be part of it, and we need to listen to that. Because it's really important. The other thing that they're really, teaching me Is that self-care matters.

**Ken Segel - Value Capture (he/him/his)**

Right.

**Richard Evans**

And that taking care of... you know, this is a... this is an equation. It's not one-sided, that I'm bringing my skills and my passion and my energy, but there are some things I wanna... I wanna take from it and do for myself as well. And again, sometimes older people, we look at that and go, just suck it up, do your job. There's a really good lesson about what we can all get from this to the benefit of all. So I see those as kind of win-wins. We need to listen to the newer generation of our workforce. Really listen, not just say it. And those of us who've been in it for a while, there's stuff to learn. So I'm optimistic. when I look out into the field and I see people like Coleen, and I'm also, humbly, but gratefully learning. From this new generation.

**Ken Segel - Value Capture (he/him/his)**

Fantastic, Rick. Thank you. Couldn't... couldn't add a word to improve it. And... Yeah, you know, it's interesting what you said about small talk and, you know, to leaders, you know. use a little small talk, get to know some of the younger workers, and, particularly in healthcare, I mean. You know, and their values, and... their deep search for authenticity, I think. And, you know, one of the warning bells I've been ringing now for a while is, as we get better and better at corporatizing things, you know, we can easily begin to make excuses, in a way that... lead people feeling marginalized as individuals, and I think, Genuine relationships, including with new workers, will both give us energy and insight that, can... help us be better leaders. So, thank you for sharing that. I, you know, as we come to the close here, you know, a couple things. Go ahead and read, you know, Rick's, piece on the communication challenge in healthcare recently, and Becker's, and all of his other work. And look out... for some of the things that Coleen and her colleagues are publishing out of patient experience at NYP. But I want to ask each of you different questions related to the topic we just got onto. Win-wins, the future, and people. Coleen, what... When you roll over in the morning, you have a job. And, you know, everybody needs a job. But it seems to me you attach great meaning to that. So I'm wondering what it is that... gets you rolling toward work with a pep in your step? What is... what is your why, you know, on Wednesday morning, tomorrow morning? What's it gonna be?

**Coleen Dunkley**

Hmm. Now, I would say, I mean, it's so cliché to say, of course, our patients, but not only our patients, I would say our employees, you know? I have truly built a great relationship with a lot of the different nurse leaders, and a lot of frontline staff, and, you know, even patients and their families, but, truly just being able to support them in all of these different aspects that we're trying to improve on, you know, that truly is the why. You know, I think the great thing about patient experience is every day is different. And, you know, we may be working on, you know, a technology project today, the next day we're doing a morning huddle. And

so, you really get to connect with everyone throughout the hospital. that is the gem in patient experience. So, I would say that's my why.

**Ken Segel - Value Capture (he/him/his)**

That's awesome. And it all matters, right? Because we're, you know, dealing with the quality of our emotional lives and our physical lives, and what matters more than that, so... Coleen, as I turn to Rick next, I want to acknowledge we've been treating you as the voice of authority, as someone who is in touch, you know, with the managers, with the frontline staff, etc. But I do want to highlight, if people didn't catch it, that you lead this function for all of the Columbia campus. And for those of you that don't know, this is like leading it for a large city. So we have a rising leader who is still in touch with all those levels, and, keep an eye out for Coleen Dunkley in the future, and, want to show respect to your scope of leadership today. So, thank you for... thank you for that. Rick, you've reached this, Moment, whereas you said, it's not retirement, it's the next thing. And, Looking back on your journey, you've already offered some deep thoughts about why you're optimistic going forward, but do you have any, sort of. key things that have formed in your mind over time that you think for leaders coming up, like Coleen, but others. who are leading in a challenging time. You know, it's always challenging in healthcare, but it may be especially true Can keep in mind for themselves and their organization that might just help them progress through. in a... in a way that allows them to both achieve and be more the leaders they want. Any... anything... any wisdom you'd like to share as we go out here?

**Richard Evans**

Well, I think Coleen said some of it, which is, and I share her passion. Look, I really believe in patients and families and love them. My passion is our teams.

**Ken Segel - Value Capture (he/him/his)**

Okay.

**Richard Evans**

So I think always focusing on the people doing the work and having their backs, and that includes listening to them. And then another thing I would say is, for leaders coming up. Patient experience leaders are also key culture carriers. We carry our values, we carry our mission, everybody does, but I think the patient experience leader, in a special way, is a voice at the table for culture. And sometimes that's enormously gratifying, and sometimes it's scary. to ask... but we've got to be willing to ask those tough questions. You know, one question I would ask in my organization now with AI, just because we can do it, should we do it? Those are questions, I think, that patient experience leaders are uniquely qualified to ask. So, I would say, again, the frontline focus we've talked about in abundance on this call, but I also think we've got to be people that ask the important value and culture questions that need to be heard at the decision-making tables in our organization. That's a... that's a daunting big job, but, I think we're positioned to do it, and we should... Continue to do that. in our organizations.

**Ken Segel - Value Capture (he/him/his)**

Wonderful. A little bit of wisdom and a challenge for the next generation. I love it. I love it. And attaching to the sort of deepest power and role, that you all have, which is very special, so... I know I speak for, the audience, when I want to thank you both for coming and sharing some of your deep insights at an evolving situation and challenge, and anchoring us in the people who do the work and the patients that we serve. And I know I have a sense of getting through with... with bells on, because of your optimism and dig in that you both have, and of course, the nationally leading work that is being done at New York Presbyterian. Listeners who, Want to express that, please like the podcast, subscribe if you're not already. And, Coleen, thank you for being here. Rick, thank you for being here.

**Coleen Dunkley**

Thank you for having me.

**Richard Evans**

It's a real honor, thank you.