

THE COMBUSTION CHRONICLES

Episode 98

EMBRACING ARTIFICIAL INTELLIGENCE IN HEALTHCARE EDUCATION

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Host

Hillary Miller
Guest

Shawn Nason [00:00:00] Welcome to the ninth season of the Combustion Chronicles podcast, where bold leaders combine their big ideas to make life better for all of us. I'm your host, Shawn Nason, CEO of OFFOR Health and founder of MOFI. This season is all about amplifying the voices of badass women leaders in the healthcare industry who are influencing change by thinking big, putting people first, and not being okay with the status quo. Experience matters, culture matters, and revenue matters. That's why it's time to unite to ignite a people-first business revolution. Especially industries that affect all of us, like healthcare.

Shawn Nason [00:00:52] Hillary Miller serves as the vice president and chief learning officer for Penn State Health. Hillary has more than 15 years of learning leadership experience, most recently serving as director for Education and Quality Assurance at Paragon, a wholly-owned subsidiary of HCA Health Care. Her areas of expertise include public education, as well as for-profit and non-for-profit health care. She has also held leadership positions at Ohio Health Medical University of South Carolina and HCA Healthcare. She has a special interest in gamification, Agile Learning, Development and Centers of Excellence, and began her education career as a special education teacher. She holds certifications in strategic communications, Lean Six Sigma, Crucial Conversations and Epic Resolute Billing. Welcome to The Combustion Chronicles, Hillary.

Hillary Miller [00:00:58] Thank you, Shawn.

Shawn Nason [00:01:00] What a career. Just reading your certifications, I'm like, how did she end up in learning and development? But I love it. Love it. So you are the kind of person that I needed growing up to make learning fun because I did not enjoy learning and make me feel like I was getting somewhere with my effort. So what drew you into the world of learning and development?

Hillary Miller [00:01:28] Well, starting my career in public education, I always tell people there's strong arms and all of these things, right? And so I've been in learning literally my whole career. It's just a different facet. So when you have kids who are under 18 and you have performance standards and all of those things, it's really the same principles apply. The frames of reference might be different, right? Adult learning versus kids learning. But engagement and fun and play, Sometimes we forget that that's not just for kids. Adults need that interaction too, and engagement. So I've really been in learning my whole life. I got into learning and development specifically within health care when I started with the Medical University of South Carolina, and it really just kind of took off from there moving into revenue cycle and the clinical aspect. And so I do not have a linear path. It's been a little bit of everything. I took on roles and positions that people may have found hard, but I knew I had this skill set to support and I really just cultivated this big tool belt of skills over the past 15 to 20 years, which is allowed me to apply some interesting perspectives and they in this space. But I have a love for health care and I'm really glad to be serving in that space, especially now with so much change. And so it's a real honor for me.

Shawn Nason [00:02:56] Well, it's awesome. And you kind of have a special place in my heart with having special needs children to know that your background is there. I say there's a lot of special needs in health care, and I'll just kind of leave it at that. So, you know, as an experienced evangelist and I love the connections between experience, learning and growth. So where do you see the biggest intersections between experience and learning?

Hillary Miller [00:03:28] Sure. So experience from the standpoint of background skills or experience as in how are we creating experiences?

Shawn Nason [00:03:35] How are we creating experiences?

Hillary Miller [00:03:38] Yeah. So I think you, you have to you have to know your audiences and where they're coming in from, regardless of where you are. People are coming in with different skill sets, cultures, backgrounds. And rather than making that uniform for everybody and saying, What's the ultimate goal that we have and whatever this is, but also not being afraid to try some new things you know, when I think about experiential learning and growth, it is not a one size fits all. It's what are you trying to do? How are we helping people apply that information immediately back on the job, but also create this? I use the word toolkit tool about all the time, but there are so many adjacent skills to things. So if I'm really great at critical thinking, I can apply that in so many fields, but I may not have the technical functional expertise. So that's why I say you've got to know the audience and what you're trying to do, but also what medium, what delivery mechanism is going to going to result in that best experience for people. And we have a lot of technology that's out there today. So I think you have to be pretty well versed in not going after those shiny objects, but also understanding how that's directly supporting a learning opportunity. And a lot of times we use learning synonymously with training, education, development, the training, development, education are three very different things. Training is what I need right now because I don't know how to do it. Development is the things I want to be able to do. And then education might be those more formal practices, like a certification or a degree. And so I think you have to have a pretty good understanding to create the right experience even within those realms.

Shawn Nason [00:05:22] I've never heard of broke apart that way. But I love it and I love I love what you're saying around this concept and this is kind of me get on a soapbox and maybe being a little bit of a smartass. But that learning training development isn't a one-size-fits-all. But yet many of our education systems today are set up for one size fits all. I love that you're that you're thinking that way. So. So how do you overcome the challenges then, of having to build programs that will connect with such a diverse population like you have in a clinical setting such as Penn State Health?

Hillary Miller [00:06:02] Yeah, it's such a great question. One is, I don't know that you ever really arrive and that you solve all things. So I think the more that we can get back down to earth with that, to say that there's always going to be complexity and there's always going to be a new challenge, which I find exciting, by the way. I don't know if that makes it good or bad, but when I think about what are we trying to solve for, I go back to the fundamentals assessment. What is it that we're trying to do? What is the gap that we see? Why is there a gap? But also looking at this isn't just about, you know, what am I able to perform in my job? It's how are we behaviorally bringing ourselves into that.

The human skills get set to the side so much I will not call them soft skills because they're anything but. But the human skills play into this. I could be the best technical functional leader on the planet, but if I don't know how to talk to people, I don't listen. I don't critically think it doesn't matter because the people aren't going to work with you. The people is the most important component because that's how the work gets done and that's how we service patients. And so when I see teams that are having difficulty with how to get along, we go back to what's going on. What are your expectations of each other? How are you talking to one another? And so the human side of that matters so much to me, because usually that's where it lies, because we can teach you this other thing. But if you don't know how to talk to each other, you don't trust each other, you're not having open dialog, you're sitting in silence, or you're getting really angry all the time. You got to solve for that first.

Shawn Nason [00:07:45] I love human skills, not soft skills, because it's not soft and it's not easy many times. And, you know, this is all anything, Hillary. We have this tendency and health care. Let me just say this. Across corporate America, we promote people because they do really good business, but they don't have a fucking clue how to lead people. And so, so so it's easy to take corporate processes like onboarding. Let's talk about onboarding for granted. And they are a necessary evil that everyone has to do within an organization. So how do you approach required experiences like onboarding and how do you make them into something meaningful that sticks with people?

Hillary Miller [00:08:34] That's such a great question. So I think it's one acknowledging that we have to have these things in place, especially when you're in a highly regulated environment that's constantly changing and saying, Hey, you know, this is part of what we do and we know we have to maneuver through that, but also taking off the label of, gosh, this might think, of course, this is why we have to do this. We have to protect you and our organization and our people. But this is where the fun part comes in. And this is really organizationally specific because the cultures are different, the people are different. What you might be doing is different. The landscape is different. And so I think when you can look at onboarding as an experience, so what are the things that they have to be able to perform? But what do we want them to know? Who do they need to engage with? How do we foster relationships right from day one where we've made it easier for people to connect to one another and help people be more comfortable with the fact that folks are coming in and out of organizations all the time. So you might not have the same team members six months from now that you did today. And of course, we're all focused on retention. But the reality is there's a lot of power and choice of where you work today. And so the days of somebody being a 40 year tenure employee, which is awesome, which we would all love to have, is not really the reality. So when you think about onboarding, it's literally the single most important activity because that is the introduction to the organization, That is the introduction to we care so much about you that we've made these processes easier. And I don't know any organization that has that perfectly matched, but it's it's an opportunity to fine tune that every single year to make it better.

Shawn Nason [00:10:17] I do tell people I did work for the Walt Disney Company and they have a pretty frickin way.

Hillary Miller [00:10:24] We all want to be Disney, right?

Shawn Nason [00:10:27] Yeah, I think I think they do a really good job at onboarding. But people who used to work for the company 25 or 30 years ago said that it's not what it used to be. So same concept, but I think they do a really good job at it. So I'm going to ask you to go behind the curtain a little bit here. What's an exciting new project or pilot test that you have going on and cooked in at Penn State Health?

Hillary Miller [00:10:53] Workforce development. So and this is publicly out there on a searchable page. So we created a whole new wing within the learning and development space for workforce development. And this is literally because we're an academically tied institution. So we have a lot of people coming into our organization to get their training. And so it's not only latching into that to see them as a future employee. On the flip side, we flipped money that we normally would spend with tuition reimbursement, found out that most of our entry-level folks aren't able to tap into that because they can't afford it. They can't afford to pay it upfront to then get reimbursed. So we said, we're taking that all off. So we took that money, created what we're called a grow portfolio. It's not an acronym, it's literally just grow. And it is where we started piloting programs. We actually had our first launch in July with a local community college where we are paying in full for phlebotomy, which is your lab tech that draws blood and medical assisting, which is such a critical role to in support of our clinics inside our hospitals, but also to nursing and doctors. And so we have 41 students enrolled pilot program internally and externally. And the only condition that we had is once you graduate, you got to work for us for a year. That's it. And so we're really excited about what this is going to look like because we're going to start unlocking multiple programs in key areas like surgical tech and pharmacy tech. And some of it was just thinking creatively about the money is there, but we're not using it in a way that's beneficial. But the bigger problem oftentimes is not the program itself. It is the fact that financially, it is such a barrier for folks. But number two, they're having to make decisions between do I pay for gas? Can I afford a meal tonight? So we wanted to lift off. And we have a lot of improvement to make. That's why I love pilots, because you get to make it better before you scale it. And so we know that we've we've good enough evidence that I think this is going to be a really good thing.

Shawn Nason [00:13:07] That is so cool, though. Like you have the dollars. You felt like you were investing into your people, but then you realized it's not being used and here's why. So let's remove that barrier, an obstacle for them and switch it. And what a powerful way to look at that. So I love it. Can't wait to hear more about that. I use the term a lot. Hillary called maverick-minded and human-obsessed. So what I have learned about you from our network is that you're a little bit maverick-minded and that you're a lot more human-obsessed. So your role is so important because it develops people professionally, but also connects them emotionally. Learning is an emotional thing. So in the current healthcare climate, what areas of learning and growth are the most important in your opinion?

Hillary Miller [00:14:07] If I set the functional stuff aside, I think it's connecting people to the larger picture, right? So oftentimes it will educate people within whatever domain

that they're in. We don't help paint a picture of the connection points between. Right. So if I don't have business acumen and I don't understand just the natural financial ways of things, I don't understand why some of the things within a budget have been a problem. When I think about the human skills part of it and development, I will tell you I will take somebody hungry to learn all day long who has a great attitude, who is developing their resilience. And that's really the the position that we're taking is that we have found and it is rooted in evidence, You can find it everywhere that when you don't have trust in communications and where people can actually communicate with each other in a respectful way, not getting away from dissent, disagreements, really good, because that's how you get to good ideas. It doesn't matter how good they're at the actual role because they can't work with each other. So really my focus, which is been in health care. These are people who are already mission-focused. They care about you don't go into health care if you don't care about helping patients. What we did is said, Hey, in learning and development, we care a whole lot about the patients, but we actually care about you first because you can't be good for the patient if we're not taking care of you. And so that's really the model of how do we help champion you as an employee or a future employee. But also, what are we doing to help you grow through these. Because these are hard things to learn. When you're a first-time manager, you don't know how to coach, you don't know how to work with really difficult conversations because you may have not had to deal with that. But it's also not immediately identifying an individual contributor as the next leader. It is a career change and it is a completely different role. And the more we do to help people realize that through programs like our emerging leaders, it is not necessarily preparing them to be a manager. It is helping them explore whether they want to be in leadership, and that's a different model because of their paper. Yeah, we're not preparing our next let them choose. There's a power of choice when they understand, Hey, you're taking care of people. So we don't use the language of managing people. It's leading people and managing things. You manage things, you do not manage humans, you lead them. And so it's really important that they have emotional intelligence and situational awareness. But we start with self first. So I got to know me really well and what I'm not so great at. And then let us help you build some of those skills up bit too. Here's what it takes to sit in these seats, and it's such an honor to sit in them, but it's not for everybody. So we want to make sure that people are really thinking about that before they move into it just for money or for something else, because there's a lot of things that go into leading people.

Shawn Nason [00:17:08] It's funny to me because I'm I'm currently sitting in a CEO role for an in-office anesthesiology company called OFFOR Health and my chief operating officer, her name is Beth Roberts. She says I'll take a sponge any day over a rock. Right. And that's what you're saying. They're like, gosh, if we can just teach them and know that they have that ability to learn and be moulded. You can teach skills. I love that you're approaching it that way. I've been given a talk this year entitled I'm a CXO posing as a CEO because my whole career has been an experience. But I got some fundamental mentoring and went back and actually got a degree in finance to understand business acumen, to how business ties to all things experience. And I have friends who are in the industry today in health care that they're like, What do I do next? Do I just go be a chief experience officer someplace else? I'll get calls and they'll say, How did you become a CEO? I said, I learned how to be a business person too, and that was kind of in me. So but I'm like, I'll say this. It's a whole new world for me. I'm, you know, months into this process and things that I used to even talk about metrics-wise, that we needed

to measure for experience. I realized no, just tied to a business metric and make the whole world a whole lot easier. I love where you're going with that. So then how do you design learning opportunities that are focused on people instead of just creating experiences that check the box because as we know in health care, there's a whole lot of check-the-boxes that have to be done.

Hillary Miller [00:19:05] Yeah, well, I think it's one talk to the people. So when we started really looking at when I came in, you know, there are a lot of existing programs and they had some really good stuff there. You know, it was just an opportunity to revamp it or reevaluate it. And so I said, gosh, have we ever asked the people in our organization where do they think they need to be at and so we took that by chair from vice president to director to manager to individual contributor, and started really asking some dedicated survey questions to say, Have we ever asked you this? Number one. Number two, how are the programs for you today? Are you getting what you need? Do you know where to go? Because we have a really outstanding, you know, our mass, but a ton of curated content. But self-driven learning is not for everybody. Right. And so we had to really understand what it is that they were looking for. And time after time, what people come back with is I want to be able to handle a hard conversation. I don't want to be scared to ask a question of my regulator or people sit in a title higher than me. I want to feel smart. I want to look smart, and I want to be smart. Not in those words, but that's me synthesizing that. But too is I want to be able to leverage the skills that I already have. So I'm going after critical thinking. An inquiry. And how do we talk to each other? It's not even about having a hard conversation because it's very hard to go into. Let's talk about a polarizing topic, which we need to do, and DIY-type activities and unconscious bias. But I if I have trouble just communicating with you in basic things, I'm not equipped to be able to talk with you about my own unconscious bias let alone yours. And so I look at what are the fundamental building blocks that are actually going to allow somebody to be better. So I don't I don't lock people in the box. And I love that you talked about being a CXO to a CEO. We so much label people have, oh, you've been a nurse, you can only fit in knees now. You know all the skills a nurse naturally has to have. They are making clinical decisions on the fly with the knowledge and tools that they have. They follow regulatory processes, are incredibly detail-oriented, they're compassionate and they care about people. Do you know how those skills can be leveraged in just an unbelievable amount of spaces? But on the flip side, somebody who sits in tech could be beautiful in the clinical realm. And so it's not putting this gating system of, oh, you can only be this. I've had that my entire career of, oh, you're in education. And I'm like, Yes, I am. And I've got a decent skills that can do a whole ton of things. And that's how I landed in all these different areas, because I said, gosh, you know, I think I can help you with that. And if we can help people see that the skills that they have actually lean into so many areas, but we tend to put them in this box of it can only be this. Now, I don't want to oversimplify that for areas that require higher level of license, like a nurse or a doctor or things that for safety purposes, among many other things, have to be done a certain way. But on the whole, in a lot of jobs, if we can start looking at like I would hire somebody who worked in hospitality all day long to be inpatient experience, I don't care that you don't have health care. You know how to work with people and you know how to improve the customer experience. The same skills apply in health care.

Shawn Nason [00:22:40] Yeah, that's so funny you said that because of this year offer. Ah, we hired our new senior director of Business Development and Account Manage-

ment. And of course, you know, everyone says, so what's their sales experience? What's their ability to run customer success teams? I'm like, you know, I don't know. We actually hired this guy. He used to be a chief experience officer. And they're like, What does experience? And I said, Well, the last time I checked, business development and account management are all about building relationships. You build a great relationship. You can move people through the process of sales or whatever. And I said, guess who have great relationship-building skills and don't come off as a salesperson. So people at work can experience. And it's been brilliant. So I love I love that. Like, let's not box people in.

Hillary Miller [00:23:41] What are the things that they can do and how does that lean into this area? And it requires a different level of thinking. But oftentimes I challenge people, and I've been in interview processes where I picked a candidate, nobody else did. And they're like, Why did you do that? And I said, Look at what they've done and look at how that transcends into this area. They've got 20 years of experience in this. It just wasn't in health care. I can teach you health care. They're amazing.

Shawn Nason [00:24:07] Well, okay, let's come to a little bit of a fun time now, Hillary. This is now known as our two-minute drill around a how might we statement. So for our listeners who don't know about how might we statements, it's part of the methodology around human-centered design or some people call it design thinking and it's how might we question actually helps frame up a problem statement, but it brings up diversity of thought. And so we're going to jam for 2 minutes. I'm going to let you start I'm going to read you this how might we statement and I just want you to start ideating all around it for that Hillary.

Hillary Miller [00:24:45] Yeah, I'm going to try. I might not be awesome at it, but I'll do it.

Shawn Nason [00:24:50] I think you're going to be pretty good at this. So how might we create learning experiences in the healthcare sector that drive change and create a people-first care revolution? Go.

Hillary Miller [00:25:06] Connect with the people first. Have conversations with your community and the needs within those spaces because we're servicing outside evaluating existing technology and how that's enabling the space, not driving it. What's working through measurement? So how do we know something's actually been effective and where have we seen tangible change? Are people happy to come to work? Are they learning how to do something new? Are they teaching each other in peer social networks? Are they creating their own networks and learning that are informal where they've become peer cohorts? Are they talking about the work that they do publicly outside of work? Is the word of mouth really strong? Are they saying, hey, you need to come work at this place because they spent time with us and I know how to do my job really well. But I also know that there are a lot of other things I know how to do and can do. I feel empowered. So I look for statements from people saying really positive things. The culture is moving into a direction of innovation and creativity. That's how I got it.

Shawn Nason [00:26:13] How about this one then. We'll talk in clinical. If doctors, nurses, we know they have the skills. What then if you can only hire people based off of who they are, not what they've done?

Hillary Miller [00:26:28] Oh, well, to me, that's all about behavior. Right. And so what kind of attitude you bring into it? Are you curious? Do you think, about how something impacts other people? Are you thinking about how your own behavior plays into that? Are you excited? Are you not afraid to say something that may be in disagreement with other people? Are you the person that gets vocal when something's not working well?

Shawn Nason [00:26:54] I've got one for you. And this is totally on the spot, so I know it. And you can say, I cannot believe you're going to ask me a question. Do you ever hire just from your gut?

Hillary Miller [00:27:07] Oh, sure. And some of that is based on experience. And I know my gut. But also, you have to be careful with your gut and then throw that out there, because we all have inherent biases that even we're not aware of. So I have to double-check that to say, am I hiring? Because this is something that I personally like or is this what we need? So I do gut checks. So I might trust my gut to begin with, but I do gut checks before I do anything.

Shawn Nason [00:27:34] Well, awesome. Awesome. All right. So it has come to this time in the episode as we close up that we do these things called the Combustion Questions. Three randomly selected questions by my own personal A.I. robot that automatically just texts them to my phone. And so I have not read these questions. I have not looked at these questions until I read them to you. So are you ready for your combustion questions?

Hillary Miller [00:28:02] I'm ready.

Shawn Nason [00:28:04] Awesome. Combustion question number one. What's the biggest lie that you ever told as a child?

Hillary Miller [00:28:12] I got to think about that when I've had some doozies. I would say the biggest lie that I told as a kid. Probably was with my parents. One of my friends had a Cabbage Patch doll that I really wanted, and I said that they gave it to me and I took it. I sort of get that it wasn't right and I lied about it. I was so ashamed afterwards, but I really wanted it and the moment it was awful.

Shawn Nason [00:28:44] Yeah. All right. Cook, DoorDash or eat out?

Hillary Miller [00:28:54] Ooh, I like to cook. Can I answer that in two ways? Well, I like to cook during the week, but I actually love eating out with my friends on the weekend because it's like it's a social thing for us and an experience thing for us. So we like to break bread and enjoy each other over a meal out. So cook during the week, and eat out on the weekends.

Shawn Nason [00:29:12] Love it. All right. Last question. And this one you might have to think a lot about. What do you think about apples?

Hillary Miller [00:29:21] Apples that I eat? Well, I think they're delicious. Number one, I eat apples a lot. I'm grateful to have them readily available because it's an easy snack for me. I see them as a source of health because that's been ingrained in us from a kid to Apple a day. keeps the doctor, and the dentist away and I always think it's snow white with apples. So it's like the craziest connection thing. I'm always like, Oh, the poisonous apple. So that's where my brain goes.

Shawn Nason [00:29:52] Love them, love the answers as well. Hilary, again, thank you so much for dropping such wonderful gems on us and for your approach to learning and development within health care. I love it. I love what you're doing. Look forward to continue following you and hopefully working together on something in the future. But until we meet in person, until it's off again, be safe and be well. Thank you.

Hillary Miller [00:30:16] Thank you, Shawn.