

1. Why MD, MBA, and GPHAP?

Looking at how the entire medical landscape has changed, there is a transition from physicians running hospitals to administrators. As a result, those practicing medicine aren't always the ones making the decisions and having control over where the emphasis is in these health systems. I want to be a physician that focuses on seeing patients clinically, but I also think it's important to have a skill set in which I could still understand the higher level business decisions being made and have input in these discussions to keep objectives centered in a way that maximizes the quality of care provision, not necessarily what is going to be most cost-effective.

2. Are there any issues you have observed in your work through which you could use skills acquired through the MBA/GPHAP?

Moving up through the medical training process comes with graduated responsibilities and there is this assumption that with increasing responsibility you develop leadership skills and learn how to manage your team, attending and lead decision-making. Yet there is no formalized training, and as a result not everyone is intentional about their method of navigating this responsibility. This is absolutely a scenario in which I've tried extracting and applying what I'm working on in class as a way of providing that framework or formalization. I am excited about how I can go back and change my own approach based off what I've learned.

3. Can you talk about your research interests?

My research mentor at the hospital, [Dr. Turaga](#), is the sponsor of the surgical team optimization project as part of the [Booth Health Care Analytics Lab](#). He is someone that I approached in my first year thinking that I wanted to get plugged into the research apparatus here. He and I went back and forth trying to come up with a new idea, eventually settling with the question of how exactly teamwork plays into operating room efficiency. Now this is something that everyone in the operating room anecdotally understands because it's part of the day-to-day. There may be nurses you typically operate with, and some days they are assigned somewhere else, so as a result you have someone that's never done your operation and doesn't know the type of instruments or supplies you use, so things move slower. It takes more effort to do the same thing.

No one has really applied an analytic approach to understanding this, one of the reasons being that 'teamwork' is tricky to define. Furthermore, no one really wants to run a trial just to say something that they already believe is true, so we tried to do some analysis using the medical center data to prove that having a team that does a higher volume together versus something else has better outcomes. We were able to do that very simplistically for waste: we saw that teams that were below median levels of collaborative experience had a higher likelihood of wasting supplies. We didn't put a dollar number on it, but when looking at tens of thousands of operations you start to see how this is a real phenomenon. In the literature people have alluded to this through looking at different ways of defining team familiarity. Sometimes it's number of prior collaborations, other times it's more arbitrary but we wanted analyze this more rigorously so we've been working with [Professor Adelman](#) and some of his PhD students trying to model what operative times should look like as a function of the portion of cases you've done with those nurses in the past. We then start to add other layers, like trying to understand the effect of number of cases—and so, familiarity—within a certain specialty. We are trying to apply this way of quantitatively thinking about data to provide better recommendations for how to allocate staff.

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Previously Listed Events

Tues. November 30, 2021 2PM CT [Learn more](#)
The 340B Benefit: Policy Updates, Advocacy and Its Importance Healthcare Financial

Management Association (HFMA)

Maureen Testoni, President and CEO of 340B Health, will address recent developments impacting the financial benefit that providers receive from 340B participation. Tim Maurice, CFO of UC Davis Health, will share how his health system enhanced its use of 340B drugs, how the 340B benefit is used to improve patient care and optimizing 340B compliance and program benefit.

This event requires membership in HFMA, which has a \$50 student rate and option for free trial; more information can be found [here](#).

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Recorded Lectures

Many of the lectures listed in the GPHAP Weekly Digest are recorded and archived for later listening. You can look back to see if there are recent lectures that interest you, and they can count as GPHAP co-curriculars. Here are links to archived lectures.

CHAS Michael Davis Lectures

<https://chas.uchicago.edu/events/mdl/>

McLean Center for Clinical Medical Ethics lectures

<https://www.youtube.com/user/MacLeanCenter>

Harvard School of Public Health Forum lectures

<https://theforum.sph.harvard.edu/events/>

Bowman Society Lectures

<https://pritzker.uchicago.edu/resources/bowman-society>

MATTER Health Events

<https://matter.health/events>

Health Affairs Podcasts - an hour's worth of content

<https://www.healthaffairs.org/podcasts>

KHN's 'What the Health?' - an hour's worth of content

<https://play.acast.com/s/khns-what-the-health>

GPHAP Social Media

GPHAP has a [Facebook Group](#) for Current Students and Alumni. Go to Facebook and search for The UChicago Graduate Program in Health Administration & Policy or click on: <https://www.facebook.com/groups/gphap/>

There is a [LinkedIn Group](#) for GPHAP Alumni. Current students are welcome to join. Go to LinkedIn and search for "GPHAP" and Request to Join.

GPHAP has a [Twitter Page](#). Please follow @UCgphap.

GPHAP's website is: <https://gphap.uchicago.edu>

Join the WhatsApp GPHAP Social Group. Students can reach out to see who is going to GPHAP events or to provide info about other activities.

WhatsApp Social Group: <https://chat.whatsapp.com/invite/BYMEUqshxH1K6xpID5OmAk>