

School of Public Health

Syllabus and Course Information



UNIVERSITY OF MINNESOTA
Driven to DiscoverSM

PubH 6571

Performance Improvement in Healthcare

Spring Semester 2014 (March 24-May 9)

Credits:	2
Meeting Days:	Face-to-face (April 1 and April 22) Partially on-line
Meeting Time:	9:00-noon
Meeting Place:	TBA
Instructor:	Stephen Swensen, MD, MMM, FACR
Office Phone:	612-626-7349
Fax:	612-626-8328
E-mail:	swensen.stephen@mayo.edu

I. Course Description

In this course, you will learn with and from a physician and professor who has spent over three decades serving in leadership roles in a world-class medical center. You will learn about validated successful value creation systems and their relevance to you for a successful career.

Developing high-value patient-centered care starts with an unambiguous understanding by leadership that quality is a business strategy, not an expense. Quality done right creates value. Optimal value creation requires an integrated, coordinated and balanced approach of optimizing a culture of safety, enhancing supportive infrastructure, streamlining coherent systems engineering efforts and delivering disciplined sticky diffusion. These four critical success fundamentals are interdependent. None stands alone.

The business case starts with a medical center's three most precious possessions: their patients, their reputation and their esprit de corps. It also encompasses cost avoidance from reducing adverse events and malpractice. The final and most powerful financial dividend is the fruit from driving out needless waste, variation and defect. This dividend can be documented as a "hard dollar" internal rate of return attributable to value creation work.

II. Course Prerequisites

Students must be enrolled in an MHA, MPH, MS, PhD or certificate program in the School of Public Health. Alternatively, students may take the course with consent of the instructor.

III. Course Goals and Objectives

- To understand that optimal Performance Improvement requires an integrated, coordinated and balanced approach of optimizing a culture of safety, enhancing supportive infrastructure, streamlining coherent engineering efforts and delivering disciplined sticky diffusion.
- To understand the holistic, interdependent approach to value creation in health care.
- To understand that the business case starts with a medical center's three most precious possessions: their patients, their reputation and their esprit de corps.
- To understand that the final and most powerful financial dividend is the fruit from driving out needless waste, variation and defect.
- To understand the solid business case for quality based (e.g. - savings from fewer adverse events, reduction in malpractice costs, dividends from removal of waste and variation, employee engagement, patient satisfaction, peer-reviewed publications...)

IV. Methods of Instruction and Work Expectations

- Two Three-Hour face-to-face classes
 - Session I: April 1 from 9:00-noon (three hour face-to-face session with break)
 - Introductions & Description of course
 - Four 10-15 minute mini-lectures
 - Discussion
 - Expect each student to ask one question re mini-lectures
 - Discussion of Learning Material Reflection Assignments
 - Discussion of Learning Material
 - Session II: April 22 from 9:00-noon (face-to-face three-hour session with break)
 - Expect each student to come with one observation and one question re learning material of their choice.
 - Dialogue re Learning Material
 1. 180 minutes total
 - 20 students x 8 minutes = 160 minutes
 - 20 minute break
- Course Learning Material
 - 20 articles, white papers, case studies and documentaries. See "Learning Material" below.
- Course Dialogue
 - Face-to-face Session I: One question per student
 - Face-to-face Session II: One observation and one question per student
- Writing Assignments
 - Three 1-page Learning Material Reflection Compositions
 - Each student chooses any combination of three articles, white papers, case studies and/or documentaries from the Learning Material
 - Each student writes a 1-page reflection composition for each learning material using these Visible Thinking Protocols¹

¹ Making Thinking Visible. Ron Ritchhart and David Perkins. "Making Thinking Visible," Educational Leadership 65, no. 5 (February 2008): 57-61.

- Learning Material Choice I
 1. Use: CONNECT / EXTEND / CHALLENGE Visible Thinking Protocol
 - (Appendix I)
- Learning Material Choice II
 1. Use: CLAIM / SUPPORT / QUESTION Visible Thinking Protocol
 - (Appendix II)
- Learning Material Choice III
 1. Use: I USED TO THINK..., BUT NOW I THINK... Visible Thinking Protocol
 - (Appendix III)
 - 1 page per reflection composition
 - Complete and submit online before second face-to-face Session
- One 2-page Essay: reflection on readings, lectures and dialogue
 - The 2-page Essay is intended to be of value to each student’s career interests, plans and/or current work. Essay should draw from lectures, discussions and readings.
 - Each student to use CSI: Color, Image, Symbol Routine Visible Thinking Protocol (Appendix IV)
 - Two pages
 - Submit essay online by Week 7

V. Course Text and Readings

Learning Material: (PDF’s on Moodle site: 20 articles, white papers, case studies and documentaries)

1. Swensen SJ, Dilling JA, Noseworthy JN, Harper CM Jr. The Mayo Clinic value creation system. *Am J Med Qual* 2012;27(1):58-65.
2. Dilling JA, Swensen SJ, Hoover MR, Dankbar GC, Donahoe-Anshus AL. Accelerating the use of best practices – the Mayo Clinic model of diffusion. *Jt Comm J Qual Patient Saf* 2013;39(4):167-178
3. Swensen SJ, Dilling JA, Milliner DS, Zimmerman RS, Maples WJ, Lindsay ME, Bartley GB. Quality: the Mayo Clinic approach. *Am J Med Qual* 2009;24:428-440.
4. Swensen SJ, Dilling JA, Mc Carty PM, Bolton JW, Harper CM Jr. The business case for health-care quality improvement. *J Patient Saf* 2013;9(1):44-52.
5. Swensen SJ. Reliably better, faster, and cheaper souffles... *J Am Coll Radiol* 2007;4(2):86-7.
6. Swensen SJ, Cortese DA. Transparency and the “end result idea.” *Chest* 2008;133:233-235.
7. Swensen SJ, Meyer GS, Nelson EC, Hunt GC Jr, Pryor DB, Weissberg JI, Kaplan GS, Daley J, Yates GR, Chassin MR, James BC, Berwick DM. Cottage industry to postindustrial care--the revolution in health care delivery. *N Engl J Med* 2010; 362(5):e12. Epub 2010 Jan 20.
8. Swensen SJ, Kaplan GS, Meyer GS, Nelson EC, Hunt GC, Pryor DB, Weissberg JI, Daley J, Yates GR, Chassin MR. Controlling healthcare costs by removing waste: what American doctors can do now. *BMJ Qual Saf* 2011;20(6):534-7. Epub 2011 Feb 21.

Why Teach Habits of Mind? Shari Tishman, "Why Teach Habits of Mind?" in *Discovering and Exploring Habits of Mind*, ed. Arthur L. Costa and Bena Kallick (Alexandria, VA: ASCD, 2000), 41-52.

www.old-pz.gse.harvard.edu/vt/VisibleThinking_html_files/01_VisibleThinkingInAction/01a_VTInAction.html

9. Swensen SJ, Pugh MD, McMullan C, Kabcenell A. High-impact leadership: improve care, improve the health of populations and reduce costs. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2013.
10. Gutner T, Adams M. A Leadership prescription for the future of quality. Research Report 1443. New York: The Conference Board; 2009. (www.conference-board.org)
11. Denham CR. CEOs: meet your new revenue preservation officer...your PSO! J Patient Saf 2008;4(3):201-211.
12. Denham CR. The patient safety battles - put on your armor. J Patient Saf 2006;2(2):97-101.
13. Denham CR. The no outcome-no income tsunami is here: are you a surfer, swimmer or sinker? J Patient Saf 2009;5(1):42-52.
14. Denham CR. Greenlight issues for the CFO: investing in patient safety. J Patient Saf 2010;6(1):52-56.
15. Goldmann D. Ten tips for incorporating scientific quality improvement into everyday work. BMJ Qual Saf 2011;20(Suppl 1):i69-i72.
16. Buckman MB, Buckman J. Journey to perfect: Mayo Clinic and the path to quality. ASQ Next Generation Quality Leadership; July 2012. (www.asq.org)
17. McCarthy D, Mueller K, Wrenn J. Mayo Clinic: multidisciplinary teamwork, physician-led governance, and patient-centered culture drive world-class health care. New York: The Commonwealth Fund; August 2009.
18. McCarthy D, Klein S. Sentara Healthcare: making patient safety an enduring organizational value. Case Study: Keeping the commitment: progress in patient safety. New York: The Commonwealth Fund; March 2011.
19. Surfing the Healthcare Tsunami: Bring Your Best Board. TMIT Patient Safety Documentary. <http://www.safetyleaders.org/Discovery/surfingTsunami.jsp>
20. Chasing Zero: Winning the War on Healthcare Harm. TMIT Patient Safety Documentary. <http://www.safetyleaders.org/pages/chasingZeroDocumentary.jsp>

VI. Course Outline/Weekly Schedule

See Section IV

VII. Evaluation and Grading

- 10% Course Dialogue, Discussion, Attendance
- 45% Article Reflection Assignments
- 45% Essay

The student will receive a grade of zero on any assignment not submitted as scheduled, unless prior arrangements have been made for late submission.

Your course grade will be determined as follows: 100% - 90% = A, 89% - 80% = B, 79% -

70% = C, 69% - 60% = D, <60% = F.

Course Evaluation

Beginning in fall 2008, the SPH will collect student course evaluations electronically using a software system called CoursEval: www.sph.umn.edu/courseval. The system will send email notifications to students when they can access and complete their course evaluations. Students who complete their course evaluations promptly will be able to access their final grades just as soon as the faculty member renders the grade in SPHGrades: www.sph.umn.edu/grades. All students will have access to their final grades through OneStop two weeks after the last day of the semester regardless of whether they completed their course evaluation or not. Student feedback on course content and faculty teaching skills are an important means for improving our work. Please take the time to complete a course evaluation for each of the courses for which you are registered.

Incomplete Contracts

A grade of incomplete "I" shall be assigned at the discretion of the instructor when, due to extraordinary circumstances (e.g., documented illness or hospitalization, death in family, etc.), the student was prevented from completing the work of the course on time. The assignment of an "I" requires that a contract be initiated and completed by the student before the last official day of class, and signed by both the student and instructor. If an incomplete is deemed appropriate by the instructor, the student in consultation with the instructor, will specify the time and manner in which the student will complete course requirements. Extension for completion of the work will not exceed one year (or earlier if designated by the student's college). For more information and to initiate an incomplete contract, students should go to SPHGrades at: www.sph.umn.edu/grades.

University of Minnesota Uniform Grading and Transcript Policy - A link to the policy can be found at onestop.umn.edu.

VIII. Other Course Information and Policies

Grade Option Change (if applicable)

For full-semester courses, students may change their grade option, if applicable, through the second week of the semester. Grade option change deadlines for other terms (i.e. summer and half-semester courses) can be found at onestop.umn.edu.

Course Withdrawal

Students should refer to the Refund and Drop/Add Deadlines for the particular term at onestop.umn.edu for information and deadlines for withdrawing from a course. As a courtesy, students should notify their instructor and, if applicable, advisor of their intent to withdraw.

Students wishing to withdraw from a course after the noted final deadline for a particular term must contact the School of Public Health Office of Admissions and Student Resources at sph-ssc@umn.edu for further information.

Student Conduct Code

The University seeks an environment that promotes academic achievement and integrity, that is protective of free inquiry, and that serves the educational mission of the University. Similarly, the University seeks a community that is free from violence, threats, and intimidation; that is respectful of the rights, opportunities, and welfare of students, faculty, staff, and guests of the University; and that does not threaten the physical or mental health or safety of members of the University community.

As a student at the University you are expected adhere to Board of Regents Policy: *Student Conduct Code*. To review the Student Conduct Code, please see: http://regents.umn.edu/sites/default/files/policies/Student_Conduct_Code.pdf.

Note that the conduct code specifically addresses disruptive classroom conduct, which means "engaging in behavior that substantially or repeatedly interrupts either the instructor's ability to teach or student learning. The classroom extends to any setting where a student is engaged in work toward academic credit or satisfaction of program-based requirements or related activities."

Use of Personal Electronic Devices in the Classroom

Using personal electronic devices in the classroom setting can hinder instruction and learning, not only for the student using the device but also for other students in the class. To this end, the University establishes the right of each faculty member to determine if and how personal electronic devices are allowed to be used in the classroom. For complete information, please reference: <http://policy.umn.edu/Policies/Education/Education/STUDENTRESP.html>.

Scholastic Dishonesty

You are expected to do your own academic work and cite sources as necessary. Failing to do so is scholastic dishonesty. Scholastic dishonesty means plagiarizing; cheating on assignments or examinations; engaging in unauthorized collaboration on academic work; taking, acquiring, or using test materials without faculty permission; submitting false or incomplete records of academic achievement; acting alone or in cooperation with another to falsify records or to obtain dishonestly grades, honors, awards, or professional endorsement; altering, forging, or misusing a University academic record; or fabricating or falsifying data, research procedures, or data analysis. (Student Conduct Code: http://regents.umn.edu/sites/default/files/policies/Student_Conduct_Code.pdf) If it is determined that a student has cheated, he or she may be given an "F" or an "N" for the course, and may face additional sanctions from the University. For additional information, please see: <http://policy.umn.edu/Policies/Education/Education/INSTRUCTORRESP.html>.

The Office for Student Conduct and Academic Integrity has compiled a useful list of Frequently Asked Questions pertaining to scholastic dishonesty: <http://www1.umn.edu/oscai/integrity/student/index.html>. If you have additional questions, please clarify with your instructor for the course. Your instructor can respond to your specific questions regarding what would constitute scholastic dishonesty in the context of a particular class-e.g., whether collaboration on assignments is permitted, requirements and methods for citing sources, if electronic aids are permitted or prohibited during an exam.

Makeup Work for Legitimate Absences

Students will not be penalized for absence during the semester due to unavoidable or legitimate circumstances. Such circumstances include verified illness, participation in intercollegiate athletic events, subpoenas, jury duty, military service, bereavement, and religious observances. Such circumstances do not include voting in local, state, or national elections. For complete information, please see: <http://policy.umn.edu/Policies/Education/Education/MAKEUPWORK.html>.

Appropriate Student Use of Class Notes and Course Materials

Taking notes is a means of recording information but more importantly of personally absorbing and integrating the educational experience. However, broadly disseminating class notes beyond the classroom community or accepting compensation for taking and distributing classroom notes undermines instructor interests in their intellectual work product while not substantially furthering instructor and student interests in effective learning. Such actions violate shared norms and standards of the academic community. For additional information, please see: <http://policy.umn.edu/Policies/Education/Education/STUDENTRESP.html>.

Sexual Harassment

"Sexual harassment" means unwelcome sexual advances, requests for sexual favors, and/or other verbal or physical conduct of a sexual nature. Such conduct has the purpose or effect of unreasonably interfering with an individual's work or academic performance or creating an intimidating, hostile, or offensive working or academic environment in any University activity or program. Such behavior is not acceptable in the University setting. For additional information, please consult Board of Regents Policy: <http://regents.umn.edu/sites/default/files/policies/SexHarassment.pdf>

Equity, Diversity, Equal Opportunity, and Affirmative Action

The University will provide equal access to and opportunity in its programs and facilities, without regard to race, color, creed, religion, national origin, gender, age, marital status, disability, public assistance status, veteran status, sexual orientation, gender identity, or gender expression. For more information, please consult Board of Regents Policy: http://regents.umn.edu/sites/default/files/policies/Equity_Diversity_EO_AA.pdf.

Disability Accommodations

The University of Minnesota is committed to providing equitable access to learning opportunities for all students. Disability Services (DS) is the campus office that collaborates with students who have disabilities to provide and/or arrange reasonable accommodations.

If you have, or think you may have, a disability (e.g., mental health, attentional, learning, chronic health, sensory, or physical), please contact DS at 612-626-1333 to arrange a confidential discussion regarding equitable access and reasonable accommodations.

If you are registered with DS and have a current letter requesting reasonable accommodations, please contact your instructor as early in the semester as possible to discuss how the accommodations will be applied in the course.

For more information, please see the DS website, <https://diversity.umn.edu/disability/>.

Mental Health and Stress Management

As a student you may experience a range of issues that can cause barriers to learning, such as strained relationships, increased anxiety, alcohol/drug problems, feeling down, difficulty concentrating and/or lack of motivation. These mental health concerns or stressful events may lead to diminished academic performance and may reduce your ability to participate in daily activities. University of Minnesota services are available to assist you. You can learn more about the broad range of confidential mental health services available on campus via the Student Mental Health Website: <http://www.mentalhealth.umn.edu>.

Academic Freedom and Responsibility: *for courses that do not involve students in research*

Academic freedom is a cornerstone of the University. Within the scope and content of the course as defined by the instructor, it includes the freedom to discuss relevant matters in the classroom. Along with this freedom comes responsibility. Students are encouraged to develop the capacity for critical judgment and to engage in a sustained and independent search for truth. Students are free to take reasoned exception to the views offered in any course of study and to reserve judgment about matters of opinion, but they are responsible for learning the content of any course of study for which they are enrolled.*

Reports of concerns about academic freedom are taken seriously, and there are individuals and offices available for help. Contact the instructor, the Department Chair, your adviser, the associate dean of the college, or the Vice Provost for Faculty and Academic Affairs in the Office of the Provost. *[Customize with names and contact information as appropriate for the course/college/campus.]*

** Language adapted from the American Association of University Professors "Joint Statement on Rights and Freedoms of Students".*

Template update 9/2013

Biography

Stephen Swensen, MD, MMM, FACR

Dr. Stephen Swensen is the Medical Director for Leadership and Organization Development and a Professor in the Mayo Clinic College of Medicine.

From 2005-2012 he served as the Director for Quality and Associate Dean for Value. Under his leadership, the Quality Academy and the Value Creation System were established. Through these programs, mortality has been reduced and quality improved. More than 30,000 colleagues have been certified as Bronze, Silver or Gold Quality Fellows.

Dr. Swensen chaired the Department of Radiology from 1998-2006. His leadership team used Lean-Sigma and Baldrige methods to improve the value



of care for patients provided by 1,200 staff who performed more than one million exams annually. During his tenure the department was recognized as the No. 1 radiology practice in the USA (Medical Imaging) and the most Patient-Centered (Diagnostic Imaging).

Dr. Swensen has served as a Director on the Boards of Luther Midelfort Medical Center, Stratis Health and TeraMEDICA, and as a member of the Mayo Clinic Management Team, Clinical Practice Committee and the Rochester Executive Operations Team.

He holds a Masters of Medical Management from Carnegie Mellon University's Heinz School. Dr. Swensen is a trained Executive Coach. He received his MD from the University of Wisconsin. His residency training was at the Mayo Clinic and his Thoracic Radiology Fellowship at Harvard Medical School, Brigham and Women's Hospital.

Dr. Swensen is a Senior Fellow of the Institute for Healthcare Improvement, where he heads their Leadership Portfolio. He is past President of two international societies, the Fleischner Society and the Society of Thoracic Radiology. He teaches Value Creation at the School of Public Health in the University of Minnesota. He served on the U.S. Quality Council. He chaired the American College of Radiology's Quality Metrics Committee and led the RSNA's Continuous Quality Improvement Initiative. He founded the Big Sky Quality Roundtable, and the Keystone Quality Officer Group, and co-founded the Sun Valley Quality Assembly.

He has been Principal Investigator of three NIH grants related to lung cancer screening with CT and diffuse infiltrative lung disease. He has authored two books and more than 140 peer-reviewed articles.

During the two past decades, Dr. Swensen has started three businesses. He has been married for 36 years and has two children. This year he completed his 36th marathon.

Visible Thinking Protocols:

Appendix I - Visible Thinking Routine: Connect, Extend, Challenge

- CONNECT:** How are the ideas and information presented **CONNECTED** to what you already knew? Response should be thorough, should address prompt using multiple examples, and should make explicit reference to the article selected.
- EXTEND:** What new ideas did you get that **EXTENDED** or pushed your thinking in new directions? Response should be thorough, should address prompt using multiple examples, and should make explicit reference to the article selected.
- CHALLENGE:** What is still **CHALLENGING** or confusing for you to get your mind around? What questions or wonderings do you now have? Response should thoroughly address the first prompt.

	5 points	4 points	3 Points
<p>Paragraph 1</p> <p>How are the ideas and information presented, CONNECTED to what you already knew?</p>	Response is thorough, addresses prompt using multiple examples, and makes explicit reference to texts and/or videos.	Response is thorough and addresses prompt using multiple examples.	Response is minimal.
<p>Paragraph 2</p> <p>What new ideas did you get that EXTENDED or pushed your thinking in new directions?</p>	Response is thorough, addresses prompt using multiple examples, and makes explicit reference to texts and/or videos.	Response is thorough and addresses prompt using multiple examples.	Response is minimal.
<p>Paragraph 3</p> <p>What is still CHALLENGING or confusing for you to get your mind around? What questions or wonderings do you now have?</p>	Response is thorough and addresses first prompt. Two questions or wondering are included.	Response addresses the first prompt with some detail and has at least one question or wondering.	Response is minimal.

Appendix II - Visible Thinking Routine: Claim, Support, Question

CLAIM: Make a claim about the topic. Claim: An explanation or interpretation of some aspect of the topic. Fully explain/provide background the claim using two or three sentences.

SUPPORT: Identify support for your claim. Support: Things you see, feel, and know that support your claim. Response should be thorough, should address prompt using multiple points, and should make explicit reference to text.

QUESTION: Ask two questions related to your claim. Fully explain/provide background for each question using two or three sentences.

Question examples: What’s left hanging? What isn’t explained? What new reasons does your claim raise?

	5 points	4 points	3 Points
<p>Paragraph 1</p> <p>Make a claim about the topic. Fully explain/provide background the claim using two or three sentences.</p>	<p>A claim is made about the topic. Background for the claim is provided and/or explained using two or three sentences.</p>	<p>A claim is made about the topic. Some background for the claim is provided.</p>	<p>A claim is made.</p>
<p>Paragraph 2</p> <p>Identify support for your claim. Response should be thorough, should address prompt using multiple points, and should make explicit reference to text.</p>	<p>Response is thorough, addresses prompt using multiple points, and makes explicit reference to texts and/or videos.</p>	<p>Response is thorough and addresses prompt using multiple points.</p>	<p>Response is minimal.</p>
<p>Paragraph 3</p> <p>Ask two questions related to your claim. Fully explain/provide background for each question using two or three sentences.</p>	<p>Two questions or wonderings are included. Background for each question is provided and/or explained using two or three sentences.</p>	<p>One question or wondering is included. Background for question is provided and/or explained OR Two questions or wonderings are included.</p>	<p>One question or wondering is included.</p>

Appendix III - I USED TO THINK... BUT NOW I THINK...

A routine for reflecting on how and why our thinking has changed

	5 points	4 points	3 Points
<p>Part 1</p> <p>I used to think... but now I think...</p>	<p>Original thinking was stated and fully explained in a paragraph. How thinking has changed was stated and fully explained in a paragraph. Explicit reference to at least one article.</p>	<p>Original thinking was stated and fully explained in a paragraph. How thinking has changed was stated and fully explained in a paragraph.</p>	<p>Original thinking was stated and partially explained in a paragraph. How thinking has changed was stated and partially explained in a paragraph.</p>
<p>Part 2</p> <p>I used to think... but now I think...</p>	<p>Original thinking was stated and fully explained in a paragraph. How thinking has changed was stated and fully explained in a paragraph. Explicit reference to at least one article.</p>	<p>Original thinking was stated and fully explained in a paragraph. How thinking has changed was stated and fully explained in a paragraph.</p>	<p>Original thinking was stated and partially explained in a paragraph. How thinking has changed was stated and partially explained in a paragraph.</p>
<p>Part 3</p> <p>I used to think... but now I think...</p>	<p>Original thinking was stated and fully explained in a paragraph. How thinking has changed was stated and fully explained in a paragraph. Explicit reference to at least one article.</p>	<p>Original thinking was stated and fully explained in a paragraph. How thinking has changed was stated and fully explained in a paragraph.</p>	<p>Original thinking was stated and partially explained in a paragraph. How thinking has changed was stated and partially explained in a paragraph.</p>
<p>Part 4</p> <p>I used to think... but now I think...</p>	<p>Original thinking was stated and fully explained in a paragraph. How thinking has changed was stated and fully explained in a paragraph. Explicit reference to at least one article.</p>	<p>Original thinking was stated and fully explained in a paragraph. How thinking has changed was stated and fully explained in a paragraph.</p>	<p>Original thinking was stated and partially explained in a paragraph. How thinking has changed was stated and partially explained in a paragraph.</p>

Appendix IV - Visible Thinking Routine: Color, Image, Symbol

Part 1: Make a list of 10 items (i.e. - concepts or learnings) that you found interesting, important, or insightful. Add one sentence for each explaining WHY?

Pick three of the ten.

Part 2: Color

_____ Name the color that you feel best represents or captures the essence of item 1.

_____ Describe the item from your reading that the color represents

_____ Explain why you choose that color as a representation of the idea

Part 3: Image

_____ Name the image that you feel best represents or captures the essence of the item 2.

_____ Describe the item from your reading that the image represents

_____ Explain why you choose that image as a representation of the idea

Part 4: Symbol

_____ Name the symbol that you feel best represents or captures the essence of the item 3.

_____ Describe the item from your reading that the symbol represents

_____ Explain why you choose that symbol as a representation of the idea