

Notes

Dynamics of Clinician Engagement

VIRTUAL OFFERING



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Note

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550 W Van Buren St #1700
Chicago, IL 60607
+1 (312) 583-8700

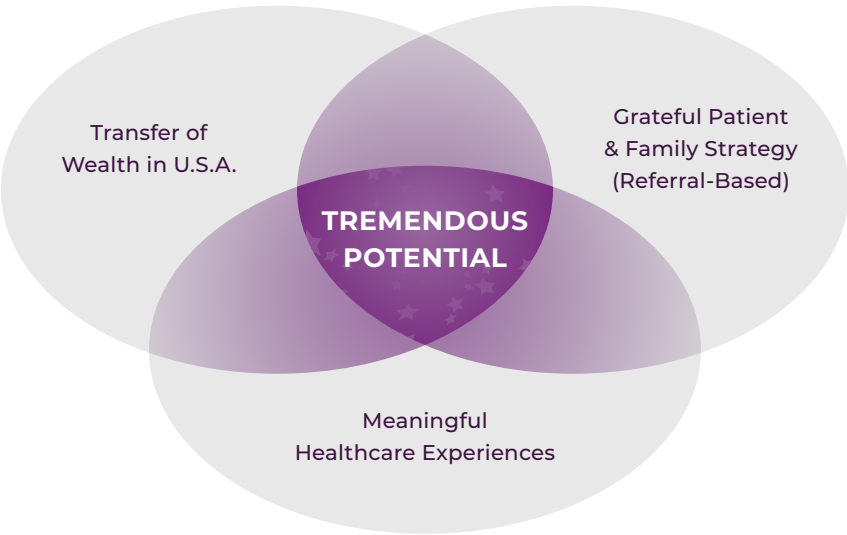


SECTION 1

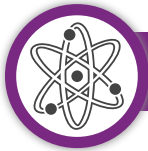
A Different Perspective

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The Opportunity



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CORE CONCEPT

Philanthropy must be viewed from at least two perspectives. It is important to consider the organization and the donor.

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Large blank area for taking notes.



Myths Clinicians Tend to Believe

With your team, list things about development (or philanthropy) that clinicians may believe are true, but that you, as a development professional, believe to be myths. Be prepared to share your thoughts.

For example: For a clinician, development work is about asking patients for money.

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- Feel a need to project a strong, controlling exterior—yet they are fallible, vulnerable, and human
- Say they do not attend to their own physical, emotional, spiritual, or social needs
- Are terrified of being embarrassed in front of their patients/families

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Predictable Responses

Follow your facilitator’s instructions for this activity.

Your Answers

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Answers From the Research

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

How will you respond to the question:
“How did you get into development?”



CORE CONCEPT

Philanthropy is all about engagement.

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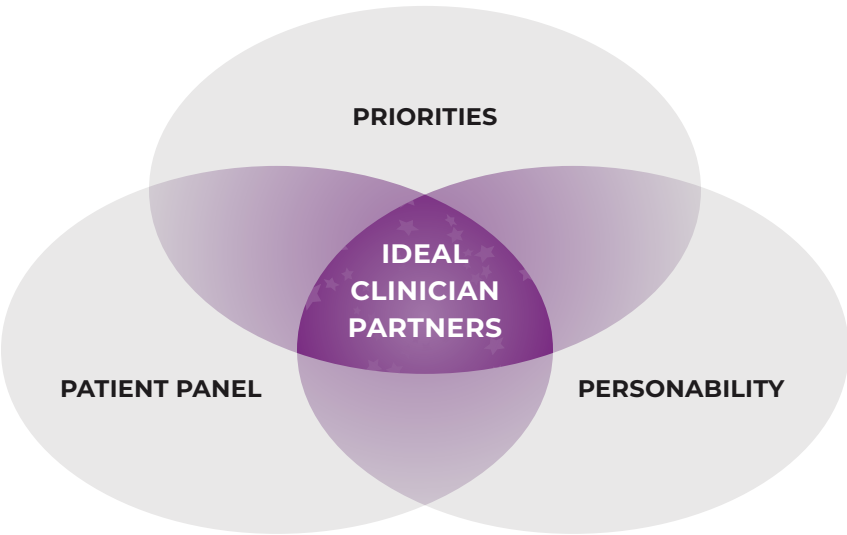


SECTION 2

Building Clinician Engagement

A Portfolio of Clinician Partners

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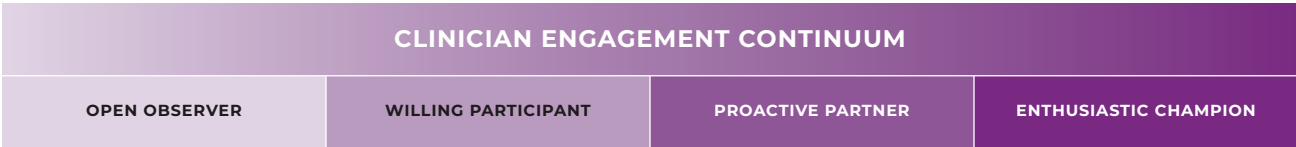
Ideal Clinician Partners

Clinicians who have the most potential for success in partnering with development tend to have three things in common.

- **PRIORITIES**
Priority programs/projects/causes for philanthropic support
- **PATIENT PANEL**
Patients/Families who are good candidates for philanthropy (financial capacity/capability) and whose treatment drives life-changing experiences
- **PERSONABILITY**
Skilled at listening to and interacting with patients/families

Driving Clinician Engagement

Clinician engagement can be thought of as a continuum, from unengaged Open Observer to highly engaged Enthusiastic Champion.



CORE CONCEPT

Every interaction with clinicians is an opportunity to help them advance to the right on the Clinician Engagement Continuum.



Clinician Engagement Chart

The **Clinician Engagement Chart** is a tool for:

- Measuring a clinician’s current engagement level
- Planning effective and efficient strategy going forward to increase engagement

The **Clinician Engagement Chart** contains three primary sections.

- **Description:** Statements to describe the clinician’s current level of engagement
- **Deliberations:** Questions the clinician may be asking that must be answered positively to increase engagement
- **Behaviors:** Observable actions/expressions that indicate the clinician’s level of engagement



CORE CONCEPT

Use the Clinician Engagement Chart to plan your strategy and identify your next tactical steps.

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Applying the Clinician Engagement Chart



- Select a clinician partner or potential partner.
- Determine where they are on the **Clinician Engagement Continuum**.
- Discuss what they need from you (or others) in order to advance in their engagement.
- Decide your next tactical step(s).

Be prepared to share your thoughts.

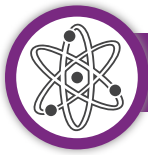
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Equipping Clinicians for Success in Philanthropy

Donor Motivation

The Patient and Family Journey



CORE CONCEPT

Contributions most meaningful to donors are based on some life experience.



- Meaningful philanthropy flows from:
 - Positive life-changing experiences
 - Negative life-changing experiences
 - Moments of personal engagement
- Philanthropy may be part of healing.
- It's not about the money.

Philanthropic Roles for Clinicians

Process for Accepting Gratitude



Process for Making a Philanthropic Referral



Critical philanthropic roles for clinicians or other healthcare professionals include:

- Understanding patient and family perspectives
- Responding appropriately to patient and family gratitude
- Making referrals to development professionals
- Expressing appreciation to those who invest in the mission

Engagement Best Practices

Optimizing Clinician Workshops Guide



Engagement best practices include:

- Meeting with clinicians regularly
- Optimizing referral opportunities
- Stewarding clinician involvement

Notes



Preparing for an Initial Clinician Meeting

Initial Meeting Pointers

- Be prompt.
- Dress as you would for a donor meeting.
- Follow the meeting agenda.
- Be prepared to reiterate that the clinician's role is not about asking for money.
- Ask clinicians how they would like to do things, and be prepared to present options if they don't know.

With your team, discuss the following questions:

- What might be going through the clinician's mind just before meeting with you?
- What previous experiences might the clinician bring up during your meeting?
- What questions or objections are likely to arise? How will you plan to address them?
- What can you do to demonstrate intellectual curiosity?

Be prepared to share your thoughts.

[illegible]

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Practicing the Initial Clinician Meeting



With your team, discuss how you might approach your assigned clinician scenario(s) and answer the following questions:

- Where do you think the clinician falls on the **Clinician Engagement Continuum** and how will you find out? (What questions will you ask?)
- What is your goal for this initial meeting?
- What questions or objections are likely to arise? How will you plan to address them?
- What value will you offer?

Be prepared to share your thoughts.

Clinician 1

You have all the answers. You don't need any help with this philanthropy thing. You're an accomplished clinician; you're smarter than everyone else. You know how to perform a triple-bypass, so you surely know how to raise money from your patients. You don't need anyone from development telling you what to do. You want to be completely in control of fundraising with your patients, including broaching the topic of philanthropic support with them. You don't want a bunch of interference from development—but you do want access to development's portfolio of rich prospects.

Clinician 2

You are all about your own projects. Sure, it's nice that the hospital raises money for new wings and services, but what's really important is the work that you yourself are doing. If you're going to put time and effort into fundraising, you want the money to come to you. You realize that your patients see other clinicians and medical professionals in their care team, but you consider each one of them to be primarily your patient. You're willing to give this a try, but your big question for development is, "How can you assure me that the money raised from my referrals will come to my projects?"

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Practicing the Initial Clinician Meeting (cont.)



Clinician 3

You’d like to be involved in fundraising, because you see the benefit of it—for the organization, yourself, your patients, and their families. However, one big thing is holding you back. Several years ago, you got involved with the development staff at another organization and it was a terrible experience. The development officer assigned to you was completely unprofessional, didn’t communicate with you, and failed to get back to you on your referrals. If this is going to be more of the same, you don’t want any part of it.

Clinician 4

On an intellectual level, you buy into the idea of clinician engagement in development. Nonetheless, you’re not going down that road. Your strong relationships with your patients and their respect for you keep you going. The thought of engaging them in a philanthropic discussion absolutely terrifies you. What will they think of you? What if they say no? How will you handle the rejection? No way are you taking that risk.

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Engaging Clinicians With No Philanthropy Training

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Sample Email
(Adapt to fit your needs)

Dear [Name of clinician],

As your assigned representative with development, I want to meet you and learn more about what you do.

Knowing that you work in [area of practice], you have several funding priorities that are good candidates for philanthropic support. What would be the best way for us to arrange a 20-minute meeting to discuss?

At our meeting, we will go over what development does, your role (hint: you never need to ask a patient for money!), and how we can best work together to optimize the philanthropic opportunity. Thank you in advance for your time.

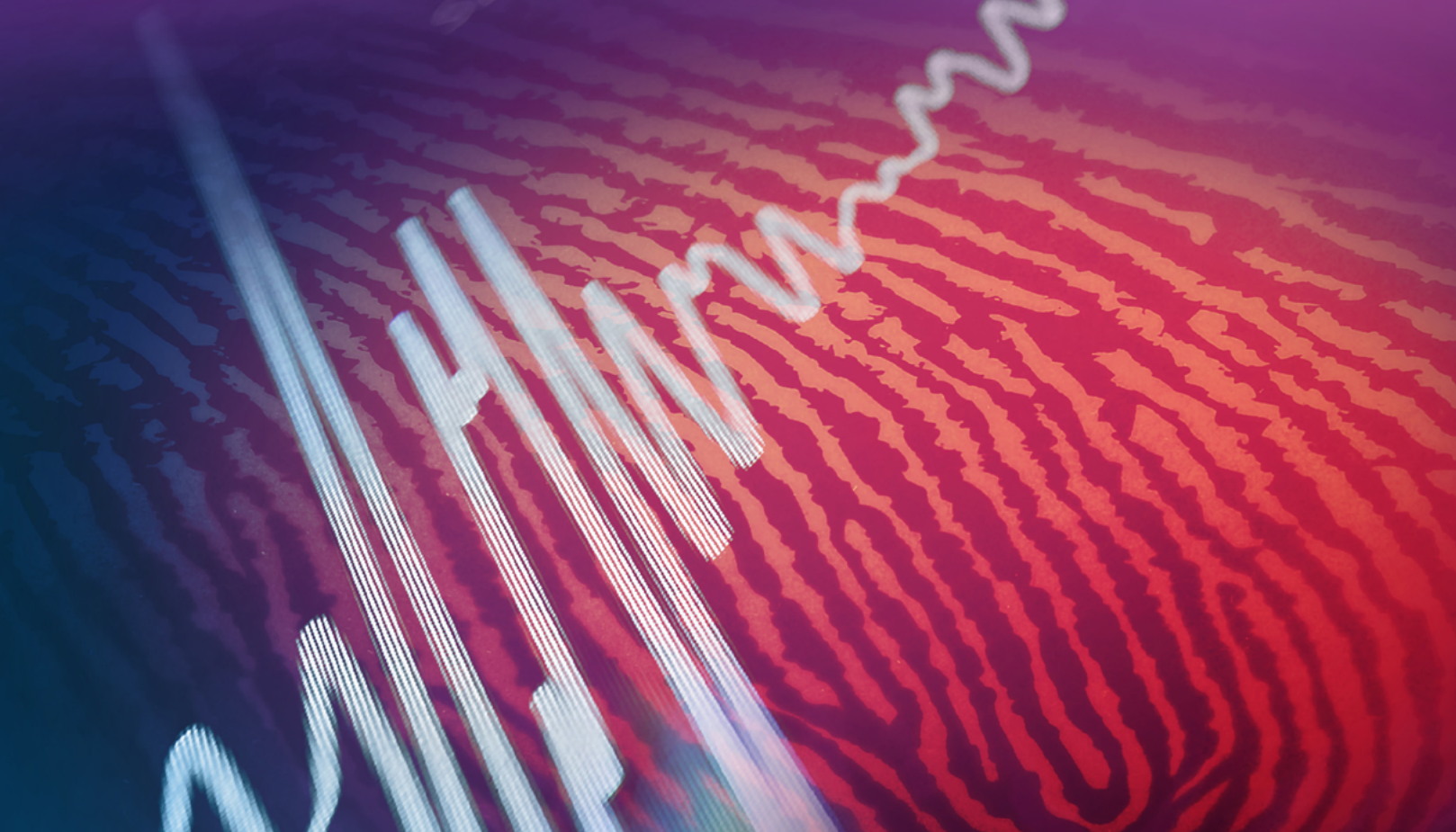
Best regards,
[Your name]

Requesting Meetings

- Make yourself visible and build goodwill through frequent rounding, attending meetings, and colleague introductions (if possible).
- Learn as much as possible about the clinician's area of practice and potential philanthropic priorities before reaching out.
- Be prepared to address common questions and objections that may arise.

Meeting Agenda

1. Greet the clinician and thank them for meeting with you.
2. Explain what development does at a basic level.
3. Learn more about their philanthropic funding priorities.
4. Establish the importance of philanthropy to achieving their funding priorities:
 - Philanthropy helps provide great care.
 - Philanthropy can be deeply meaningful, even healing, to patients/families.
5. Clarify the appropriate, ethical, and critical philanthropic roles for clinicians (not asking patients/families for money):
 - Understanding patient and family perspectives
 - Responding appropriately to patient and family gratitude
 - Making referrals to development professionals
 - Expressing appreciation to those who invest in the mission
6. Discuss how best to work together going forward.
7. Finish on time or early.



SECTION 3

Optimizing the Referral Opportunity

Etiquette of Referrals

To honor referrals and make the most of clinician partnerships, keep the following expectations in mind.

- **My Patient**
I always get my patient back.
- **Copious Communication**
I am never embarrassed by not knowing something about my patient's conversation with the referred clinician.
- **Build Confidence**
My patient comes back to me with enhanced confidence in me, my work, and my skill.

One More Thing...

In addition to following the etiquette of referrals, you must be prepared to answer the lingering question on every clinician's mind:

What are you going to do to my patient?

The most effective way to address this concern is through a clear and consistent **referral-handling process**.



CORE CONCEPT

To build lasting trust with clinicians, it is critical to establish, communicate, and follow a consistent referral-handling process.

Notes





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- **My Patient:** I always get my patient back.
- **Copious Communication:** I am never embarrassed by not knowing something about my patient's conversation with the referred clinician.
- **Build Confidence:** My patient comes back to me with enhanced confidence in me, my work, and my skill.

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Sustaining Meetings

As you work with your portfolio of clinician partners, it is important to meet regularly to increase engagement and ensure the working relationship is productive and thriving.

Use Sustaining Meetings to:

- Follow up on previous patient/family referrals, including any relevant next steps for the clinician in the engagement process
- Discuss any new priorities (programs/projects/causes) for philanthropic support
- Receive new referrals of patients/families



CORE CONCEPT

Strategy for Sustaining Meetings can vary widely, based on the clinician partner's level of engagement.

[illegible]

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Practicing the Sustaining Meeting



With your team, determine appropriate meeting objectives and strategy for your assigned clinician(s). Use the Clinician Engagement Chart to inform your strategy. Be prepared to share your thoughts.

1. Dr. Tricia Brown

- Area of Practice:
 - Orthopedic Surgery
- Prior contacts:
 - Initial meeting six months ago
 - One ongoing meeting three months ago
 - No training workshops attended
- Prior referrals:
 - No patient/family referrals yet
- Prior philanthropy:
 - A patient made a major contribution in her honor last year.
 - Another grateful patient reached out last week interested in honoring her through philanthropy.

2. Dr. Alberto Bayo

- Area of Practice:
 - Gastroenterology
- Prior contacts:
 - Attended training workshop
 - Initial meeting two months ago
 - One ongoing meeting two weeks ago
- Prior referrals:
 - Referred a patient when you asked at your last meeting. When you met the patient, they expressed interest in learning more about the organization's work in pediatric medicine. While grateful for Dr. Bayo's care, they are passionate about curing childhood illnesses due to a meaningful personal experience.
- Prior philanthropy:
 - None

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Practicing the Sustaining Meeting (cont.)



3. Dr. Jeanette Bell

- Area of Practice:
 - Pediatrics
- Prior contacts:
 - Attended training workshop
 - Initial meeting 10 months ago
 - Ongoing meetings every three months
- Prior referrals:
 - Has proactively referred one grateful patient family at each of the last two meetings. One of them shared that they made a small contribution in the past, but they felt unappreciated afterward because Dr. Bell never mentioned it.
- Prior philanthropy:
 - Patient families have made small contributions in her honor over the years.

4. Dr. Robert Goldstein

- Area of Practice:
 - Cardiology
- Prior contacts:
 - Attended training workshop
 - Initial meeting 18 months ago
 - Ongoing meetings monthly
- Prior referrals:
 - Proactively refers patients, both at your regular meetings and spontaneously.
 - One patient shared with you last week that they are intrigued by Dr. Goldstein’s new initiative, but when they discussed the details with Dr. Goldstein, they found it difficult to understand.
- Prior philanthropy:
 - A number of patients have made contributions, both modest and major, in Dr. Goldstein’s honor.

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- Tend to be more focused on the patient experience
- Are quick to understand the desire to contribute
- Want to be sure they have a seat at the table—that there are philanthropic opportunities that support their work
- Want to know exactly what to say/do to pass the conversation to the appropriate people

[illegible]



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SECTION 4

Maintaining Meaningful Partnerships

Successful Clinician Engagement

Notes

FROM THE TRANSCRIPTS

“The relationships are not just relationships with donors. The physician has been missed, in a lot of ways. It’s important to develop those relationships so that the physician feels at ease. Go beyond the donor. Embrace the physicians, as well: the community of physicians.”

—Physician

FROM THE TRANSCRIPTS

“I love when my husband works with philanthropy, because in every other area, his wings have been clipped.”

—Spouse of Surgeon

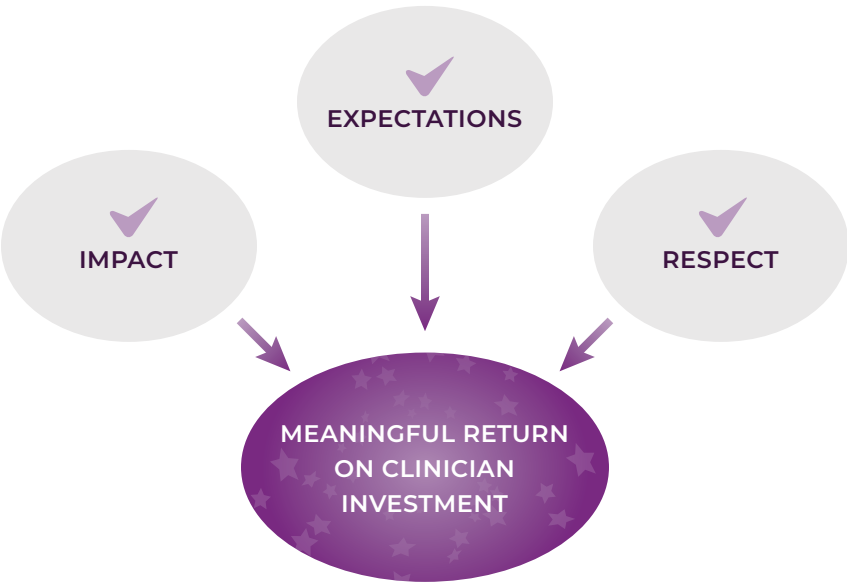
FROM THE TRANSCRIPTS

“It feels great. It’s reinforcement for the many long hours we spend. It’s humbling at times, when someone whose loved one died... and then they come back to thank you. It’s very meaningful to the team; it really boosts the morale.”

—Physician

Meaningful Return on Clinician Investment

Notes



Just as patients/families who make contributions expect a return on their investment, so also do clinicians expect—and deserve—a return on their referrals.

- **IMPACT**
Do my referrals result in contributions that are meaningful to patients/families, and make a difference for patient care or research at our organization?
- **EXPECTATIONS**
Does development adhere to appropriate referral etiquette based on our conversations, and do they keep me in the loop?
- **RESPECT**
Does development understand the sacrifices I have made, the value of my time, and the sanctity of my relationships with patients/families?



Workshop Evaluation

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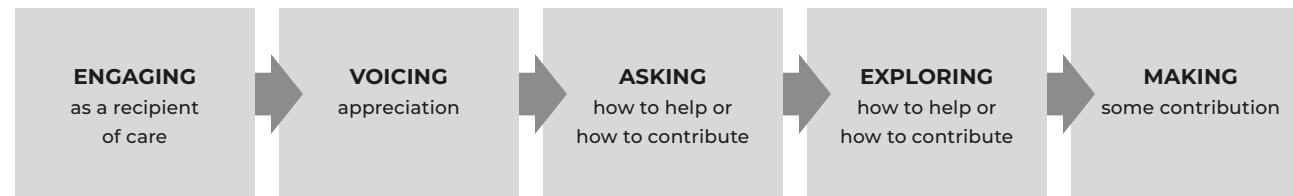
"Sometimes challenges seem enormous, but if you can connect with others working toward the same goal, it becomes more achievable."

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Appendix

The Patient and Family Journey

The general progression of patients/families moving from healthcare engagement to philanthropy can be shown as follows:



What is the most common response by a clinician or healthcare professional when a patient or family says, “Thank you,” with great feeling?



CORE CONCEPT

The first and most critical step to greater patient/family engagement is the clinician or healthcare professional listening differently.

Patients and families often say, "Thank you."

To some, that expression of thanks is perfunctory, without significant feeling.

To others—especially those who have been personally touched by great care and great caring—“Thank you” is a very different and meaningful expression.

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Process for Accepting Gratitude

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When a patient or family expresses gratitude for great care or great caring, use the following process to respond appropriately.



1. HEAR
Hear what the patient or family is saying beyond treatment protocol.

Thank you so much for everything you've done for our family. You have been absolutely amazing.

I can't tell you how much I appreciate how you've cared for me/my family during this difficult time.

You have a great team here. I can't imagine how you could have possibly done a better job.

Thank you so much for your sensitivity and care.

We were so relieved when you called us late last night to tell us how the test results came out. Thank you so much.

You've made this hard time much easier for us. Thank you.



2. ACCEPT
Accept gratitude graciously and, if appropriate, ask for details.

Thank you so much for saying that. You just made my day.

Thank you for letting me know how much you appreciate our team. What did you find to be especially helpful?

Thank you for your kind comments. What was particularly meaningful to you?

We know how important your/your family's health is. It means a lot to us that you said that.

You're welcome. We're happy to do everything we can to make this experience better for you/your family.



3. RECIPROCATE
Reciprocate gratitude for allowing you to provide care.

Thank you for letting us care for you/your family. It is our mission to serve.

Thank you for coming here so we had the opportunity to serve you/your family.

Process for Making a Philanthropic Referral

Notes

In the event that a patient or family asks how they might engage more, use the following referral process.



1. HEAR
Hear the patient's or family's desire to:

- **Make a gift**
- **Become engaged**
- **Find a way to show appreciation**

How do we include your team in our will?

Who should we talk with to make a gift?

How can I get involved in the great work you do here?

What can I do to show my appreciation?



2. AFFIRM
Affirm the patient's or family's desire to contribute.

It's absolutely marvelous you'd like to make a contribution in some way.

We'd love to have you as a member of the team.

I think it's wonderful that you'd like to be a part of the team serving our community.

That's really generous and there are lots of ways you can help.



3. REFER
Ask permission to have your development colleague contact the patient or family.

If you're okay with it, I'd like to have my colleague in development follow up to explore what would be most meaningful to you. What would be the best way for them to contact you?

OR

I can ask my administrative assistant to set up an appointment for you with my colleague in development to discuss what might be most meaningful. Would that be okay?

Clinician Engagement Chart



		CLINICIAN ENGAGEMENT CONTINUUM			
		OPEN OBSERVER	WILLING PARTICIPANT	PROACTIVE PARTNER	ENTHUSIASTIC CHAMPION
CLINICIAN PERSPECTIVE	DESCRIPTION	<ul style="list-style-type: none">• I have a rough idea of what philanthropy at the organization is.• My feelings toward becoming more involved are neutral/I am indifferent toward becoming more involved in philanthropy.• I don't know how to become more involved in philanthropy.• I may have concerns about the ethics of my involvement in philanthropy.	<ul style="list-style-type: none">• I understand what motivates some patients and their families to be philanthropic.• I understand my appropriate and ethical roles in referral-based philanthropy.• I understand what the philanthropy office does.• My initial impressions of my assigned development professional have been positive.• I am curious about what will happen if I give philanthropy a try.	<ul style="list-style-type: none">• I am comfortable performing my roles in referral-based philanthropy.• I have seen the impact of what the philanthropy office does for the organization.• I trust my assigned development professional.• I am confident that patients/families I refer are treated appropriately.• I consistently see the impact of my involvement.	<ul style="list-style-type: none">• I believe in the power of philanthropy to transform the organization.• I am committed to raising the level of philanthropy at the organization.• I am a full partner with the philanthropy office.• I have full confidence in my assigned development professional.• I am confident that my referrals result in meaningful experiences for patients/families.• At every opportunity, I communicate our mission to patients, their families, and the community.• I champion philanthropy among my associates at the organization.
	DELIBERATIONS	<ul style="list-style-type: none">• Am I familiar with the philanthropy office?• Is philanthropy important at the organization?• Will this be worth my time and effort?• Will my assigned development professional be a good partner?• Will this further develop the relationships I have with my patients/families?• If I make a philanthropic referral, will the experience be positive for my patient, their family, and me?	<ul style="list-style-type: none">• Is the philanthropy office doing a good job?• Are my referrals effective?• Am I receiving a positive return on my time and effort?• Do I have confidence in my assigned development professional as a partner?• Is my assigned development professional keeping me informed about the referrals I make?	<ul style="list-style-type: none">• Do I feel valued and respected by the philanthropy office?• Is my involvement in philanthropy gratifying to me?• Am I willing and able to contribute more to the success of philanthropy at the organization?• Has my confidence in my assigned development professional been justified?	<ul style="list-style-type: none">• Are we as an organization doing all we can to further our mission?• Do we have all the resources we need to further our mission?• Can I help get others involved?• Is my involvement in philanthropy truly meaningful to me?• Do I continue to feel valued and respected by the philanthropy office?• Do I continue to feel that my confidence in my assigned development professional is justified?
	BEHAVIORS	<ul style="list-style-type: none">• Demonstrates willingness to learn more (will attend group meetings and trainings).	<ul style="list-style-type: none">• Meets with assigned development professional occasionally.• Provides Return on Philanthropic Investment (ROPI) for donors when asked.• Makes philanthropic referrals when asked.	<ul style="list-style-type: none">• Makes time for regular meetings with assigned development professional.• Proactively provides ROPI for donors when appropriate.• Proactively makes philanthropic referrals.• Participates in donor meetings with development professionals when asked.• May share funding priorities with potential donors.• Shares success stories when asked.• May make philanthropic investments in the work of the organization.	<ul style="list-style-type: none">• Meets regularly with assigned development professional and actively engages in donor development strategy discussions.• Makes philanthropic referrals at every opportunity.• Actively shares funding priorities at every opportunity.• Mentors other clinicians in their philanthropic roles.• Works closely with the philanthropy office and organizational leaders.• Proactively shares success stories and lessons learned.• Makes philanthropic investments in the work of the organization.

Notes

Optimizing Clinician Workshops

The Philanthropy Professional's Guide



Welcome and Overview

We look forward to working with you and your clinical partners during the upcoming clinician workshop. During the workshop, your clinical partners will gain a better understanding of:

- Healthcare philanthropy and why it is important for your organization
- What motivates patients and their families to contribute
- The essential role clinicians play in connecting grateful individuals to the philanthropy team

This is also an opportunity for you to enhance your professional engagement of the clinicians with whom you work. To maximize this experience and drive desired outcomes for your organization, you will be asked to perform some specific tasks before, during, and after the workshop.

Before the Workshop

- Send an email or make a call to each of your assigned clinicians to express how much you are looking forward to their participation in the workshop.
- Do research on participating clinicians you don't know well.
- Attend the *Optimizing Clinician Workshops* session prior to the clinician workshop.

During the Workshop

- Remember, the workshop is not about you. Let clinicians take the lead.
- Follow the *Guidelines for Productive Breakout Discussions*.
- Try to determine where clinicians are on the **Clinician Engagement Continuum**.
- Toward the conclusion of the workshop, be sure to confirm that you will follow up with each of the clinicians in your discussion group.
- If possible, learn the best way to contact/communicate with each of them.

After the Workshop

- Contact each of your assigned clinicians to:
 - Thank them for participating in the workshop.
 - Request/Confirm a follow-up conversation (in person, virtually, by phone, etc.).
- Revisit/Expand on your clinician research prior to meeting.
- Conduct a follow-up conversation.
- Determine next steps with each assigned clinician.

Further explanation and support will be provided during your *Optimizing Clinician Workshops* session.

Thank you in advance for your participation!

Notes

Pre-Workshop Contact

One quick way to initiate or build a connection and ensure clinicians attend the scheduled training is through a brief email or call prior to the workshop. This lets clinicians know they are on your radar, and you are available to support them in the process.

This contact should be short and simple, communicating that you are:

- Looking forward to their participation
- Available to answer questions
- Attending the workshop as well

Sample Email

Dear Dr. **[CLINICIAN'S NAME]**,

Thank you for confirming your participation* in the upcoming philanthropy workshop on **[DATE AND TIME]**. The content will be valuable in attracting funds to support **[REFERENCE TO THEIR SERVICE LINE, DEPARTMENT, ETC.]**.

The workshop will cover three key topics:

- Healthcare philanthropy and why it is important to **[NAME OF ORGANIZATION]**
- What motivates patients and their families to contribute
- The essential role clinicians like you play in connecting grateful individuals to the philanthropy team

I am looking forward to **[SEEING, MEETING, ETC.]** you* at the workshop. In the meantime, I am available to answer any questions you might have.

Kindest regards,
[YOUR NAME, TITLE, AND CONTACT INFO]

*NOTE: If the clinician has not yet confirmed participation in the workshop, consider the following adjustments to the sample email.

FROM	TO
"Thank you for confirming your participation..."	"I am writing to confirm your participation..."
"I am looking forward to [seeing, meeting, etc.] you..."	"It would be great to [see, meet, etc.] you..."

Phone Calls

Phone calls should follow the same basic outline as the sample email. However, you must be prepared to respond immediately to any questions that arise. You might also consider making such calls at a time when clinicians are unlikely to answer their phone. This gives you the opportunity to leave a voice message that can be played at their convenience.

Notes

Background Information for Building Partnerships

To build a successful, trust-based partnership with a clinician, you must understand who they are and what is important to them. Do your homework. For each participating clinician, consider what you know in each of the following categories.

- Areas of specialty and training
- Where they went to medical school
- Where they did their residency
- Areas of research
- Recent achievements (awards, publications, and distinctions)
- Their relationship with the hospital/health center (positive, neutral, strained, etc.)
- Roles they have held at the hospital/health center (past and present)
- Contributions made in their honor (by whom and at what level)
- Philanthropic gifts they have made to the hospital/health center (for what and at what level)

If you find yourself lacking valuable information, do a little research to fill the gaps and prepare for meaningful interactions. For example:

- Do a search on the internet (LinkedIn profiles, publications, etc.).
- Search your organization's intranet for information.
- Talk to people who know/have worked with them (other clinicians, philanthropy professionals, board members, volunteers, etc.).

Notes

Guidelines for Productive Breakout Discussions

During the workshop, there will be opportunities for clinicians to participate in small-group breakout discussions. During these discussions, be an active observer. Let a clinician be the team leader and hold space for clinicians to answer the questions and conduct the discussions prompted by your workshop facilitators.

As a philanthropy professional, it can be tempting to fill any lulls in a breakout discussion with your own fundraising expertise. However, leading with this strategy often deprives you of the chance to learn about the perspectives of the clinicians involved. Instead, if the conversation stalls:

- Choose an influential group member and invite them by name to get the conversation started.
Dr. Heath, what were your thoughts on the question the facilitator asked?
- After getting the conversation started, ask questions that generate conversation among others or provide clarifications as requested.
- Be supportive—and be prepared to lead if absolutely necessary.
- Respond to any specific questions regarding a clinician's partnership with the philanthropy team.
- Offer relevant examples and stories when appropriate—or, better yet, encourage the clinicians to do so.

Breakout discussions also offer the opportunity to deepen learning and identify clinicians who are and who are not ready to partner with the philanthropy team. During breakouts, be sure to listen for:

- Questions/Objections that the facilitators might be able to answer/address
(share these privately in person or virtually via chat)
- Patient/Family experiences that may lead to referrals and meaningful philanthropy
- Key breakthroughs or insights shared by clinicians

Notes

Clinician Engagement Continuum

Clinician engagement can be thought of as a continuum, from unengaged **Open Observer** to highly engaged **Enthusiastic Champion**.



During the workshop, watch and listen to clinicians closely for behaviors and beliefs that indicate where they fall on the **Clinician Engagement Continuum**. Then, based on identified phases, consider which of the following goals you might focus on achieving during your interactions with each clinician.

Phase	Goals for Clinicians	Clinicians
Open Observer	<ul style="list-style-type: none">• Understanding the importance and impact of philanthropy• Feeling confident in you and the philanthropy team	
Willing Participant	<ul style="list-style-type: none">• Providing stewardship for previous donors when asked• Accepting patient and family gratitude appropriately• Making referrals to the philanthropy team (when asked and then proactively)• Feeling confident and comfortable in their partnership with you and the philanthropy team	
Proactive Partner	<ul style="list-style-type: none">• Partnering with you and the philanthropy team to engage potential donors• Sharing their funding opportunities with potential donors in a compelling way• Making their own philanthropic investments in the work of the organization	
Enthusiastic Champion	<ul style="list-style-type: none">• Sharing philanthropy success stories with others• Advocating for the philanthropy team• Mentoring other clinicians in philanthropy work	

NOTE: Clinicians may shift to a new phase on the **Clinician Engagement Continuum** during or after the workshop. Be prepared to adjust your thinking accordingly.

Notes

Post-Workshop Contact

To keep momentum going after the workshop, it is critical that you contact participating clinicians to schedule a follow-up meeting. To ensure philanthropy is still fresh on their minds, aim to contact them within 48 hours of the workshop. You can reach out via email, phone, or any other preferred method of communication they shared during the workshop.

This contact should be brief and communicate that you:

- Appreciate their participation in the workshop
- Want to schedule a follow-up meeting to continue the conversation
- Are available at specific times, but also flexible

Sample Email

Hi Dr. **[CLINICIAN'S NAME]**,

Thank you for participating in the workshop **[ON TUESDAY, LAST WEEK, ETC.]**. It was great to hear **[ABOUT YOUR EXPERIENCE WITH HEALTHCARE PHILANTHROPY, YOUR PERSPECTIVE ON HEALTHCARE PHILANTHROPY, ETC.]** and I know others benefited from it as well. Per our conversation during the workshop, I'd like to schedule a 20-minute follow-up meeting to continue the work we started.

I am available at the following times:

- **[FIRST AVAILABLE 1- TO 2-HOUR BLOCK]**
- **[SECOND AVAILABLE 1- TO 2-HOUR BLOCK]**
- **[THIRD AVAILABLE 1- TO 2-HOUR BLOCK]**

Please let me know when you might have 20 minutes available during one of those times to meet **[IN PERSON, VIRTUALLY, OVER THE PHONE, ETC.]**. If none of those times work for you, please feel free to propose some new options. I want this to be as convenient as possible for you.

Thank you again. I look forward to our next conversation.

Kindest regards,
[YOUR NAME, TITLE, AND CONTACT INFO]

Notes

Post-Workshop Contact (cont.)

NOTE: If the clinician asks you to work through an assistant to communicate and/or schedule meetings, consider the following adjustments to the post-workshop sample email.

FROM	TO
“Hi Dr. [CLINICIAN’S NAME],”	“Hi [ASSISTANT’S NAME],”
“Thank you for participating in the workshop...” (and rest of paragraph)	“Dr. [CLINICIAN’S NAME] asked me to reach out to you in follow up to the philanthropy workshop they attended [ON TUESDAY, LAST WEEK, ETC.]. We’d like to schedule a 20-minute meeting to continue the work we started.”
“Please let me know when you might have 20 minutes...”	“Please let me know when Dr. [CLINICIAN’S NAME] might have 20 minutes...”
“If none of those times work for you...”	“If none of those times work for Dr. [CLINICIAN’S NAME]...”
“I want this to be as convenient as possible for you.”	“I want this to be as convenient as possible.”
“Thank you again. I look forward to our next conversation.”	“Thank you in advance for your assistance.”

Phone Calls

Phone calls should follow the same basic outline as the sample email. However, you must be prepared to respond immediately to any necessary schedule questions and adjustments. You may want to have your calendar open and available during the call.

Notes

Follow-Up Clinician Meeting Guide

Follow-up meetings with clinicians who participated in the workshop provide the perfect opportunity to leverage the training experience to build better partnerships. For best results, we recommend scheduling these meetings within 30 days of the workshop, while key concepts are fresh.

During these brief, 20-minute meetings, use questions to:

- Guide the conversation
- Draw out the clinician’s perspectives
- Achieve important relationship-building objectives

The following are some questions to consider for your follow-up meetings along with their corresponding objectives. Each conversation will vary based on the clinician, their level of engagement, and the goals you want to accomplish.

Question(s)	Objective(s)
What has been your experience in the past with philanthropy/fundraising?	Provide context for the remainder of their answers and gain a deeper understanding of their perspective.
What did you find intriguing about the workshop? <ul style="list-style-type: none">• What surprised you? What resonated with you?• How has it changed your [perspective, work, etc.]?	Find out what they took away from the workshop experience and how it impacted them.
What remaining questions or concerns do you have about your important role in philanthropy here?	Assess where they are on the Clinician Engagement Continuum and identify gaps in their knowledge and areas of discomfort that you can work on together.
How should we work together on referrals? <ul style="list-style-type: none">• What is the most effective way for us to communicate?• Would you be open to meeting [regularly, weekly, monthly, etc.]?• What does a typical week look like for you? Clinic days? OR days? Research days?• Given your schedule, when would be the best time and day for us to meet?• How would you prefer to meet? In person? Virtually?	Establish a pattern of regular meetings focused on working together to engage grateful patients and families and connect them with philanthropy.
Which of your patients/families could we work with to facilitate engagement? <ul style="list-style-type: none">• Has anyone expressed gratitude for your care or interest in your work recently?• Would you be open to reviewing a list of patients/families with me to determine whether we should connect with them?	Identify a patient/family whom you can engage together, while simultaneously building your partnership.

NOTE: You may choose to cover 3–4 questions in your initial follow-up meeting and save the remaining questions for subsequent meetings. Remember, your goal is to build an ongoing partnership.

Additionally, there is no reason to ask questions to which you already know the answers—but be wary of making assumptions. Never answer for a clinician a question that you haven’t asked.

Notes



Notes

Appendix



Notes

Patient & Family Gratitude

A proper response can positively impact the patient & family experience.

What is routine to the caregiver may be extraordinary to patients and their families.



"Your team was so wonderful. Thank you for all you did for me."

Patients and their families who have a meaningful healthcare experience may have a desire to express their gratitude in a way that is meaningful and unique to them.

~~"No problem, I'm just doing my job."~~



Dismissing gratitude may have a negative impact on their experience.



"Thank you so much for saying that. You made my day."

Warm responses to gratitude create a positive experience.

Outcomes of a Positive Experience:

- Patient satisfaction scores
- Advocacy/Loyalty
- Return for care
- Volunteerism
- Gestures of generosity



To ensure the best patient and family experience, we invite you to respond warmly to expressions of gratitude and introduce us to individuals who are interested in becoming involved with your work. Our promise is to respectfully engage with your patients and their families to facilitate their gratitude.

Patient & Family Gratitude
Accepting Gratitude

Notes

“Your team was so wonderful. Thank you for all you did for me.”



Hear Gratitude

Accept Gratitude



“You’re welcome. We’re happy to do everything we can to make this a great experience for you.”

“Is there anything I can do to help you or your team?”



Listen for Desire
to Give Back

Introduce to
Philanthropy Colleague



“That’s really generous. Thank you. There are many ways you can help! May I introduce you to my colleague who works with patients and families interested in becoming more involved in our work?”



Philanthropy:
(from Greek *φιλανθρωπία*)
the love of humankind

Contact Us:



EXAMPLE

XYZ Hospital

Referral-Handling Process

Huron Consulting Group

550 W Van Buren St #1700
Chicago, IL 60607
U.S.A.

hcg.com

+1 312 583 8700



Referral-Handling Process

PROACTIVE Starting Point

TIMELINE

PHYSICIAN

DEVELOPMENT PROFESSIONAL (DP)

PATIENT/POTENTIAL DONOR

PROSPECT RESEARCHER

MEET WITH

specific clinician to discuss names
and agree on those individuals who
are appropriate for outreach

AGREE ON

approach through which
clinician will introduce DP
to identified individuals

TO PREPARE FOR OUTREACH

(Page 3)

CREATE LIST

of highly rated individuals
seen by a specific clinician

OR

OBTAIN LIST

of individuals from
hospital

SCREEN LIST

to determine those individuals to focus
on and consider outreach strategy

XYZ Hospital

Referral-Handling Process

REACTIVE Starting Point

TIMELINE

TARGET: 2 days or less

PHYSICIAN

MAKE REFERRAL

conversation with patient about patient's interest; logistical handoff

DEVELOPMENT PROFESSIONAL (DP)

CHECK

to see if there is already a record for this patient

Is there a record for this patient?

YES

NO

ADD

clinician referral to record

Does clinician want to discuss?

YES

NO

SEND ACKNOWLEDGEMENT and thanks to clinician; offer to have conversation with clinician to learn more*

*Non-PHI info about patient, clinician's desire to be engaged, specific instructions about how to engage patient

CONVERSATION/MEETING

to determine desired level of engagement in cultivation, receive any special instructions about contacting patient, and discuss patient engagement strategy

PATIENT/POTENTIAL DONOR

PATIENT EXPRESSES INTEREST

in learning more about engagement opportunities

PROSPECT RESEARCHER

CREATE RECORD for this patient

At any point, as appropriate, conduct additional research about patient

XYZ Hospital

Referral-Handling Process

TIMELINE

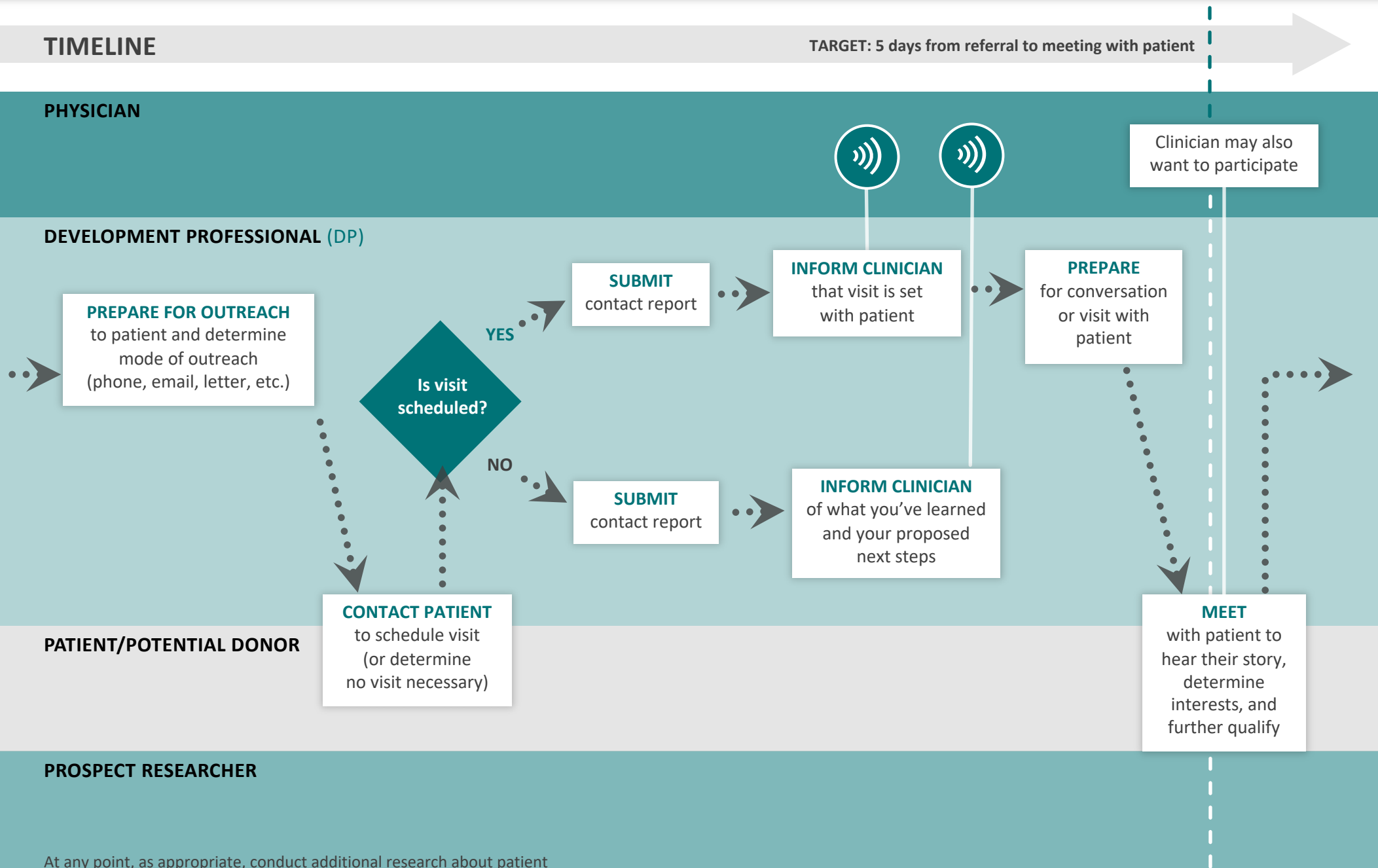
TARGET: 5 days from referral to meeting with patient

PHYSICIAN

DEVELOPMENT PROFESSIONAL (DP)

PATIENT/POTENTIAL DONOR

PROSPECT RESEARCHER



At any point, as appropriate, conduct additional research about patient

XYZ Hospital

Referral-Handling Process

TIMELINE

PHYSICIAN

DEVELOPMENT PROFESSIONAL (DP)

CONVERSATION/MEETING

between referring clinician and DP to:

- Thank the clinician for the referral
- Inform clinician of the results of the contact with patient
- Discuss next steps with the patient and determine clinician's desired level of engagement

ADJUST

donor development strategy based on clinician input

KEEP CLINICIAN INFORMED

as agreed upon of visits with patients and any resulting gifts

HELP CLINICIAN
in stewardship role

PATIENT/POTENTIAL DONOR

PROSPECT RESEARCHER

At any point, as appropriate, conduct additional research about patient

Practicing the Initial Clinician Meeting – Answers

Clinician 1

You have all the answers. You don't need any help with this philanthropy thing. You're an accomplished clinician; you're smarter than everyone else. You know how to perform a triple-bypass, so you surely know how to raise money from your patients. You don't need anyone from development telling you what to do. You want to be completely in control of fundraising with your patients, including broaching the topic of philanthropic support with them. You don't want a bunch of interference from development—but you do want access to development's portfolio of rich prospects.

Ideas for Handling

- Remain pleasant.
- Acknowledge and validate the clinician's concerns.
- Acquiesce to the clinician's desire to lead the process, but offer ways the development team can be supportive (start building a partnership).

Ideas for Development Support

- Research potential donors
- Draft correspondence
- Qualify potential donors
- Provide reports/updates on their referrals and funds
- Develop memorial tribute websites
- Provide patient engagement materials
- Create/Customize proposals
- Offer to coach them
- Write case statements
- Involve them in events
- Educate them about giving options
- Manage recognition and stewardship

Notes

Practicing the Initial Clinician Meeting – Answers (cont.)
Clinician 2

You are all about your own projects. Sure, it’s nice that the hospital raises money for new wings and services, but what’s really important is the work that you yourself are doing. If you’re going to put time and effort into fundraising, you want the money to come to you. You realize that your patients see other clinicians and medical professionals in their care team, but you consider each one of them to be primarily your patient. You’re willing to give this a try, but your big question for development is, “How can you assure me that the money raised from my referrals will come to my projects?”

Ideas for Handling

- Focus on things you can guarantee.
- Do not promise what the clinician demands.
- Make it clear that the development team will try to find donors who are interested in the clinician’s funding priorities.

Ideas for Responding

- *It makes sense to me that in all likelihood, patients you refer would be interested in your work.*
- *In all fairness, sometimes we get surprised by what a patient wants to do.*
- *Here’s what I can guarantee: I will never steer one of the patients you refer to any project other than yours.*

Notes

Practicing the Initial Clinician Meeting – Answers (cont.)

Clinician 3

You’d like to be involved in fundraising, because you see the benefit of it—for the organization, yourself, your patients, and their families. However, one big thing is holding you back. Several years ago, you got involved with the development staff at another organization and it was a terrible experience. The development officer assigned to you was completely unprofessional, didn’t communicate with you, and failed to get back to you on your referrals. If this is going to be more of the same, you don’t want any part of it.

Ideas for Handling

- Demonstrate professionalism.
- Acknowledge the bad experience.
- Discuss ways to avoid issues/challenges:
 - *Let’s discuss how you and I can avoid similar problems.*
- Ask for help in setting ground rules for your partnership.

Notes

Practicing the Initial Clinician Meeting – Answers (cont.)

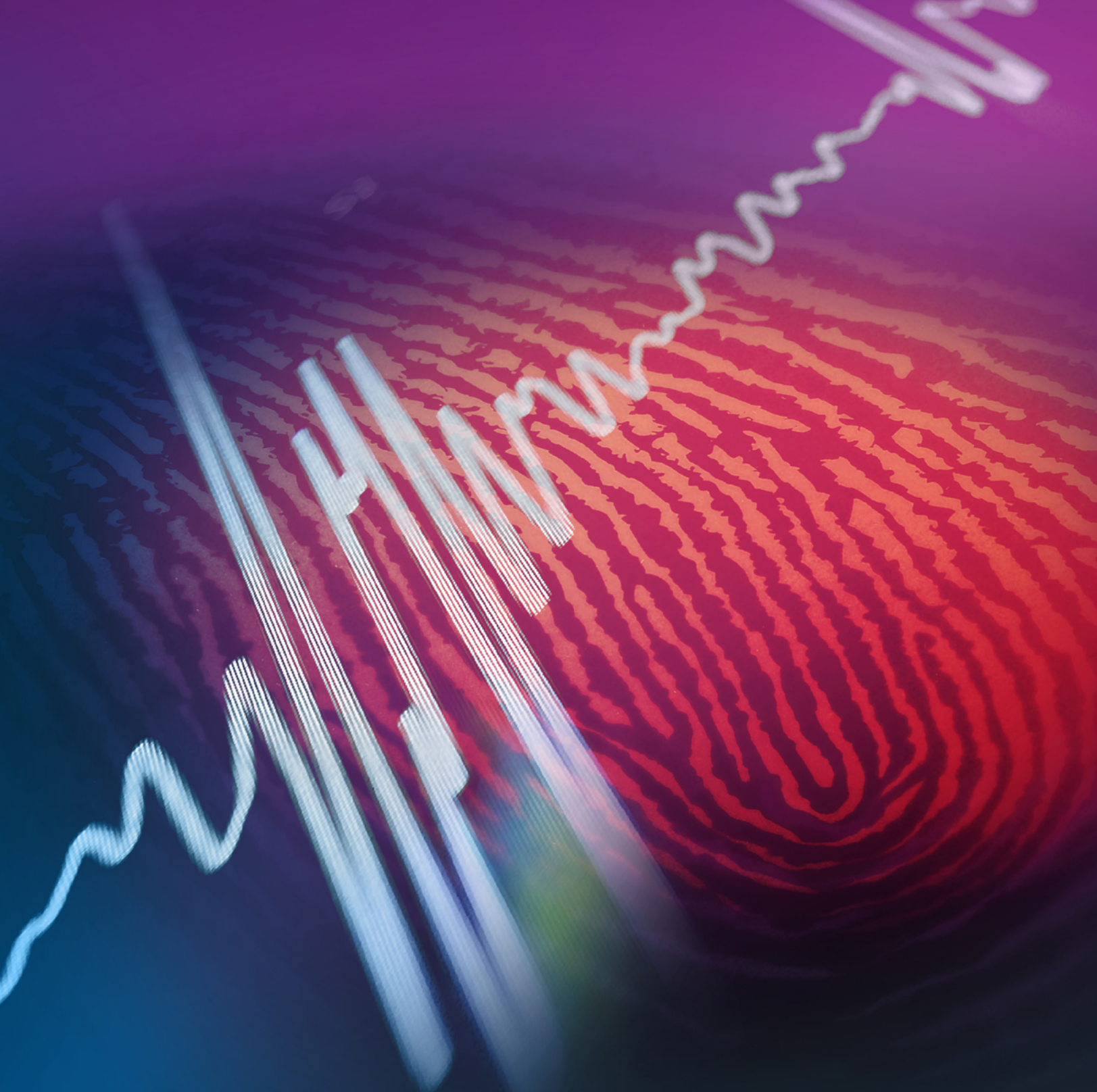
Clinician 4

On an intellectual level, you buy into the idea of clinician engagement in development. Nonetheless, you’re not going down that road. Your strong relationships with your patients and their respect for you keep you going. The thought of engaging them in a philanthropic discussion absolutely terrifies you. What will they think of you? What if they say no? How will you handle the rejection? No way are you taking that risk.

Ideas for Handling

- Offer tools and assistance with the critical philanthropic roles for clinicians.
- Develop speaking points for the clinician.
- Help the clinician practice responding to patients.

Notes



HURON