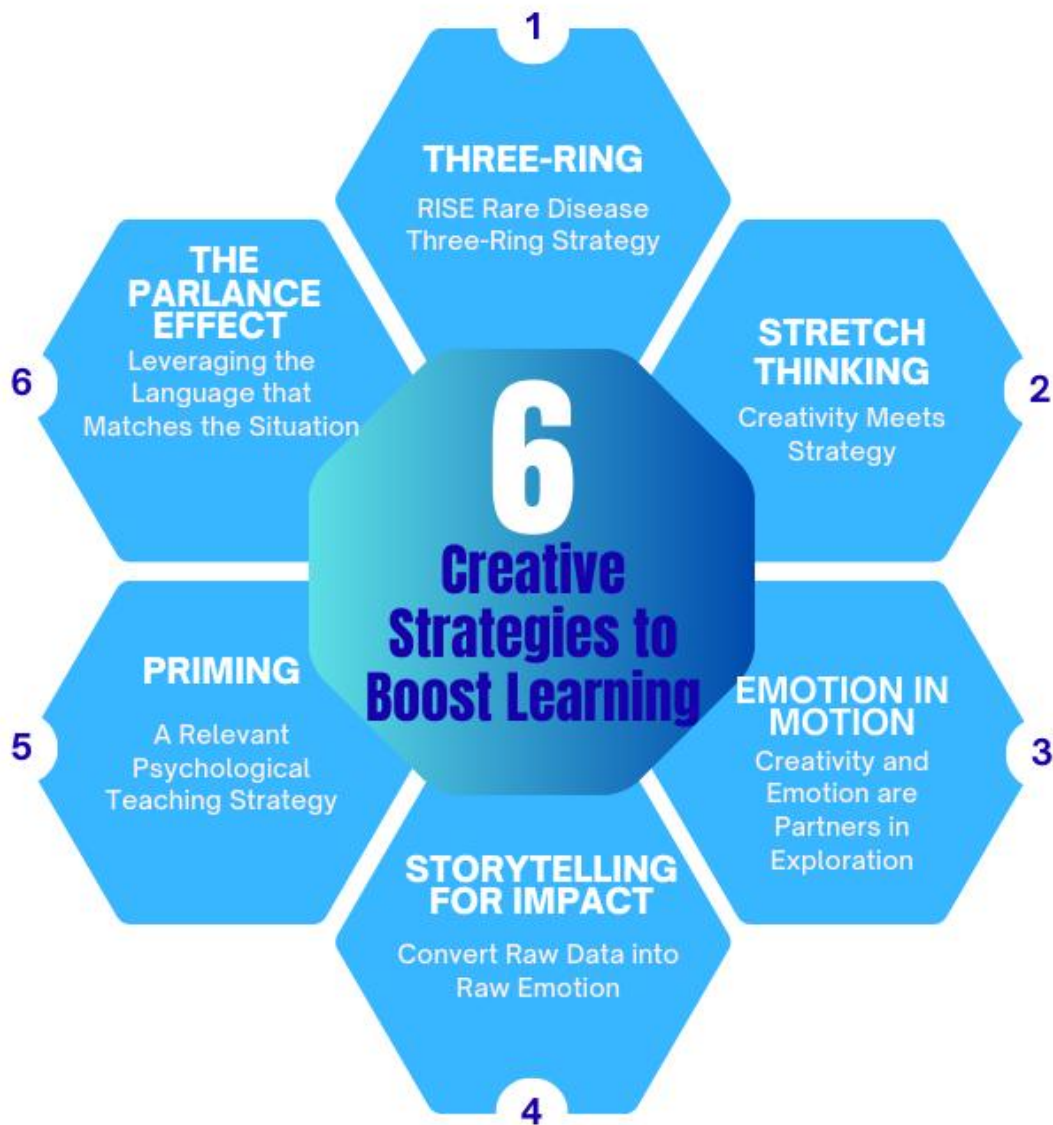




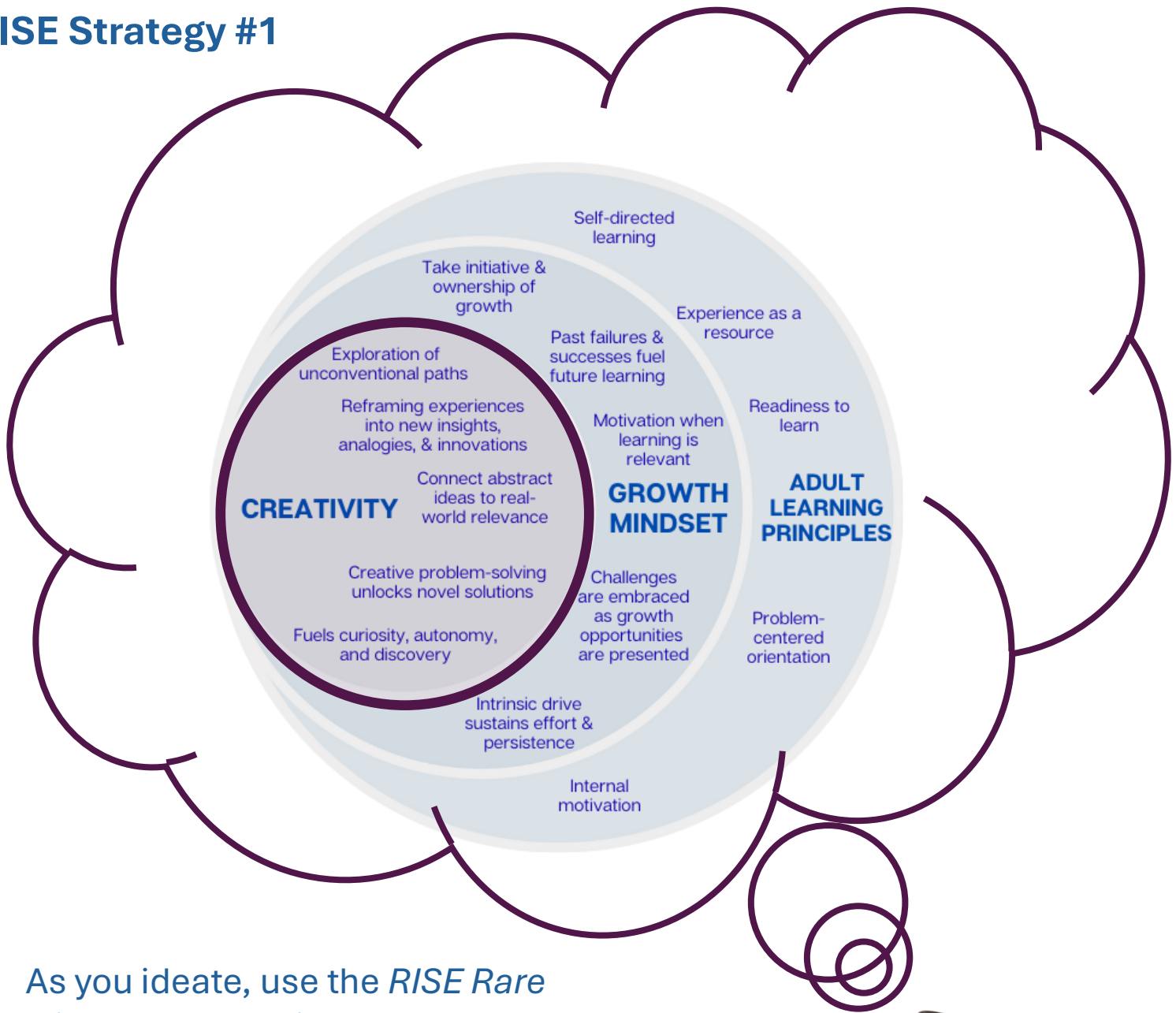
## **Six Strategies to Ignite Creativity and Foster Collaborative Innovation in Rare Disease Learning & Development.**

# 6 Creative Strategies to Boost Learning



# The RISE Rare Disease *Three-Ring* Strategy

## RISE Strategy #1



As you ideate, use the *RISE Rare Disease Three-Ring Strategy* as your guide. Ensure that you:

- Integrate all three core elements
- Incorporate at least two supporting sub-elements within each ring
- Blend creativity with emotional resonance
- Apply principles of generative learning theory to deepen engagement



# Stretch Thinking

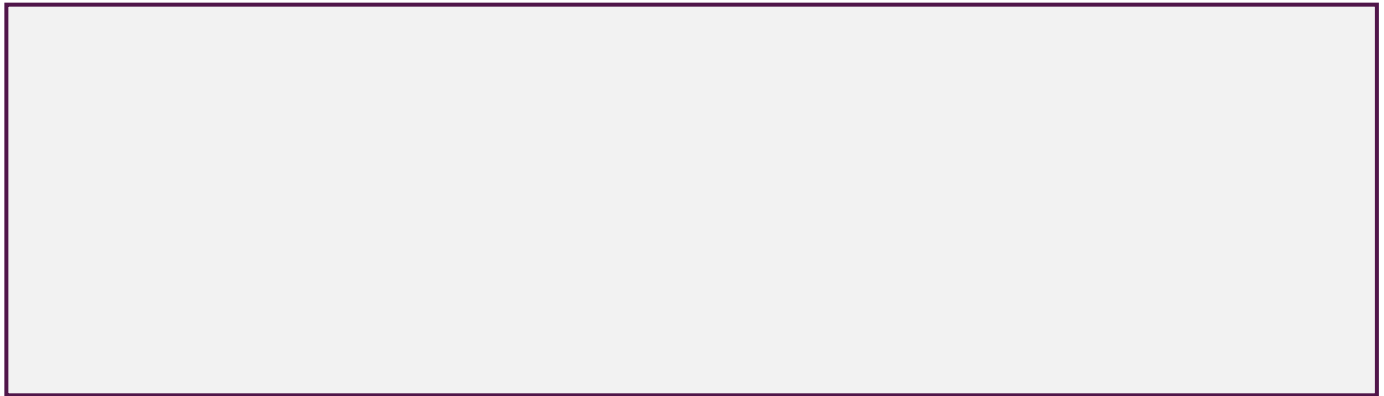
## A Pathway to Strategic, Creative Thinking

### RISE Strategy #2

**Step 1: Brainstorming → Step 2: Critical Thinking →  
Step 3: Strategic Thinking → Step 4: Innovation**

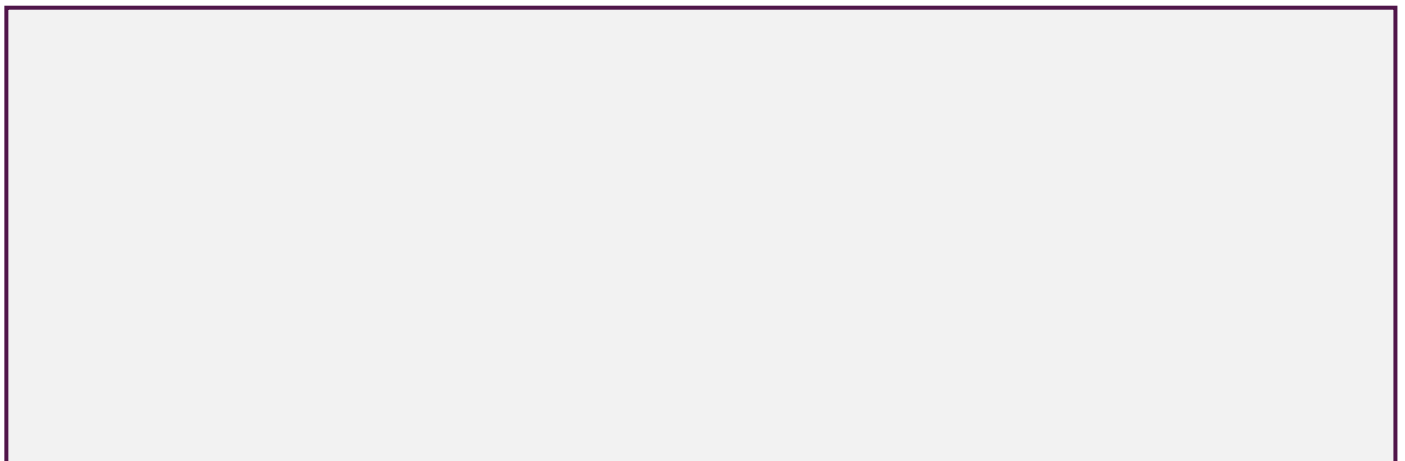
### Step 1: Brainstorming – Idea Generation

- Encourages free thinking & volume of ideas
- Breaks out of routine or conventional thinking
- Ideal for the divergent phase of creativity (exploring many possibilities)



### Step 2: Critical Thinking – Idea Evaluation

- Helps filter and evaluate ideas with logic & rigor
- Ensures ideas are feasible, ethical, patient-centric, and aligned with goals
- Keeps creative efforts focused & purposeful



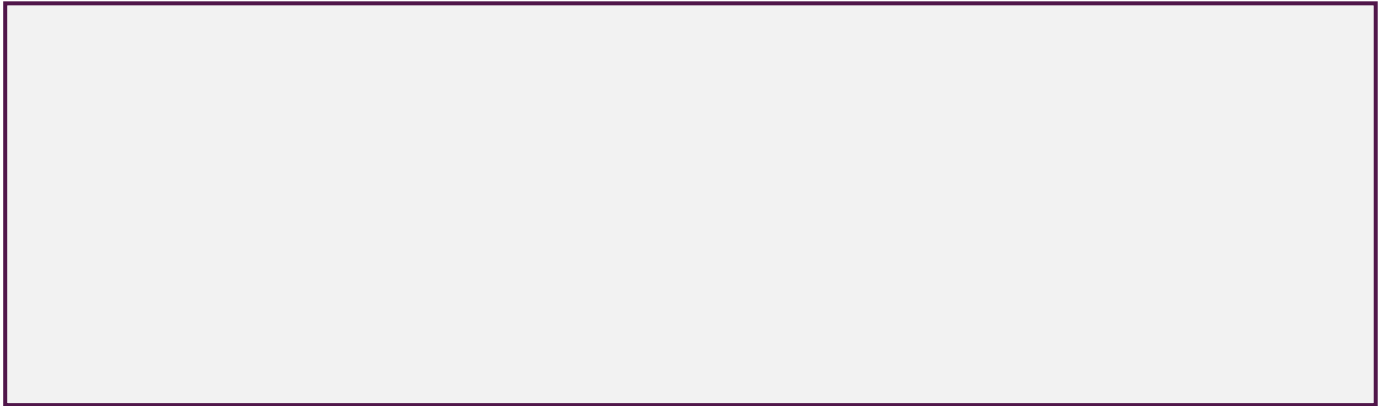
# Stretch Thinking

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## A Pathway to Strategic, Creative Thinking

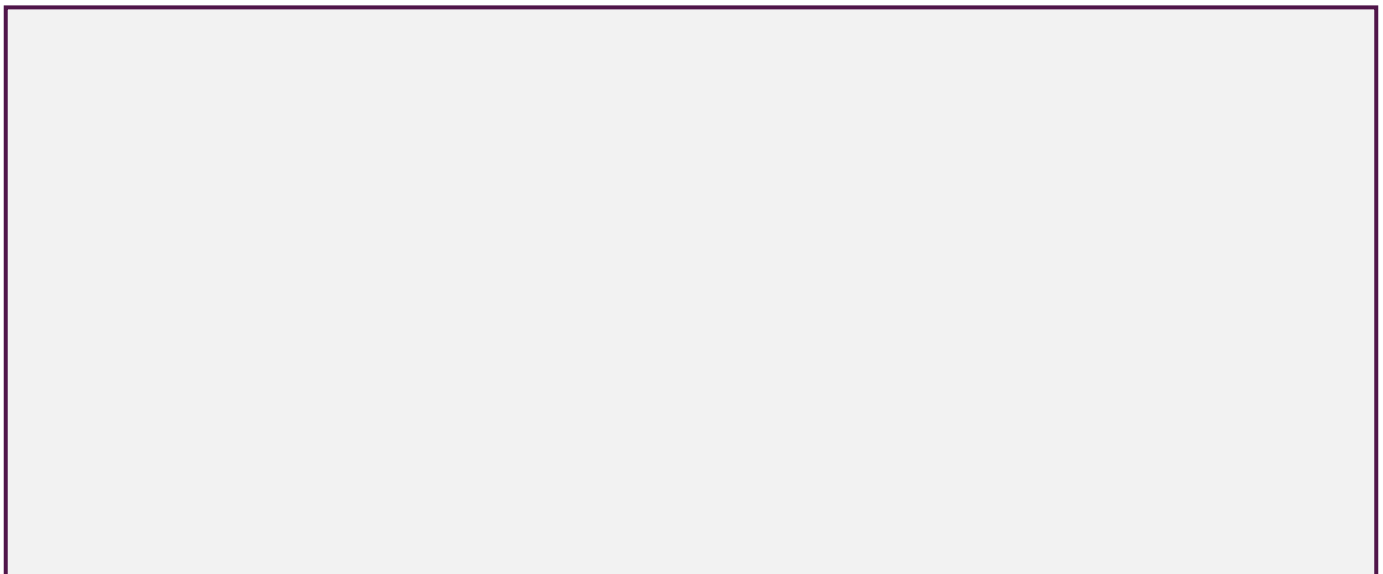
### Step 3: Strategic Thinking – Big Picture Alignment

- Connects ideas to long-term goals & organizational strategy
- Prioritizes ideas based on impact, feasibility, and timing
- Keeps creative efforts focused & purposeful



### Step 4: Innovation – Creative Execution & Impact

- Turns selected ideas into real-world solutions or experiences
- Includes iteration, prototyping, and launch
- Represents the output of the creative process



## RISE Strategy #3

# Emotion In Motion



### **Creativity and emotion are partners in exploration.**

Emotions **fuel** creativity by adding depth, urgency, and authenticity—while creativity **channels** emotions into something constructive, meaningful, and often beautiful.

**1. How are we intentionally tapping into the emotional realities of patients and caregivers to inspire more authentic and resonant learning experiences?**

**2. In what ways can we transform emotional insights – such as fear, hope, or resilience – into creative strategies that drive deeper engagement and empathy?**

**3. Are our current learning tools and narratives merely informative, or do they evoke a sense of urgency and meaning that motivates action and empathy?**

# Storytelling For Impact!



Storytelling transforms raw data into raw emotion—revealing a patient’s trials and tribulations in a way that resonates, educates, and inspires.

If the story taps into emotions, is well thought out, and relevant to your patient focus, your health care professional is more likely to remember your interaction.

1. **Patient-Centered Narrative Design** that reflects real or composite patient stories with diminished quality of life.
2. **Emotional Resonance:** Tap into universal emotions – fear, hope, frustration, sadness, relief – to deepen empathy and understanding.
3. **Relevance to Clinical Practice:** Align stories with specific learning objectives (e.g., diagnostic challenges, treatment pathways) while transforming raw data to patient experiences.
4. **Generative Learning Integration:** Encourage learners to reflect, reframe, and apply story insights to clinical scenarios. Use storytelling as a springboard for discussion, role-play, or case-based learning.
5. **Visual and Sensory Anchors:** Incorporate visuals, voiceovers, or animations to bring stories to life.
6. **Call to Action:** End stories with a clear takeaway or challenge that inspires learners to act differently. Link the emotional impact to clinical responsibility and advocacy.

## RISE Strategy #5

# Priming



**Whether you're in Learning & Development or in the field selling a rare disease therapeutic, influencing others is more effective when you minimize distractions and guide their focus using relevant, supportive resources.**

**Priming is a psychological process where exposure to one stimulus influences how we respond to a later stimulus, often without conscious awareness.**

### RISE Reflective Questions:

**1. How intentionally are we using visual, emotional, or contextual cues to prime learners before introducing complex rare disease concepts?**

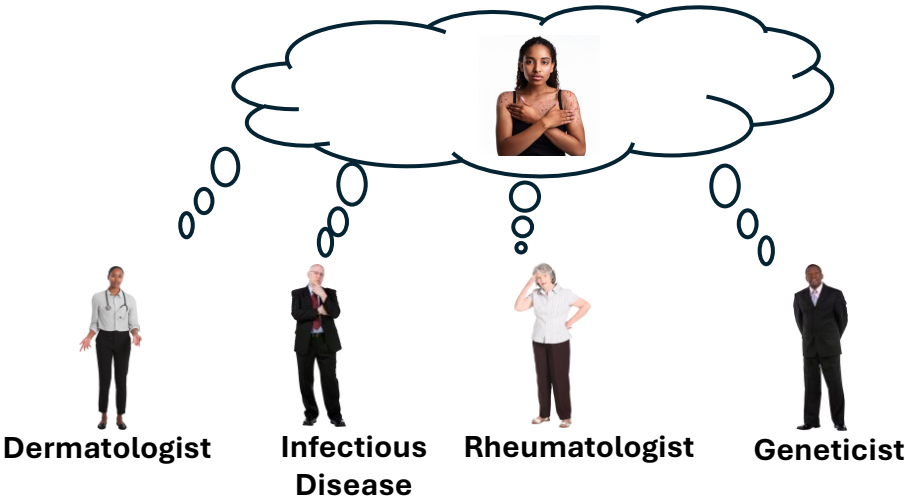
**2. Are our curricula materials structured to reduce cognitive overload and guide attention toward the most impactful insights for healthcare professionals and learners?**

**3. In what ways can we better align our storytelling, visuals, and resources to subtly shape perception and readiness for deeper engagement?**



# The Parlance Effect

The Multidisciplinary Care Team



In rare disease, where every conversation counts, parlance isn't just semantics, it's strategy. It is essential to speak the language (i.e., medical terms and symptoms) that resonate with the specialist, aligning with their clinical priorities.

## RISE READINESS Questions:

**1. Clinical Relevance/Value Proposition:** What aspect of this therapy aligns most closely with this specialist's clinical focus? How does this disease manifest in their domain?

**2. Parlance & Communication Style:** What terminology or clinical language does this specialist use and am I prepared to speak it fluently and accurately?

**3. Emotional & Human Connection:** What emotional drivers, like patient suffering, diagnostic frustration, or treatment limitations, might resonate with this specialist? How would each specialist see a different chapter of the patient journey?

# Insightful Prompts to Reimagine Your Role as an L&D Partner in Rare Disease

**1. “Am I designing learning that not only informs but also emotionally resonates with learners—enough to shift behavior in a high-stakes, high-complexity environment?”**

This encourages you to go beyond compliance or knowledge transfer and consider how creativity can build empathy, motivation, and deeper engagement—key for rare disease, where human impact is central.

**2. “How can I creatively translate complex science and data into memorable, meaningful learning experiences that empower teams to act with clarity and confidence?”**

This challenges you to bridge science and storytelling—a critical skill when your learners (commercial or clinical teams) must communicate nuanced value to skeptical, time-constrained stakeholders.

**3. “Where in my current curriculum is there room for emotion, story, or metaphor—without compromising scientific accuracy?”**

Encourages blending creativity with rigor, especially in training modules that often default to being overly technical or dry.

**4. “Am I empowering learners to think creatively in how they apply knowledge in the field—not just how they absorb it?”**

Moves focus from content *delivery* to content *application*—a hallmark of effective L&D strategy.

**5. “What assumptions am I making about how rare disease teams learn best? How might creative approaches challenge or improve those assumptions?”**

Pushes you to break out of default modes (e.g., decks, workshops) and consider new modalities (e.g., gamification, immersive storytelling, patient voice).

**6. “How might I use creativity not just to *engage*, but to solve specific performance or mindset gaps in rare disease teams?”**

Shifts creativity from being seen as a “nice-to-have” to a **strategic tool** for business outcomes (e.g., product uptake, access conversations, or emotional resilience).



# Mindset Effect Consulting

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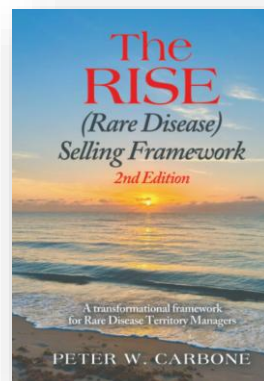
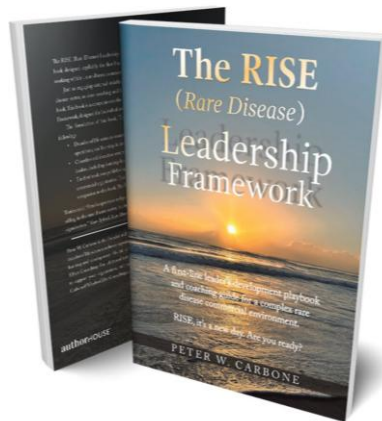
[www.MindsetEffectConsulting.com](http://www.MindsetEffectConsulting.com)

## Development Programs include:

- Life Sciences Skills-based curricula
- Leadership and Coaching curricula
- Rare Disease Selling and Coaching Frameworks
- Mindset Shift: Fueling Growth, Impacting Enterprise
- Negotiation Skills
- Your Brand! Is it You?
- Presentation Skills

**For First-line leaders and  
Learning & Development**

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