

Primary Care Practice Facilitation Curriculum

Module 21: Working With and Supporting Practice Leaders



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Primary Care Practice Facilitation Curriculum

Module 21. Working With and Supporting Practice Leaders

Prepared for:

Agency for Healthcare Research and Quality
U.S. Department of Health and Human Services
540 Gaither Road
Rockville, MD 20850
www.ahrq.gov

Contract No. HHS A2902009000191-Task Order No.6

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Suggested Citation

Knox L, Suchman A, Adelman A, Kohl R, Taylor E. Primary Care Practice Facilitation Curriculum (Module 21). AHRQ Publication No. 15-0060-EF, Rockville, MD: Agency for Healthcare Research and Quality; September 2015.

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Module 21. Working With and Supporting Practice Leaders

Instructor's Guide

Practice facilitator (PF) competencies addressed in this module:

- General leadership coaching skills
- Foundational knowledge of organizational change
- Cultural competency—knowledge of organizational cultures

Time

- Pre-session preparation for learners: 1–2 hours
- Session: 60–90 minutes

Objectives

After completing this module, learners will be able to:

1. Describe leadership structures commonly found in primary care practices.
2. Describe how to keep leaders engaged in practice transformation.
3. Explain adaptive leadership concepts to practice leaders.
4. Use questions to encourage new thinking about problems.
5. Connect leaders to leadership support resources.

Exercises and Activities To Complete Before, During, and After the Session

Pre-session preparation for learners. Ask the learners to review the following information. (1–2 hours):

1. The content of the module.
2. Suchman A, Sluyter D, Williamson P. *Leading Change in Healthcare: Transforming Organizations With Complexity, Positive Psychology and Relationship-centered Care*. London: Radcliffe Publishing; 2011.
3. Jordan ME, Lanham HJ, Crabtree BF, et al. The role of conversation in health care interventions: enabling sensemaking and learning. *Implement Sci.* 2009;4:15. Available at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2663543/>
4. Metasysteme Coaching. Coaching questions. Available at <http://www.metasysteme-coaching.eu/english/toolbox-ii-question-skills-in-coaching/>
5. Leonard, I. The Art of Effective Questioning: Asking the Right Question for the Desired Result. Available at <http://www.coachingforchange.com/pub10.html>

During the session. Presentation (30 minutes)

1. Present key concepts from the module.

Discussion. Ask questions and explore answers with learners. (15 minutes)

1. What is your leadership style?
2. What is the leadership style of one or two of the practice leaders you have worked with?
3. What are some adaptive challenges you are encountering in your work environment?
4. What are some technical challenges you are encountering in your work environment?

Role-play. Help a leader think more clearly about an issue. (40 minutes)

- Divide learners into pairs.
- In each pair, assign one learner the role of practice facilitator (PF) and the other learner the role of practice leader.
- Ask the leaders to describe a problem they are having at their workplace or home that they would like facilitation support to address.
- Ask the PFs to use open-ended questions, appreciative inquiry, and other types of questions to help the leaders think more comprehensively about the problem. (15 minutes)
- Have learners trade roles and repeat the exercise. At the end, ask the leaders to provide additional feedback to the PFs on what worked, and what needs improvement in their interaction and presentation.
- Have pairs debrief during last 5 minutes, either with each other or the large group:
 - What did they learn from this exercise?
 - How might they use these lessons with their practices?

Module 21.

The ability to work with and support practice leaders is a core skill for practice facilitators (PFs). Any significant practice improvement efforts must involve practice leaders, and these efforts may necessitate new ways of doing things within the same clinical environment. PFs need to be skilled in engaging leaders and keeping them engaged during facilitated improvement work. In turn, leaders in health care settings need certain skills to promote change in their organizations effectively, and PFs can play a role in helping practice leaders acquire these skills.

In this module, we present information that can help you connect with and keep leaders engaged in the work you do for a practice. We also present information that you can use with practice leaders to help them expand their skills in leading change. These skills can also be useful to other members of the practice (as well as to you as you carry out your own work), so while they are presented here in the leadership module, you will want to consider where else you might apply this information. To support practice leaders in making improvements, you will need a solid understanding of the structure of practice leadership and the overall organization, the types of challenges faced in making improvements, and the most effective leadership approaches for implementing them.

Understanding Leadership Structures in Practices

As a PF, you can provide support to leaders who are working directly with a practice to produce improvements; typically, these might include the medical director, the lead physician, and the office manager. For larger practices, it is important to distinguish the work done at the level of the practice site from work at the corporate level. Generally, your activities will not include work with corporate offices and leadership in larger organizations. Most likely, PF program leaders would undertake this rather than PFs working at the practice level. However, you might work with the chief executive officer of a medium-sized practice.

To work well with practice-level leaders, it is helpful to know about their context. First, you will want to **understand how the leadership structure in the practice is organized**. This organization determines how workflow, accountability, and authority work together within a practice or health care system. It is impossible to make a sustainable change at the practice level without also making changes at the leadership level.

Leadership in small practices. Although a solo physician office or small practice may at first appear to have the simplest leadership structure, this is often not true. Limited staffing frequently results in a structure that requires significant cross-functional authority and flexible hierarchies. In many such cases, the physician performs a variety of executive tasks—frequently in a part-time role—while also maintaining a clinical practice. As a result, the office manager typically also has an important leadership role in small practices. Because the office manager is not sequestered in patient rooms for a majority of the working day, he or she may actually lead the change within the practice, supported by the vision and authority of the physician.

Leadership in multisite practices. Even in multisite or multigroup practices, the office managers often play a large role. Just as in the small practice, they may find themselves fulfilling the role of change leader, but with far greater leadership reporting requirements. In many cases, they will report to clinical leaders at the practice level and to administrative leaders functioning across sites.

Leadership in larger systems. Within larger health care systems, which may include multisite practices as well as other health care facilities, hierarchical leadership models, using a top-down, pyramid-shaped power structure, are typical. However, nonhierarchical leadership structures using a more decentralized authority structure and fewer layers of leadership have also begun to gain favor.

While the size of the organization does not dictate the leadership structure in place, **larger organizations more commonly use leadership structures with multiple layers** such as:

- A chief executive officer who has oversight for the organization and oversees its administration
- A chief financial officer who manages finances
- A chief operating officer who oversees practice operations
- A chief medical officer who oversees clinical care and clinical staff
- A chief technology or information officer who oversees information technology in the organization

In addition to the local practice-level leadership and the executive-level leadership, some organizations may have mid-level leadership, such as division heads (for example, heads of pediatric medicine, women's health, and so on).

Tips for learning a practice's leadership structure. It is critical to **review the organizational charts for your practices** and understand where your primary point of contact or change champion—the clinician or staff member responsible for the intervention work you are undertaking—resides in the leadership structure. You will need to understand to whom he or she reports, whose approval or support he or she will need to advance the quality improvement work, and who should be kept informed and engaged as you facilitate the practice.

While an organizational chart is a good place to start (if the practice has one), it may not reflect the actual leadership structure of the practice. The actual leadership structure lies in how work is determined and who actually has authority to make change. A practice's official leader(s)—those with leadership titles—are not always the ones who take on the day-to-day leadership responsibilities and get things done. You can begin to identify the de facto leadership structure in a practice through observation and by asking individuals to whom they go to get certain things done. Recognizing these informal leaders and gaining their involvement and support can be essential in your work.

Keeping Practice Leaders Engaged in Improvement Interventions

As a PF, you need to build a strong working relationship with the leaders in a practice and maintain regular communication with them—even if they prefer to delegate the day-to-day improvement work to someone else at the practice. Your ability to stay in regular communication with practice leadership is critical and should usually be considered a prerequisite for working with a practice. It is also an important indicator of practice readiness to engage in facilitated improvement.

If leadership is not willing to commit to periodic check-ins with you or your PF program, it will likely be difficult to achieve sustainable improvements at that practice. This red flag may signal the need to put your work with a practice on hold until the leadership is more available and able to engage directly with the improvement process.

Developing Relationships With Practice Leaders

To be an effective PF, you must be skilled in developing an effective working relationship with practice leaders. You will first need to **identify the leaders in a practice and then be comfortable and on point when engaging them**. Part of the skill of supporting practice and system leaders is determining their leadership style and preferred communication methods.

Schedule a kickoff meeting and be transparent about your experience and skills. Kickoff meetings can be a good place to begin relationships with practice leaders since they often attend these sessions. (See [Module 19](#) for more information on kickoff meetings.) As you begin the relationship with a practice and its leaders, be transparent about your experience level and the types of support you can and cannot provide their practice. Being upfront about your limitations and your skills will help build trust and confidence. Misrepresenting or overstating experience will eventually erode trust and can create serious problems for the project. While the kickoff meeting is a good place to begin these discussions, you will need to continue them throughout the project.

Remember, as a PF you are not expected to have all the answers. Rather, you are supposed to have the knowledge and skills to facilitate the practice finding their own answers. You can begin the discussion by asking the leaders to clarify their vision, goals, and expectations before diving directly into what types of support they think they need (see [Module 11](#) on Appreciative Inquiry). Only after you have allowed them to lay out their ideas should you begin to discuss with them the types of support you can offer either directly or through another member of your PF team. If you have additional prior experience in leadership or other areas that are relevant to the needs the leader outlines, you can share these as well.

Establish regular communication. Some leaders may wish to have regular meetings, while others would prefer regular “update” emails. Never underestimate the value of a handwritten note about a particular topic to a practice or system leader. Aside from formal reporting mechanisms, it is sometimes valuable to leverage “soft-touch” meeting methods, such as

“accidental” hallway encounters or touching base with leaders briefly after unrelated meetings you are both attending.

Be mindful of practice hierarchies. Be aware of practice hierarchy and avoid the appearance of going around your practice champion or jumping ranks. As a facilitator, one of your greatest tasks is to learn from your practice champion (as well as your program supervisor how, when, and why to engage the practice leader(s)). Jumping ranks can undermine your relationship with this key member of the practice and potentially jeopardize your efforts at facilitating change.

Understand the motivations of practice leaders. When working with practice leaders, you will want to understand the following:

- the unique challenges and constraints each leader is facing,
- each leader’s priorities for the practice, and
- each leader’s style and relationship with practice staff.

You should use this information as a starting place in your work with them. This will allow you to determine what types of resources the leader might find useful. As your relationship with the practice leader develops, it may become appropriate for you to offer suggestions for different types of support and training based on your observations of the practice and the leader’s approach.

Leading Change

The most common cause of failure in leadership is produced by treating adaptive problems as if they were technical problems.

(Heifetz, Grashow, and Linsky, 2009)

There are two primary types of challenges practice leaders encounter when undertaking practice improvement: technical challenges and adaptive challenges.

- *Technical challenges* have clear solutions based on technology or process engineering. An example of a technical challenge would be adding a patient registry to a practice’s electronic health record. Stand-alone practice registries exist and there are experts who know how to install and populate these registries.
- *Adaptive challenges* are situations where there is no clear, technical answer. They involve issues such as changing roles, competencies, or the ways individuals talk and work together. Adaptive challenges will often require solutions created by the practice. An example would be shifting from a physician-centric approach to care to a team-based approach.

In short, technical and adaptive challenges are quite different from one another—although some issues may involve both types of challenges (Table 21.1). Because adaptive challenges may involve staff values and deeply held beliefs and loyalties, they can stimulate intense emotions. As a result, organizations may avoid addressing the adaptive aspects of an issue and focus

instead on only the technical solutions. But avoiding adaptive challenges undermines practice success—especially over the longer term. As a PF, you must be able to facilitate the solution of both types of challenges.

Table 21.1. The differences between technical and adaptive problems

Kind of Challenge	Problem Definition	Solution	Locus of Work
Technical	Clear	Clear	Leadership
Technical and adaptive	Clear	Requires learning	Leadership and stakeholders
Adaptive	Requires learning	Requires learning	Stakeholders

Note: Stakeholders are any individuals in the organization that have a role in or are impacted by the challenge. Adaptive leadership emphasizes involving all stakeholders in defining and in crafting solutions to challenges to assure an accurate understanding of the challenge, solutions that will be effective in the field, and buy-in of individuals that will be involved in implementing the solution.

Source: Heifetz R, Grashow A, Linsky M. *The Practice of Adaptive Leadership: Tools and Tactics for Changing Your Organization*. Boston: Cambridge Leadership Associates; 2009. Reprinted with permission.

Because adaptive challenges are often much more complex than technical ones, they typically require different leadership skills. Traditional leadership skills—which tend to be directive and authoritative—can work for well-defined problems with clear solutions, but adaptive leadership skills—which recognize the inherent complexity and “messiness” of adaptive challenges and draw on many people to make change—are often needed to make progress on the complex issues facing many practices. Practice leaders who hold conventional views of leadership may have difficulty tackling adaptive challenges if they only have traditional skills to draw on. You can help them develop adaptive leadership skills along with an appreciation of when to rely on which skill sets (traditional or adaptive). While it is important to make it clear to practice leaders that both sorts of leadership skills are needed, the key point is figuring out when to use which sort. Table 21.2 compares and contrasts traditional and adaptive leadership skills.

Table 21.2. Traditional vs. adaptive leadership skills

	Conventional View of Leadership	Complex, Adaptive Leadership
Leadership is...	A position or role of authority	An activity or behavior that can arise anywhere in a human system
Leadership flows...	In one direction: from the top-down	In all directions
Leadership is exercised...	By individuals with special leadership traits	Collectively by groups or individuals informed by the collective
Effective leadership comes from...	Accurately anticipating a predictable path to a predetermined outcome	Recognizing and influencing patterns that are present in human systems at all levels
Leadership requires...	Certainty, clear vision, and the power of persuasion and control	Willingness to embrace uncertainty, listen to all voices and take adaptive action, often in collaboration with others
Leadership creates...	Harmony and stability	Conditions that are conducive to groups moving forward, which sometimes means disrupting the habitual patterns of engagement so that groups, communities, or organizations can set the conditions for a preferred future
The purpose of leadership is to...	Fix problems and leverage opportunities to achieve goals	Enable adaptability, learning, and innovation so that groups make progress on the issues they care about, even in unpredictable and changing conditions
Leadership can make a difference through....	One large strategic intervention designed to fix a problem or achieve a goal	Recognizing emerging patterns in human systems and making meaning out of many small changes

Source: Heifetz R, Grashow A, Linsky M. *The Practice of Adaptive Leadership: Tools and Tactics for Changing Your Organization*. Boston: Cambridge Leadership Associates; 2009. Reprinted with permission.

Technical challenges can be addressed with traditional approaches to leadership that are directive and authoritative (that is, old style “command and control”). This involves the leader identifying the problem, identifying the solution to the problem, and then using his or her authority as a leader to implement the solution. This is also the most consistently used style within the traditional hierarchical approach to leadership commonly used in medicine: the physician in charge making most of the important decisions and directing the actions of all other staff. As a result, clinicians and practice leadership may rely heavily on this model, even for addressing

adaptive challenges. The PF must leverage such situations to bolster the organization's ability to address adaptive challenges by encouraging the leadership to engage a range of staff in the problem and potential solutions and then delegate much of the work around the problem to the lowest possible level of staff. Doing so both empowers employees (thus improving morale and loyalty) and reduces the administrative tasks that distract leaders from high-level planning and strategy.

Adaptive challenges often require a different set of leadership skills. Since there is rarely a single correct answer to adaptive challenges, leaders are not able to rely simply on authority but must use a facilitative process to achieve the optimal solution for their clinic. This may be one of the most challenging situations faced by a PF. While your training has focused specifically on developing the skills necessary to help resolve challenges and find solutions, the sustainability of the organization relies upon your ability to help guide leadership while *they* facilitate the solution. To be successful, leaders must be skilled in engaging others in finding solutions, exploring the collective knowledge of staff from all levels of the organization, and helping staff redefine their values and norms while learning new habits and roles. Traditional, hierarchical leaders may initially be uncomfortable using conflict to develop better solutions and must learn to promote a culture of curiosity and the shared search for solution, rather than a culture of compliance.

Key adaptive leadership skills include the ability to:

- De-couple individuals and their personalities from problems being experienced in the organization.
- Refocus attention on what is working and not working in the system.

These are critical skills that practice leaders must develop. As an “outsider,” helping leaders develop these skills may be easier for you than it would be for practice members. A strong adaptive leader prevents personalization of problems that the organization is experiencing and encourages staff to think instead about the systems and processes within the practice that are contributing to the problem. In other words, adaptive leaders must have the mindset that, “It’s not the person, it’s the process.”

For some leaders, adaptive leadership will require a significant shift in their thinking. Leaders often focus on individuals and their performance as the source of problems in the organization. While this is sometimes the case, such thinking can bring improvement work to a full stop. Many times, individual performance is linked to underlying processes. For example, if a care team cannot access comprehensive data on their patients, it will be difficult for them to provide proactive patient care. If the workflow for informing patients about their lab results is flawed, performance in this area will suffer. While it is sometimes true that problems are the result of a specific individual's behavior, more often than not the reasons for performance problems typically are more complex and reflect—at least in part—issues with underlying workflows and processes.

Shifting from a traditional leadership system that relies on a leader's authority and expertise is difficult. It requires leaders to stop leading by providing solutions, yet this is often the reason the individual has risen to a place of leadership. Leadership in the face of adaptive challenges requires the leader to:

- Relinquish the role of content expert and problem solver.
- Become the master of the process of engaging others in shared problem solving.

The practice leader will need to involve the collective experience and knowledge of individuals from all levels in the practice. As the PF, helping practice leaders develop these types of leadership skills will be the most frequent educational need at the leadership level.

Working With Leaders To Enhance Leadership Skills

As described earlier, there are many ways that you can engage and support practice leaders to build practice capacity for change. First, you can serve as a sounding board for practice leaders and help them think about problems by listening well and using powerful questioning (see [Module 11](#) for more information on these methods). You can train leaders in new tools for making more effective diagnoses of the problems in their organizations. You can help them enhance their communication with staff and their leadership team. You can introduce them to strategies for using meetings to change culture (see [Module 22](#) for more information on meetings and their role in influencing organizational culture), and you can help them enhance accountability in improvement work by providing training on making effective delegations (see the Appendix to this module for one approach to this).

Ways you can work with and support leadership in a practice include:

- Identify leadership priorities and map these to the practice's improvement work.
- In cases when leaders have delegated the project to others in the organization, keep leadership appropriately informed and engaged in the work you are undertaking.
- Train leaders in the difference between adaptive and technical challenges and the leadership skills needed to address each.
- Serve as a sounding board for leaders and use powerful questioning to help leaders think more clearly about problems and improvement.
- Coach leaders in communicating effectively with their staff about change.
- Coach leaders on running effective meetings, using meetings to change organizational culture, and encouraging the co-creation of solutions for adaptive challenges.
- Coach leaders on making effective delegations that enforce accountability.
- Connect leaders to leadership resources including executive coaching.

If I had an hour to solve a problem and my life depended on it, I would use the first 55 minutes determining the proper question to ask, for once I know the proper question, I could solve the problem in less than five minutes.

—Albert Einstein

Use change-promoting questions to help leaders think “better” about a challenge. As a PF, the questions you ask are some of your most powerful tools for supporting practice leadership. Effective, change-promoting questions can help practice leaders think more deeply about a problem and also about the process of leading their practice to a solution. The purpose of this type of questioning is not to obtain more information from the leaders, but rather to get them to think differently about the issues at hand. Change-promoting questions help leaders expand the possible solutions they are considering, reveal underlying assumptions, and stimulate creativity and curiosity (Sobel and Panas, 2012).

A variety of question types can be used. Open-ended questions are one of the best ways to get leaders to think more broadly about a problem. Open-ended questions cannot be responded to with a “yes” or “no” answer and encourage deeper thought on the part of the respondent. Closed-ended questions are also useful to help a leader hone in on a solution or make decisions. However, they must be timed effectively. If asked too soon in the discourse, they can prematurely close off thinking through all possibilities.

Use neutral questions. Neutral questions are effective in getting leaders and other practice members to open up their thinking. For example, asking “How do you feel about this?” gives them the option to identify any number of feelings. While the question still leads them to consider feelings rather than causes or solutions, it leaves the options more open. Later, after all the possibilities have been laid out, you may want to ask more leading questions that help the leader focus on particular issues or topics.

Avoid leading questions. Leading questions contain the answer in the question and encourage the respondent to provide answers consistent with the questioner’s line of thought. While usually not effective in the beginning, once the respondent has identified some new ideas, you can use leading questions to help him or her drill down into the issue more deeply. An example of a leading question would be, “Are your patient access issues related to clinic hours?” This type of question limits the respondent’s field of focus.

Use simple questions. Simple questions are typically more effective than complicated ones. Complicated “double-barreled” questions that include multiple questions within the same statement are hard to remember and respond to. Moreover, they can inhibit the respondent’s ability to think about the issues and explore them in an open-ended way.

Avoid negative questions. Negatively worded questions are typically ineffective. Such questions tend to focus the respondent on the barriers to effective action rather than new solutions or ideas. For example, avoid questions such as, “Why don’t you just change clinic hours?”

Frame questions in a solution-oriented manner. Solution-oriented questions are often effective both in stimulating new thinking about an issue and encouraging positive thinking. “What will you change?” or “What have you not modified yet?” are examples of solution-oriented questions. Using the word “yet” creates a positive implication for future change.

Truly effective and powerful questions provoke leaders to think about their current problem in a new way. Such questions can completely change how leaders view an issue or can help them think more completely and comprehensively about it.

Consider other forms of questioning. “Ideal” and “magical” questions are another effective form of questioning. Examples include, “What is your ideal solution to this problem?” or “If you had a magic wand, what would you do?” or “If you had superhuman powers, what would you do?”

“Appreciative inquiry” is another method that encourages a practice leader to focus on and learn from previous effective action in the practice. Appreciative inquiry uses questions to help leaders identify what they did to be effective in one area that can then be applied to improve outcomes in another area of the organization (see [Module 11](#) for more information on this approach).

Useful Questions to Use With Leaders to Help Them Think Through Challenges

- Tell me about a past experience where you made a successful change. What was happening there?
- If you had a magic wand and could do anything to solve this problem, what would you do?
- What patterns are you seeing here in your practice around this problem? Or around change?
- What are you and your staff doing to help these [good] patterns continue?
- What can we do to change these patterns?
- If you came back in 5 years after a sabbatical and this problem had been solved, what would you see? What would be different?
- What are we pretending not to know?
- We say we want this, but it keeps not happening. What gets in the way?

Using Diagnostic Tools To Understand and Solve Organizational Problems

An essential skill for any leader is the ability to accurately diagnose a problem. Adaptive leadership encourages the integration of both distance and “micro” perspectives of a problem in making the diagnosis. Heifetz calls this process taking a view “from the balcony,” where the entire process can be seen, and patterns and systems are evident. Leaders must also be able to see things “from the dance floor,” meaning an up-close view of the individuals, including their values, habits, patterns, and concerns, and the microprocesses involved. A leader must be adept at seeing the overall context for change as well as, where appropriate, recognizing how

individual patterns of behavior and functional and dysfunctional reactions to change contribute to the overall context (Heifetz, Grashow, and Linsky, 2009).

The first step in making an accurate diagnosis of a problem is to **clarify the definition of the actual problem and determine whether it is truly a “problem”** or merely a misinterpretation of a situation based on perspectives. Once the problem has been identified and clarified, it must be identified as an adaptive challenge, a technical challenge, or a combination of both.

While practice leaders can often tackle technical challenges with traditional leadership strengths, they frequently require assistance in developing and using the tools needed to effectively address adaptive challenges. Therefore, it is important to **determine whether a problem involves technical challenges, adaptive challenges, or both**. To identify adaptive challenges, leaders must look at areas in which there have been repeated cycles of failure. To uncover adaptive challenges that may be misidentified as technical challenges, Heifetz suggests leaders ask themselves the following questions:

Questions To Use in Better Understanding Adaptive Challenges

1. Think of a problem you have tried (and failed) to fix multiple times. What solution have you attempted to use? What story have you been telling to explain why the problem remains unfixed?
2. Identify a major challenge facing your organization. Which elements of the challenge are technical, and which are adaptive? Which are so intertwined as to be indistinguishable at first glance? Consider the relative degree of difficulty you are facing in trying to manage the technical versus the adaptive elements of the challenge you have identified.

Source: Heifetz R, Grashow A, Linsky M. The practice of adaptive leadership: tools and tactics for changing your organization. Boston: Cambridge Leadership Associates; 2009. Reprinted with permission.

Once the problem has been clarified, defined, and recognized as technical, adaptive, or both, practice leaders then must **gather information on the problem**. A quick answer frequently overlooks the underlying causes and a myriad of potential solutions. Instead of jumping to a conclusion about how to immediately address a chronic problem, it is imperative to delay judgment to gain additional knowledge and understanding of the causes and potential solutions. This can be accomplished through observation of what is and is not working from a human systems perspective. Consider the following questions:

- Where are the conflicts and the issues of power and control?
- What are the issues with values, norms, competencies, and changing roles and perspectives?
- Which of these needs to change in order to transform care?
- Which of these will be affected by the proposed technical improvements?

The inner-voice exercise as a means of information gathering. One technique for gaining a micro perspective on adaptive challenges is the inner-voice or inner dialogue exercise. (Table 21.3) Originally called the left-hand column exercise by Heifetz and team (2009), this process can be helpful when general discussions are not fruitful or devolve into conflict, or when you suspect that individuals are not comfortable sharing what they are really thinking with leadership. The exercise can help structure discussions about challenges in the practice and help participants articulate their concerns to leadership and the quality improvement team. While your ultimate goal is for the leader to develop the ability to use this tool, you will likely need to conduct the exercise the first time to allay concerns about possible retribution.

The first step in an inner-voice exercise is to ask participants to take a sheet of paper and draw a line down the middle. Ask them to write comments that others make and their own verbal responses on the right-hand side. Then ask them to write down what they were really thinking when the comment was made on the left-hand side. In hesitant or hierarchical cultural organizations, you can serve as a safe conduit for these comments. While you can ask participants who are willing to share what was said and then state their internal response, the reaction to this question will tell you a great deal about the unstated culture of the organization.

Table 21.3. Example of an inner dialogue or inner-voice table: What I thought and what was said

What I Thought	What Was Said
	<p>Susan, CEO: “We need to increase revenue from the practice. I’d like to explore how we can see more patients.”</p> <p>Me: “There are some things we can do to increase visits.”</p>
<p>“Oh no. She’s going to want us to shorten visit times. Our clinicians are already stressed and saying visit times are too short.”</p>	
<p>What cannot be said: The organization is top heavy with administrators; administrative costs could be lowered to solve the problem instead of putting more pressure on my providers.</p>	

Source: Adapted from Heifetz R, Grashow A, Linsky M. *The Practice of Adaptive Leadership: Tools and Tactics for Changing Your Organization*. Boston: Cambridge Leadership Associates; 2009. Reprinted with permission.

Working With Leaders To Design Solutions

Once the practice leader has gathered the big-picture (macro) and up-close (micro) perspectives and diagnosed a problem, the next step is to consider solutions. At this point, the leader can pose three questions to start the process of designing a solution:

1. Which parts (procedures, policies, workflows, staffing) of the organization must be changed?
2. Which parts of the organization must stay the same? and
3. How will we come up with creative ideas for new ways to doing things that better support patient safety, quality, and patient and staff satisfaction?¹

In traditional leadership approaches, the practice leader might answer these questions and make the decisions. In an adaptive leadership approach, it is not a leader's job to answer these questions. Rather, the task is to have the team address these questions. If a leader imposes answers and solutions, the leader is not practicing adaptive leadership.²

PFs must use a myriad of tools to help the practice leader facilitate the practice reaching a solution. Once leaders have recognized and supported a solution, getting the solution in place depends on the communication style and skills of the leader. As a PF, you can be of great assistance to leaders in developing these skills.

Giving Leaders a Tool for Discussing Change

Productive conversation among leaders, staff, and clinicians is essential for change. Leaders need to know how to create opportunities for meaningful conversations about change and use those conversations to manage anxiety and change organizational culture (Jordan et al., 2009). As a PF, you can introduce leaders to methods for improving the quality of conversations in their practices.

Dialogic leadership is a method that leaders in health care organizations have found useful for promoting productive and meaningful conversations around organizational change. Developed by William Isaacs (1999a) and based on the work of family therapists David Kantor and William Lehr, dialogic leadership identifies four different roles that individuals pursue within dialogue.

¹ Adapted from Connor M, McMorro B, Orecchio P. The Harvard experiment: recognizing and conquering adaptive challenges. *Principal Connections* 2008;12(1):20-21.

² Note that it is okay to use traditional leadership for technical problems, but leaders working to develop adaptive leadership skills may need support to discourage reliance on traditional leadership techniques when addressing adaptive problems.

These are:

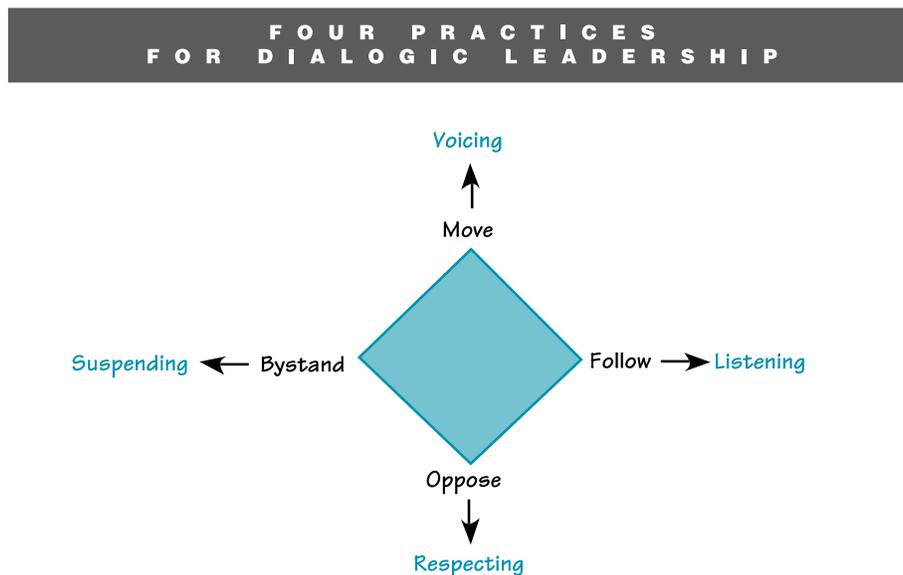
1. Move.
2. Follow.
3. Oppose.
4. Bystand.

The person who moves starts ideas and provides direction for the next steps. The individual who follows clarifies and completes ideas and supports what is being discussed. The person who opposes confronts and challenges what is being discussed and points out the problems. The individual who bystands observes what is taking place and provides perspective.

To facilitate meaningful conversation or dialogue, the leader must be skilled in welcoming and facilitating each role; the leader and group members should be aware of the roles each are assuming at different points in the conversation and in different conversations. There are four abilities that leaders need to support meaningful dialogue in their organization. These include the ability to:

1. elicit people's true voices
2. respect their positions as legitimate
3. listen deeply
4. suspend judgments and certitudes

Figure 21.1. Four practices for dialogic leadership



Four practices can enhance the quality of conversation: speaking your true voice and encouraging others to do the same; listening as a participant; respecting the coherence of others' views; and suspending your certainties.

Reproduced from: Isaacs W. (1999). Dialogue and the art of thinking together. Reprinted with permission.

Elicit people's true voices. When individuals speak with their true voice, they say what is true for them regardless of external pressures. While people often speak based on their title or role within an organization, speaking with a true voice requires them to step outside their role, suspend self-censorship, and speak what they really think about an issue. Leaders need to be skilled both in doing this and in facilitating it in others. Encouraging others to do the same enriches a conversation by bringing all voices to the table. This is a critical skill for leaders and one that is also essential when responding to adaptive challenges. To facilitate this, leaders must be able to create an environment that encourages authentic discussion. This includes encouraging dissent and a certain degree of conflict within a group. Forcing true voices within an unaccepting culture can do significant damage, so the PF must carefully observe and nourish a culture of safety and respect.

Respect their positions as legitimate. Respect is the ability to see people as “legitimate others.” It enables everyone to remain open and look for the sense of what others are saying during dialogue, even if there are disagreements. To facilitate meaningful dialogue, a practice leader needs to be skilled in modeling respect for others ideas within a dialogue and facilitating this same ability among other participants in the dialogue.

Listen deeply. Listening deeply shows respect for others' ideas and thoughts. According to Isaacs, listening deeply requires being aware of our internal thoughts about what is being said and developing the ability to observe them but not act on them. To listen deeply, you must be skilled in “sticking to the facts” of what is being said and must avoid making inferences and assumptions (Isaacs, 1999a).

Suspend judgment and certitudes. This allows you to consider others' ideas. Suspending requires internal awareness that you are forming judgments about the others, plus the ability to delay or suspend these judgments for a period, thereby giving others the opportunity to have their ideas heard nonjudgmentally (Isaacs, 1999a).

Helping Leaders Engage Staff in Change

An essential skill of leadership is the ability to make effective delegations and then hold staff accountable for outcomes. A central principle of delegation is that, while authority may be delegated, ultimate responsibility is not. As a result, leaders at the beginning of their career are likely to hold decisionmaking close and may have never received formalized training in delegation or staff accountability. However, advanced skills in leadership provide a level of comfort that allows for empowerment of staff, within clear parameters, to determine and implement solutions at the appropriate level within the organization. An effective leader focuses not on simply making the decision, but instead on providing the support and knowledge required for individuals at the appropriate level to make the best decision. By doing so, leaders expand their influence and capacity to lead. As a PF, helping practice leaders develop these skills is a powerful driver of sustainability for quality improvement in the practice.

As you work with practice leaders, you may find opportunities to help them build these essential skills. Effective empowerment occurs in three stages:

1. Investment of time at the start by setting goals, identifying resources needed, and determining the acceptability and goodness of fit of the staff person making the decision.
2. Regular check-ins with the staff person and comparison of outcomes with the goals carefully defined in stage 1.
3. Handling unsuccessful delegations. This stage involves reflection on poor outcomes of the delegation, the system-level contributors to these outcomes, and a withdrawal of the delegation.

A curriculum for training practice leaders on making effective delegations is included in this module as part of the Appendix.

Summary and Conclusions

As a PF, you need to be aware that practice leadership is an essential part of your practice improvement work and will play a huge role in its ultimate success. To be effective, you need to know how to engage leaders in improvement work and how to keep them engaged in these processes long term. In addition, you can also be a direct resource to practice leadership. You can provide an introduction to new ideas about leading organizational change, serve as a sounding board to leaders by using powerful questioning, and provide training that can help them enhance leadership skills needed to guide change. Finally, you can serve as a bridge to additional resources, such as experienced executive coaching, if needed.

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Appendix 21. Relational Delegation: Introduction to Making Effective Delegations and Holding Team Members Accountable

Developed by Anthony Suchman and Penelope R. Williamson

Effective delegation and accountability are core tasks of successful leadership and management. When done well, those with newly delegated responsibilities build their capacity, unleash their creativity, and enhance their self-efficacy. Effective delegation also gives leaders more time to mentor those in their charge and focus on larger system issues. Too often, however, leaders do not effectively delegate tasks or assure accountability for their implementation. The delegation may be too vague or there might be micromanaging instead of true delegation. Feedback may be impromptu and impressionistic—if it is given at all. It may be focused more on the person than on the behavior, and it does not lead to performance improvement. Ultimately, if performance levels are unacceptable, delegations are often withdrawn in a manner that is unnecessarily hurtful to the individual and harmful to the organizational culture. Worse yet, the unfulfilled delegation may not be withdrawn and the poor performance would be allowed to continue, to the detriment of customers, coworkers, and the whole organization.

Fortunately, there are some straightforward principles and practices that can help you make effective delegations and maintain accountability, thus maximizing the performance of your team or organization. We offer these below, along with illustrative conversations showing what these principles might look like in action. We divide this information into three sections that correspond to three obligations you have to those to whom you make delegations:

- A well-conceived delegation (made to the right person, with clear expectations and adequate support)
- An honest assessment of progress, with feedback and coaching as needed
- Withdrawal of a delegation, role, or position that is not working

Making a well-conceived delegation. In making an effective delegation, your first and most important task is to choose the right person—to seek the best alignment between the task and the individual. While the selected individual must have sufficient skills and experience to take on the new role, he or she does not necessarily have to be the most skilled or experienced person. Other factors are equally important in assessing best fit. People are most creative, committed, and effective when their work holds personal interest and meaning. Perhaps the delegation represents a step up in responsibility, a chance to gain new knowledge and skills, or a chance to develop important new working relationships. Perhaps the work is in a domain for which an individual has a longstanding interest or passion. Or maybe the work will enhance the individual's visibility within the organization. It is helpful to exchange perspectives about fit with the person you have chosen. It reinforces a pattern of partnership from the outset, and it can reveal important considerations of which you might not have been aware. Avoiding an unwise delegation is far more efficient than having to clean up afterwards.

Once you have chosen the right person, it is important that you **establish clear expectations for**

the work you are delegating. This means not only naming the overall task or role to be delegated but also providing enough details to ensure that you and your employee share an accurate understanding of what is being asked: What is the desired outcome? What is the deadline? What resources are available (or must not be used)? Who else should or should not be involved? Are there any other parameters within which the delegation must be carried out? The amount of detail provided will depend on the nature of the work and the experience of the appointee.

The simplest way to ascertain the level of detailed information an employee needs is to ask. It is often helpful for the boss to start this inquiry, as it may be difficult for an employee to do so.

Negotiating clear, mutually understood expectations strengthens partnership by letting the employee know he or she is not in this alone and has a supportive, thinking partner. It also is the basis for reviewing performance and providing feedback along the way. Unambiguous expectations are the starting point for maintaining accountability.

It is also essential to **ensure adequate preparation and resources for the person to do the job.** As above, an open, transparent conversation can help you learn what an employee needs to perform the task well. Does he or she have (or can acquire) the resources, knowledge, and skills needed? These might include financial, educational, or other resources; emotional support; and a constructive environment. Taking on a new role or task might necessitate prioritizing or giving up some current responsibilities. What help will you provide at the start and over time? Clear negotiation of these important variables will help pave the way for a successful delegation.

Finally, it is crucial to **arrange for a feedback session at the time of the initial delegation.** Delegation requires supervision; it is not a hand-off but rather a reapportioning of responsibilities. It is far more efficient and beneficial to all involved to have timely assessments of successes and needs along the way, making course corrections as appropriate, than to discover at some end point that expectations have not been met. It is helpful to arrive at an understanding ahead of time about when performance will be assessed and what criteria will be used. Here again, expectations can be established mutually. Involving the employee in each step of the delegation reinforces and models partnership and sets the stage for trust and mutual accountability.

To summarize, the four steps in making a well-conceived delegation are:

1. Choose the right person. Find alignment between the needs of the organization and the personal goals and interests of the person receiving the delegation.
2. Establish clear expectations. Be sure expectations are shared by both the person in charge and the employee.
3. Ensure adequate preparation. Make sure people have or can acquire the resources and knowledge and skills to do the job, including training, financial or other resources, emotional support, and a constructive environment.
4. Plan the assessment prospectively. Arrive at an understanding ahead of time of how and when performance will be assessed—preferably mutually decided upon.

Example of a Delegation Meeting Conversation

Boss: Hi Rob. Is this a good time to meet? (Yes? Good.) I'm very pleased to be talking with you today. I have heard you express an interest in taking on larger scale projects and have observed your excellent way of relating with people, and we have a need that just might fit. I'd like you to coordinate our annual community outreach meeting, which is set for June 7th, four months from now. I think you would do an outstanding job with this. I hope you'll agree to take this on.

Rob: I'm delighted you thought of me, and would like to consider it. What is involved?

Boss: We already have a venue and a date, which is a good thing but also creates the need for efficient planning, as it is only four months away. I'd expect you to coordinate the work of everyone who will be involved and to keep on top of the planning and implementation along the way. Let me ask you, have you done something like this before?

Rob: I've headed up some projects of a smaller scale.

Boss: The basics are likely familiar. Let's explore how you might take your experience to a larger scale. What would be helpful?

Rob: I'd appreciate knowing how you would approach this task.

Boss: I'd suggest that you begin by creating a timeline with all the major tasks so that you can pace yourself accordingly. Also, you'll probably want to gather a planning team to help you think of all the necessary steps and carry out all that will need to happen to plan and bring about this important gathering. I'm available to meet with you weekly or at least bi-weekly over this time to be of help and to provide supervision since this is your first time with a project of this scope. How does that sound? What are your thoughts?

Rob: That all sounds good. I like the idea of a planning team and also that you'll be available for consultation and supervision. Will I have any other support (time freed up from my other roles, secretarial help)?

Boss: You bet. (Gives details of what will happen and support.) Is there any other help you need to get started?

Rob: I have to admit, I've never created a timeline before.

Boss: Thanks for being forthright. I can show you how I approach this. I'd start by drawing a line across a sheet of paper. The end point is the event. The beginning point is today. We've already agreed that you will form a planning team. If you can do that by next week, put an X there to mark the spot. Then think of all the tasks that will be involved (such as marketing, creating a schedule, lining up speakers or workshops, arranging for food and lodging, etc.) and in what order they need to be done, and list them on the line. Sometimes it's helpful to work backwards from the date of the event. You might take a first stab at this and then invite your planning team

to help fill in and refine your draft. Does that help?

Rob: That is great. I have a good sense of what I need to do now and am pleased you thought of me for this project. I'm glad to accept.

Boss: Good. I'm delighted, and I feel confident you'll do well. Time is of the essence, and everything that happens will depend on the timeline and the planning team. I'd like to meet again as soon as you have created a draft of the timeline and gathered the planning team. Is a week enough time for those two steps?

Rob: Yes; I think so.

Boss: Good. Then let's meet next Friday at 2:00 PM, and I'd like to see the timeline and know who's on the team by then.

Assessing progress and giving feedback. Having made a well-conceived delegation with clear descriptions of expected outcomes and the parameters within which they must be achieved, the next step is to follow through with planned progress assessment. This step is much simpler if you have defined the assessment criteria in advance: you both know what data to gather and there is less potential for misaligned expectations. The crucial success factors here are honest feedback, effective coaching, and a good partnership process.

- Use direct observations whenever possible.
- Celebrate and reinforce successes; reinforce positive expectations.
- Show genuine belief in the capacity of the other to grow and perform.
- Offer mentoring and guidance as appropriate; invite the other person to make their own thinking process explicit.
- Point out errors and omissions, using them as learning opportunities for presenting and alternative approaches.
- Use partnership and dialogue skills (Partnership, Empathy, Acknowledgment, Respect, Legitimation and Support (PEARLS – see Table A21.1), skilled inner listening, inquiry, and advocacy).
- Make a plan for the next timely cycle of performance review and evaluation—when it will take place, what specific performance expectations will be assessed, and what data and criteria will be used.

Table A21.1 Types of relationship-building statements with illustrative examples.

Partnership	We'll see this through together. I really want to work on this with you.
Empathy	It sounds like that was frightening for you. I can feel your sadness as you talk.

Acknowledgement	You put a lot of work into that project. You researched this proposal very thoroughly.
Respect	I so respect your commitment. I've always appreciated your creativity.
Legitimation	This would be hard for anyone. Who wouldn't be worried about something like this?
Support	I'd like to help you with this. I want to see you succeed.

Adapted from Clark W. Hewson M, Fry M, Shorey J. *Communication Skills Reference Card*. St. Louis, MO: American Academy on Communication in Healthcare; 1998.

Example of a Feedback Meeting Conversation

Boss: Hi Rob, it's good to see you. How have you been doing since we met last week?

Rob: Very well. I have pulled together a six-person planning team and we had our first meeting, yesterday. I think it is a very good group, representing the spectrum of activities in our organization that will be needed for bringing about this community outreach gathering. I emailed you the names yesterday.

Boss: Yes, I got them.

Rob: They are eager to be helpful and had some great ideas already; I felt good about our first meeting and about planning the event.

Boss: Terrific. I have already heard a buzz of excitement and have observed that you have gone about pulling together your planning team in a relational and inclusive manner. I'm glad you included people with a broad range of responsibility and capabilities. It looks to be a great team. Now, what about the timeline?

Rob: I have started on it, but didn't get as far as I'd hoped. (Perhaps shows sketchy timeline with only several points on it.)

Boss: I'm a little surprised that you have not done more on this, as we talked last week about how important the timeline is to all that follows, and that time is of the essence. Tell me, what has gotten in the way?

Rob: After our team met yesterday, I got slammed with two urgent deadlines from my regular "day job" and didn't want to let my colleagues down. I was up until midnight finishing that work, and just haven't had the time to sit down and put all the points on the timeline, from our conversation in the planning team and from my own thinking. I didn't want to present you with a

half-baked product. I'll do it in the next few days.

Boss: I can see how that could happen. I can also see that this is an important learning opportunity for you. The annual meeting is very important to the whole organization and to our community. Your leadership will determine its success. Taking this on presents a chance for you to prioritize and to set limits on what you can and cannot do while you are coordinating this effort. How will you approach this now?

Rob: I think I just have to say no to some other “urgent” things that keep appearing on my plate until this is done.

Boss: Yes, I agree. As you know, I arranged for you to be able to cut back on your regular work for these few months, so I have your back on this. We absolutely need this timeline in the next few days. I believe in your capacity to do both things. Let your immediate supervisor know what you can and can't do in the short run and put this timeline together by Tuesday. You've made a great start with the team. Now we need this organizational piece in order to assure we can pull off the meeting. Can I count on you for that?

Rob: Yes, I'll get it done.

Boss: Good. Let's meet on Tuesday at 3:00 PM with the timeline. Please send me a draft in advance of the meeting so I can review it. See you then.

Ending a delegation, role or position that is not working. Most of the time, when you have delegated a job or task thoughtfully, set clear expectations, given actionable feedback and offered timely coaching, things work out well. The delegation and feedback sessions provide opportunities for celebrations, course corrections, and learning along the way. Occasionally, however, in spite of these steps and good intentions, things do not work out. In service to patients or customers, co-workers, the organization (and its mission), and even to the underperforming employee, it falls to you to end a delegation or even a job. It is important to learn the skills of ending a delegation well. Paradoxical as it may seem, it is possible to do this in a relational manner, preserving an employee's self-worth and a relational organization culture:

- Set the stage: “As we had planned, we're meeting to compare your actual progress with the goals and expectations we discussed previously.”
- Forecast the bad news: “I'm afraid the news isn't good.”
- Give the news, stating it clearly and unambiguously: “Your efforts haven't fulfilled our needs; I can't keep you in this role.”
- Characterize the problem as mismatch between the individual's strengths and what the role requires: “I've seen that you are good at x, y and z. This role requires a, b, and c. It's just not the right match and it's not good for you or for the organization for you to stay in this role.”
- Keep the focus on the behavior and not the person: “Your work is not sufficiently organized and it's not completed on time” rather than “You're no good.”
- Use empathy and other PEARLS (see Table A21.1): “I imagine that this is pretty hard to hear...”

It is essential to emphasize that ending a delegation represents a mismatch between the strengths of the person and the role requirements of the job. This is not a bad person; rather, their behavior didn't meet agreed upon expectations. Even if this is not the right task for this person at this time, it is important to indicate that you still have belief in the capacity of the person. And it is helpful to be empathic to how hard it is to hear bad news (as well as to give it).

We come back to our scenario with the Boss and Rob. Rob has not sent a timeline in advance of the meeting as requested, and an email prompt has led to an incomplete timeline that does not meet the needs for the project. Rob has not been able to let go of the "urgent" tasks that are always present in order to attend to what is most important.

Example of a Meeting to End a Delegation Conversation

Boss: Hello, Rob. Our meeting today is to compare your actual progress with the goals and expectations we have discussed. I'm afraid the news isn't good. In spite of your best efforts, your work on the timeline has not been sufficiently organized or timely enough to meet the needs of this project. I have decided I cannot keep you in this role.

Rob: (Hangs his head.) I'm very disappointed. I know I can do it. I've been trying so hard and I'm getting better.

Boss: I can empathize. This must be hard to hear.

Rob: It is—I feel like I've failed.

Boss: I don't see it that way. I see it as more of a mismatch between your strengths at this time and what the role requires. You have great strengths with part of this role (gathering the right people and getting them involved), but the organizational aspects and efficiency are also vital to a time-sensitive initiative like the annual community outreach meeting. You have not been able to manage your time efficiently and get the detailed timeline completed even with several extensions. I have to balance the needs of the organization with your learning needs. I see this is my error, in part. I pushed you too fast into this role. You are on a learning curve regarding learning effective time management. I believe you can become good at this. But it will take more time than we have available right now. I'd like to help you continue to learn, but can't do it at the cost of this program's success.

Rob: You still believe I can learn this?

Boss: I do—if you're interested in making this a part of your repertoire.

Rob: I really am.

Boss: I'm glad to hear it. I'd like you to work closely with Dr. X for the remainder of this project. I have asked her to take the lead on the meeting. You'll be her second in charge. She has great strengths in time management, and you'll learn a lot from working with her. And you'll

continue to bring your gifts in working with the team. How does that sound?

Rob: [Silence] . . . It feels like a demotion, but I'm also glad I'm not off the project all together and that you believe I am not a lost cause. I want to lead projects like this in the future. I think it will be good to work with Dr. X.

Boss: I admire your graciousness in handling this shift of responsibilities. I think this will be an important turning point for you, and I look forward to our continued work together.

Unclear delegations and inadequate processes of accountability are arguably the leading cause of productivity loss in organizations—and the most easily correctible. Using the principles described above, you can improve the practice of delegation and accountability, which will improve organizational performance and at the same time foster a workplace culture of respect and partnership.

Source: Appendix 3: A Relationship-centered Approach to Delegation and Accountability.
Adapted from Suchman A, Sluyter D, Williamson P. *Leading Change in Healthcare: Transforming Organizations With Complexity, Positive Psychology and Relationship-centered Care.* London: Radcliffe Publishing; 2011.