Situational Leadership and Fostering Accountability

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# Consider a vexing management situation

- Think of a time you have had a direct report or mentee who is not as successful as you'd would have liked in accomplishing a task/project

- Think of a time you have struggled in getting a direct report or mentee to get something going/show progress on a project/get something across the finish line

- Write this down

Learning Objectives

- Analyze situational leadership model of Hersey and Blanchard
- Apply situational leadership concepts to common management challenges in academic medicine
- Relate the Six Sources of Influence to accountability scenarios
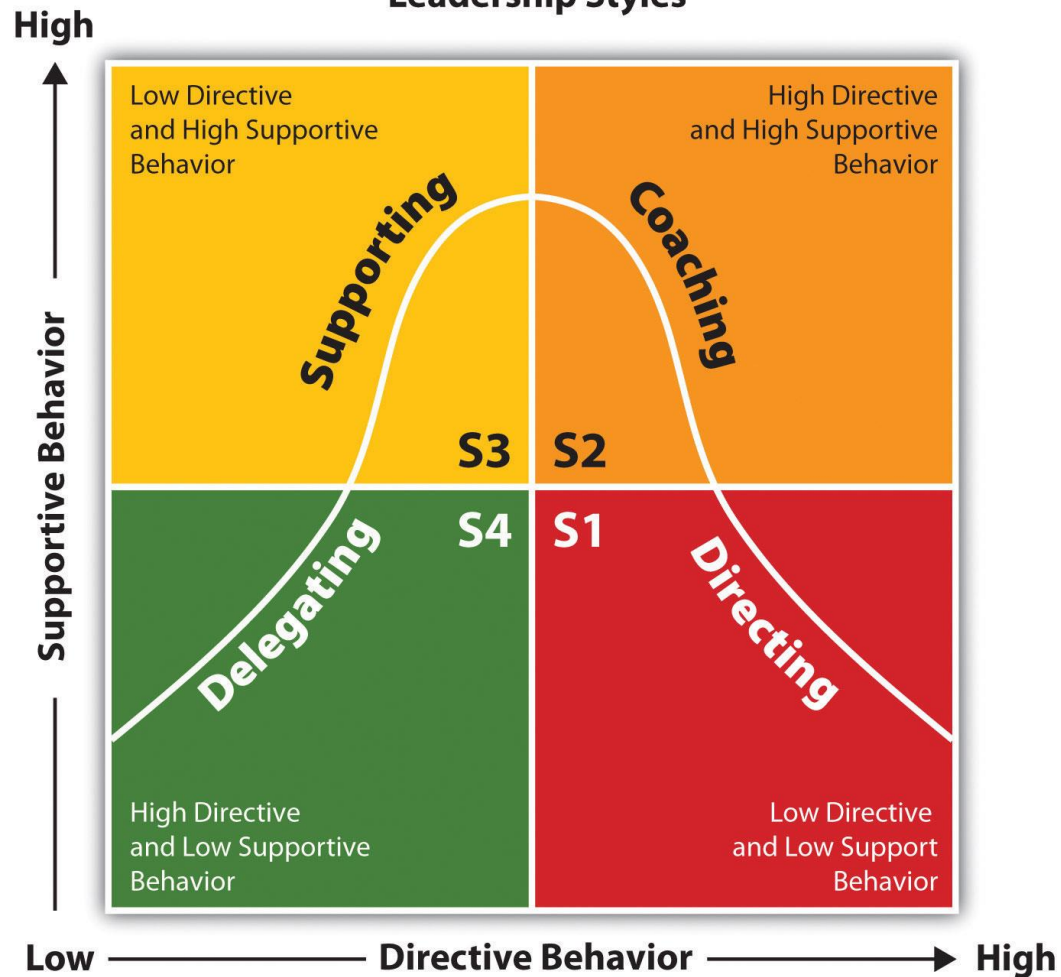
Situational Leadership

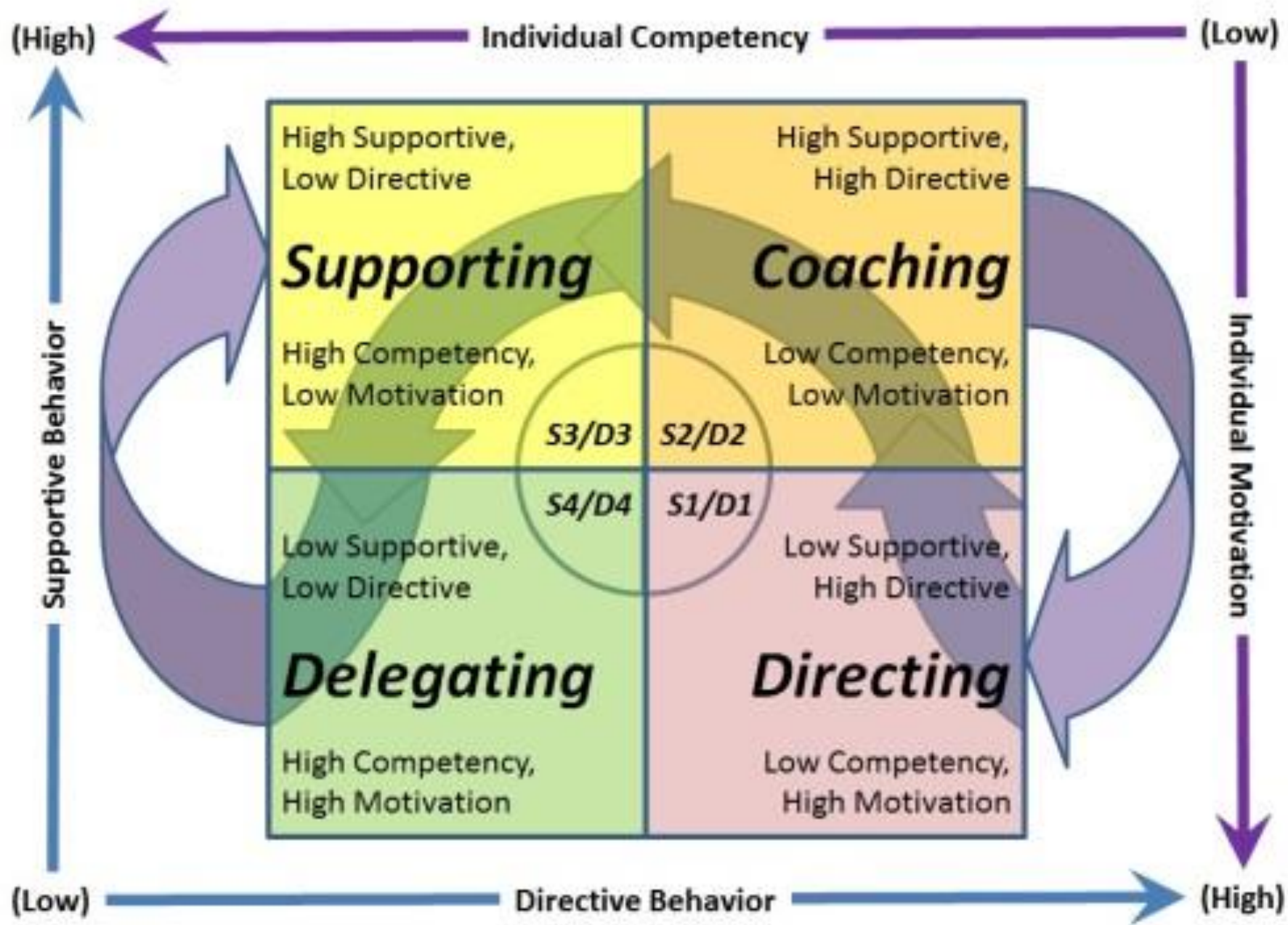What is your leadership style?
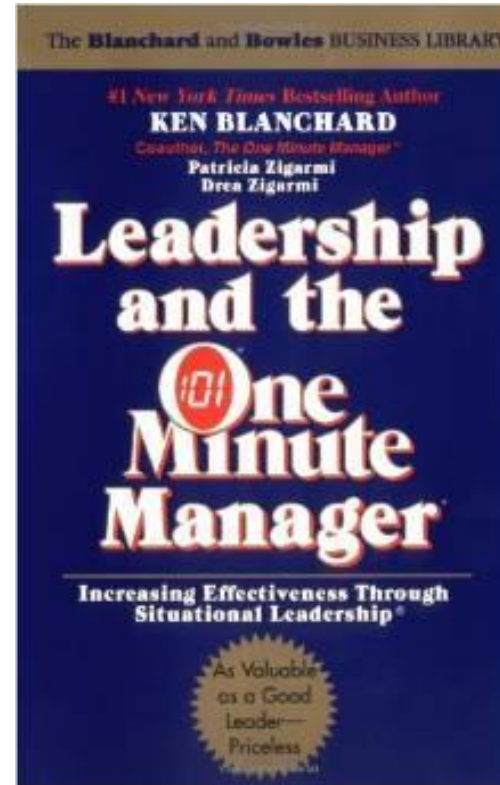
Diagnosis

- Is the person willing? - commitment

- Is the person able? - competence

- Four Levels (developing to developed)
  - D1: enthusiastic beginner
  - D2: disillusioned learner
  - D3: capable but cautious performer
  - D4: self-reliant achiever

Leadership Styles

Supportive Behavior — Low / High

High

Low Directive and High Supportive Behavior

Supporting — **S3**

High Directive and High Supportive Behavior

Coaching — **S2**

Delegating — **S4**

S1 — *Directing*

High Directive and Low Supportive Behavior

Low Directive and Low Support Behavior

Low ———— **Directive Behavior** ————▶ High

D4	**D3**	**D2**	**D1**
High Competence	Moderate to High Competence	Low to Some Competence	Low Competence
High Commitment	Variable Commitment	Low Commitment	High Commitment

Developed ◀———————— **Developing**

Development Level of the Individual

Directing	Coaching	Supporting	Delegating
Defines Roles and Tasks	Defines Roles and Tasks	Collaboratively defines roles and tasks	Follower defines roles and tasks
1- way communication from leader to follower	Some 2-way communication	Complete 2-way communication	Some 2-way communication
Seeks no input; Provides little to no explanation	Seeks some input	Solicits full input and shares thoughts and opinions	Provides minimum input
Makes all decisions for follower	Makes all decisions but explains them	Collaborative decision-making	Abdicates decisions to follower
Closely supervises & directs	Closely supervises & supports progress	Facilitate & support task accomplishments	Loosely monitors task accomplishment

Adapted from www.workwithrichardp.com

Case 1: Oversee inpatient operations

- AB is an Associate Program Director you have hired to oversee inpatient operations for your program. He has no background in this, but has a successful history of epidemiological research and working well in team environments.

- At the first meeting, he asks what you would like to discuss. You mention that there are hundreds of duty hour violations per month, and that this would be a good place to start.

- At the second meeting, he brings the updated duty hour violations to the meeting, confirms that the problems persist, and asks for advice on what to do.

Case 1, continued

- After 6 months, he comes to your weekly meeting with a full agenda: report on progress with changes in caps as well as some ideas on what to do about new issues on a cardiology service.

- After 9 months, you become aware that a new problem has surfaced on the heme/onc service and call him into the office to discuss. He indicates that he is aware of the problem, has met with the chiefs to discuss an action plan, has also developed a plan B, and – finally – has identified how you can help if plan B also is met with limited success.

Case 2: DOT for residents leading teams

- CD is a core faculty member you have hired to develop and implement a direct observation tool (DOT) for PGY-2 residents leading teams. This tool is anticipated to provide important information as well as formative feedback about team management, teaching, and leadership skills that are not currently available in the program through other assessments.

- CD comes to the first meeting having done a literature search on DOTs for residents in the morning rounds setting. She also has ideas on what additional assessments she can include in her own tool. In the second meeting, she brings a rough draft of the tool for review and feedback. After 6 months, she has refined the tool and has piloted it on a couple of teams in preparation for a larger rollout.

Case 3: POCUS curriculum

- GH is a core faculty member you have hired to develop a new curriculum in point-of-care ultrasound (POCUS), a major program priority.

- At the first meeting, GH is eager and enthusiastic, but has no background in the area. You advise him to do some reading and refer him to a colleague in a different, local, institution who has implemented similar curricula in recent years.

- After 3 months, GH indicates that he has started a literature search and has reached out to the outside colleague via email.

Case 3, continued

- After 6 months, GH has read some POCUS literature, has met with the outside colleague, and asks if you think he should reach out to the BMC Emergency Department's ultrasound faculty.

- After 9 months, GH reports that he reached out to the ED faculty the prior day via email and is waiting to hear back. He has also read a couple of more POCUS papers since your last meeting.

- At 12 months GH has met with the ED faculty, which he says has given him new directions to consider in the POCUS curriculum. He reflects that he has not yet produced a draft version of the curriculum, and is looking forward to more progress in the upcoming year.

Partnering

- Get agreement on SMART goals
  - **S**: specific
  - **M**: measurable, motivating
  - **A**: attainable and aligned
  - **R**: relevant
  - **T**: trackable; time-anchored

- Matching Leadership Styles to Developmental Levels: explicit agreement

Considering your scenario:

- Identify the Developmental Level of the direct report/mentee
- Identify the related Situational Leadership level you should consider using
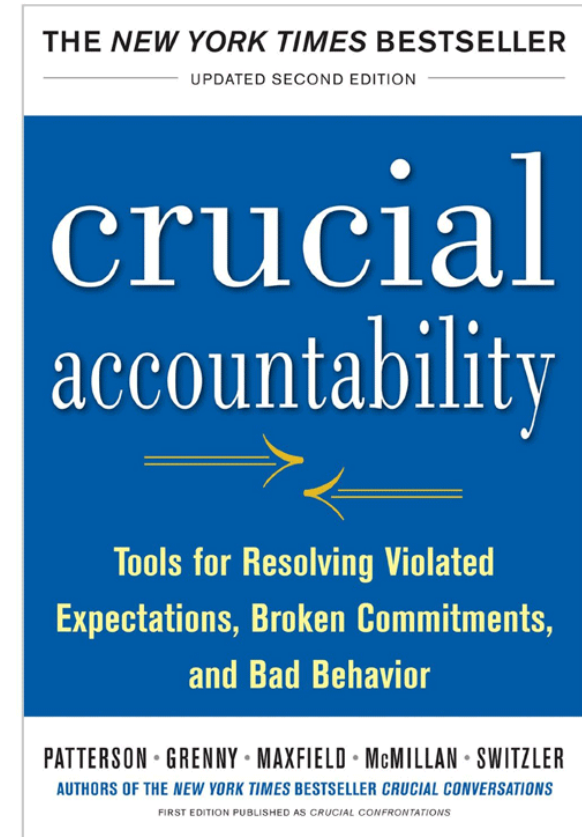- Discuss
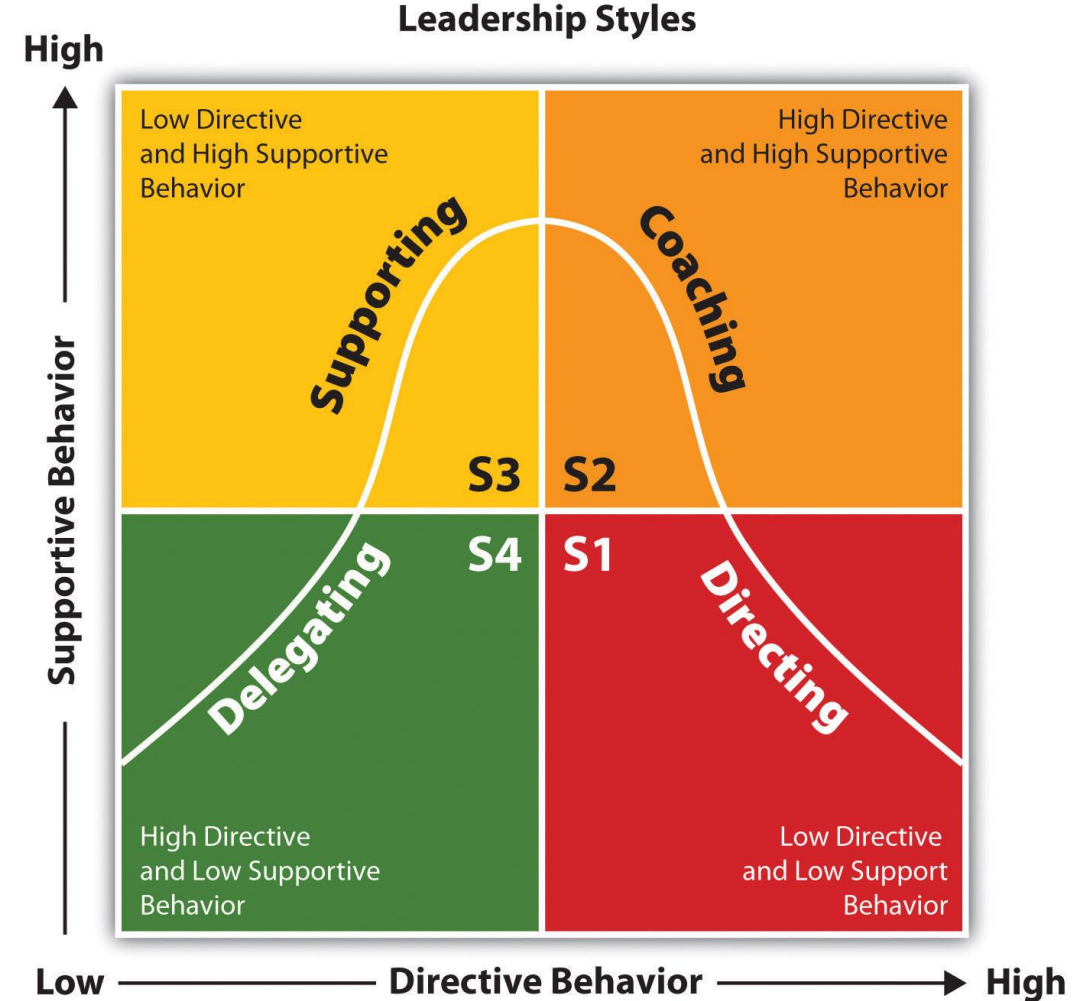
Accountability

- So you correctly assess the D level
- You take the right SL approach

- And you are still not seeing results. They are breaking their commitment to you to get the thing done

- How do you keep them accountable?

Holding people accountable

How do you get them to do the
thing they said they'd do?

The "Accountability Matrix":
Why didn't they do the thing?

	Motivation	Ability
Personal		
Social		
Structural		

*Adapted from <u>Crucial Accountability</u> and <u>Influencer</u>

The "Accountability Matrix": Why didn't they do the thing?

	Motivation	Ability
Personal	Do they enjoy it? Is it painful?	Are they actually able to do it?
Social	Do others motivate?	Do others enable?
Structural	Does the system motivate?	Does the system enable?

*Adapted from <u>Crucial Accountability</u> and <u>Influencer</u>

The "Accountability Matrix": How can we help them?

	Motivation	Ability
Personal	Make the undesirable desirable	Surpass their limits
Social	Harness peer pressure	Find strength in numbers
Structural	Design rewards and demand accountability	Change the environment

*Adapted from <u>Crucial Accountability</u> and <u>Influencer</u>

The "Accountability Matrix":
Why didn't Gopal write the paper?

	Motivation	Ability
Personal	Does he enjoy it? Is it painful?	Can he actually do it?
Social	Do others motivate?	Do others enable?
Structural	Does the system motivate him?	Does the system enable him?

*Adapted from Crucial Accountability and Influencer

The "Accountability Matrix": How can we help Gopal?

	Motivation	Ability
Personal	Make the undesirable desirable	Surpass his limits
Social	Harness peer pressure	Find strength in numbers
Structural	Design rewards and demand accountability	Change the environment

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Case 5: Academic half day curriculum

- IJ is a junior faculty member you have hired to develop a new curriculum in communication skills and conflict resolution.

- 4 months before the curriculum is set to role out, IJ has met with several people, is eager and has several ideas for the curriculum.

- She would like to ultimately submit the curriculum to MedEdPortal and asks you to mentor her through this process. You are excited that IJ has thought about dissemination and is making her work count twice!

- You have a meeting to discuss all the steps including reviewing what exists in MedEdPortal, developing the workshop/curriculum, the assessment strategy, and IRB submission.

Case 5: Continued

- One month before the curriculum will launch, you have not heard from IJ. You send a quick email to check in. IJ replies that she will get back to you at the end of the week.

- Three days before the first week of the curriculum. IJ sends you the slides and asks for feedback. You give a few suggestions, but would have liked to review in more detail and developed an assessment.

- You observe the workshop. IJ is an engaging educator. The workshop is lively and interactive, and the residents rate it highly.

- Unprompted, the chief residents tell you how helpful IJ has been. She has done 3 conferences, precepted morning report, and has been contributing to both the Program Evaluation Committee and the ambulatory experience committee. You also know she has done 10 interviews and recently volunteered to organize grand rounds for your section.

- IJ meets with you to get feedback on the workshop. She expresses regret that she was not able to do more to make it a MedEdPortal submission and asks for your advice.

The "Accountability Matrix": Why didn't they do the thing?

	Motivation	Ability
Personal	Do they enjoy it? Is it painful?	Are they actually able to do it?
Social	Do others motivate?	Do others enable?
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The "Accountability Matrix": How can we help them?

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Glamour work vs. Housework

- Lead to promotion
- Highly visible tasks/projects

- Non-promotable tasks
- Necessary but unsung

Consider joining the National Center for Faculty Development and Diversity

- Free through BU

- 14 day writing challenge

- Skill development
  - Developing a strategic plan for the semester
  - Sunday meetings: where your intentions meet your calendar
  - Art of saying no

Consider your own accountability scenarios

- Can you put your problem into one or more boxes in the Matrix?

CPR: 3 step process

- Content
- Pattern
- Relationship

Thanks!

Appendices