

# Clinical Leadership: *Leading a Diverse Staff*

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Program Manager

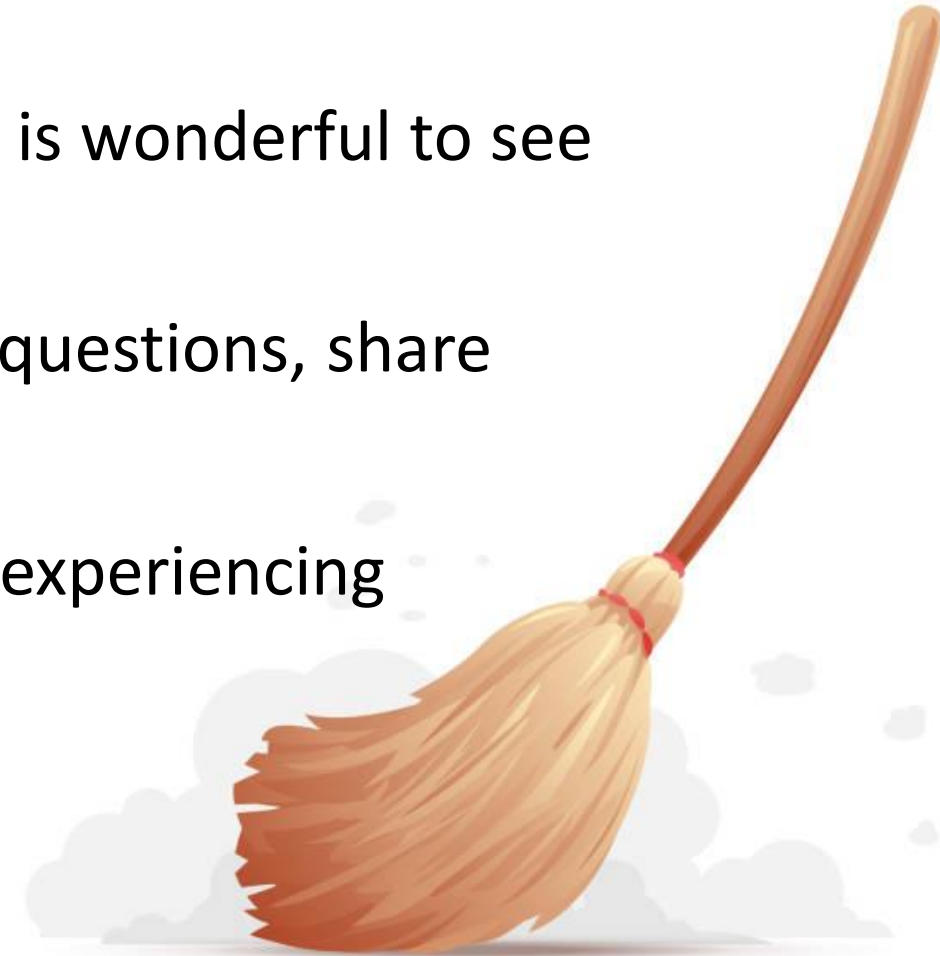
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# HOUSEKEEPING



- This session is being recorded and the **recording & slides** will be provided to all attendees.
- **Be present** and if possible be on camera – it is wonderful to see everyone!
- Use the **chat** box or **unmute** yourself to ask questions, share comments, and thoughts.
- Send a message to **Mariah Blake**, if you are experiencing technical difficulties.
- Please complete the **evaluation** at the end of the session.



# WEBINAR GUIDELINES



- Mute yourself unless speaking
- Be as present as possible
- Listen deliberately
- Share generously
- Think outside the box
- Be gracious to one another
- Let us know if you are having any tech issues or need support
- Enjoy your time with colleagues!



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- National Cooperative Agreement awarded in 2014
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# STAR<sup>2</sup> CENTER TEAM



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# LAND ACKNOWLEDGEMENT



*This meeting was planned on and is being presented from unceded territories of various Indigenous, Native American, and First Nations peoples. We humbly offer gratitude and respect to the elders, past and present citizens of these tribes, and to all indigenous peoples that are historically and contemporarily tied to the lands that make up what is now called the United States.*

Check out this resource to see whose land you're occupying:

[native-land.ca](https://native-land.ca)

# YOUR PRESENTER



**ALEX ROHLWING**

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**Program Manager**

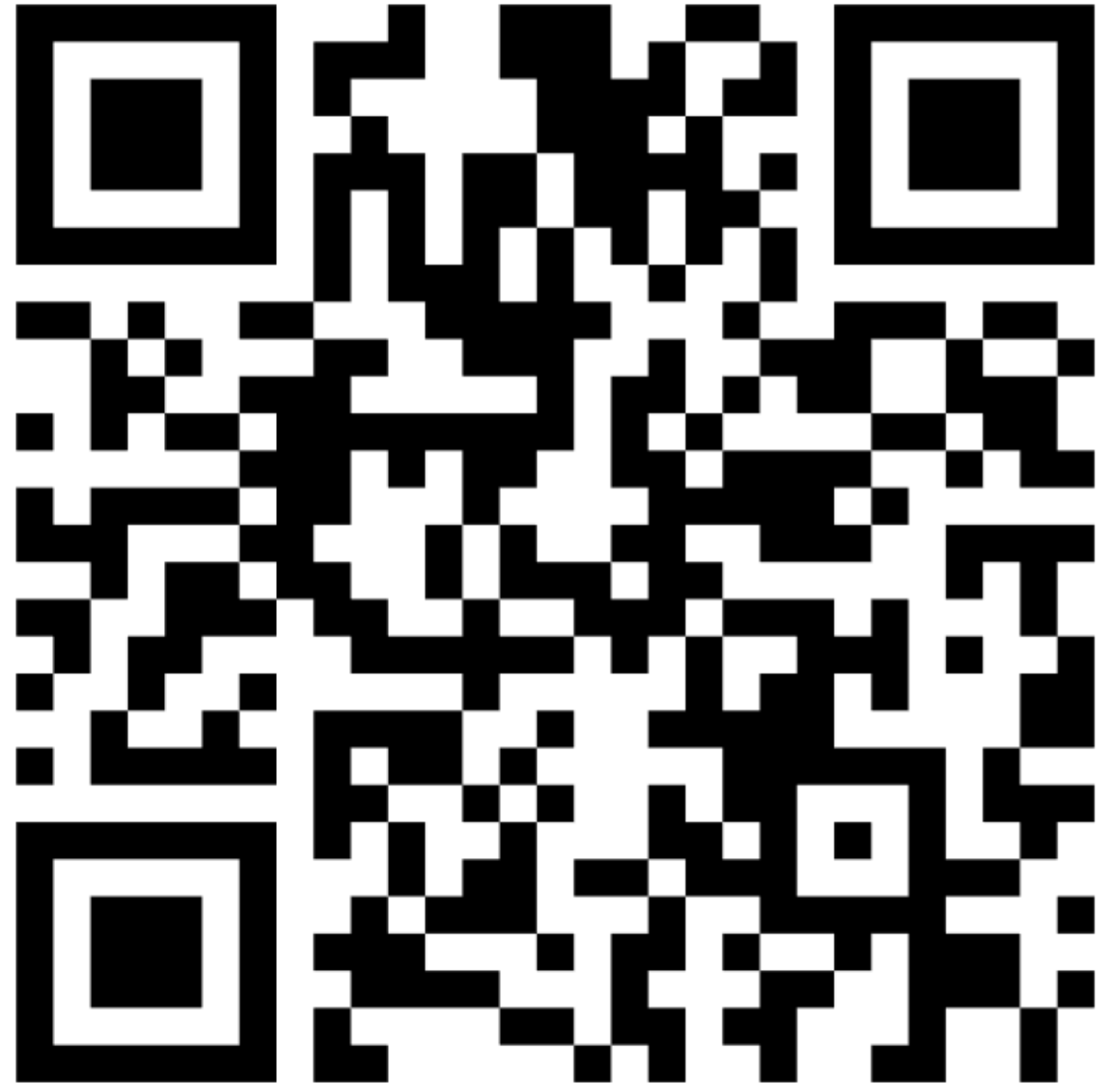
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Yes/No: I have received  
some type of leadership  
training before?

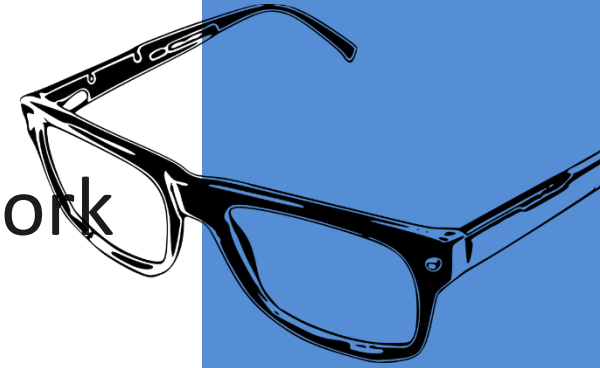
If you have, please  
briefly describe it.



# LEARNING OBJECTIVES



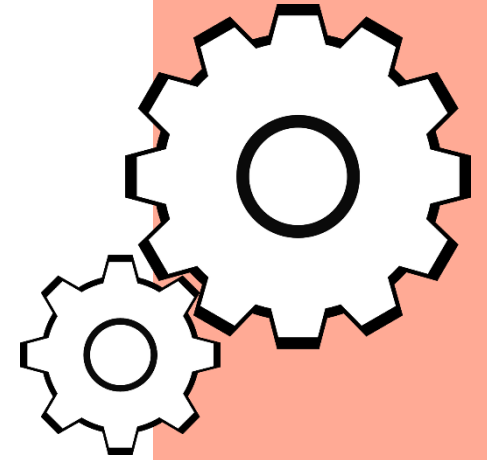
- ✓ Recognize leadership challenges specific to the clinical environment
- ✓ Learn key aspects of effective leadership and teamwork for diverse teams
- ✓ Learn about options for providing effective feedback & communication
- ✓ Understand considerations for bringing JEDI- and trauma-informed lenses to leadership, teamwork, and clinical care



# TRAINING GOALS



- ✓ Create a “guiding light” for clinical leadership, teamwork, and communication
- ✓ Provide tools for improving team communication
- ✓ Show how to build teamwork and channel it into team cohesion
- ✓ Provide tools for addressing challenges
- ✓ Give options for approaching problem-solving systematically
- ✓ Help you make your teams safer, more inclusive, and stronger



# UNDERSTANDING CONTEXT



**“Clinical”**

**Leadership**

**Teamwork**

**Problem-Solving**



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What factors make the  
clinical space a  
challenging place to  
work?





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Who here is a leader?  
In title, position, or action?

What makes a good leader?

What makes a good clinical  
team leader?



# UNDERSTANDING CONTEXT



The clinical workplace involves:

- Alternating between **high efficiency** and **high empathy** communication
- Frequent need for **high-accuracy** communication
- High “**cognitive load**” + high “**decision density**” = high error risk
- ***Complex* problem-solving**
- Alternating between **high stress** and **high monotony** activities
- **Frustration** (being faced with situations for which you don’t have a quick resolution) → ***Moral Distress and Moral Injury***
- Rarely seeing your “**wins**” + often reminded of **shortfalls** = burnout

# APPLYING THE JEDI LENS



- The clinical workplace is a diverse, crowded space
- Our health centers are tasked with being inclusive
- We work as teams, and teams and leaders need each other

# APPLYING THE JEDI LENS

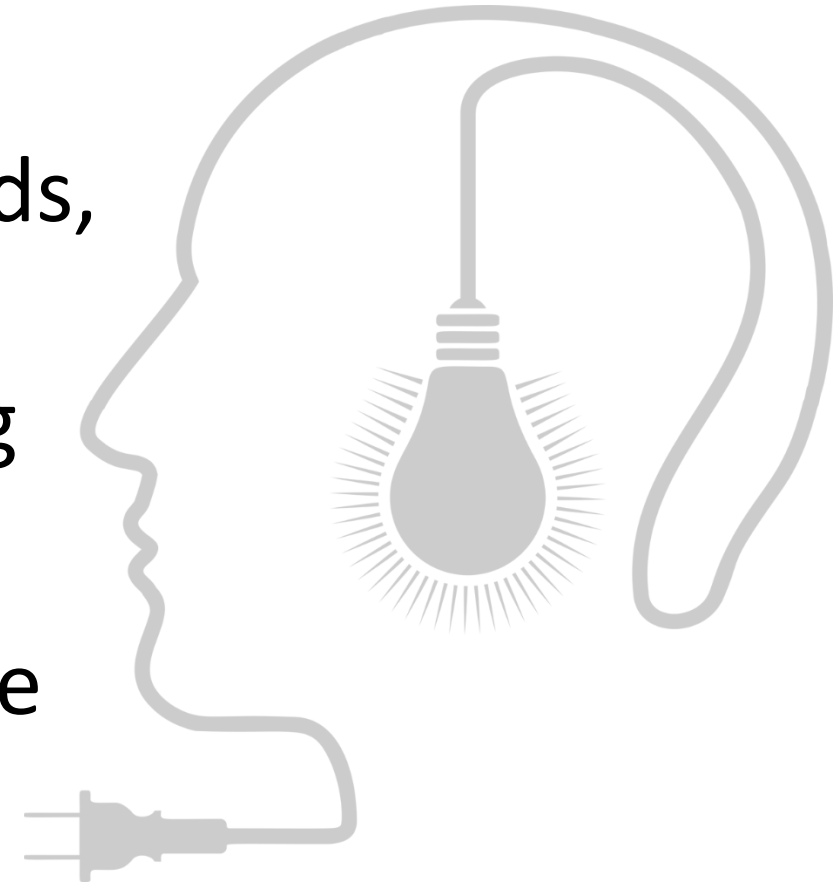


- The clinical workplace is a diverse, crowded space

***Crowded:*** many professions, licenses, specialties, and goals

***Diverse:*** many different people, backgrounds, neurotypes, abilities, strengths, cultures, races/ethnicities, ages, and ways of viewing the world

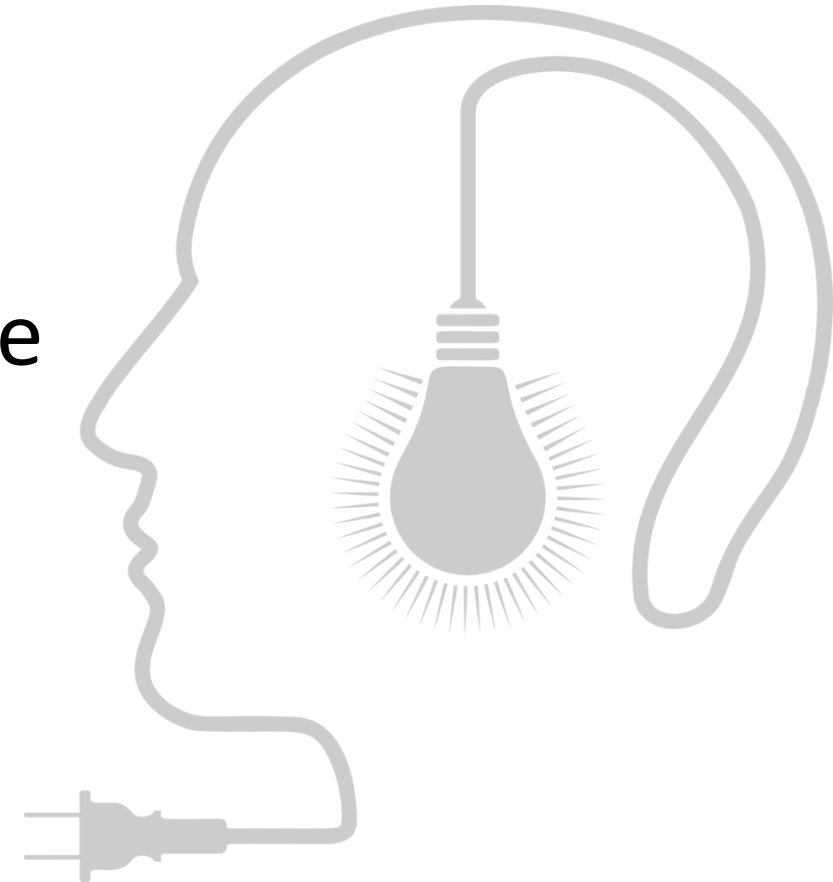
***Clinical:*** we all care about helping people be as healthy and well as possible



- Our health centers are tasked with being inclusive

***Inclusive:*** we don't just *accept* anyone, we *actively reach out* to those that have been marginalized, mistreated, or overlooked

***Health Centers:*** work for health justice—the idea that we should work to recover from the damage of historical (and present) wrongs

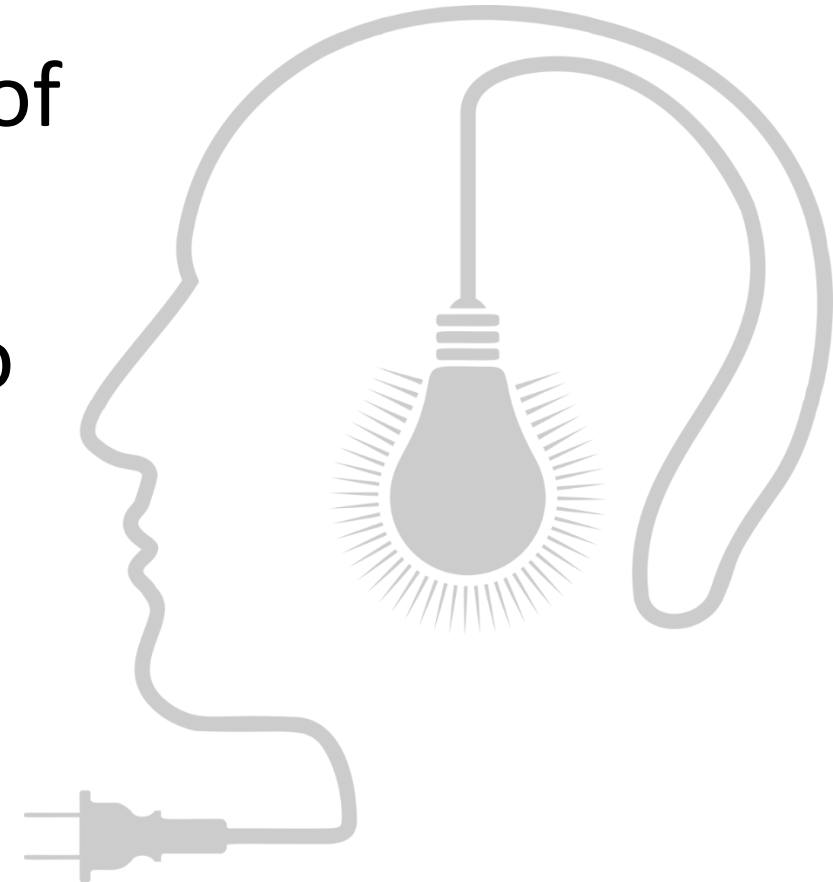




- We work as teams, and teams and leaders need each other

***Teams:*** diversity being used to create strength...you don't build a skyscraper out of just one material

***Leaders:*** ask “What can I do for my team so they can accomplish their missions and function at their best?”



Everyone can benefit from training on communication, teamwork, and *leadership*

Your work as a leader is *easier* when staff training is inclusive rather than exclusive





# LEADERSHIP for Diverse Teams

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# SAFETY FIRST

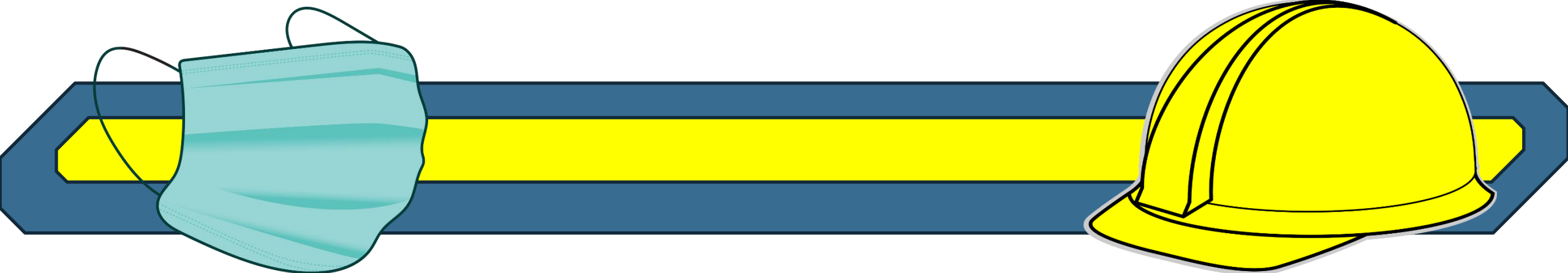


Ensure your team is protected

\*protection is not safety...

Individuals decide if a situation or place is safe, but we can all help mitigate hazards (physical and psychological)

Show your team you are there and facing the same situation they are (“leading from the front”) & concerned for their wellbeing





# WHAT CAN YOU DO FOR YOUR TEAM?



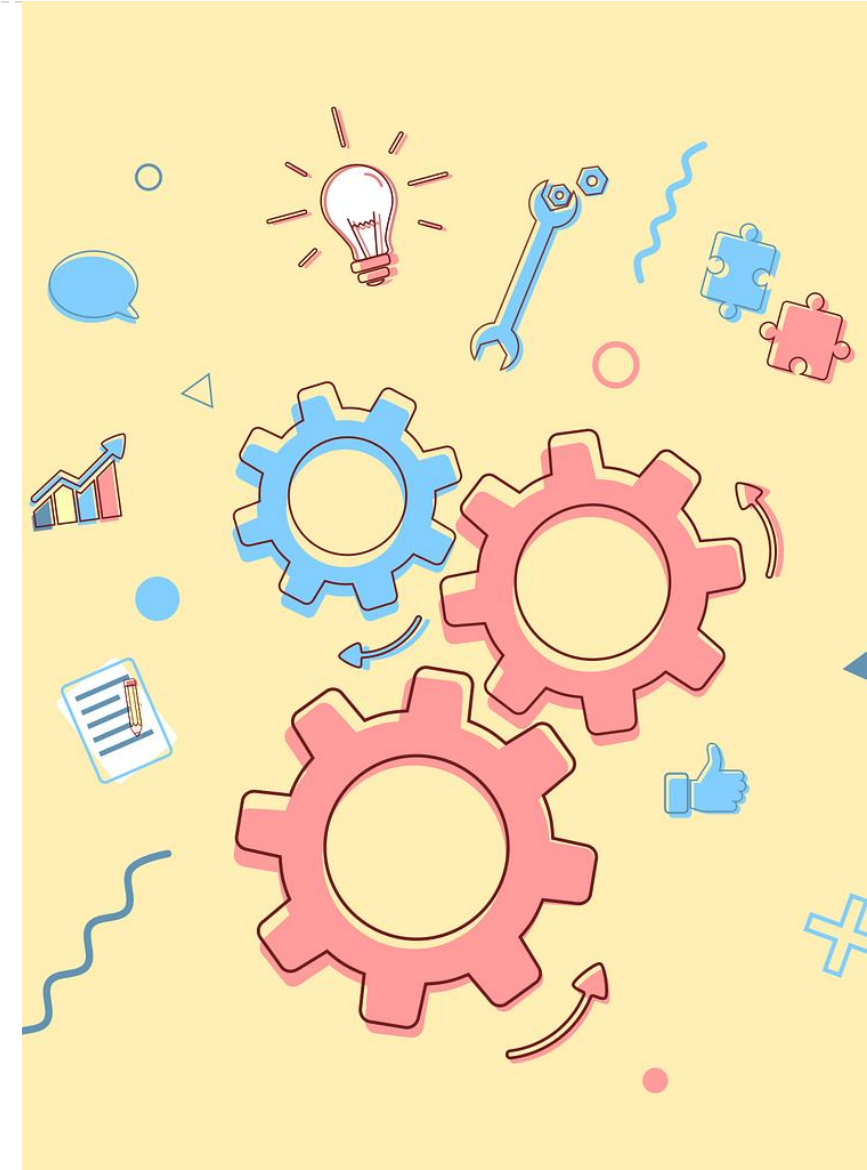
Ensure your team is supported & show them they are supported:

What resources do they need?

Do they know how to get those resources?

Be proactive in your support and communication

- ☐ Transparency (explain larger context whenever possible)
- ☐ Details in written communication
  - Benchmarks
  - Deadlines
  - “what info do they need to do their job effectively”
- ☐ Plan ahead how you will delegate
- ☐ Let people know what info you need from them





# GOOD FEEDBACK



- Listen, act, and empower
- Don't let “perfect” get in the way of “correct” (i.e.: avoid micromanaging)
- Create a system for feedback – make sure everyone on the team knows the process – make it a habit

# TURN SUCCESS TO STRENGTH



Stress + Success = Strength

(Stress + Defeat = Trauma)

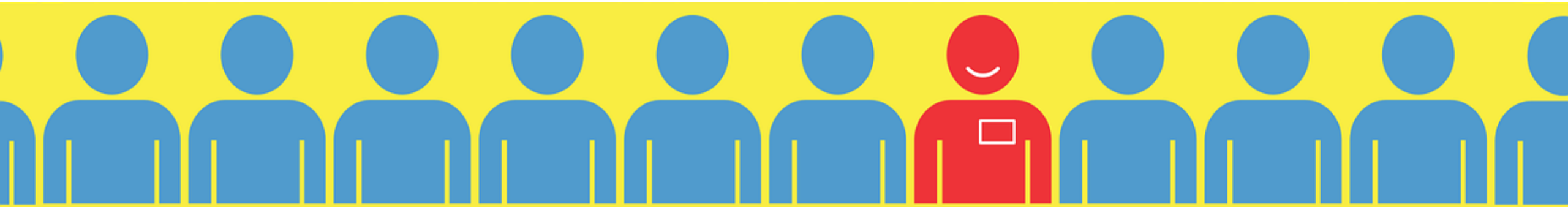
Call out your team's wins!

Avoiding “toxic positivity” is important... but positivity is kind of like caffeine, everyone has different needs and limits, but it's hard to overdo it if it's the real thing

Provide a space for acknowledging that sometimes things are bad, but recovery is possible

Provide a space for sharing frustrations and concerns (but don't de-stress down!)

Create structure and schedule when possible (can be challenging in the clinical environment)



A photograph of three medical professionals in white lab coats. In the foreground, a Black man with glasses and a beard is smiling while looking at a tablet. Next to him, a woman with dark hair is looking down at the tablet. In the background, another woman is visible, also in a lab coat. The image has a semi-transparent dark grey overlay in the center where the text is located.

# TEAMWORK for Diverse Teams

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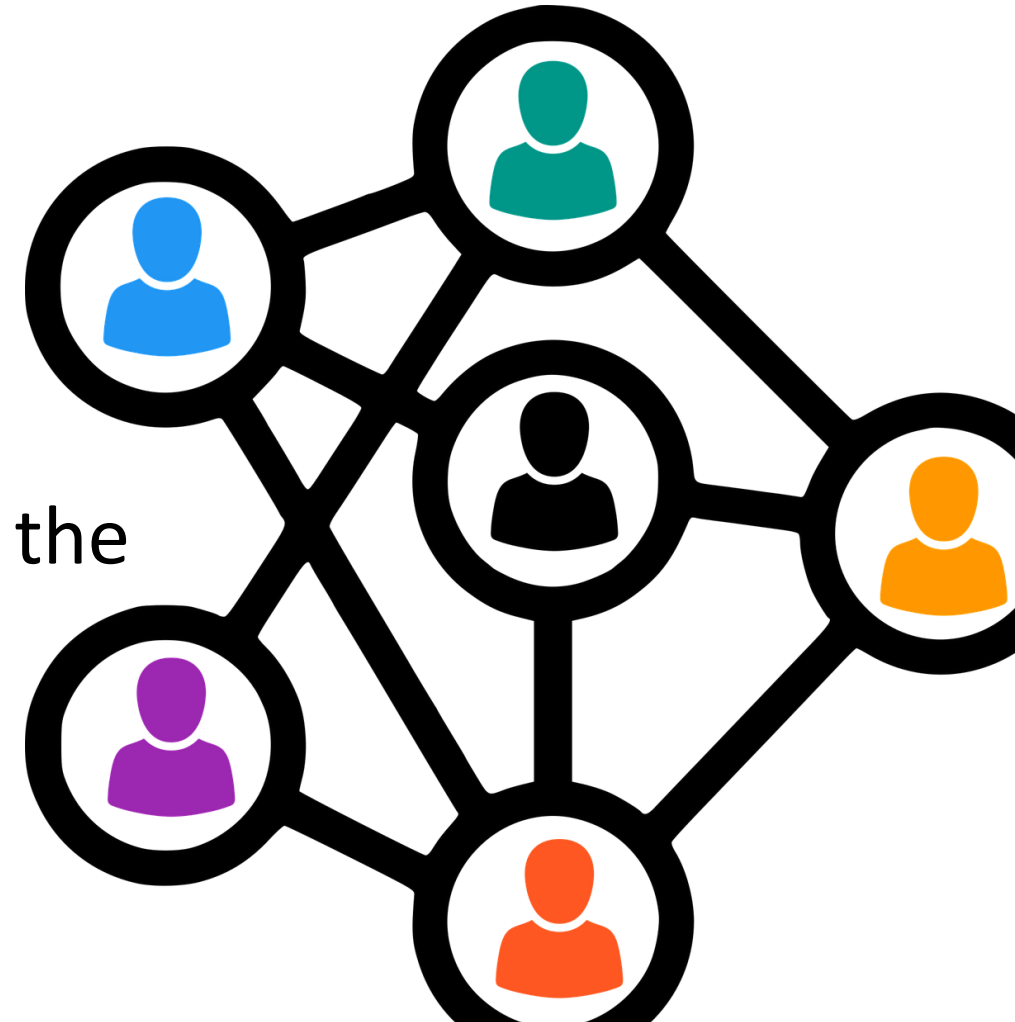
# TEAM COMMUNICATION

Set communication systems for:

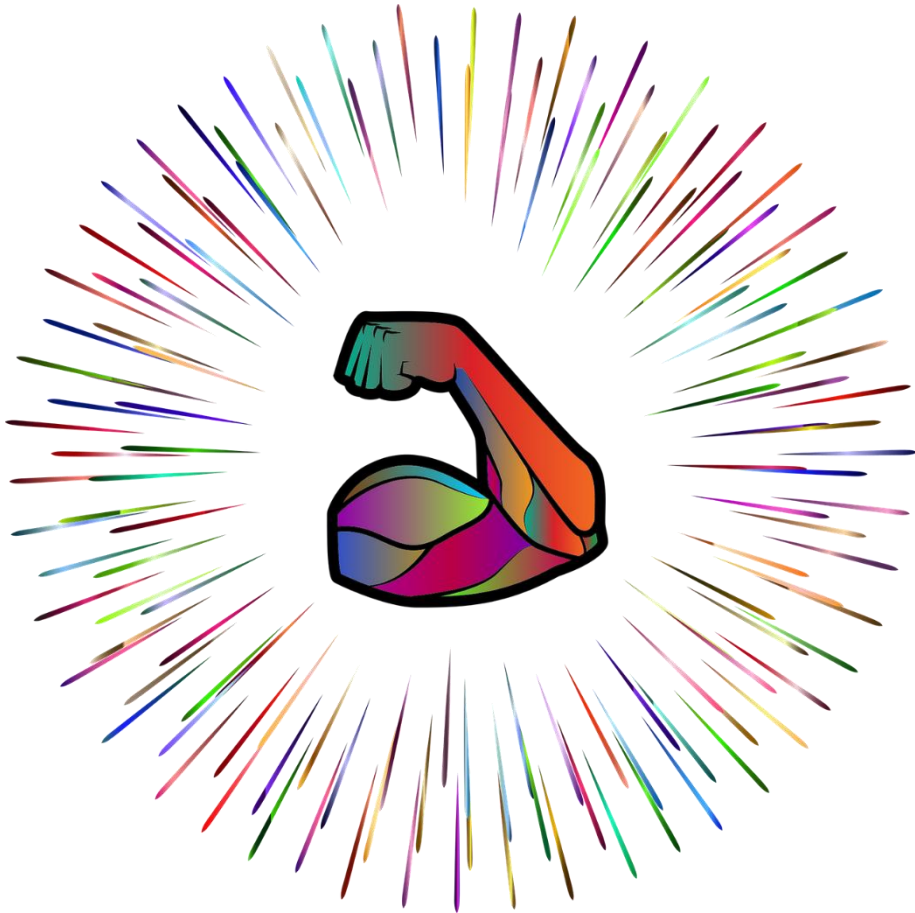
- Time-sensitive items/updates
- Routine updates
- Project planning and operations
- Feedback and improvement

\*All team members should be trained on the team's communication basics

When possible, let teammates note their preferred communication style



# TEAM COHESION



**Stress + success = strength**

Let your teammates know  
when you see success.



# THE HABIT OF **FEEDBACK**

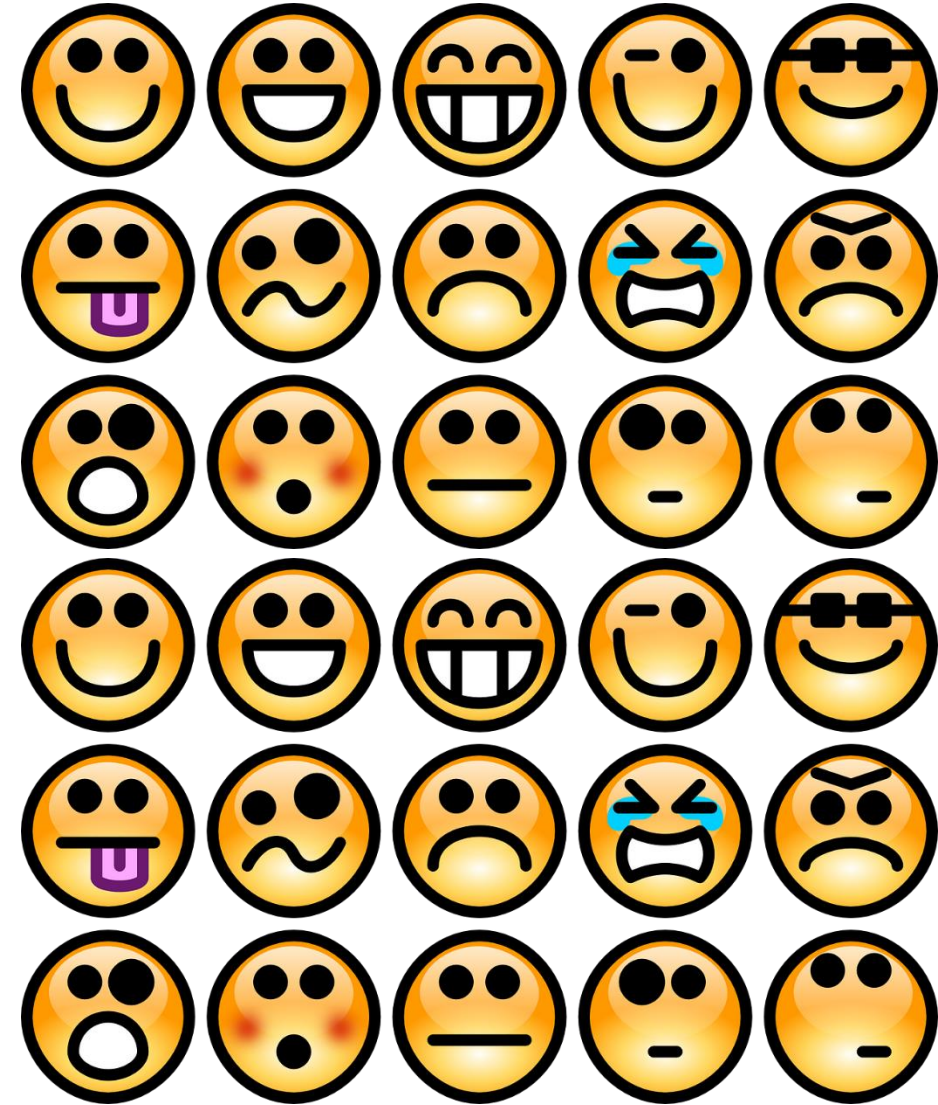


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**Make asking for feedback a  
*habit.***

“How can I do \_\_\_\_ better?”  
“How can I better help you do  
your job?”



# THE HABIT OF ASSUMING GOOD INTENT



Your teammates have their own challenges

- Reflect on how your work and actions affect theirs
- If you feel “challenged”, before assuming intent was aimed at you, ask “Is there any way they were acting for some other reason?”



# TEAMS = TRAINING

- **Form**
- ***Storm***
- **Norm**
- **Perform**

- ❖ Training as a team provides a low-hazard space to encounter these stages of team growth
- ❖ Focus on the mission/goal for Forming and Performing
- ❖ Norms will develop as the process of achieving that goal is developed and carried out
- ❖ Storming can and likely will occur at almost any point in the process

- Storming is conflict and if well-managed and communicated through it will build a stronger team
- Left unaddressed or strongly suppressed it will eventually cause fractures in the team



A woman with long dark hair in a ponytail, wearing a light blue turtleneck, is seated and looking towards a man. The man, wearing a light blue V-neck shirt, is seated and gesturing with his hands while speaking. They are in a room with a large window in the background. A semi-transparent grey rectangle is overlaid on the image, containing the text.

# OPTIONS for Effective Feedback

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# CORRECTIVE TOOL: SBI(C)



- ❖ **Situation**
- ❖ **Behavior**
- ❖ **Impact™**
- ❖ **(Create Solutions)**



## ***Situation:***

- Address the issue as soon as possible.
- Describe precisely when the issue occurred and what was going on.

## ***Behavior:***

- Describe the actions that caused the issue in only factual terms—no words that indicate judgement or criticism; simply say what happened.
- Ask if you missed any details.

## ***Impact:***

- Describe how the actions in that situation impacted you, the team, anyone else involved, or the organization.
- Take care to not dive into problem-solving yet or assigning blame.
- Use “I feel” or other statements to describe personal impact.

## ***Create Solutions:***

- Work with the other person to come up with a solution.
  - Not forcing them to solve the problem.
  - Empowering them to help build a way forward.

# IMPROVEMENT TOOL: SUSTAIN/IMPROVE



- ❖ Sustain
- ❖ Improve
- ❖ Add
- ❖ Remove

***Sustain:*** What worked well and should be continued

***Improve:*** What can I do better or change for next time? What can the team do better or change for next time?

***Add:*** What was missing (a resource, action, or person) that would help improve next time?

***Remove:*** What was harmful or unnecessary that we could reduce or get rid of to improve next time?

\*Remember: Rewards and recognition for achievement should immediately follow high-stress situations; critique and improvement planning should take place during low-stress, post-recovery periods.

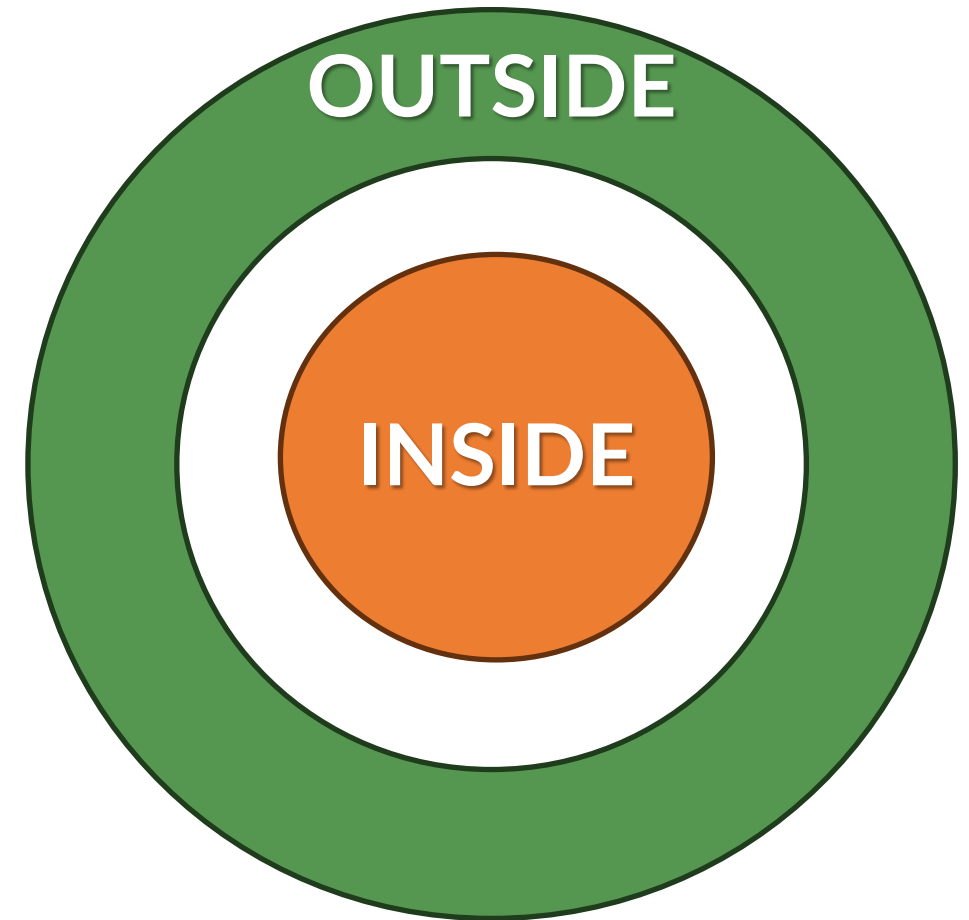
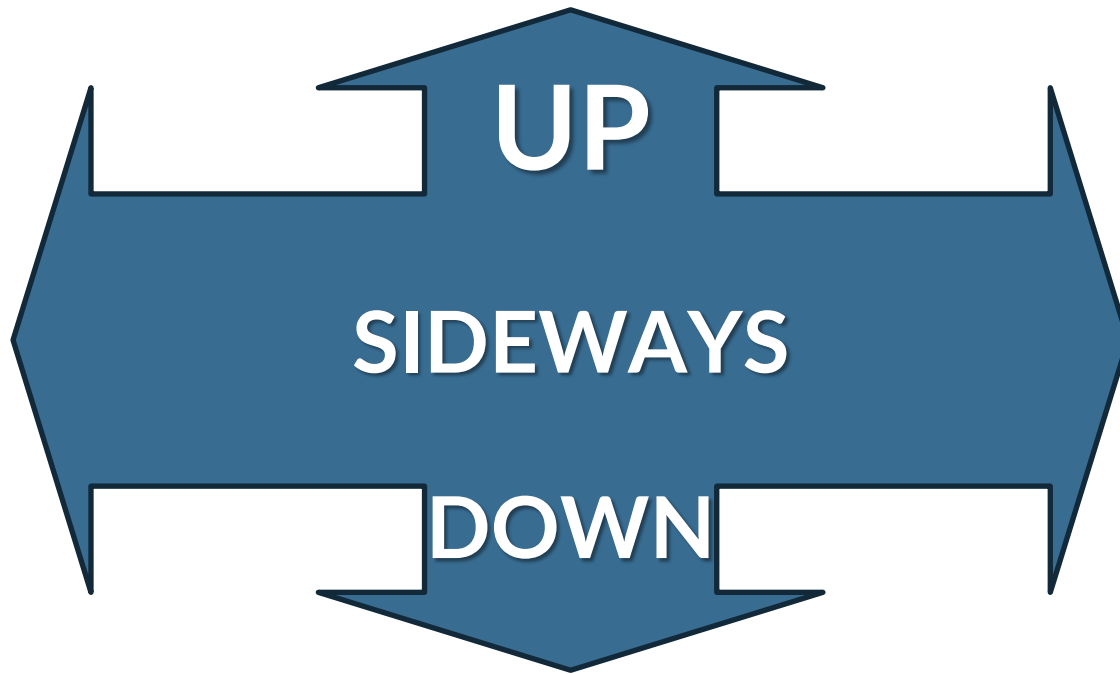


A photograph of a hospital hallway. In the foreground, a male medical professional in green scrubs, a white surgical cap, and a white face mask stands on the left. To his right, a female medical professional in green scrubs, a white surgical cap, and a white face mask is pushing a white gurney. The gurney has a clear plastic enclosure and contains some medical supplies. In the background, other people are visible, including a person in a striped shirt and another in green scrubs. A sign on the wall in the background says "SAÍDA" with an arrow pointing right. The hallway has white walls and a light-colored floor.

# OPTIONS for Effective Communication

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# COMMUNICATE UP-DOWN-SIDEWAYS



# CHEAT SHEETS

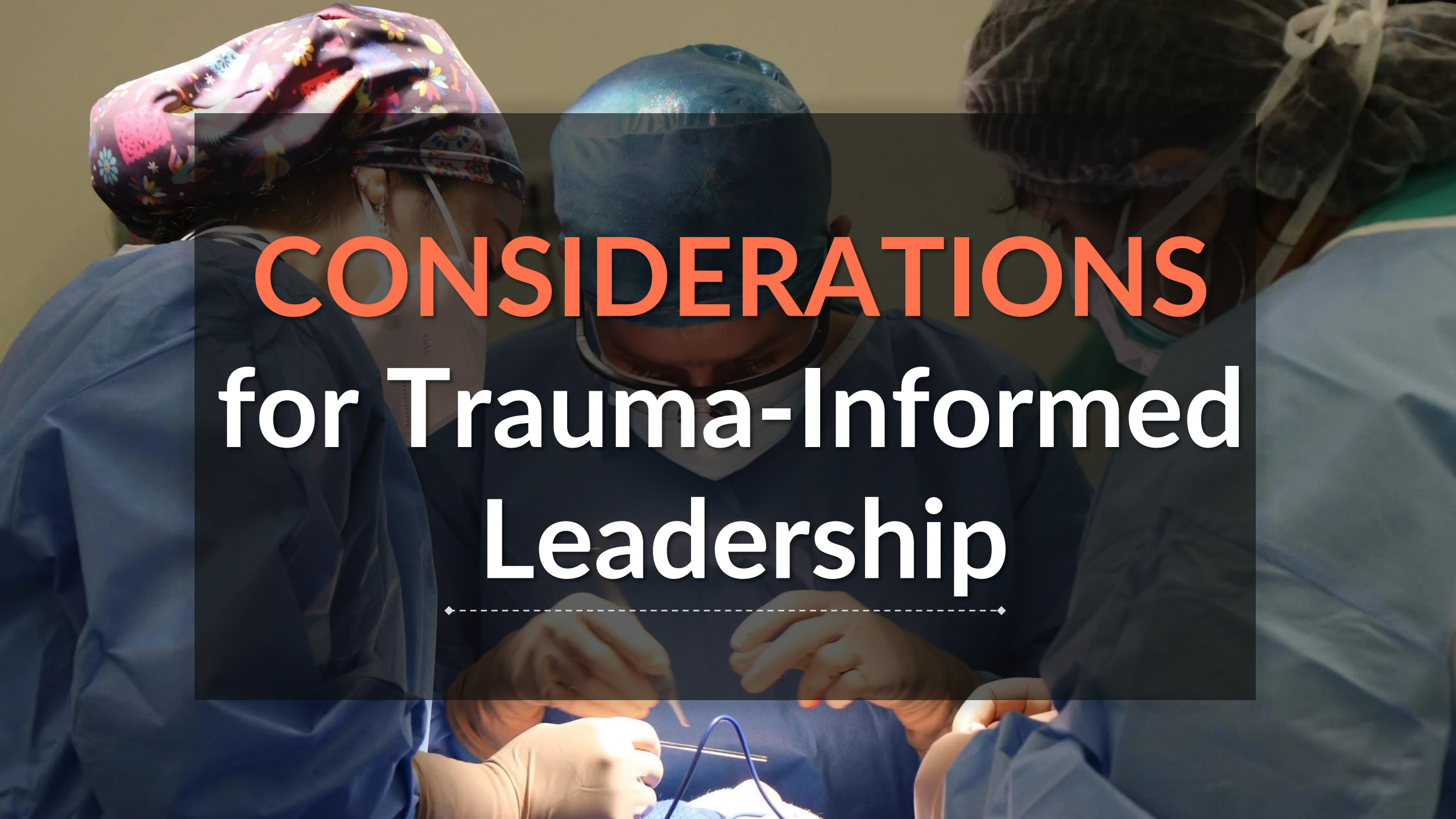
- **Checklists**
- **Agendas**
- **Contact Cards**
- **Quick Reference Guides**
- **Any other tools** that reduce the amount of searching for info, save time, or reduce extraneous info



## **Sample Briefing Checklist:**

- ☐ Name & Role/Task Assigned
- ☐ Contact Method & Info
- ☐ Other Teams/Individuals Coordinating With
- ☐ Timeframe of Task
- ☐ Cue to Start/End/Change
- ☐ Critical Objective(s) Completed
- ☐ Critical Objectives to Complete
- ☐ Safety/Hazards & Mitigation (incl required PPE)
- ☐ Critical Resources (incl personnel)
  - Have
  - Need



A photograph of three surgeons in an operating room, wearing blue scrubs and surgical masks. The surgeon in the center is wearing a blue surgical cap and is focused on the patient. The surgeon on the left is wearing a colorful patterned surgical cap. The surgeon on the right is wearing a white surgical cap. They are all working on a patient who is lying on the operating table. The background is a plain, light-colored wall.

# CONSIDERATIONS for Trauma-Informed Leadership

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# WORKPLACE SAFETY

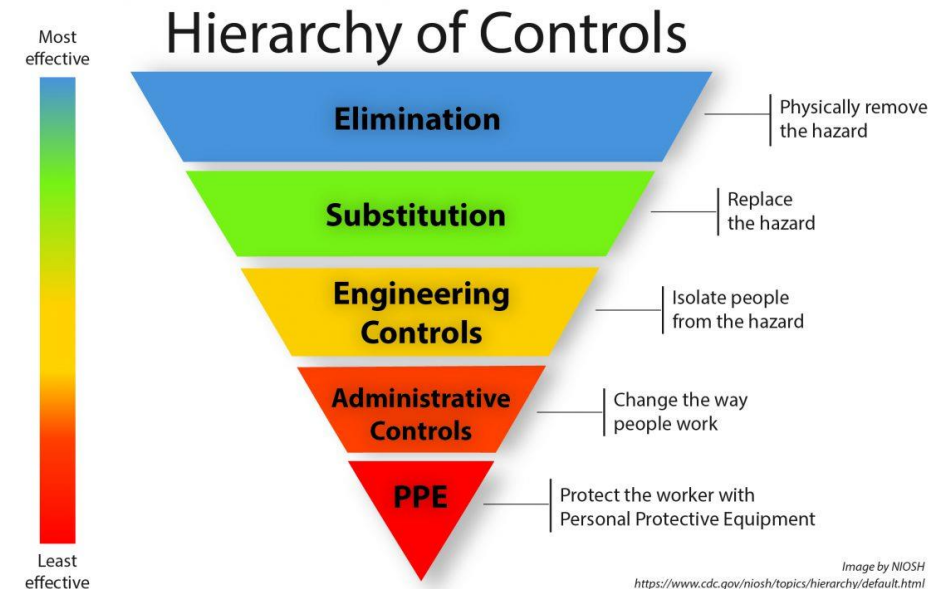


## Psychological Safety

- ❖ Mental Health Awareness & First Aid
- ❖ Reducing High-Likelihood Triggers
- ❖ Creating Decompression Spaces (not isolation, but low sensory input and lots of personal space)
- ❖ Recognizing Burnout
- ❖ Recognizing High-Stress Periods
- ❖ Ensuring Physical Safety
- ❖ Time for Team Debriefs, De-Stress, & then Feedback

## Physical Safety

- ❖ Have well thought-out, clear, and well-explained systems for mitigating hazards
- ❖ Review them with your team frequently
- ❖ Update as needed (collaboratively with your team when possible)



# COGNITIVE LOAD



- Cognitive load and decision density increase stress and decrease resilience.
- Use tools like checklists, writing things down, and distributing out tasks to reduce these stressors.
- Remember that we all bring in thoughts, decisions, and challenges from outside the workplace as well.



Don't forget that someone may face impacts from their non-work life that increase stress and reduce their resiliency baseline at work — and some folks' stressors may be more personally taxing than others'

- Did I leave the stove on?
- Is my child/parent/partner/friend mad at me?
- Will I be able to pay rent and buy groceries?

## **Help create a culture of support & respect:**

- Check in with your teammates
- Like reducing physical activity for someone recovering from injury, it's okay to reduce the mental workload for someone recovering from a major stressor...



A healthcare worker, likely a nurse or doctor, is shown from the chest up. They are wearing teal scrubs, a white surgical mask, and a blue hairnet. They are looking down at a patient's arm, which is visible in the lower left corner. The background is a plain, light-colored wall. Overlaid on the image is a semi-transparent dark grey rectangle containing the text "PROBLEM-SOLVING & Tough Conversations".

# PROBLEM-SOLVING & Tough Conversations

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# PROBLEM-SOLVING



High stress can reduce our ability to creatively problem-solve...a practiced process can help us get started and stay on track:

1. Find your gaps:

**Requirements – Resources = Shortfalls (Surpluses)**

2. Ask what resources you need to start addressing the problem (including personnel)

*If you have surpluses, who else could use them?*

3. Who can you get needed resources from?

4. What is your timeframe?

*Work backward to build timelines*

5. What are your key benchmarks?

6. After the problem is solved:

Debrief (**Sustain/Improve**)

How do we avoid this in the future?

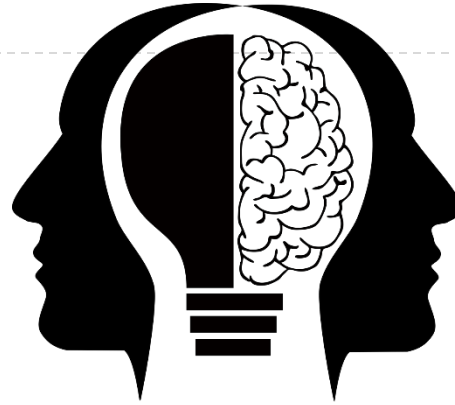
Reality check:

Is the solution illegal, immoral, or harmful?

# TOUGH CONVERSATIONS



Getting them started is the hardest part.  
Conflict avoidance is easy, but harmful in  
the long run.



It's easier to get started if the whole team  
knows the process and tools [SBI(C),  
Sustain/Improve, and the basics below].

Help keep biases, blame, and negative emotions in check with some of the following communication basics:

- **Don't make it a surprise. Let the other person prepare, too.**
- **Address issues as soon as possible.**
- **Don't assume ill intent.**
- **Express your feelings or how something affected you, but don't assume you know how someone else feels.**
- **Acknowledge others' feelings and what they say ("I hear you saying \_\_\_\_, and it sounds like you feel \_\_\_\_.")**
- **Be aware of power dynamics and perceptions.**
- **Try to build collaborative solutions with clear, defined goals/benchmarks for success.**

(ex: "In the future, I will check with you before I do \_\_\_\_, \_\_\_\_, or \_\_\_\_, and you've said you will let me know ahead of time if you need \_\_\_\_.")

Have you had a tough  
conversation you're  
willing to talk about?





What is one goal you  
have for the next  
step on your  
leadership journey?



# QUESTIONS





# Thank you!

## Please fill out the evaluation!



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## FEATURED RESOURCE:

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# ONBOARDING CHECKLIST

A guide to going beyond orientation to help fully integrate new hires into their roles, teams, and workplaces.

*Access the resource [here](#).*



# ADDITIONAL LEADERSHIP RESOURCES

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- [Organizational Leadership & Resiliency Toolkit](#)
- [Trauma-Informed Leadership Webinar](#)
- [Health Center Leadership's Role in Team Building and Stress Management Webinar](#)
- [Chief Workforce Officer \(CWO\) Toolkit](#)
- [Manager Training Toolkit](#)
- [Manager Training for Employee Engagement Webinar \(part 1\)](#)
- [Manager Training for Employee Engagement Webinar \(part 2\)](#)
- [Adaptavist – Definitive Guide on Upskill & Reskilling Teams for Hybrid & Remote Work](#)
- [2022 Professional Development Series - Session 1 \(Manager Training\)](#)
- [Strategies to Provide Productive Feedback to Employees Webinar](#)
- [Communicating Across Generations: Managing Generational Conflict in the Workplace Webinar](#)
- [Center for Creative Leadership \(CCL\) High-Potential Talent: A View From Inside the Leadership Pipeline](#)
- [Various podcast episodes](#)
- [High-Functioning Managers e-Learning course](#) (requires log-in but all courses are free to access)





# STAR<sup>2</sup> CENTER RESOURCES

- [Recruitment & Retention Self-Assessment Tool](#) *(Newly updated!)*
- [Health Center Comprehensive Workforce Plan Template](#) *(formerly Health Center Provider Recruitment & Retention Plan - Newly updated!)*
- [Equal Pay for Work of Equal Value White Paper](#) *(New resource!)*
- [Financial Assessment For Provider Turnover Tool](#) *(Newly Updated!)*
- [Building an Inclusive Organization Toolkit](#)
- [Onboarding Checklist](#) *(A Brand New Tool!)*
- [Supporting Mental Health Through Compensation Equity Factsheet](#)

[You can find all of the STAR<sup>2</sup> Center's free resources here](#)

[Sign up for our newsletter here for new resources, trainings, and updates](#)

# UPCOMING EVENTS: REGISTER NOW!



## Recruiting the Integrated Care Team Webinar Series

Tuesday, October 24 & Tuesday, October 31  
3:00PM ET

<https://tinyurl.com/55e52nnm>



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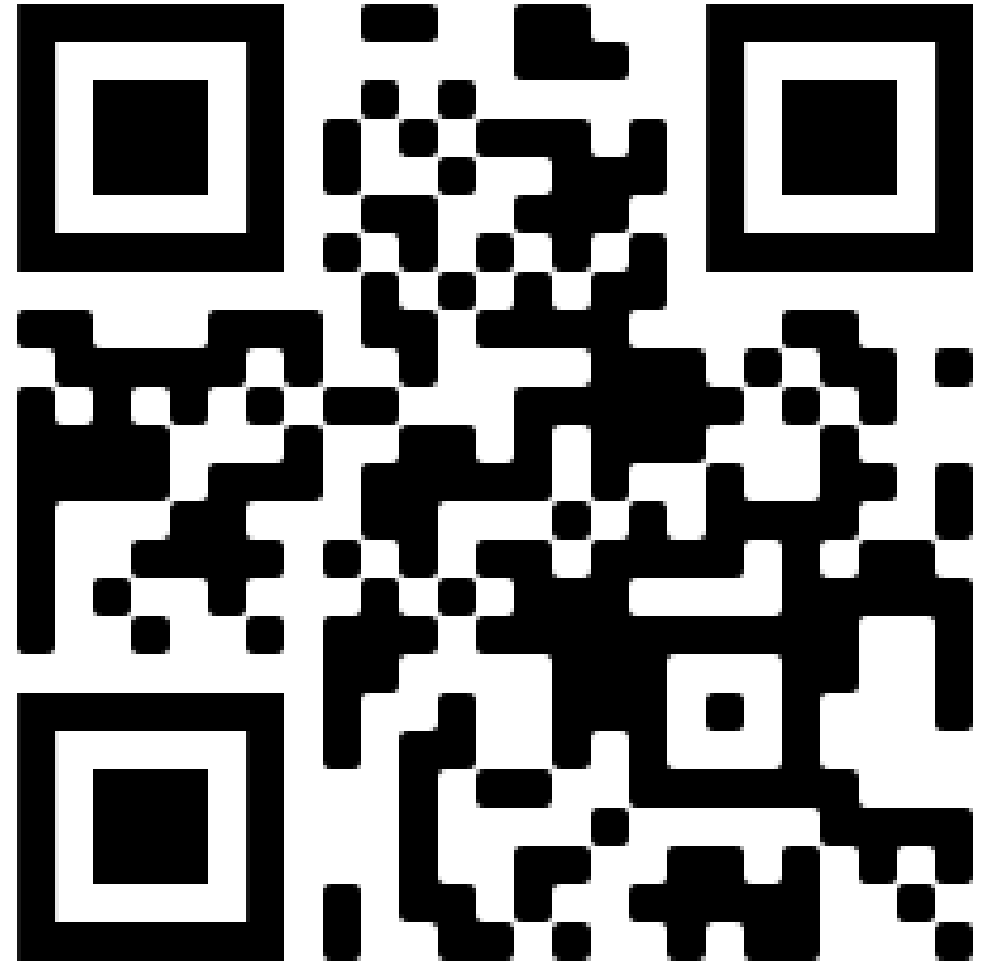
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