Creating Optimal Organizational Culture in an Academic Medical Group Practice

Focus Paper

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Abstract

In a busy academic medical group practice or in any business, intentional consideration of the organization’s culture is crucial. This paper intends to explore the role optimizing organizational culture plays in transforming an academic medical group practice and the effects on its subsequent performance. This paper aims to provide a road map of the steps taken and lessons learned while changing a medical group practice’s culture from good to great. Changing an organization’s culture can be a difficult and lengthy journey. However, the efforts can be transformative. This focus paper also details leadership’s role in changing the organization’s culture. Process improvement tools utilized, such as lean six sigma, are discussed. Improving your practice’s employee and physician engagement is outlined. Common pitfalls to avoid while embarking on such an effort are disclosed as well as alternatives to consider. As the healthcare environment continues to evolve, organizations must be ready to move in a more nimble way. Productivity, efficiency and the ability of the organization to adapt to rapid cycles of change will become increasingly important. However, these must be balanced with a mindset of patient centeredness. Keeping the patient central regarding all decisions, along with improving operational systems and the organization’s culture, will better prepare medical practices for the future.

Keywords: organizational culture, employee satisfaction, patient satisfaction, servant leadership, process improvement, lean six sigma
Introduction:

Edgar Schein, the author of *Organizational Culture and Leadership* states…” Culture is an abstraction, yet the forces that are created in social and organizational situations deriving from culture are powerful. If we don’t understand the operation of these forces, we become victim to them. Cultural forces are powerful because they operate outside of our awareness. “

In a busy academic medical group practice or in any business, intentional consideration of the organization’s culture is crucial. This paper intends to explore the role organizational culture can play in transforming an academic medical group practice and the effects on its subsequent performance.

There are three different aspects of organizational culture that must be considered when understanding the role culture plays in a medical group’s dynamics. The first is the organization’s “Artifacts” or its governance structure and processes. This can be hard to decipher without seeing these structures in action. An example of this might be a chart-handed out to new staff at orientation that illustrates the structure and hierarchy of the organization. However, this does not demonstrate how leaders and direct reports work together. The next is the group’s “Espoused Values” or its strategies, goals and philosophies. Many organizations articulate their espoused values through annual reports, strategic plans and annual performance reviews. The communication and comprehension of these values are an important aspect of culture and must be considered as a part of the full picture. The last is the group’s “Basic Underlying Assumptions”. These are things that we often take for granted or that we perceive or even feel. For example the way people greet each other when arriving at work each day might lead us to make assumptions about what is or is not tolerated in a group’s culture. Do we say hello to all members of the team or only those in certain positions?

An organization with a positive organizational culture benefits from leaders, staff and clinicians working together as an integrated team. Individual contributors should feel they play an important role in a medical group practice regardless of title or position. When these positive
elements are present, the team is motivated to problem solve and help one another because these key fundamentals are hard-wired into the group’s culture. Their shared beliefs and values are visible in all aspects of the care they provide and are fully supported by everyone every day.

The current healthcare environment challenges the medical group practice to do more with less. Healthcare costs continue to increase and group practices continue to feel the pressure to increase revenue and decrease expenses. Improving the medical group practice culture supports improving the overall experience as well as the bottom line financially. This is well outlined in several healthcare journals and has been proven as a benefit to these efforts ix.

Utilizing Lean Six Sigma vi and the Define, Measure, Analyze, Improve and Control method (DMAIC vii) helps provide a continuous improvement system for the group practice. The use of this common language of problem solving aids in transforming, supporting and monitoring the organization’s positive culture.

Define: Background

The physicians of this particular medical group practice are equipped to diagnose and treat highly specific pathologies associated with their specialty. In addition they participate in the management of broader and more complex health issues through the coordination of specialized multidisciplinary teams. The makeup of the group practice consists of approximately sixty employees spread across six physical locations, two of which are larger and considered to be central or main locations, and four additional satellites. Of these sixty employees, ten are physicians, three are administrative, and the remainder is support staff as well as allied health personnel and researchers. While the medical group practice focuses its clinical expertise in the sub-specialty realm and could be considered small compared to other practices, it remains dedicated to playing a major role in helping the hospital and medical school achieve the broader strategic goals of the larger institution. Those goals focus on accelerating growth and expanding visibility and participation in regional, national and international markets.

Historically, the senior leadership within this medical group practice regularly
participated in an annual strategic planning process that focused on operations, business
development, budgeting, and volume growth. An external consultant, who led our kick off
meeting that was designed to bring focus to our annual planning process, walked us through an
exercise where we brainstormed everything in the practice we would fix if we had a magic wand.
The exercise resulted in two themes emerging: An increased focus on improving clinical
operations was necessary to achieve the practice and the larger organization’s goals. In addition,
tolerance of, or indifference to, the prevailing dysfunctional office culture could no longer be
ignored. Malicious gossip, lack of trust and the formation of office cliques were all accepted and
even definitive characteristics of the existing office environment.

In the area of clinical operations, most everyone was willing to help solve problems, but
no formal system was present, and roles and responsibilities were unclear. The results ranged
from small misses on a daily basis to far more serious patient and employee safety events. When
considering the issues surrounding the tolerance of bad behavior, it was commonplace to witness
complacency and even fear of retribution if anyone was to speak out regarding the undesirable
conditions.

The decision was made to form work streams that would be directed by an administrative
leader, partnered with a physician-leader, to address these issues thereby engaging and
empowering employees to not just identify problems, but to participate in solving problems.
These efforts were foundational in forming new norms of behavior as well as increased team
work. The improvement process took the better part of a year, and this evolution will be
explored.

The role of the administrative leader is a key focus in this case study. Understanding the
value of the leader’s influence in the cultural change-management process will be illustrated. The
significance of leadership, impact on morale and communication will also be studied.

**Measure: Impact**

A large part of an organization’s culture is made up of how people interact and treat each
other. If an organization aims to achieve great organizational culture, all members of a team must show appreciation and empathy as well as mutual respect for each member’s contributions. To improve the organization’s group dynamics, the use of team building exercises can be beneficial. One particular exercise that can be highly effective is the Myers Briggs personality type indicator. This exercise asks that individuals take a risk and trust one another with personal information about themselves such as whether or not they are introverted or extroverted. While the risk is small this is the first step in getting people to think differently. The exercise also helps group members start to appreciate that each person on the team has characteristics of their personality that in part make them who they are and influence how they work, think, respond and react in the workplace. When a team goes through this process and considers that each member is unique and has much to offer, it can act as a reset to the way individuals work together.

Improving the organization’s culture cannot be accomplished without measurement of both quantitative and qualitative data. One key method used was the patient satisfaction survey results. The survey was made up of multiple choice questions related to the different touch points along the patient’s experience such as scheduling, day of visit efficiency, clinical care and finally discharge and billing. The survey also provided the patient an opportunity to give feedback through directed questions with free text comment responses. The relationship between the organization’s culture and the patient satisfaction data is worthy of analysis. This data was an indicator of our progress over time during these transformational efforts. While measuring the patient experience was crucial, we also wanted to ensure we balanced this metric against staff and physician satisfaction. The strong correlation between satisfied patients and staff, being key components of a positive organizational culture, is well known in respected healthcare periodicals and research studies. After obtaining this data a communication and improvement plan was created to turn the data into action. One powerful example of turning this data into action was that a family scored the group practice poorly with overall general dissatisfaction in their quantitative section. In addition they commented in the free text section of the survey that staff
at check-in was ill-mannered. This provided a teaching moment for the team and impetus for change.

A formal structure and process to elicit staff feedback was created. With this feedback we were able to coach staff, nurses and physicians after reviewing their results and formulated improvement plans. One-on-one meetings were performed with each team member. In addition, the utilization of a 360° tool provided meaningful feedback. This helped promote self-awareness so staff could make small changes in support of the organization’s cultural transformation. The 360° tool was also implemented with the physicians and leadership which provided another area that was measurable to ensure our efforts were moving the organization in the correct direction. A word of caution regarding 360° feedback reviews and the potential pitfalls when utilizing them in the medical group practice. The orientation and application of this tool can be negatively received by different members of the team if a baseline of group trust has not yet been established. When we instituted the 360° tool we found that we could have done a better job of explaining why we were administering these surveys and what was done with the data. Staff had many questions. Who would review the results? Would everyone be participating? Would these results affect annual performance reviews?

Much of the cultural change had fundamental elements such as a full review and understanding of each team member’s roles and responsibilities. Using a proven tool for this exercise helped bring clarity to several members of the team. Helping all members of the group understand and appreciate who was in each role of: Responsible, Accountable, Consult, & Inform (R.A.C.I) helped reduce conflict and increase productivity while also documenting key work areas and tasks. This effort can often reveal a lack of clarity or understanding as well as appreciation for what other’s roles and responsibilities are. This was extremely helpful when discussing something as simple as the payroll process. Who enters the employee’s time? Who approves the time? Who reviews the exceptions report? When a team member is on vacation, what is the backup plan for payroll processing? Asking how this type of activity works and who
does what often reveals duplicative efforts, communication breakdowns and the lack of a plan in the event of a staffing issue. The roles and responsibility exercise (R.A.C.I.) can not only help bring these issues to light but can also provide a road map for succession planning and documentation for onboarding new team members. The creation of an employee handbook which included photos of all the staff was well received. New staff were allotted time to shadow and meet members from all aspects of the group practice building on the initial team building exercises.

Maintaining and continuing to improve the organization was a priority for all involved. A report out of the employee and patient satisfaction data became a regular part and standard work for the group. Adding the patient satisfaction scores to large screen monitors in the clinical and administrative areas increased communication and transparency. One finding on a survey was regarding our clinic wait time. We shared how we were performing with outpatient clinics running on time. This helped start a dialogue regarding our improvement efforts with respect to wait time. The lower performers became more engaged in the improvement process. The higher performers saw it as an opportunity to help their colleagues and continue to improve themselves as well.

**Analysis: Building a New Culture**

Learning from others of what “to do” and what “not to do” is helpful in improvement efforts. While reviewing several text, articles and key healthcare business periodicals one key theme emerged. The element was that of “Trust”\(^{xiv}\). How does a group get or lose trust in itself and in one another? An organization with a high level of trust is able to transform its culture more easily. Increasing the level of trust both on the individual level and between staff, physicians and the patients takes effort. The speed of trust as defined by Edgar Schein\(^{xv}\) is simply explained as the culture supporting the organizations strategy. Said another way, this would be the organization’s ability to be nimble. Given the changing national healthcare debate and the ever changing economic environment, don’t we all want our organization’s to be more
nimble when responding to market forces?

When considering the transformation of an organization, it is important to assess the group’s readiness for the upcoming change. A communication plan with ample opportunities for staff and physicians to be involved is vital. The partnership among administrative, nursing and physician leaders must support the change efforts. Without this alignment the already difficult change becomes nearly impossible.

Much of the effort in taking an organization from good to great is that periodic one-on-one sessions where leaders listen and record issues, strengths, policies and procedures. Learning from the front line staff about challenges or the difficult dynamics between physicians, nurses, and staff are examples of results from these sessions. When interviewing team members, asking both open ended questions to get the dialogue moving as well as focused questions to get at specific areas of opportunity can be helpful in solving these problems.

Utilizing Lean Six Sigma provided a playbook and streamlined many of the group practice’s daily processes. The implementation of a Kanban system improved clinical and administrative supply ordering and inventory control. This system not only reduced waste and cost but also became a framework for team building and problems solving.

Ensuring people are better aligned and are moving towards a higher level of trust with one another is essential during a change management process. Laying the ground work with the Myers Briggs personality tool sets the foundation for more difficult conversations. This ground work sets up an environment where people can more freely share difficult issues. Leadership must help build the foundation in this phase so that the entire group is moving closer to a more trusting environment. In the foundational phase we started all meetings with a simple ice breaker, for example having each member of the team announce their favorite movie or food. These small steps of showing we care about one another provide the footing when faced with difficult conversations. This helps create an environment where staff feel welcomed immediately. When the organization was going through a difficult financial situation and a reduction in head count
was inevitable, leadership addressed this in a straightforward way by calling an all-staff meeting. The group’s leader made a clear statement that while it would be hard to lose a key team member; it was going to put the organization in a better place moving forward. Also, the leader asked to hear the team’s honest reactions to this news. It was important that they felt listened to and that trust between leadership and the staff was paramount. News of layoffs could send a shock wave through an organization. However, leadership’s commitment to moving the organization forward and hearing team member’s thoughts and concerns would help the healing begin. Conversely, if the group practice did not provide an opportunity for the staff to be heard and the leader did not address this issue, an environment of uncertainty would result.

During the transformation process, we scheduled on a regular basis both clinical operation and culture meetings. One common thread of these meetings was that people could bring up any issue they may have wanted discussed and all staff ideas would be heard. Setting up ground rules and normative behavior for how meetings would run and who would capture action items added formality. The clinical operations meetings provided a structure where nursing, physician, and administrative team members worked together to solve day-to-day operational issues. Leadership helped facilitate these meetings but was also an active participant.

The culture meetings were an open forum where new issues could be discussed, such as employee concerns around new pay and benefit structures or how a stressful patient situation was handled. These meetings were led by group practice leadership and always included a physician and or nurse as well as research and front line staff. At the onset, it was challenging to fit these meetings into the physician and nursing staff schedules. Obtaining buy-in regarding the physicians was an important and at times a challenging step. Staff embraced having the physicians attend these meetings and found the gatherings to be meaningful. Planning sessions for these meetings were critical and leadership having a physician partner to help guide the planning and execution of the meeting was vital. Participants were encouraged to share challenges they encountered. One relevant example was regarding a staff member sharing that
they had a difficult conversation with a physician and felt uncomfortable addressing the issue directly with this physician. The team provided coaching and helpful advice and offered support for the team member and encouraged addressing the issues in a direct way. The team member was also encouraged to share the outcome at the next meeting.

Organizations that exhibit outstanding organizational culture are often referred to as great places to work. These types of organizations benefit from higher employee and customer satisfaction, lower employee turnover rates and while return on investment is difficult to track with organizational culture work it is clear that many large companies from “Fortune 100 Best” as ranked by the “Great Place to Work” corporation see the value in workplace culture. The group practice was fully committed to these culture efforts and adopted the annual tradition of sending three to four staff to the annual “Great Place to Work” conference. The Great Place to Work Conference provided an opportunity to learn from not only healthcare organizations but also other industry leaders such as Google, Zappos, FedEx and the like. Employees of the group practice were encouraged to write a small essay on why they wanted to attend the conference and if selected they were asked to share their experience and a key learning at the next culture meeting.

Creating standard work documents helped create a simple and effective method which team members could easily follow. This was illustrated in how the group practice held meetings. Before the culture change efforts, meetings would be scheduled without a stated purpose or agenda and would often end without and goals being accomplished and outcomes or action items were rare. This resulted in the group creating a meeting etiquette document. This provided a guide that ensured meeting planners, organizers, participants and facilitators were set up for success.

Improve: Leadership Perspective

The improvement of the medical group practice was a significant body of work and much thought and effort were required to initiate meaningful change. Multiple options were considered by the medical group practice when undertaking this transformational effort. Leadership gained
feedback from several internalxx and external sourcesxxi xxii and ultimately looked carefully at three potential choices for a course of action.

The first option considered was to take no action and continue functioning without any change to operations. This would require no additional effort or initial cost but undesired conditions and bad behavior would more than likely continue. The conditions could also become worse and the lack of action could potentially lead to additional staff turnover, poor morale and further decline in patient and employee satisfaction. The second option considered was the adoption of an autocratic or authoritarian leadership philosophy. While this would allow the medical group practice to make changes quickly, this option too had potential pitfalls. Dictating change to the staff and utilizing a command and control structure would more than likely have side effects.xxiii While this leadership approach can be beneficial for inexperienced or unmotivated employees, it has a potential inverse effect on highly skilled and motivated employees. This style is also highly dependent on the leader being extremely visible and regularly present. The authoritative decision making style was also a factor to consider when evaluating this option. Helping the organization move expeditiously in decision making would be a benefit of this style because only the leader is involved and thus decisions can be quickly communicated and operationalized. Conversely, smart skilled members of the team would not be involved in decision making which could be a liability.xxiv In a medical group practice that consists of highly skilled allied health staff, this leadership style and decision making method could potentially contribute to a decrease in morale and a decrease in employee engagement.

The final option evaluated will be covered in great detail as it was the approach the group came to consensus around choosing. This choice helped make significant changes in the medical group practice. It was a more collaborative approach with key themes of servant leadership as well as an intentional emphasis on improving the culture of the medical group practice.xxv

The role of the leader in these transformational efforts cannot be understated. Setting an example that starts with leadership demonstrating that they too are living the organization’s core
values is a must. When beginning significant organizational change the leader must help set the tone. The leader needs followers to accomplish significant change as well. There needs to be a starting point at which everyone in the organization knows we have agreed to step up to the challenge and transform the organization not only for the patients and families each other. While the leader is essential in the beginning of the effort, they also play a key role each and every day of the initiative. As challenges in the group practice occur, how the leader acts, responds (or does not respond) and the communication (or absence of communication) around issues illustrates how committed leadership is to the cultural change process. The take away is that not taking action and not communicating is promoting a lack of accountability.

Leadership’s efforts regarding communication during cultural change are an important part of setting the cadence for the team. Communication that is open, honest and authentic helps signal to the team how they too must behave. How do we know if the communication is working? Two important characteristics of leadership giving and receiving meaningful feedback are that of self-awareness and self-management. This was supported through the group’s commitment to use of the 360° tool as previously discussed. Leadership must demonstrate that appropriate feedback can help create dialogue that is developmental not only for the individual but also for the group practice. Creating a space where this dialogue can occur in a non-punitive way is vital in building trust and gaining buy in from the team.

Creating an environment where there are ample opportunities for the team to have open exchange of ideas, issues, and recognition of successes as well as reflecting on failures is essential in an organization with great culture. One way the group practice leadership supported this type of environment was by leading the culture meetings. How else could we improve our organization if we did not live up to our core value of “Excellence”? Leadership looked to the group to discuss and choose an employee who would be culture champion each week. This designation was for an employee that demonstrated excellence in one or more of the group’s core values. This was typically someone that went above and beyond with regards to
promoting the groups values.

**Control: Conclusion, Lessons Learned, Common Pitfalls and Alternatives**

Changing an organization’s culture can be a difficult and lengthy journey. However, the author found these efforts transformative, and this focus paper illustrates how the process created a pathway that made an essential contribution toward enabling a medical group practice to not only meet but in some cases exceed its goals.

Not everything went as smooth as planned during our journey. Sometimes things could have gone better and the group had to deal with challenges. Strong organizational culture makes it easier to handle challenges. Maybe there was a difficult situation during a clinic session or during a treatment room procedure? A member of the team felt uncomfortable at the time it happened but reflected on this and felt it should be discussed as to prevent future issues. The process of being able to talk about this with team members and then address the issue in a productive way took time and effort but began to help change the way team members interacted.

Creating space for these discussions provides an opportunity for productive dialogue versus malicious gossip. Without this space the discussion would happen but behind closed doors. The continued exercise of this new way of handling issues was hard and took much practice. When we did hear of gossip we asked that we all hold each other accountable stating “If we are going to be discussing a team member that is not present it would be best to hold the conversation and include him or her”. The reduction of spiteful gossip must begin by first committing to holding ourselves accountable as leaders. This sets the example for the team that if we are going to be talking about a team member they should be present.

The transformation of an organization’s culture certainly is powerful. However equally valuable was moving from traditional problem solving and traditional leadership methodology to that of Lean Six Sigma when all members of the group attended their introduction to Lean Six Sigma process improvement one team member commented: “it felt like a light switch had been turned on” Ideas began to flow regarding what we could fix working together. While the
grass roots excitement was an amazing boost on morale, leadership’s role in nurturing this new common language for problem solving was essential. The organization had a long standing history of providing world renowned care and the process of improving operations and culture would help the group continue that legacy. The measurement of our progress along the way allowed us to continue to improve as time went on. Utilizing our patient and employee satisfaction data along with other key operating indicators (KOI’s) we were able to check and adjust as the group moved forward. The incorporation of these measures into annual performance reviews, regular staff meetings was imperative.

While each member of the medical group must be an active participant as well as personally accountable in helping to change the group’s culture, it is the leader’s responsibility to steer the ship. A leader must be both consistent and deliberate in his or her actions as they pertain to changing their organization’s culture. A leader must be not only a role model but also a cheerleader that provides relentless and unwavering support and inspiration to the team. Leadership must guide the group in creation of shared core values as the organization begins removing the undesired culture and replacing it with a new collaborative and affirmative culture. The importance of the leadership role and employee engagement proved to be pivotal in this journey from a good organizational culture to a great one.

Change is hard and not every member of the team was pleased with the adjustments required. When working on transformational efforts, keep in mind that some will adopt the change quickly and easily while others may want to wait and see how it goes. The final group can often be the largest challenge. With most change efforts there will be a group that wants to wait it out until the change effort goes away. In large organizations this can become very easy as the organization loses momentum or a new burning issue arrives. Learning how they felt through active listening and demonstrating that that their opinion and thoughts matter helped move the group forward.

With any change management process there will be some group members that may need
to find happiness somewhere else. On our journey we had a few team members that were not willing to adapt, change, conform or participate in our agreed upon new core values and our new culture. This was a difficult problem to address. However, using our direct yet empathetic approach to begin a conversation regarding the vision and goals for the individual ultimately helped. This helps illustrate the issue at its core was when a member of the team did not agree with our core values of: Trust, Teamwork, Excellence, Patient Care and Stewardship.\textsuperscript{xxxviii} We shared that we were open to the feedback but we also wanted to be honest that these values might not be for everyone. If the team member was not able to live up to the values, we would help them in their search for a different opportunity. The first conversation of this type was hard. The outcome was that within a few weeks after this conversation the employee announced they would be leaving the organization for a new opportunity. During our transformational efforts we undertook five of these very difficult conversations. Three resulted in team members deciding to leave the organization (including one physician) and two decided to adopt the core values and have flourished. This framework provided guidance not only in difficult personnel situations but also in where to focus our time and effort as a team.

Finally, the results achieved during the efforts to improve the organizational culture did not come easy. The challenges and potential pitfalls provided ample learnings during the journey. These results may vary based on the different leadership style and actions taken by a medical group practice which embarks on this journey. The outcomes of these efforts were measured with feedback using survey tools and methodology generated through a collaborative process involving employees, physicians and patients. The regular monitoring of these survey results helped confirm significant progress in many areas (and also a lack of progress in some areas). As a subsidiary benefit of the improved culture, changes made in the group practice resulted in higher employee satisfaction rates and lower staff turnover. Even more critically, another positive effect of these efforts was a significant increase in patient satisfaction survey scores.

As the healthcare environment continues to evolve, organizations must be ready to move
in a more nimble way. Productivity, efficiency and the ability of the organization to adapt to rapid cycles of change will become increasingly important. However, these must be balanced with a mindset of patient centeredness. Keeping the patient central regarding all decisions, along with improving operational systems and the organization’s culture, has helped to better prepare this medical group for the future.
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Culture Statement

We will learn, lead, and serve until every child is well. Our Values: Patient Care, Stewardship, Teamwork, Trust

Our Value Statements

Patient Care: We commit to excellent patient care
• We provide the best quality, value, and outcome in care delivery
• We provide safe, timely, and efficient care to our patients and families
• We show compassion, kindness, and empathy
• We benefit society by helping our local and global community

Stewardship: We act as partners and stewards of the department
• We innovate and improve our knowledge through ongoing research & education
• We are responsible for our actions and accountable for our decisions as they affect the business
• We empower and engage each other
• We are committed to taking initiative and solving problems

Teamwork: We work together
• We treat each other with courtesy and respect at all times
• We practice open and honest communication
• We provide clear expectations and strive to exceed them
• We foster a healthy working environment and celebrate our successes
• We create an environment of mentorship and learning

Trust: We trust each other
• We act with honesty and integrity
• We count on each other and follow through on our commitments
• We build relationships and work to get to know each other
• We acknowledge our mistakes and learn from them
• We take our mission seriously
Culture Wheel

- Patient Care
- Trust
- Excellence
- Stewardship
- Teamwork
**Standard Meeting Etiquette**

Below are some simple rules we ask all members of the department to adhere to when organizing and running meetings.

**Prior to the meeting:**
- Communicate clear objectives and purpose for the meeting and invite the appropriate members to attend.
- Schedule the meeting to allow attendees enough time to come to and from other meetings.
- Ensure that offsite attendees are accommodated (use screen sharing, handouts, and conference lines whenever possible).
- Send out agenda one business day in advance to allow time for preparation feedback.

**During the meeting:**
- Designate a leader and a scribe for the meeting.

**NOTE:** Use discretion when evaluating the need for the above roles.
  a. The leader’s role: To ensure the meeting stays on topic and within the time limits.
  b. The scribe’s role: To capture action items, take meeting minutes and disseminate this information to the meeting participants.
- Please be respectful of others time and arrive promptly for the meeting. Please notify the meeting leader if you are going to be more than five minutes late.
- Please focus on the members present in the meeting and refrain from phone use.

**After the meeting:**
- Scribe will communicate meeting minutes and action items to the attendants of the meeting within one business day.
  o Action items will be completed prior to the next related meeting.
Culture Champion
Employee Engagement Committee
Agenda

- Ice Breaker
- Proud moments
- 360 Survey Evaluations
- Employee Survey Opportunity
- Culture Champion Nomination Team
- Emergency phone contact information
- Around the room
Feedback Structure

1) **LEADERSHIP**: Effectiveness in influencing others to accomplish a task or build consensus. Is viewed as a key motivator within the organization.

2) **TEAMWORK**: The ability to work effectively with others.

3) **DECISION MAKING**: The ability to analyze problems and to decide on an appropriate course of action in a timely fashion.

4) **COMMUNICATIONS**: Effectiveness of expression in individual or group situation – oral and/or written.

5) **LISTENING SKILLS**: The ability to actively listen and understand the rationale of others’ views.

6) **INTEGRITY**: Is humble and respectful to all; credits efforts of others and enhances reputation of BCH.

7) **RELATIONSHIP MANAGEMENT**: Cultivates extensive and mutually beneficial relationships.

8) **INTELLECTUAL CURIOSITY**: Becomes fully engaged in challenges. Generates insightful and action-oriented recommendations.

9) **EMPOWERING OTHERS**: Consistently brings out best qualities in others. Enables others to succeed and to feel confident and effective.

10) **RESILIENCE**: Views adversity as a challenge and consistently increases effectiveness in response.
# Employee Satisfaction Survey

Please complete the survey below.

Thank you!

## TEAMWORK AND TRUST

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<tr>
<th>Question</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
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<td>My team members communicate effectively.</td>
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<td>responsibilities.</td>
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<td>I have the opportunity to work at my full potential.</td>
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Comments on Teamwork and Trust
STEWARDSHIP

I know the strategic initiatives for the Department

○ Strongly Agree
○ Agree
○ Neutral
○ Disagree
○ Strongly Disagree

My job responsibilities help to support the strategic initiatives for the Department

○ Strongly Agree
○ Agree
○ Neutral
○ Disagree
○ Strongly Disagree

My responsibilities affect the financial sustainability of the Department

○ Strongly Agree
○ Agree
○ Neutral
○ Disagree
○ Strongly Disagree

I have the equipment needed to do my job.

○ Strongly Agree
○ Agree
○ Neutral
○ Disagree
○ Strongly Disagree

What additional equipment do you need?

I am proud to work for the Department

○ Strongly Agree
○ Agree
○ Neutral
○ Disagree
○ Strongly Disagree

I am proud to work for the Hospital.

○ Strongly Agree
○ Agree
○ Neutral
○ Disagree
○ Strongly Disagree

Comments on Stewardship
<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>My work contributes to patient care.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My team members provide patient- and family-centered care.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My team members treat all patients equally.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments on Patient Care
### WORKPLACE CULTURE

As defined by the value wheel.

Physicians are actively engaged in workplace culture.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>

Non-MD clinical staff are actively engaged in workplace culture.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>

Administrative staff (Leadership team, non-ASR admin, Marketing, Education, Quality) are actively engaged in workplace culture.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>

Research staff are actively engaged in workplace culture.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>

Ambulatory service representatives (ASRs) are actively engaged in workplace culture.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>

Comments on Workplace Culture

---
**PROFESSIONAL DEVELOPMENT**

My department supervisor has clearly defined expectations for my job role.  
- [ ] Strongly Agree  
- [ ] Agree  
- [ ] Neutral  
- [ ] Disagree  
- [ ] Strongly Disagree

My direct supervisor is invested in my professional growth.  
- [ ] Strongly Agree  
- [ ] Agree  
- [ ] Neutral  
- [ ] Disagree  
- [ ] Strongly Disagree

I am given the development opportunities to grow professionally.  
- [ ] Strongly Agree  
- [ ] Agree  
- [ ] Neutral  
- [ ] Disagree  
- [ ] Strongly Disagree

Are you aware of the department tuition reimbursement and scholarship programs?  
- [ ] Yes  
- [ ] No

My work responsibilities are satisfying overall.  
- [ ] Strongly Agree  
- [ ] Agree  
- [ ] Neutral  
- [ ] Disagree  
- [ ] Strongly Disagree

I plan to leave the organization within the next year.  
- [ ] Strongly Agree  
- [ ] Agree  
- [ ] Neutral  
- [ ] Disagree  
- [ ] Strongly Disagree

Why are you planning to leave the organization within the next year?  
- [ ] Furthering education  
- [ ] Dissatisfied with current job  
- [ ] Pursue promotion or salary increase elsewhere  
- [ ] Major life event (e.g., moving, family event, won the lottery)  
- [ ] Retirement Other

Comments on Professional Development

______________________________
COMPENSATION AND BENEFITS

My current financial compensation is market competitive for my job.

My employee benefits package is satisfactory. An employee benefits package may include: medical insurance, dental insurance, vision insurance, disability insurance, life insurance, 403b savings account, pension and earned time.

Please comment

There are opportunities for me to be promoted within the organization.

There are opportunities for me to be promoted within organization.

Comments on Compensation and Benefits
I am aware of the following initiatives in the program:

Please check all that apply.

- Culture Committee organization
- Culture Champion of the Week
- Clinical Operations Committee
- Department Report-Out Meeting
- Lean teams
- Meeting etiquette guidelines Department
- Scholarship program
- Happy hour
- Perks
- Family picnic
- Ice skating
- Dinner after work
- Staff volunteer event (i.e., soup kitchen, etc)
- Athletic activity (i.e., golf event, obstacle course, softball team, etc.)
- Other
- I am not interested in a camaraderie event.

If the organization were to have a camaraderie event, I would be most likely to participate in the following. Please check all that apply.

Please list other ideas:
FINAL COMMENTS

What is working well?

What could be improved?

Does this tool adequately measure your overall experience of working in the organization?

☐ Yes
☐ No

What is your job category?

☐ Administrative (Leadership team, non-ASR admin, Marketing, Education, Quality)
☐ ASR
☐ MD
☐ Non-MD
☐ Clinical Research
Endnote


xix Pawl, K (2013). *Standard meeting etiquette* (1st Ed.)
