This is a sample of the instructor materials for Carson F. Dye and Andrew N. Garman, *Exceptional Leadership: 16 Critical Competencies for Healthcare Executives*, second edition.

The complete instructor materials include the following:

- PowerPoint slides for Chapters 1–20
- Teaching tips for Chapters 1–20
- Guide to the St. Nicholas Health System case study and end-of-chapter "Consider This" minicases

This sample includes the PowerPoint slides and teaching tips for Chapter 3.

If you adopt this text, you will be given access to the complete materials. To obtain access, e-mail your request to hapbooks@ache.org and include the following information in your message:

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Digital and Alternative Formats

Individual chapters of this book are available for instructors to create customized textbooks or course packs at XanEdu/AcademicPub. Students can also purchase this book in digital formats from the following e-book partners: BrytWave, Chegg, CourseSmart, iBookstore, Kno, and Packback. For more information about pricing and availability, please visit one of these preferred partners or contact Health Administration Press at hapbooks@ache.org.

Chapter 3: Developing Vision

- Read the case study at the beginning of the chapter and answer the following questions.
    - What is Elizabeth's chief challenge?
    - What is Mary's chief challenge?
    - Who would you rather be, Elizabeth or Mary?

- On the basis of your answers to the preceding questions, develop and articulate a compelling vision for your organization. In other words, what steps would you initially take to work on the challenge before you?

What Does "Visionary" Mean?

- See the future clearly
- Anticipate large-scale and local changes
- Project the organization into the future and envision multiple scenarios and outcomes
- Look broadly at trends
- Design competitive strategies and plans

Questions to Consider

- Be visionary. What changes do you foresee in healthcare
  - In the next year locally?
  - In the next year nationally?
  - In the next 10 years nationally?
  - In the next 50 years nationally?
- Consider not only the political arena, but also how health services will be different.

Other Thoughts on Developing Vision

- Vision relates to the art of developing strategy.
- Effective leaders will be able to position their organization if they have vision.
- Others just exhibit a "chasing the trends" herd mentality.
- Physicians can be linked through cutting-edge practices.

Organizations with a Visionary Leader

- Are more successful
- Are first to market new ideas and technology
- Have better profitability
- Are able to attract higher-quality physicians
- Better serve their communities

The Skills Needed

- Track important trends
- Dig deeper to understand the trends
- Follow development outside of healthcare, too
- Maintain contacts from the field and other fields you can learn from

Questions to Consider

- What are three trends you see happening in healthcare in the United States?

- From what industry outside of healthcare might we learn something about good leadership and management, and why?

Change in Organizations

- People prefer no change.
- Exceptional leaders must overcome this condition.
- Decision-making paradox: No matter how well planned a course of action is, there will always be resistance because there is unfamiliarity.
- A breakthrough vision not only makes the organization better but also makes the world better.

Mistakes Made by
Less Effective Leaders

- Putting out fires all the time

- Being reactive rather than proactive

- Feeling uncomfortable with a direction that might mean "sticking their neck out"

- Lacking experience, which causes concern

- Allowing their vision to become only an idea instead of hardwiring it into the organization

Questions to Consider

- How do you usually accept change? Is it something you like, or do you sometimes resist it? Write down your feelings about change, and give one example that demonstrates those feelings.

Things Exceptional Leaders Do Not Do

- Focus strictly on the business of the healthcare entity
- Rely on consultants and other outside people
- Allow reliance on only one leader
- Follow only the industry leader (may not be appropriate, cutting-edge, or breakthrough)
- Remain scattered and try many strategies at the same time

Overuse of Vision

- Improper balance between long-term strategic focus and short-term tactics
- Too much focus on the process and not the outcomes
- Overanalysis of data
- Overemphasis on implementation and constant creation of new plans
- Employees just "wait this plan out; this too will pass"

How to Develop Vision

- Find good role models and study them.

- Find a mentor.

- Expand your horizons beyond healthcare.

- Spend ample time in community activities to discover local needs.

Question to Consider

- Several books are mentioned on page 38. Search online for one of the books, and summarize the subject of the book in a paragraph. (This synopsis can be copied verbatim provided you list the source.)

Cornerstone 2

Compelling Vision

Chapter 3: Developing Vision

The vignette in this chapter contrasts the experience of two CEOs facing different challenges. Elizabeth Parris's challenge, of considerable environmental challenges, will probably be more familiar to students. However, Mary Moses's situation is probably equally problematic in its own way. Both cases share a perceptual imbalance—people are either overfocusing on the bad or overfocusing on the good. As different as the circumstances are, the visionary part of the leader's job in each case is similar—to create a picture of the future that will serve as a common reference point and will guide the organization to higher levels of performance.

I have found the following exercise (which I call "the visioning exercise") to be particularly useful for starting a class on this topic. I ask students to work in small groups and spend 10–15 minutes thinking about where healthcare in the United States is going in the future. I specifically ask them to prepare answers to the following questions:

1.   What important trends/data sources would you need to consider to forecast how healthcare will be different
   –   5 years from now?
   –   10 years from now?
   –   25 years from now?
   –   50 years from now?

2.   How, *specifically*, do you think health services will differ in those intervals? Paint a picture for the class of what it will look like.

In the reporting phase of this exercise, I divide a blackboard (or whiteboard) into four columns: 5 years, 10, 25, and 50. I then create two rows—the top row is for data sources and the bottom row is for predictions. I then go from group to group, rotating through each time frame so that all groups report one time before we move on. I typically make some additional points:

5 years—To get a sense of what 5 years looks like, I encourage students to think concretely about major personal and world events—for example, how far out of school they will be, what will be going on politically (e.g., elections), and other known changes they may have heard or read about. Of the four horizons depicted in this exercise, this time frame is often the easiest for people to form a perspective about.

10 years—At the 10-year timescale, some of the "noise" of the day starts to fall off, and the broader trends start to take precedence. Sources of 10-year information and dynamics include population trends (e.g., census data), education trends—in particular, healthcare professionals (e.g., Bureau of Labor Statistics), retirement patterns, and workforce supply concerns. In recent years, themes concerning sustainability and environmental risks have

also started to loom larger in students' awareness. If this isn't brought up simultaneously, some discussion of the effects of competition from new and nontraditional providers (e.g., retail clinics), technological changes, and regional and global competition are also worth including.

25 years—Traditional-age master's students will be heading toward the latter part of their careers at this point and will have roles in preparing the next generation of healthcare leaders. Firm predictions this far out are, of course, speculative at best; however, the introduction of this topic can help students think in much farther-reaching ways than they may have in the past. This far out, considerations of not only how the world has changed but also how they may want to use their own roles to influence that change can be productive points for discussion.

50 years—Traditional-age master's students almost certainly will have reached retirement age, if not actual retirement, by this point. They will now be dependent on others to ensure the healthcare system is meeting their needs. In developing a sense of these much longer-term trends, it can sometimes be helpful to look 50 years back and consider how healthcare and society have changed from then until now.

Suggested Class Readings
The textbook provides a number of suggested readings for learning more. Below are some suggestions for selecting additional assigned readings.

- For classes involving health sector change and/or health entrepreneurship, *The Innovator's Prescription: A Disruptive Solution for Health Care* (Health Administration Press 2009) provides a number of thought-provoking chapters about the potential of disruptive change across many aspects of the current business models in health services delivery. Individual chapters can be assigned to highlight specific areas of current and impending change.

- For classes with a global or international focus, *The Future of Healthcare: Global Trends Worth Watching* (Health Administration Press 2011) can provide a useful supplement. Part of Health Administration Press's *Executive Essentials* series, this text provides an easy-to-digest overview of how to identify important international trends that may be the source of future innovations.

- To add a focus on technology's impact, Eric Topol's *The Creative Destruction of Medicine* provides an in-depth look at the ways technology can enable greater efficiency and consumer-centered care.