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HPAA 820

Leadership Theory and Practice

Fall 2007

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It is not enough for graduates of this program to become first-rate leaders of organizations. If they are to improve the public's health, they must also lead people and organizations over whom they have no control.

Course Overview

Content: As this is the first of several leadership courses in the DrPH curriculum, it introduces and explores a variety of topics, some of which are addressed in greater depth in later courses. This course examines several of the major approaches to understanding leadership: Power-influence, trait, situational, and participative.

Approach: There is often no one right way to lead effectively (although there can be multiple wrong ways). Consequently, it makes sense not to teach leadership didactically, but to learn by examining theories, issues, and situations, and by exchanging and critiquing each other's ideas, methods, and rationales. Therefore, students will be provided readings and cases studies, which will be explored in-depth in structured, highly interactive, live sessions. Also, students will be assigned small group (three-four person) projects and will present and defend their group's conclusions in class.

Course Objectives

1. Understand key leadership theories and be able to use them effectively in developing solutions to relevant case studies and issues.
2. Refine your understanding of yourself and your approach to leadership, and enhance your appreciation of others and their approaches and of your ability to work effectively with them.
3. Understand key principles of effective leadership.
4. Know what resources should be applied in what order at what times and in what ways to achieve change.
5. Know what stakeholders should be involved in given situations and how to work with them to lessen opposition and increase support for change.
6. Understand methods of motivating employees and promoting creativity.

Grading

Small group project reports	20%
The case study	33%
Paper on Gergen's "Seven Lessons of Leadership"	20%
Level of class preparation and quality of participation:	25%
Mid-term exams*	2%

- Don't panic. These are gifts of one point each, kind of like throw away bonus questions. It's just me being weird and having fun. These single question, open book, non-exams are explained below in the "Schedule" section under 9/20 and 11/15.

H: 90 and above
P: 75 - 89
L: 60 – 74
F: Less than 60

Readings

Required Books

Yukl G. *Leadership in Organizations (6th ed.)*, Upper Saddle River, New Jersey: Prentice Hall, 2006.

Collins J. *Good to Great and the Social Sectors* (monograph), New York: Collins, 2005.

Required Articles

(The articles can be accessed via

<http://152.2.37.110/eres/coursepage.aspx?cid=1275>)

Berwick DM. *Escape Fire: Lessons for the Future of Health Care*, The Commonwealth Fund, 2002 (ISBN 1-884533-00-0).

Burns LR, Cacciamani J, Clement J, Aquino W. The Fall of the House of AHERF: The Allegheny Bankruptcy. *Health Affairs* 19(1), January/February 2000, 7-39.

Galvin R. 'A Deficiency of Will and Ambition': A Conversation with Donald Berwick, *Health Affairs* (Web Exclusive), January 12, 2005, W5-1 – W5-9.

Garfinkel MS, Sarewitz D, Porter AL. A Societal Outcomes Map for Health Research and Policy, *American Journal of Public Health* 96(3), March 2006, 441-446.

Ghoshal S. Bad Management Theories Are Destroying Good Management Practices, *Academy of Management Learning & Education* 4(1), 2005, 75-91.

Griffith JR. The Revolution in Hospital Management, *Journal of Healthcare Management* 50(3), May/June 2005, 170 -190.

Herzberg F. One More Time: How Do You Motivate Employees? In *Harvard Business Review on Motivating People*, Boston: Harvard Business School Publishing, 2003.

Homer JB, Hirsch SM. System Dynamics Modeling for Public Health: Background and Opportunities, *American Journal of Public Health* 96(3), March 2006, 452-458.

Kerr S. On the Folly of Rewarding A, While Hoping for B, *Academy of Management Executive* 9(1), 1995, 7-14.

<http://pages.stern.nyu.edu/~wstarbuc/mob/kerrab.html>

Kizer KW, Fonseca ML, Long LM. The Veterans Healthcare System: Preparing for the Twenty-First Century. *Hospital and Health Services Administration* 42(3), 1997, 283-298.

Leischow SJ, Milstein. Systems Thinking and Modeling for Public Health Practice, *American Journal of Public Health* 96(3), March 2006, 403-405.

McClelland DC, Burnham DH. Power Is the Great Motivator, in *Harvard Business Review on Motivating People*, Boston: Harvard Business School Publishing, 2003.

National Center for Healthcare Leadership. Health Leadership Competency Model, version 2.0, Summary, 2004

Public Sector Consortium. The Leadership Dilemma in a Democratic Society, 2003.

Other Books: (Not required. These are listed simply as a service.)

On Health Care in the United States:

Bartlett DL and Steele JB. *Critical Condition: How Health Care in America Became Big Business and Bad Medicine*, New York: Doubleday, 2004.

Barton PL. *Understanding the U.S. Health Services System*, Second Edition, Chicago: Health Administration Press, 2003.

Hadler NM. *The Last Well Person: How to Stay Well Despite the Health-Care System*. Montreal: McGill-Queen's University Press, 2004.

Institute of Medicine. *The Future of the Public's Health in the 21st Century*, Washington, DC: National Academies Press, 2003.

Lee PR and Estes CL. *The Nation's Health*, Sixth Edition, Sudbury, MA: Jones and Bartlett Publishers, 2001.

Starr P. *The Social Transformation of American Medicine*, New York: Basic Books, 1982.

Sultz HA, Young KM. *Health Care USA: Understanding Its Organization and Delivery*, Fourth Edition, Sudbury, MA: Jones and Bartlett Publishers, 2003.

William SJ and Torrens PR. *Introduction to Health Services*, Sixth Edition, Albany, NY: Delmar Publishers, Inc., 2002.

On Leadership: (Of the thousands of books on leadership, a few of my favorites. . .)

Iacocca L (with Whitney C). *Where Have all the Leaders Gone?* New York: Scribner, 2007.

Bennis W, Spreitzer GM, Cummings TG (eds.). *The Future of Leadership: Today's Top Leadership Thinkers Speak to Tomorrow's Leaders*, San Francisco: Jossey-Bass, 2001.

Buckingham M and Coffman C. *First, Break All the Rules: What the World's Greatest Managers Do Differently*, New York: Simon and Schuster, 1999.

Collins J. *Good to Great: Why Some Companies Make the Leap. . . and Others Don't*, New York: Harper Business, 2001.

Fisher R and Ury W. *Getting to Yes: Negotiating Agreement Without Giving In*, New York: Penguin Books, 1981.

Gergen D. *Eyewitness to Power: The Essence of Leadership, Nixon to Clinton*, New York: Simon and Schuster/Touchstone, 2000.

Institute of Medicine. *Leadership by Example: Coordinating Government Roles in Improving Health Care Quality*, Washington, DC: National Academies Press, 2003.

Rowitz L. *Public Health Leadership: Putting Principles into Practice*, Sudbury, Massachusetts: Jones and Bartlett Publishers, 2003.

UNC-Chapel Hill Honor Code

The principles of academic honesty, integrity, and responsible citizenship govern the performance of all academic work and student conduct at the University as they have during the long life of this institution. Your acceptance of enrollment in the University presupposes a commitment to the principles embodied in the Code of Student Conduct and a respect for this most significant Carolina tradition. Your reward is in the practice of these principles.

Your participation in this course comes with the expectation that your work will be completed in full observance of the Honor Code. Academic dishonesty in any form is unacceptable, because any breach in academic integrity, however small, strikes destructively at the University's life and work.

If you have any questions about your responsibility or the responsibility of faculty members under the Honor Code, please consult with either the Office of the Student Attorney General (966-4084) or the Office of the Dean of Students (966-4042).

You should be sure to read "The Instrument of Student Judicial Governance" (www.unc.edu/student/policies/isjg/).

Academic Disruption Exercise

HPAA is committed to developing and testing alternatives for continuing classes in the face of various disruptions. During this semester we may run such a test. If this course participates, you will be informed in advance about the nature of the exercise and actions to take. We appreciate your full cooperation in this very important endeavor.

Course Evaluation

The Department of Health Policy and Administration is participating in the Carolina Course Evaluation System (CES), the university's new online course evaluation tool, enabled at the end of each semester. Your responses will be anonymous, with feedback provided in the aggregate; open-ended comments will be shared with instructors, but not identified with individual students. Your participation in CES is a course requirement, as providing constructive feedback is a professional expectation. Such feedback is critical to improving the quality of our courses, as well as providing input to the assessment of your instructors.

FYI: Required Human Subjects Training

The University requires that all faculty, staff and students who are engaged in the planning, conduct or analysis of research at UNC-Chapel Hill involving human subjects complete an online training module. *This training must be completed before you can begin work on your dissertation.* We recommend that you complete this module during your first semester in the Doctoral Program.

The **Office of Human Research Ethics (OHRE)** is responsible for ethical and regulatory oversight of research at UNC-Chapel Hill that involves human subjects. The OHRE administers, supports, and guides the work of the Institutional Review Boards (IRBs) and all related activities. Any research involving human subjects proposed by faculty, staff, or students must be reviewed and approved by an IRB before research may begin, and before related grants may be funded. OHRE and the IRBs are critical components of the coordinated Human Research Protection Program, which serves to protect the rights and welfare of human subjects.

A link to the online training module and details about the module can be found at <http://ohre.unc.edu/educ.php>. The [Collaborative IRB Training Initiative](https://www.citiprogram.org/default.asp) (CITI) at <https://www.citiprogram.org/default.asp> (direct link to the sign-in page for the module) is a web-based training package on issues relating to human subjects

research. The CITI web site is maintained by the University of Miami, with content developed by a national consortium. CITI contains modules on topics like informed consent, vulnerable populations, ethical principles and IRB regulations. Each module has a short quiz at the end to assess understanding. Over 400 institutions are using CITI for their mandatory training.

PAPER

David Gergen served as advisor to Presidents Nixon, Ford, Reagan, and Clinton. He also worked for George H. W. Bush when he first sought the presidency and for Jimmy Carter after he left office. From these experiences, Gergen wrote *Eyewitness to Power: The Essence of Leadership, Nixon to Clinton* (New York: Simon and Schuster/Touchstone, 2000). He devotes a chapter to each of the four presidents he advised, probing and explaining their strengths and weaknesses. He concludes his book with the following “Seven Lessons of Leadership:”

1. Leadership Starts from Within. He says, for example that Nixon was a superb strategist and Clinton was an extraordinary tactician, but “each was the author of his own downfall. Nixon let his demons gain ascendance, and Clinton could not manage the fault lines in his character. They were living proof that before mastering the world, a leader must achieve self-mastery.”
2. A Central, Compelling Purpose. “Among recent executives, only Reagan was clear about his central goals – to reduce taxes, reduce spending, cut regulations, reduce the deficit, and increase the defense budget.” (Gergen doesn’t say that Reagan achieved his goals.) “By contrast, consider Ford, Carter, Bush, and Clinton. They had high hopes, too, but never articulated a central, compelling purpose for their presidencies, and they all suffered as a result.”
3. A Capacity to Persuade. Gergen praises Kennedy and Reagan for their ability to get the public to buy into their goals. He also says that “Clinton is unusually good at explaining complex public policies in simple terms that connect with his audiences,” but he talked so much “that overexposure has dulled his impact.”
4. An Ability to Work within the System. Persuasion isn’t enough. For a president to succeed, he must also “be effective at working with other elements,” which for presidents includes Congress, the press, and Washington’s political elite.
5. A Sure, Quick Start. Hit the ground running. “The difference between Reagan’s quick start and Clinton’s stumbles put one on the path toward a

succession of legislative triumphs and the other on the road to a debacle in health care and a loss of Congress.”

6. Strong, Prudent Advisors. “The best presidents are the ones who surround themselves with the best advisors.”
7. Inspiring Others to Carry On the Mission. All eight of the presidents who came after Franklin Roosevelt “lived in his shadow” by at least accepting the New Deal, if not furthering it. With the possible exception of Reagan, no recent president “has come close’ to achieving such a legacy.

In 4-5 pages, write how and why you would change this list. Would you remove any of these seven? Which one(s) and why? Would you add anything? What and why? Would you change any of Gergen’s “lessons?” Which ones? Why? Would you leave it just as it is? Really? Don’t tell me you can’t improve on Gergen! NOTE: You need not read Gergen’s book. Just go with the above.

The paper is due on Thursday, October 11.

SEMESTER PROJECT: CREATING A CASE STUDY

By August 27: Choose two leaders/organizations from among the following. I will assign you one of your two choices.

- CEO of drug manufacturer
- Rural county public health officer
- Health officer of a major city
- Head of Florida’s disaster management agency
- CEO of a not-for-profit whose mission is to prevent child abuse and treat victims of child abuse
- CEO of a not-for-profit hospital
- CEO of a for-profit hospital
- Director of the Centers for Disease Control and Prevention
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By November 15: Finish writing your 3-5 page case study according to the following. Send your case study to Ned and your fellow students.

Basic content:

- The case study should contain relevant organizational, personnel, financial, and workload information about the organization.
- It should present relevant information about the “community,” for example: Population characteristics, health status indicators, public health and health care resources, and key stakeholders.

The scenario:

- Your organization faces some internal issues. Work at least one such issue into your case study. Examples of internal issues include:
 - o Emergency department overwhelmed by people needing non-emergency care
 - o Growing financial strains
 - o Inadequate internal systems
 - o Rebellious or inept or lazy (or whatever) staff

- Your organization also has to adapt to external realities. Work at least one such externality into your case study. Examples include:
 - o Unsupportive and/or meddling political leader
 - o Rapidly growing subpopulation (the elderly, Latinos, the filthy rich)
 - o An economic crisis is occurring (a big plant has closed, the country is falling into a deep recession, etc.)

- Your “community” (city, county, Florida, nation) depending on which leader is involved) has one or more serious public health needs, including for example:
 - o An epidemic of obesity
 - o Almost constant smog
 - o The bird flu has hit.

The question a reader of the case study needs to address:

- The reader is a consultant to the leader and must propose and defend how the leader should deal with the public health issue while also addressing the internal issue(s) and must do so within the external realities.

At the end of the case study, write a paragraph or two that explains its learning objectives.

Evaluating the case studies:

- Is it realistic?
- Is the reader given enough appropriate information?
- Is it well written? Is it clear? Is the flow of information logical?
- Are any tables and charts relevant and easy to understand?
- Does the case study reveal an understanding of relevant content in Yukl and other readings?
- Do the learning objectives follow logically from the case study?

An example case study from last year for you to use as a guide:

Susan Helm-Murtagh

Siena Pharmaceuticals: At a Crossroads?

Isabella Brunello, CEO of Siena Pharmaceuticals, had a terrible headache. She carefully navigated her Porsche Boxster into the garage of her multi-million-dollar home in Governor's Club, a wealthy enclave in Chapel Hill, North Carolina. Tossing her keys on the counter and heaving a huge sigh, she poured herself a glass of chianti and sat down to think.

Siena Pharmaceuticals, Inc., (SPI, NYSE) is a Durham-based pharmaceutical company, founded in 1990 by a UNC Kenan-Flagler graduate with a philanthropic bent. The company's original mission was to produce influenza vaccine. Siena had a promising future, attracting significant venture capital for the first three years. In 1995, the company celebrated a very successful initial public offering (IPO) of stock. But increasing regulation and oversight of the vaccine industry, tight margins, and the reluctance of insurers to provide sufficient reimbursement levels to providers suppressed demand and resulted in consistent failure to meet earnings projections; as a result, the stock price tanked. In 1999, when Siena was on the verge of bankruptcy, Brunello was brought on board to engineer a turnaround.

In 2005, after fourteen years of poor financial performance, Siena reported net profit of \$4.5 million on sales of \$45 million, somewhat below the industry margin average of 14%, but still respectable. Brunello had restored stakeholder trust by publicly committing to dedicate organizational resources to "innovative product development and the successful pursuit of sustainable markets." Combining this strategy with lucrative, profit-based incentive programs had allowed her to attract key talent in research and development (R&D), marketing and manufacturing – areas that had traditionally been Siena's functional weaknesses.

Brunello's senior management team is now composed of the pharmaceutical industry's best and brightest; she invested years and a tremendous amount of energy and company capital in recruiting and building the team. She has been focused on developing shared objectives, building mutual trust and cooperation, instilling confidence and optimism in the group, and acquiring the resources that the team needs to function successfully. She strongly believes that group decisions are far superior to individual decisions.

The company returned to profitability by exiting the vaccine market and focusing on blockbuster drug development. While there are several promising drugs in its pipeline, Siena's new obesity drug, Liposuc, has been wildly successful and hugely profitable. Approved by the FDA in 2003, it has been hailed as a "miracle drug" -- patients can lose up to 5% of their body weight each month while taking the drug, without exercise and without dietary changes. Once the patient reaches his or her target weight, he or she simply takes a maintenance dose (half of the original weight-loss dosage). No significant adverse side effects have been reported to date.

However, since the drug is considered a lifestyle drug, it is not covered by health insurers. It is relatively expensive -- \$100 per month for the average patient -- so Siena's target market is composed of overweight and obese adults with annual per capita incomes in excess of \$50,000.

Still, demand has been unprecedented; by devoting all resources to marketing and manufacturing, Siena is forecasting 100% revenue growth each of the four remaining years that the drug patent is in place, with profit margins of 27% of revenue. That is projected to double Siena's current stock price next year, providing millions of additional dollars in precious capital for investment in research and development of the drugs in Siena's pipeline and potentially lucrative extensions of Liposuc.

Siena's future looks very bright. And so does Brunello's; should the company meet the projections for Liposuc sales over the next four years, she stands to make more than \$10 million

each year in bonuses. Her senior managers will make \$3-5 million apiece each year. Any additional successful drugs that come out of Siena's pipeline will only add to those figures – "icing on the cake," as her CFO puts it.

As a result of the company's performance under Brunello's leadership, the board has given her a great deal of decision-making authority. The majority of her proposals have gotten approval with little or no debate at board meetings. She has also become a shareholder darling; if an idea or initiative is promoted as Brunello's, there is an almost immediate and positive impact on the stock price.

Liposuc is not the cause of Brunello's headache, though. A new avian flu strain has spread from Asia to the United States. North Carolina is now reporting three cases, while Florida and Louisiana are reporting one case each. Experts cannot agree on the true severity of the threat; it is not clear how the victims were infected or how the disease is being spread. Projections of infection rates range from a few additional isolated cases to a full pandemic. In the pandemic scenario, more than a quarter of the world's population will become infected within six months – on par with the 1918 Spanish flu outbreak. Experts do agree on one statistic: More than half of those infected with the virus will die. In the grim pandemic scenario, that adds up to more than 800 million flu deaths worldwide.

The United States is experiencing a vast shortage of vaccine, due to the number of companies that have abandoned the market. Because of its history and its competencies, Siena is one of only two companies worldwide that can produce a sufficient amount of vaccine in time to prevent the flu pandemic. Since the flu strain is expected to continuously mutate, the company will have to make a multi-year investment in research and development and manufacturing. Unfortunately, the decision to produce or not produce the vaccine, and the concomitant significant resource investments, must be made well before the severity of the outbreak is known.

Before she accepted the position at Siena, Isabella did her homework on the vaccine industry; she is painfully aware of the obstacles to success in that market. The government pays razor-thin margins to manufacturers for producing the vaccine. To compound matters, any patent protections are waived to allow as many companies as possible to produce the vaccine, making it difficult to corner the market and set potentially profitable prices.

In addition, the liability risk is significant, and is a primary reason for the mass exodus of suppliers from the industry. In October of 2000, vaccine producer Wyeth was fined \$30 million for manufacturing violations and an additional \$15,000 each day it remained out of compliance. In 2002, the company left the flu vaccine market after twenty years of production.

Finally, insurers are reluctant to provide reimbursement levels that are attractive to providers, as flu vaccines are typically not seen as cost-effective. This effectively suppresses demand and shuts down a potential source of profit for vaccine makers.

Brunello is facing a difficult dilemma: The successful production of the vaccine will require devoting all corporate resources to vaccine development and production. That will include the time and talents of the team that she has so painstakingly recruited with the promise of innovative product development and company profitability.

In that case, the patent on Liposuc will expire before Siena can fully penetrate that market, gain loyal users and develop additional drugs as patent extensions. In addition, the other promising

drugs in Siena's pipeline will have to lie dormant, giving competitors the opportunity to patent and bring those ideas to market first.

Isabella does several quick calculations. Sole pursuit of the vaccine strategy, without any changes to liability legislation and current reimbursement levels by the government and insurers, will assure a return to the significant net losses of previous years and potential bankruptcy. It will also mean that she and her executive team will receive less than 10% of their projected bonus income next year and none after that.

Isabella picks up the phone to call her most trusted advisor, an executive at C2 Consulting. She has jotted down a list of questions.

Should Siena pursue the flu vaccine, or leave it to the other drug manufacturer?
How much should Brunello involve her senior team in the decision?
How might Siena mitigate the risks of pursuing the vaccine market?
What can she do to maximize the chances for success of the company's decision?
What stakeholders should she consider? What role(s) can they play?

Learning objectives

There are five leadership-related learning objectives:

1. Ethical leadership – Brunello, and Siena Pharmaceuticals, must choose between the pursuit of continued company and individual profit from a lifestyle drug or preventing a potential worldwide flu pandemic. The latter choice comes at a potential high (if not fatal) performance cost to the company, and will involve a significant departure from the “sexy” strategy and the compensation levels that she used to recruit her management team. (Yukl, Chapter 14)
2. Leadership in teams – The CEO must decide how much she engages her leadership team in the decision. A group decision model may produce a better decision (and is in line with her style), but an individual decision may potentially protect her team from the consequences of the wrong choice. (Yukl, Chapter 11)
3. Strategic leadership – Siena must choose between two divergent strategies (or possibly consider developing one or more partnerships). Brunello must evaluate how effective the chosen strategy will be, whether it builds on core competencies, if it is relevant to the company's long-term objectives, and if it is feasible in terms of current capabilities. (Yukl, Chapter 12)
4. Motivation – How does the CEO best motivate her team to align with the decision? Have her recruiting tactics limited the company's risk profile and strategic flexibility? (Herzberg)
5. Power and influence – Potential solutions include partnering with other manufacturers to spread the cost and risk, negotiating with insurance companies to raise the levels of reimbursement, and convincing the government to ease liability and up funding. How does the CEO use the different types of power and influence internally and externally to help Siena's strategy succeed? (Yukl, Chapter 6)

SCHEDULE

NOTE: Unless otherwise noted, assignments are to be sent electronically to Ned by noon Monday, the day before class.

During the August visit to campus: **Introduction to the course**

PART ONE – On Leadership Generally

8/28 **A. It's All About You: Know Thyself** (7:30)

Goals:

- a. To understand oneself and to relate that understanding to one's leadership style.
- b. To understand other's characteristics and their approaches to leadership.
- c. To begin to understand what you value in others and why.

Reading:

Yukl, Chapter 7

Preparation: (Individual)

Take an abbreviated Myers-Briggs (www.humanmetrics.com/cgi-win/JTypes1.htm).

In class: What does Myers-Briggs say about you and the others? Is Myers-Briggs useless?

B. Public Health Leadership: What Is It?

Goal: To better understand the nature of successful leadership. Does public health leadership differ from leadership generally? If so, how? What are the core health leadership competencies?

Readings:

Yukl, Ch. 1

National Center for Healthcare Leadership. Health Leadership Competency Model, version 2.0, Summary, 2004

Public Sector Consortium. The Leadership Dilemma in a Democratic Society, 2003.

Preparation: (Individual) List the top five competencies that health leaders must have. Be clear.

In class: Discuss, debate, and defend everyone's lists of competencies.

9/4 **Cleaning the Slate & Challenging Assumptions** (7:30)

Goals:

- a. To have as open a mind as possible leading into this course and the DrPH program.
- b. To think critically by critiquing the experts.

Readings:

Ghoshal S. Bad Management Theories Are Destroying Good Management Practices, *Academy of Management Learning & Education* 4(1), 2005, 75-91.

Griffith JR. The Revolution in Hospital Management, *Journal of Healthcare Management* 50(3), May/June 2005, 170 -190.

Galvin R. 'A Deficiency of Will and Ambition': A Conversation with Donald Berwick, *Health Affairs* (Web Exclusive), January 12, 2005, W5-1 – W5-9.

Preparation: (Small groups) Prepare a Power Point presentation that assesses the Ghoshal article. What are its most salient or important points? What, if anything, do you disagree with? Why? What, if anything, would you add that would make the article more complete? Why?

In class: Discuss and debate one group's presentation

Mid-Term "Exam:" One point

Which of the following is a "double hermeneutic"? (See Ghoshal, p. 85)

- a. Pertains to the theory developed by the "two Hermans," Herman Melville and George Herman Ruth that large whales are poor baseball players.
- b. Impressive sounding academic jargon, which could be more clearly stated using common words.

- c. Similar to a double latte except that Diet Dr. Pepper is used instead of milk.
- d. Two interpretative or explanatory theories.
- e. "b" and 'd" above.

PART TWO – Leading Organizations

9/11 **It's Not All About You: Leading Teams** (8:35)

Goals: "The work of a business, of a government bureaucracy, of most forms of human activity, is something pursued not by individuals, but by teams." - Andrew Grove in *High Output Management*

- a. Know what leaders can do to improve small group performance.
- b. Know the factors that promote good performance and those that hinder it.
- c. Know what can be done to improve group cohesiveness and focus.

Readings:

Yukl, Ch. 11

Berwick DM. *Escape Fire: Lessons for the Future of Health Care*, The Commonwealth Fund, 2002 (ISBN 1-884533-00-0).

Preparation: (Small groups) Case Study: "Carolina Center for Public Service: A Rocky Moment."

In Class: Presentation by one of the groups of its response to the case study, and discussion.

10/2 **Could They Possibly Have Made More Mistakes?** (7:30)

Goal: To think holistically. Numerous factors affect decisions and decisions have numerous consequences, some of which are unintended. One of the leaders who spoke with the first cohort of students a year ago said that you cannot learn from others' mistakes. Do you agree?

Readings:

Burns LR, Cacciamani J, Clement J, Aquino W. The Fall of the House of AHERF: The Allegheny Bankruptcy, *Health Affairs* 19(1), January/February 2000, 7-39.

Yukl, Chapters 12 and 14.

Preparation: (Individual) Prepare for an in-class discussion about what AHERF's leaders did right, did wrong, and what they should have done better. No need to produce a document for this session.

In class: Discuss the reasons for AHERF's fall and draw lessons from the case.

10/11 ***Send your Gergen papers to Ned and your fellow students..***

10/16 **From the Trailing Edge to the Cutting Edge: The Transformation of the VA Healthcare System** (8:35)

Goal: Leadership is making change. This session aims at identifying and understanding the factors related to and methods of creating change.

Readings:

Kizer KW, Fonseca ML, Long LM. The Veterans Healthcare System: Preparing for the Twenty-First Century. *Hospital and Health Services Administration* 42(3), 1997, 283-298.

Everyone's papers on Gergen's "Seven Lessons of Leadership."

Yukl, Chapter 10

Preparation and in class: (Individual)

(A) Write in bullet format (not narrative) your top three to five responses to each of the following in-class discussion points:

1. What factors helped enable the transformation of the VA Healthcare System?
2. What factors were barriers to change?
3. What are the major lessons learned from the transformation/

(B) Discuss Gergen's "Seven Lessons of Leadership" and your papers.

Mid-term "exam:" One point

Which of the following is NOT one of Yukl's "Guidelines for People-Oriented Actions"?

- a. Create a sense of urgency about the need for change.
- b. Help people deal with the pain of change.
- c. Let them eat cake.
- d. Provide opportunities for early success.
- e. Demonstrate continued commitment to the change.

10/23 **Motivation** (7:30)

Goal: Motivation is fundamental to leadership. Leaders who don't motivate others aren't leaders. At best, they're bosses. This session aims at understanding the pros and cons of the many ways in which people motivate others.

Readings: All three are classics.

Kerr S. On the Folly of Rewarding A, While Hoping for B, *Academy of Management Executive* 9(1), 1995, 7-14.

<http://pages.stern.nyu.edu/~wstarbuc/mob/kerrab.html>

Herzberg F. One More Time: How Do You Motivate Employees? In *Harvard Business Review on Motivating People*, Boston: Harvard Business School Publishing, 2003.

McClelland DC, Burnham DH. Power Is the Great Motivator, in *Harvard Business Review on Motivating People*, Boston: Harvard Business School Publishing, 2003.

Preparation: (Individual) It seems every time you turn around another management guru is writing about motivation and many of them produce lists of their golden rules for motivating employees:

"Make people's work fun."

"Set clear goals and use monetary incentives to inspire workers to achieve the goals."

"If an employee is not self-motivated, there is little the manager can do."

"Fear motivates powerfully in the short run, but is counter-productive over time."

So, now you're the guru. Given the readings and your own experience, make a list of your six top golden rules. No more than six. Each rule can be no more than two sentences.

In class: Be prepared to defend your rules and to challenge others'.

PART THREE: Leading Outside the Organization

11/20 **Power and Influence** (8:35)

Goals:

- a. Understand the sources and nature of power and how to use it to influence others' behavior.
- b. Know how to influence others' behavior when you have no "position power" over them.

Reading: Yukl, Chapter 6

Preparation: Small groups deal with this situation:

You're in Jones County, SC. Population: 87,000. County seat: Jonesville. Population: 26,000. The County's two major textile plants closed within the last three years putting 4,800 people out of work. The chief drivers of the weak economy are hog and peach farming, some small and struggling textile plants, one furniture maker employing 350 people, and restaurants and motels along I-95, which runs through the eastern half of the County. About 50% of the population is white, 40% African-American, and 10% Latino, although the Latino population doubles in late summer when the peaches are harvested. The whites dominate business and politics in the county. 18% of the adults are unemployed. The high school drop out rate is 12% a year. The average annual family income is \$22, 980.

As for health care, the not-for-profit M. Willis Winston Hospital (named for the long deceased founder of one of the big textile plants) has 85 beds, an ambulatory care center, and an ER, which is flooded with uninsured patients. There are several small group practices, mainly primary care and mainly in Jonesville. The County operates a health department that provides the basic public health services and operates a walk-in medical clinic on weekday mornings. The clinic is also overwhelmed by uninsured patients. There are two, distinctly second-rate, for-profit nursing homes.

Your group collectively is the hospital's CEO. You think the uninsured would be better served (and your hospital would lose less money in the ER) if an outpatient clinic could operate every day between 3:30 and 8:30pm. Your hospital doesn't have the resources to do it alone, but you do have the space and you can contribute the salaries of a manager and some staff.

How do you make this happen? Who do you approach to get involved? What do you do or say to get them involved? How do you keep them involved over time? (Note: No fair saying, “It’s simple. I just go to Warren Buffett and get \$10 million and buy everything I need.”)

In class: Small group presentations and discussions.

NOTE: Term papers (case studies) are due by noon Thursday, November 15. Distribute your case study to your fellow students and Ned. By the 20th skim everyone’s case study and identify two that you think would result in particularly useful in-class discussions. Email Ned your choices on the 20th. (Selection for in-class discussion is not related to grade.)

11/27 **Systems Modeling and Mapping** (8:35)

Goal: Numerous systems – biological, environmental, educational, financial, political, etc. – affect the public’s health, so leaders concerned about improving the health of the public must think and act systemically. The goals are to better appreciate the relevance and roles of health and non-health systems, and how these interact to influence people’s health.

Readings:

Leischow SJ, Milstein. Systems Thinking and Modeling for Public Health Practice, *American Journal of Public Health* 96(3), March 2006, 403-405.

Garfinkel MS, Sarewitz D, Porter AL. A Societal Outcomes Map for Health Research and Policy, *American Journal of Public Health* 96(3), March 2006, 441-446.

Homer JB, Hirsch SM. System Dynamics Modeling for Public Health: Background and Opportunities, *American Journal of Public Health* 96(3), March 2006, 452-458.

Preparation: (Small groups) The Garfinkel/Sarewitz/Porter article discusses “societal health outcomes road mapping (as a tool (for understanding) health research and policy options.” This tool can also be used to identify the factors and players, and the interrelationships among them, involved in addressing health issues. Your group has been assigned by the disaster management director for southeastern North Carolina to identify (1) the organizations that need to be involved in dealing with a terrorist attack on the Brunswick nuclear power plant and (2) the relationships among these organizations. Depict these organizations and the relationships in a “road map” and briefly explain the

map in no more than one page of narrative. Each group will need to make certain assumptions about who's in charge of what.

The Southeastern North Carolina Disaster Management Zone (a fictional entity) includes the following counties:

- Bladen (poor, rural)
- Brunswick (home of the nuclear power plant)
- Columbus (poor, rural)
- Cumberland (Fort Bragg, City of Fayetteville)
- Duplin (poor, rural)
- New Hanover (City of Wilmington, a major port)
- Onslow (Camp Lejeune)
- Pender (poor, rural)
- Robeson (poor, rural)

In class: One group explains its road map – the players, the relationships, and the group's assumptions. Using their own road maps, the other groups explain why they agree/disagree with the lead group. We also evaluate the utility of road mapping in public health.

12/4 **Getting it Done in the Community: Case Study #1** (7:30)

Goal: To understand the inter-personal, political, tactical, and strategic processes involved in moving people and organizations over whom the leader has no official authority toward a common goal.

Reading: Collins J. *Good to Great and the Social Sectors* (monograph), New York: Collins, 2005.

Preparation: Read a specified case study from the semester project and be prepared to address its questions in class. (No written assignment.)

In-Class: Discuss the case study

Jan. **Getting it Done in the Community: Case Study #2**

Goal: To understand the inter-personal, political, tactical, and strategic processes involved in moving people and organizations over whom the leader has no official authority toward a common goal.

Reading: None! You deserve a break.

Preparation: Read a specified case study from the semester project and be prepared to address its questions in class. (No written assignment.)

In-Class: Discuss the case study

