

## Leading the Health Care Workforce

Professor Marisa King

Tuesdays 3:30-6:30

Class	Topic	Visits/Simulations/Cases	Assignments	Date
<b>The Work</b>				
1	Leading	LegoPatient Simulation Case	Case and prework	8/29
2	Specializing	Visit to Wills Eye Hospital	Pework	9/5
3	Caring	Visit to Penn Medicine Radnor	Pework *Team case ideas due	9/12
4	Operating	CHOP Guest Speaker (Evan Fieldston and Ellen Tracy)	Pework *Patient Experience Memo Due*	9/19
5	Communicating	Communication Simulations	Pework	9/26
6	Observing	Visit to Art Museum Guest Speaker (Alexa Miller)	Pework *Communicating Memo Due*	10/3
7	Objectifying	Visit to Mutter Museum	Pework	10/10
8	Burning Out	Case	*Objectifying Memo Due* and case	10/17
<b>Working Together</b>				
9	Teaming	Collective Intelligence and Psychological Safety Simulation	Pework	10/24
10	Teaming During Crises	Patient Zero Simulation and Guest Speaker (Rohit Sangal)	Pework	10/31
11	Innovating	Case and Innovation Challenge		11/7
12	Innovating	Visit to Hospital of the University of Pennsylvania and Guest Speaker (Alyson Cole)	*Team cases due	11/14
13	Leading	Team Case Discussions	* Lead case discussion and prework	11/28
14	Leading	Guest Speaker (Christopher Olivia)	*Leading memo due* and case	12/5

### Course Overview

The health care workforce operates in a complex, fast-paced, uncertain, and interdependent world. This creates distinctive management and leadership challenges. What makes a great leader, manager, or team member in this setting? How can you engage with respect without burning out, avoid common cognitive biases while working under stress, innovate while pursuing operational excellence? To answer these questions and tackle other issues endemic to health care, this course will use site visits, simulations, and live cases. We will gain first-hand experience using tools and conceptual frameworks from management science tailored to the health care setting. At the end of this course, you will: (1) be able to apply evidence-based management principles to health care contexts and (2) have practical skills for leading, managing, and thriving in health care.

### **Intended Audience**

This course is designed for students considering working in the health care or related fields. It will also be of interest to students interested in managing in complex and dynamic environments.

### **Approach to Learning**

This class is largely experiential. This reflects the theory that conceptual understandings of leadership and management are more powerful when combined with direct experiences of the challenges the healthcare workforce face. Just as it would be ill-advised to allow a physician to practice with only conceptual knowledge but no hands-on training, managers are more likely to excel when technical and diagnostic skills are complemented by “hands on” experience. To this end, this course centers on opportunities to observe and apply concepts concretely. A key focus of the course are “live cases” in which you are given unstructured information and problems. As a leader, most of your challenges and opportunities will be unstructured so this will strengthen your analytical and leadership strengths. These sessions are designed to vividly and memorably illustrate the challenges of leading the healthcare workforce and to provide a forum to hone your leadership skills and management abilities.

### **Grading, Assignments, and Due Dates**

This course will not be graded on a curve.

#### **Analysis and Application Memos**

Given the experiential nature of this course, we will use a Do, Analyze, Apply framework for sessions and assignments. We will experience live cases and engage in simulations with the goal of subsequently reflecting on and analyzing them using conceptual frameworks from management and related fields. Ultimately, we will work towards applying these insights to improve your leadership skills, as well as health care delivery and management.

Given this sequence, many of these written assignments for this class will be analysis and application memos that will be due the week following the class in which we covered a topic. (For example, our class on communicating is on 9/26, but the application memo is due on 10/3.) Details on assignments will be provided the week prior to the due date. This will allow you to consider and analyze the session with the assignment in mind. Please write memos *before* preparing other assignments on the next topic (e.g., observing in the example above). This will ensure continuity in learning.

You will have four memos due over the course of this class that will count for 45 percent of your grade.

Patient Experience Memo: 10% due 9/19

Communication Memo: 10% due on 10/3

Objectifying memo: 10% due on 10/17

Leading memo on Paul Levy Case: 15% due 12/5

A grading rubric is attached to the end of this syllabus.

## Your Team's Case

In addition, the final project for this class will be to write a short case (no more than 2,000 words) describing a challenge facing the healthcare workforce. You will do this in teams of 5-6 assigned by the instructor on 9/5. You will also be working in these teams during our sessions on teaming.

Writing the case will require in-depth research of a problem in advance of writing the case. While the case can be fictional, you will need to support the facts of the case with citations. For instance, you could write a case on a protagonist struggling with burnout<sup>1</sup> or a hospital considering adding a spa-like wellness center. For these cases, you would need to include citations related to burnout and patient experience, respectively. Citations do not count towards the word count.

You will also need to provide a short teaching note that outlines the relevant questions one would need to grapple with to analyze the case, as well as an overview of what your group thinks the relevant "solution" is to the instructor (no more than 250 words). Cases will need to be made available to the class on 11/14. You will have 25 minutes to lead a case discussion on 11/28. This will allow you to practice facilitating a discussion and the leadership, communication, and observation skills we have worked on in class. The written case and teaching note (15%) and discussion leadership (5%) will each count towards your grade (amount in parentheses). In total, the project will be 20% of your grade.

For more information on how to write a case, please see: [How to Write a Great Business Case | Harvard Business Publishing Education](#)

## Attendance and Participation

Attendance and participation are essential for this course. Care has been taken to give a reasonable amount of homework to ensure that you are able to complete all of the assignments.

We are very fortunate to have many experts who are graciously sharing their time and expertise with us. In many cases, they have invited us to their workplaces. It is essential that you give them the respect that they deserve.

It is expected that you will attend all sessions of this course. Multiple unexcused absences will result in a failing grade. If you anticipate needing to miss multiple classes, you should not enroll in this course. If an emergency arises or if you think a possible site visit will be triggering, please email the TA and the professor to discuss the possibility of an excused absence and makeup work, which will be given on a very limited basis.

Beyond simply being present, you should come to each class prepared with questions or observations. Prior to site visits and guest speakers, please do preparatory research in advance of class to learn more about our guests and hosts. This class has a no device policy. Please do not use your laptop or phone in class unless instructed by the professor. A wide body of research has

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<sup>1</sup> We will read a case on burnout in class, so please do not choose this option.

demonstrated that even the presence of a device impedes learning and connection. If there are extenuating circumstances that necessitate your use of a device in class, please reach out to the professor and TA prior to the first class.

Your participation grade will reflect attendance, session engagement, respect for guests and fellow class members, and the extent to which you follow the norms established for this course.

### **Summary of Grading, Assignments and Due Dates**

<b>Assignment</b>	<b>Points</b>	<b>Due Date</b>
Team Case Ideas Due		9/12
Patient Experience Memo	10	9/19
Communicating Memo	10	10/3
Objectifying Memo	10	10/17
Team Written Case & Teaching Note	20	11/14
Leading Memo	15	12/5
Participation	35	
Total Possible Points	100	

All assignments are due by 3pm on the due date via Canvas

# The Work

## Class 1: Leading and Coordinating in Health Care (8/29)

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**Objective:** Identify key leadership challenges that arise when working in highly uncertain, hierarchical, interdependent and complex environments. Develop personal, organizational, and cultural strategies for overcoming these challenges.

### Required Prework:

**Case:** Dr. Jamie Thompson: Diagnosing an Organizational Issue

### Case Preparation Questions:

1. What is the key issue in this case?
2. What factors are contributing to the issue?
3. What actions should Dr. Clarke take?

### Readings:

1. Laughlin, Anderson, Martinez, and Gayfield. 2021. "[22 Million Employed in Health Care Fight Against COVID-19.](#)"
2. Hoff, Sutcliffe, and Young. 2016. *The Healthcare Professional Workforce: Understanding Human Capital in a Changing Industry*. Oxford: Oxford University Press.
  - a. Chapter 1: "Introduction and the Forces Transforming the Health Professional Workforce in the United States"
  - b. Chapter 5: Noordegraaf and Burns. "The Paradoxes of Leading and Managing Healthcare Professionals."
3. Rotenstein, L., Sadun, R., Jena, A. (2018). Why Doctors Need Leadership Training. *Harvard Business Review*. <https://hbr.org/2018/10/why-doctors-need-leadership-training> (Mentally fill in other members of the healthcare work when it says doctors)
4. Porter and Lee. 2013. "The Strategy that Will Fix Healthcare." [The Strategy That Will Fix Health Care | Harvard Business Publishing Education](#)

## Class 2: Specializing (9/5)

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**Objective:** Medicine is characterized by a high degree of specialization. Specialization and volume have been shown to produce better health care outcomes. Wills Eye Center, a specialty ophthalmology hospital, has consistently been ranked as one of the top eye hospitals in the country. Our visit to Wills will allow us to explore the historical roots of specialization, as well as its benefits.

**Site Visit:** Wills Eye Hospital <https://www.willseye.org/>

### **Readings:**

Stevens, Rosemary. 2005. "Specialization, Specialty Organizations, and the Quality of Health Care." In Mchanic et al. *Policy Challenges in Modern Health Care*. New Brunswick: Rutgers University Press.

Birkmeyer et al. 2002. "Hospital Volume and Surgical Mortality in the United States." *New England Journal of Medicine* <https://www.nejm.org/doi/full/10.1056/nejmsa012337>

Halm et al. 2002. "Is Volume Related to Outcome in Health Care? A Systematic Review and Methodologic Critique of the Literature." *Annals of Internal Medicine* <https://doi.org/10.7326/0003-4819-137-6-200209170-00012>

Landhuis. 2023. "Which type of eye doctor do you need? Optometrists and ophthalmologists face off." National Public Radio <https://www.npr.org/sections/health-shots/2023/02/20/1157710386/which-type-of-eye-doctor-do-you-need-optometrists-and-ophthalmologists-face-off>

Please research Wills Eye Hospital to prepare for our visit

### **Class 3: Caring (9/12)**

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**Objective:** In this session, we will get to see first-hand an organization that excels at patient experience. Penn Medicine Radnor's Surgery Center received the Guardian of Excellence Award for Ambulatory Surgery Patient Experience. What does it take to consistently deliver a caring and welcoming experience in an outpatient setting?

**Site Visit:** [Penn Medicine Radnor - Penn Medicine](#)

**Guest Speaker:** [Tracey Commack, MBA | LinkedIn](#) Associate Executive Director, Penn Medicine Radnor

**Assignment Due Before Class:** Meet with your case team prior to the session and decide on your team's case. You should submit your case idea, as well as a backup idea via Canvas. Each team only needs to submit one document (make sure everyone's name is on the document). The case idea can be a sentence or two at this point.

**Assignment Due:** Analysis memo on patient experience due on 9/19

For this memo, you will need to draw on prior weeks' readings and your observations at Penn Medicine Radnor. Your memo should answer the following questions: (1) What leads to a high quality patient experience? (2) Based on your observations, what does that look like in practice? (3) What is one change that could improve patient experience, (4) What are the potential benefits and

drawbacks of this change? Please relate the drawbacks to the challenges surrounding patient experience discussed in the readings and in class.

Your memo should be roughly one single spaced page and no more than 500 words. Please include the document word count and appropriate references. References do not count towards the word count

### **Required Readings:**

1. Berwick D. What patient-centered should mean: confessions of an extremist. *Health Affairs* 2009; 28(4): 555-565.
2. Robbins. 2015. "The Problem with Satisfied Patients." *The Atlantic*. [The Problem With Satisfied Patients - The Atlantic](#)

### **Class 4: Operating (9/19)**

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**Objective:** What is it like to lead a health care organization for a day? Understand the competing demands of health care organizations, as well as the health care workforce. Gain insight into how to design organizational structures and processes to lead and manage effectively from guest speakers from the Children's Hospital of Philadelphia.

### **Guest Speakers:**

[Evan S. Fieldston, MD, MBA, MSHP | Children's Hospital of Philadelphia \(chop.edu\)](#)

Associate Chief Medical Officer at Children's Hospital of Philadelphia

[Ellen Tracy, RN, MSN, NEA-BC | Children's Hospital of Philadelphia \(chop.edu\)](#)

Associate Chief Nursing Officer at Children's Hospital of Philadelphia

**Assignment Due Before Class:** Analysis memo on patient experience due before class. Please submit your memo (assignment details above) through Canvas.

### **Required Pework:**

1. Sanford and Moore. 2015. *Dyad Leadership in Healthcare: When One Plus One is Greater than Two*. Chapter 1: An Introduction to a New Leadership Model.
2. Buell. 2017. The Dyad Leadership Model: Four Case Studies. *Healthcare Executive*.
3. Saxena A. Challenges and success strategies for dyad leadership model in healthcare. *Healthcare Management Forum*. 2021;34(3):137-148.  
doi:[10.1177/0840470420961522](https://doi.org/10.1177/0840470420961522)

## **Class 5: Communicating (9/26)**

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**Objective:** Communicating with patients and within teams is critical success. This session will explore foundational skills for effective communication through a series of experiential exercises.

**Assignment Due:** Application memo on communicating due on 10/3.

Practice applying two or three of the communication skills you acquired in class (e.g., reflective listening, eliciting an agenda, responding with empathy, etc). Write a memo describing aspects of practicing that were easier or harder for you. What were barriers or challenges did you encounter? Success stories? How was it different practicing “in the wild” versus in the classroom? How did practices designed for a medical encounter translate into everyday interactions? What difficulties could you imagine clinicians facing as they attempt to apply these in clinical settings? Do you have suggestions for overcoming them?

Your memo should be roughly one single spaced page and no more than 500 words. Please include the word count on your memo and submit via Canvas.

### **Required Prework:**

1. Dieppe P, Fussell I, Warber S L. The power of caring in clinical encounters BMJ 2020; 371 :m4100 doi:10.1136/bmj.m4100
2. Kelley JM, Kraft-Todd G, Schapira L, Kossowsky J, Riess H. The Influence of the Patient-Clinician Relationship on Healthcare Outcomes: A Systematic Review and Meta-Analysis of Randomized Controlled Trials. Timmer A, ed. PLoS One. 2014;9(4):e94207.
3. Boissy A, Windover AK, Bokar D, et al. Communication Skills Training for Physicians Improves Patient Satisfaction. J Gen Intern Med. 2016;31(7):755-761. doi:10.1007/s11606-016-3597-2
4. Krasner MS, Epstein RM, Beckman H, et al. Association of an Educational Program in Mindful Communication with Burnout, Empathy, and Attitudes Among Primary Care Physicians. JAMA. 2009;302(12):1284. doi:10.1001/jama.2009.1384

## **Class 6: Observing (10/3)**

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**Objective:** Observation presents the opportunity to combine knowledge, respect, and care. And to change minds. How can we use observation to embrace uncertainty and increase empathy?

**Site Visit:** Arthur Ross Gallery



**Guest Speaker:** Alexa Miller, [Arts Practica](#)

**Assignment Due:** Analysis memo on communicating due before class via Canvas.

**Required Prework:**

1. Watch: “Why Empathy in Healthcare Matters.” Knowledge at Wharton Podcast
2. Litman. 2018. [Empathy in Medical Education: Can Kindness Be Taught? | The Public Health Advocate \(berkeley.edu\)](#)
3. Frances. 2015. [Putting Humanity and the Humanities Back Into Medicine | HuffPost Impact](#). Huffington Post
4. Graham et al. 2016. “Medical Humanities Coursework Is Associated with Greater Measured Empathy in Medical Students.” *American Journal of Medicine* [Medical Humanities Coursework Is Associated with Greater Measured Empathy in Medical Students - The American Journal of Medicine \(amjmed.com\)](#)
- 5.
6. Brennan. 2023. [We Are Trying to Put the Humanity Back Into Medicine ... So, Why Do We Keep Removing It? - Medical Humanities \(bmj.com\)](#). *BMJ*
7. Miller, Alexa. “Observation.” In *Keywords for Health Humanities*. New York: NYU Press.

**Class 7: Objectifying (10/10)**

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**Objective:** The power dynamics in medicine are complex, historically rooted, and multifaceted. Awareness of the power dynamics is essential for successful collaboration and ensuring that the healthcare system can meet the needs of all individuals.

**Site Visit:** [Mütter Museum](#)

**Assignment Due:** Analysis memo on observation and objectifying due on 10/17. Your memo should be roughly one single spaced page and no more than 500 words.

For this memo, summarize and analyze your reaction to the Mutter Museum and reflect on the questions: (1) What does it mean to be human? and (2) How can medicine keep its humanity? Please draw on the readings and course discussion to answer the second question.

**Required Prework:**

1. Saxena A, Meschino D, Hazelton. 2021. Power and physician leadership *BMJ Leader* 2019;**3**:92-98.

2. Karan, Abaar. 2019. "Medicine's Power Problem." *Scientific American*  
<https://blogs.scientificamerican.com/voices/medicines-power-problem/>
3. Timmermans, Stefan and Rene Almeling. 2009. "Objectification, standardization, and commodification in health care: A conceptual readjustment." *Social Science and Medicine*. 69: 21-27.
4. Haque, Omar Sultan, and Adam Waytz. "Dehumanization in Medicine: Causes, Solutions, and Functions." *Perspectives on Psychological Science*, vol. 7, no. 2, 2012, pp. 176–86. JSTOR, <http://www.jstor.org/stable/41613554>
5. Aptowicz, Cristin O'Keefe. 2015. *Dr. Mutter's Marvels: A True Tale of Intrigue and Innovation at the Dawn of Medicine*. New York: Avery (pages TBD)

## **Class 8: Burning Out (10/17)**

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**Assignment Due:** Analysis memo on observation and objectification due before class.. Your memo should be roughly one single spaced page and no more than 500 words. Please include the word count on your submission and submit via Canvas.

**Objective:** Burnout is one of the greatest challenges facing the health care workforce. After gaining an understanding of its underlying causes and threat to the medical profession, we will explore solutions at the individual, team, and organizational level.

**Case:** Adam Root, MD

### **Preparation Questions:**

1. Case Question: What should Adam Root do?
2. What is burnout?
3. What causes burnout and why is it such an important issue right now?
4. What might managers do to reduce burnout?
5. What has been your personal experience with burnout yourself or in others you've seen – and what have you learned from it?

### **Required Prework:**

1. Listen to: [The Nocturnists Podcast — the NOCTURNISTS](#). Shame in Medicine: 1. Hello, Shame
2. Williams et al. The Personal and Professional Consequences of Physician Burnout: A Systematic Review of the Literature. *Medical Care Research and Review*. 2019.

<https://journals-sagepub-com.ezp-prod1.hul.harvard.edu/doi/full/10.1177/1077558719856787>

3. [National Plan for Health Workforce Well-Being | The National Academies Press](#) (skim)
4. Linzer, Mark et al. 2021. Eliminating burnout and moral injury: Bolder steps required. *The Lancet*  
[Eliminating burnout and moral injury: Bolder steps required. - eClinicalMedicine \(thelancet.com\)](#)
5. Watch: <https://insights.som.yale.edu/insights/identifying-with-team-helps-prevent-stress-and-burnout-among-healthcare-workers>
6. Emmanuel, Hong, and King. 2023. "Addressing Clinician Burnout: Moving Beyond Individual Interventions." Working Paper.
7. [Health care's worker shortage | Deloitte Insights](#)

### **Class 9: Teaming** (10/24)

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**Objective:** Teams are a key organizational unit in health care. Teams often have to simultaneously make complicated decisions, devise innovative solutions, all the while completing their objectives in a timely, efficient, and productive fashion. Moreover, they must do all of this in a way that develops and enhances the capabilities of the team and its members. This session will focus on the norms and processes that create high performing teams.

#### **Required Prework:**

1. Watch: [Atul Gawande: How do we heal medicine? | TED Talk](#)
2. Hackman, Richard. 1987. "The Design of Work Teams." In J. Lorsch. *The Handbook of Organizational Behavior*. 315-342. Englewood, NJ: Prentice Hall.
3. Duhigg. 2016. [What Google Learned From Its Quest to Build the Perfect Team - The New York Times \(nytimes.com\)](#)
4. Edmondson AC. The kinds of teams health care needs. *Harvard Business Review* 2015, 16:2-5.  
<https://hbr.org/2015/12/the-kinds-of-teams-health-care-needs>
5. Woolley, A. W., Chabris, C. F., Pentland, A., Hashmi, N., & Malone, T. W. 2010. Evidence for a collective intelligence factor in the performance of human groups. *Science*, 330: 686-688.

6. Franklin, B. J., Gandhi, T. K., Bates, D. W., Huancahuari, N., Morris, C. A., Pearson, M., ... & Goralnick, E. (2020). Impact of multidisciplinary team huddles on patient safety: a systematic review and proposed taxonomy. *BMJ Quality & Safety*, 29(10), 1-2

### **Class 10: Teaming and Leading in Crises (10/31)**

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**Objective:** Health care is volatile and uncertain. Crises, both routine and unexpected, are common. We will explore best practices for navigating crises: effective communication, collaboration, building swift trust, and establishing clear roles and responsibilities.

**Guest Speaker:** [Rohit Sangal, MD, MBA, FACEP](#) Associate Medical Director, Yale-New Haven Emergency Department

#### **Required Prework:**

1. Heifetz. 2010. “Leadership” and “Leadership Values” (Chapters 2 and 3) in *Political and Civic Leadership: A Reference Book*. Thousand Oaks, CA: Sage
2. Heifetz et al. 2009. “Leadership in a (Permanent) Crisis. *Harvard Business Review*
3. Bray, Sangal, and King. 2023. “Teams in Crisis.” *Working paper*.
4. Stapleton and Pipari. 2020. “The Current Health Care Crisis—Inspirational Leadership (or Lack Thereof) Is Contagious. *JAMA Open* [The Current Health Care Crisis—Inspirational Leadership \(or Lack Thereof\) Is Contagious | Health Policy | JAMA Network Open | JAMA Network](#)
5. Sangal et al. 2021. Work team identification associated with less stress and burnout among front-line emergency department staff amid the COVID-19 pandemic. *BMJ Leader* 2021;5:51-54.

### **Class 11: Innovating (11/7)**

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**Objective:** Innovating in health care organizations is particularly challenging given the consequences of failure and the hierarchical nature of the work, as well as the constant operational pressures. This session will explore common obstacles to innovating in health care organizations and strategies for overcoming them.

**Case:** Design at Mayo Clinic  
<https://vol10.cases.som.yale.edu/design-mayo>

\*This is a raw multi-media case. Thorough preparation is essential for class to be useful and will take ~2 hours.

## Case Preparation Questions:

1. What is original about the Center for Innovation? What is the significance of establishing an in-house innovation lab versus hiring outside consultants?
2. What are the special risks and benefits of experimenting with service innovations in the health care environment?
3. How does Mayo's physician-led structure affect the focus and results of the CFI? What are the advantages and disadvantages of this structure?
4. What is the role of designers at the CFI? How do they facilitate innovation in health care delivery? How might their contributions compare to those of a management consultant, an industrial designer, an organizational psychologist, or a poet?
5. What is the rationale behind the five platforms? What are the advantages and disadvantages of organizing innovation experiments around these categories? Are there other ways to structure innovations in health care delivery?
6. What conflicts, if any, are there between the goal of "small changes for big impact" and the goal of "transforming the way health care is delivered and experienced?" Do these two kinds of innovation need to be balanced? How does the CFI's organization affect the types of innovation that they develop?
7. How would you recommend that the CFI measure its results? How should they present their work to physicians, to patients, and to outside supporters?

## Class 12: Innovating (11/14)

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**Objective:** The Pavilion at the Hospital of the University of Pennsylvania is a world class example of innovation, as well as how to design for continual innovation.

**Assignment Due:** Team cases and teaching notes due before class

**Site Visit:** Pavilion, Hospital University of Pennsylvania

**Guest Speaker:** [Alyson Cole](#) Associate Executive Director, HUP Transition and Occupancy

### Required Prework:

1. Watch: "A Peak Inside the Pavilion: Exploring Penn:  
<https://reachmd.com/programs/medical-breakthroughs-from-penn-medicine/a-peek-inside-the-pavilion-exploring-penn-medicines-newest-facility/12935/>

### **Class 13: Teaming and Leading (11/28)**

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**Objective:** Your team will have the opportunity to demonstrate the benefits of successful teaming and communication by leading a discussion of the case you have written. Each team will have 25 minutes to present their case and lead a class discussion. You should allocate the last 5 minutes or so of your time for outlining the “solution” to the case. Ideally, you will be able to weave in suggestions/ideas from the class discussion.

**Assignment Due:** You must read your classmates’ cases and prepare for in-class student led team discussion.

### **Class 14: Leading (12/5)**

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**Objective:** Apply key learnings from the course to understand how to lead and turn around an struggling health care organization

**Guest Speaker:** [Christopher T. Olivia, MD](#)

**Assignment Due:** Analysis memo on leading **due before class** on 12/5. Your memo should be roughly one single spaced page and no more than 500 words.

Answer question three (In describing his leadership style, Levy speaks of the “CEO as teacher”...) of the case preparation questions using examples from the case and lessons from the course. When drawing on course materials, please provide citations to readings and slides where appropriate.

**Case:** Paul Levy: Taking Charge of the Beth Israel Deaconess Medical Center, A Case

**Case:** Paul Levy: Taking Charge of the Beth Israel Deaconess Medical Center, MultiMedia Case 9-303-058

**\*\*NOTE:** This is a multi-media case. This session will only make sense if you review the multi-media case.

#### **Case Preparation Questions:**

1. How would you describe the situation Levy inherited at the BIDMC? What challenges did he face? Why did previous turnaround efforts fail? How could things be different?
2. What (if anything) was distinctive about the way Levy went about formulating, announcing, and implementing the recovery plan? How did he overcome resistance? What would you do differently?

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3. In describing his leadership style, Levy speaks of the “CEO as teacher.” How has he defined that role? Why has he chosen to focus on it? What skills does it require? In what settings is it likely to be useful? How useful do you think this perspective is for you?