***Leiderschap Nieuwe Stijl III; uitleg, programma en faculty***

*Leiderschap Nieuwe Stijl* (LNS) is a leadership development program designed by and for Spaarne Gasthuis (SG).

The purpose of the education is to equip doctors in the lead, as well as their teams, to operate effectively in the organization in effect of (a) the merger 2014-2016 and (b) the ensuing implementation of a modern leadership style that will continuously apply organization-wide and impact all groups of professionals.

The new leadership style, in a nutshell, encompasses the following key-components:

* Personal leadership
* Collaboration across borders
* Patient focus
* Practitioner excellence

Framework:

* LNS is an in-house leadership style, which has emerged inductively and follows on series of workshops undertaken among the RvB, 2nd and 3rd echelon managers from 2013 – to date.

Qualitative theory and methodology has informed the process of its development.

* LNS is a set of principles and practices that promote a social architecture. The social architecture is informed by a conscious design of SG that encourages (a) hospital-wide cooperation, (b) direct communication internally and with external stakeholders, (c) distributed leadership and team work on project basis, and, (d) modern leadership behavior. This further promotes the social architecture and lead to the goal of creating and sustaining the position as the premier hospital in chosen areas of expertise.

Process:

* LNS utilizes open-ended processes based on the awareness of continuous development.
* Development is regarded as moving towards ever increasing inclusion of many different perspectives and solutions. “We don’t maintain silos, but reach out to relevant partners and add perspectives and solutions as we continuously grow.”

Methodology, principles and practices:

* SG Leadership focuses on positive potential, distributed leadership and organizational transformation.
* It is an eclectic model. The methodology applied in continuously developing the organization is founded on classical research and later development of *Appreciative Inquiry* (Cooperrider; Sinek). Personal leadership development and communication principles draw on e.g., the work of *Deep Democracy* (Lewis). Practices for achieving multidisciplinary team results utilize *agile frameworks* and structures, as well as tools for managing cooperation with premeditated results in mind (e.g. *The Scrum Guide*. (2017) Schwaber, K., Sutherland, J.)

Consequently the LNS is composed by four tracks to be realized in 2017-19:

1. Collective learning - 4 modules offsite.
	* Module I (March 2017) Leiderschap Nieuwe Stijl: Collaborative Principles and Practices for Distributive Leadership
	* Module II (October 2017) Leiderschap Nieuwe Stijl: Personal Leadership in Action
	* Module III (May 2018; ) Leiderschap Nieuwe Stijl: Leading Change in a Turbulent World
	* Module IV (in statu nascendi)
2. Individual learning – assessment- and interest-based tailored learning (ongoing, cafeteria model, choose your learning goals yourself based on assessment and individual needs).
3. Thematic learning I - Excelling in chosen areas of expertise. Tightly knit small groups excelling in chosen expert areas.
4. Thematic Learning II - Implementation of Strategy: Comprehensive Translation of Strategic Intent into Action. Cross-fertilized Thematic Expert Groups.

Each track recognizes its own learning evaluation.

Between Module II and Module III in-house leadership development work has been conducted. Medical Leaders will be offered learning and development opportunities that match the requirements of augmented leadership responsibilities between Module III and Module IV.

This is a request for accreditation for collective learning Module III. Module III is comprised by a two day off-site. Please find the program outline hereunder.

***Leiderschap Nieuwe Stijl* : Module III**

**Leading Change in a Turbulent World**

**1 May, 23 & 24 May; 12 June, 3 July 2018**

**Haarlem, Veluwe**

**Program Outline**

**Tuesday 1 May**

**The Dynamics of Leading and Following**

9h30 – 10h30 Key-note lecture on the dynamics of leading and following and its characteristics and potential for growth and development.

10h30-11h30 Plenary demonstrations of the dynamics in the context of pertinent Spaarne Gasthuis dilemmas.

11h30-12h00 Exercising leading and following in pairs.

12h00 – 12h30 What is effective leading and effective following in this context?

12h30 – 13h00 Conclusions and commitments to work on until 23 May.

Faculty: Yonathan Keren

Venue: Auditorium, Haarlem Zuid

Purpose: The notion of leadership has evolved in the wake of technology-driven communication innovations, cross-disciplinary collaborations, multi-functional teams and more. SG specific implications of this change include a move away from leadership determined by function, towards leadership determined by personal resources and their adequate positioning in the field of professionals forming specific task forces. The purpose of this workshop is to elucidate how a doctor leading his or her team is simultaneously a follower of the group process and its goals.

Abstract:

The dynamics of leading and following has been described in theories (e.g., *Adaptive leadership theory: Leading and following as a complex adaptive process*, 2011) explaining how recurring patterns of leading–following interactions produce emergent leader–follower identities, relationships and social structures that enable groups to develop and adapt in dynamic contexts. In describing this emergent leading–following process, I attempt to shift the theoretical focus away from people as leaders or followers, and instead foreground the evolutionary value of a dynamic and fluid leading–following process. By emphasizing an interactive and contextually embedded process of leading and following in groups, this workshop provides a theoretical basis for challenging the individualistic, hierarchical, one-directional and de-contextualized notions of leadership that permeate the existing literature and practice. It at the same time illustrates in practice the dynamics of leading and following through structured processes pertaining to the model. These include creating an experiential knowledge of the different positions through specific techniques for ‘leaning in and leaning out’, as well as tools for creating group commitment

Pre-reading:

<https://www.doctorportal.com.au/mjainsight/2017/19/medical-followership-and-managing-up/>

<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0184522>

[file:///Users/KarinJironet/Documents/Hospitals/How%20to%20Build%20a%20Successful%20Team%20-%20Business%20Guides%20-%20The%20New%20York%20Times.webarchive](file:///C%3A%5CUsers%5CKarinJironet%5CDocuments%5CHospitals%5CHow%20to%20Build%20a%20Successful%20Team%20-%20Business%20Guides%20-%20The%20New%20York%20Times.webarchive)

<http://bmjleader.bmj.com/content/1/4/36>

**Wednesday 23 May**

**Leading Change by Means of Co-Resolve**

08h00-10h00 The Mind-Set of Appreciate Inquiry

Faculty: Dr. K Jironet

Venue: Veluwe

Purpose: Re-visiting fundamental principles of Appreciative Inquiry:

Abstract:



Pre-reading:

Sinek, S. (2017). Find Your Why: A Practical Guide for Discovering Purpose for You and Your Team.

Edmondson, A. & Reynolds, S. (2016). Building the Future: Big Teaming for Audacious Innovation.

10h00 –10h30 The way forward – A vision of alignment of strategy with Theme Groups’ implementation of method, principles and structure/practice.

Address by Peter van Barneveld and Ivo van Schaik.

10h30-11h00 The role of the doctor in the lead – An appeal to lead, and, to follow.

President of the Medical Staff address on how organizational efficiency is ensured by, e.g., direct lines of communication, increased collective intelligence, awareness of numerous theme-relevant initiatives and their status, and, multi-disciplinary relationships.

11h00 -12h30 Co-resolve: Keynote lecture with interactive practicum, by Myrna Lewis.

12h30-13h30 Lunch.

13h30-15h30 Practicing co-resolve in 6 Theme Groups, each dedicated to a specific theme of organization-wide importance for growth and sustainable success.

15h45 Plenary session, Q&A and reflections, led by Myrna Lewis.

16h00 – 17h30 The true meaning of leading change from within the present towards a desired future together. Methods for communication and acknowledgement of resistance and reconciliation. Facilitated Theme Group meetings addressing specific areas of interest per group. Each facilitated by certified professionals.

Faculty: 6 professional group facilitators.

17h30 -18h00 Reflections and learning.

Faculty: Myrna Lewis, Founder of Deep Democracy. SA/AU.

Purpose: Learning about Deep Democracy and the fundamental principles of:

* How to resolve tension and grow from conflict
* Development and sustainability of team efforts
* Collaborative decision making
* Relationships and group dynamics

Abstract:

https://www.youtube.com/watch?v=S5PAuXF7dLk

Pre-Reading:

Kramer, J. (2014). Deep Democracy: de wijsheid van de minderheid.

<https://hbr.org/2017/12/most-doctors-have-little-or-no-management-training-and-thats-a-problem?autocomplete=true>

18h15 – 19h30 Outdoor Activity

Purpose:

* Challenging endurance.
* Individual effort leads to team results.
* Showing how cooperation is the new competition.

Faculty: Local outdoor professional facilitators.

19h30 – 22h00 Dinner.

**Thursday 24 May**

**Clarifying Alignment of Action with Strategy**

07h30 -08h30 Breakfast.

9h00 – 10h15 Check-in and Role Theory (group dynamics). Myrna Lewis.

10h30-11h15 Outcomes of long-term strategy. How to best translate the portfolio strategy into real life actions. Ivo van Schaik.

11h15-12h30 Translation practice in theme groups with licensed instructors.

12h30-13h30 Walk with takeaway lunch and *Let’s Talk conversation* in pairs. A conversation between two sides of a polarity: I’m successful as a leader in implementing strategy vs. I’m unsuccessful as a leader.

Abstract

Gesprekken voeren met de 4 stappen van Let’s Talk

Stap 1: Stel voorwaarden en maak afspraken.

Er zijn drie vooraf bepaalde voorwaarden waarmee beide gesprekspartners akkoord

moeten zijn, om het gesprek te voeren.

• Het gaat om ONS!

Onze relatie blijft. Het uitgangspunt is dat we de relatie willen behouden en daarom alles gaan zeggen wat we te zeggen hebben.

• Niemand heeft het recht op de waarheid.

Iedereen is anders, we kijken allemaal anders tegen dingen aan. Waar de één een enge, vieze muis ziet, ziet de ander een schattig, klein knaagdiertje. Ga er nu mee akkoord dat niemand de waarheid kan claimen.

• Samen groeien.

Deze methodiek zorgt ervoor dat er zaken naar boven komen, die eerst verborgen waren.

Dit biedt een kans om te groeien. Ga akkoord om open te staan voor groei en dit samen aan te gaan.

Akkoord met deze drie voorwaarden?

Naast deze drie afspraken is deze stap bedoeld om zelf afspraken te maken. Afhankelijk van de situatie zal daar meer of minder behoefte aan zijn. Je kunt bijvoorbeeld afspreken om niet beleefd te zijn tegen elkaar, maar juist heel direct en duidelijk. Of afspreken je stem niet te verheffen. In zakelijke context , kun je bijvoorbeeld afspreken om het gesprek niet vast te leggen. Bedenk bij deze stap wat jullie nodig hebben om vrij te kunnen

spreken.

Stap 2 Zeg alles!

Eén van de gesprekspartners start en zegt alles wat hij/zij wil. Het is van belang om alles uit te spreken. Laat niets achter onder het spreekwoordelijke tapijt en formuleer je

uitspraken in een aanval. Gooi alle pijlen die je hebt. Je gesprekspartner mag nu absoluut

niet reageren; dat kan wanneer de beurt wisselt.

Zijn voor nu alle pijlen gegooid? Dan is het nu de beurt aan je gesprekspartner. Nu is het aan jou om niet te reageren.

Wissel de beurten totdat beide partners geen pijlen meer hebben.

Weet je niet wanneer de pijlen op zijn? Je merkt dit ook doordat herhalingen voorkomen en de pijlen zwakker worden.

Wil je samen een besluit nemen? Neem dan geen positie tegenover elkaar in, maar zeg eerst alles voor de “ja” en dan alles voor de “nee”. Maak het zichtbaar door samen aan

de kant van de “Ja” te gaan zitten en vervolgens aan overkant, de kant van de “nee”.

Stap 3: Wat heeft je geraakt?

Bedenk beiden welk argument of pijl je heeft geraakt. Weet je dit niet direct? Je merkt

het bijvoorbeeld doordat een uitspraak je erg irriteerde, een reactie bij je uitlokte of een fysieke reactie teweeg bracht (spanning, irritatie, lachen, opeens moe zijn, een zucht).

Jullie moeten beide minimaal één pijl kunnen benoemen als raak. Lukt dat niet? Dan zijn jullie te snel van stap 2 naar 3 gegaan. Ga nog even terug naar stap 2 en zeg alles wat nog rest van beide kanten.

Bespreek welk inzicht je krijgt van de pijlen die je geraakt hebben.

De uitspraak die je heeft geraakt kun je in de eerste persoon verwoorden, net als het

inzicht.

Lijkt het inzicht wat je verkregen hebt nog op een aanval? Ook dan zijn jullie te snel naar stap 3 overgestapt en zijn er nog pijlen te gooien. Ga nog even terug naar stap 2.

De meest belangrijke aandachtspunten komen hiermee vanzelf naar voren. De overige

punten zijn ofwel een bijzaak of hangen samen met de rake pijl. Wanneer een

aandachtspunt een eigen gesprek nodig heeft, dan merk je dat doordat het een

terugkerend verwijt zal zijn. Het is dan ook belangrijk om van dit gesprek met Let’s Talk

een terugkerend item te maken!

Stap 4: Beslis ( of maakt de inzichten relevant of neem een besluit)

Neem nu met de inzichten praktische beslissingen. Maak de inzichten relevant voor het onderwerp van dit gesprek.

Wat betekenen de inzichten voor hetgeen jullie wilden bespreken? Worden er afspraken gemaakt over hoe met elkaar om te gaan?

Pre-reading:

Pink, D. (2011). *Drive: The Surprising Truth About What Motivates Us.*

13h30 – 15h30 Large group conversation led by Myrna Lewis, co-resolve style.

Possible theme: Doctors among each other and in their leadership landscape.

* Keeping a focus is a matter of mind.
* Aligning strategy with implementation of actions.
* Time-line, agenda, communications and decision making through Q3.
* What do we need to succeed?

16h00-17h30 *Let’s Talk*: how to have honest conversations in pairs. Two variations will be practiced:

1.Critical arrows: in a situation of disagreement or tension between two people.

2. Golden arrows: An appreciation conversation between two people.

17h30-18h30 Plenary insights and check-out.

Faculty: Myrna Lewis, Yonathan Keren, Karin Jironet.

18h30 – 19h00 Individual journaling.

19h00 Conclusion and farewell.

Faculty:

15h30- 16h30 Each of the 6 Theme Groups report on strategy and how to implement it and what resources will be required.

Faculty: Myrna Lewis, Yonathan Keren, Karin Jironet and 6 licensed instructors.

17h00 – 18h30 Individual journaling.

19h00 Conclusion and farewell.

12 June

* 9h30 – 10h30 Plenary Lecture: *The Added Value of Medical Leadership in Hospitals.*
* Speaker: Mathilde Berghout, Erasmus School of Health Policy & Management Health Services Management & Organisation (HSMO)

10h30 – 11h30 Interactive session in 6 groups addressing SG intelligence on medical leadership.

11h30-12h00 Individual journaling

12h00 – 13h00 Plenary dialogue.

Abstract:

Medical leadership is increasingly considered as crucial for improving the quality of care and the sustainability of healthcare. However, conceptual clarity is lacking in the literature and in practice. Therefore, a systematic review of the scientific literature was conducted to reveal the different conceptualizations of medical leadership in terms of definitions, roles and activities, and personal–and context-specific features. Eight databases were systematically searched for eligible studies, including empirical studies published in peer-reviewed journals that included physicians carrying out a manager or leadership role in a hospital setting. Finally, 34 articles were included and their findings were synthesized and analyzed narratively. Medical leadership is conceptualized in literature either as physicians with formal managerial roles or physicians who act as informal ‘leaders’ in daily practices. In both forms, medical leaders must carry out general management and leadership activities and acts to balance between management and medicine, because these physicians must accomplish both organizational and medical staff objectives. To perform effectively, credibility among medical peers appeared to be the most important factor, followed by a scattered list of fields of knowledge, skills and attitudes. Competing logics, role ambiguity and a lack of time and support were perceived as barriers. However, the extent to which physicians must master all elicited features, remains ambiguous. Furthermore, the extent to which medical leadership entails a shift or a reallocation of tasks that are at the core of medical professional work remains unclear. Future studies should implement stronger research designs in which more theory is used to study the effect of medical leadership on professional work, medical staff governance, and subsequently, the quality and efficiency of care.

3 July

* 9h30-10h30 Plenary Lecture: *Patient Participation in Health Care Decisions*
* Speaker: Pauline van der Meer Mohr. NZa
* 10h30 – 11h30 Interactive session in 6 groups addressing SG intelligence on patient participation and the method of co-resolve in the practice.

11h30-12h00 Individual journaling

12h00 – 13h00 Plenary dialogue.

Abstract:

Contemporary review shows that patients’ choices are determined by a complex interplay between patient and provider characteristics. A variety of patient characteristics determines whether patients make choices, are willing and able to choose, and how they choose. Patients take account of a variety of structural, process and outcome characteristics of providers, differing in the relative importance they attach to these characteristics.

There is no such thing as the typical patient: different patients make different choices in different situations. Comparative information seems to have a relatively limited influence on the choices made by many patients and patients base their decisions on a variety of provider characteristics instead of solely on outcome characteristics. The assumptions made in health policy about patient choice may therefore be an oversimplification of reality. Several knowledge gaps were identified that need follow-up research. In this lecture I will outline current perspectives on Dutch patient participation in healthcare.

**Faculty**

**Jonathan Keren**

Yonathan begon op jonge leeftijd als bedrijfstrainer communicatie- en managementvaardigheden. Hij werkte voor grote organisaties zoals KPN, Compaq en de landmacht. Na zijn studie aan het Conservatorium en de Theaterschool Amsterdam startte hij zijn privépraktijk als docent stem/zang en doceerde hij groepen in het hoger onderwijs. Daarnaast ontwikkelde hij stem- en presentatietrainingen voor het bedrijfsleven.

In 2007 kwam Yonathan in aanraking met Deep Democracy en ervaarde hij direct het positieve effect en de potentie van de methode. Als een van de eersten in Nederland werd hij opgeleid door Myrna Lewis, de oprichtster van Deep Democracy, The Lewis Method.

Na  zijn opleiding tot Deep Democracy trainer volgde Yonathan bij Myrna Lewis een tweejarig intensief trainingstraject in Proces Geörienteerde Psychologie en Deep Democracy om procesbegeleiders en trainers te begeleiden, op technisch en therapeutisch niveau.

Deze ontwikkelingstrajecten leidden tot werk als procesbegeleider en Deep Democracy trainer in het bedrijfsleven, de kunsten en de privésfeer. Yonathan gaf trainingen en workshops, en begeleidde trajecten bij organisaties zoals de Knowmads business school, de Haagse Hogeschool, de Willem de Koning Academie, de Gerrit Rietveld Accademie, Galerie de Appel, Museumnacht Amsterdam en, recent, Arkin, Roads en gemeente Amsterdam.

**Karin Jironet** (faculty & program director)

Karin is a psychoanalyst and an internationally published author. She works with large organizations worldwide on development and implementation of novel strategies for transformation in complex environments. In her work with executive development she offers tailor-made solutions suitable to corporations, empowering these businesses to face future challenges. The goal of boardroom development is to foster genuinely creative engagement, by going beyond the obvious through a learning experience that is both uncommon and thorough. She has an established and reliable practice within corporate settings in teaching how challenges offer us an opportunity for growth. Recent publications include Jironet, K. (2016). Use it or Lose it: About Leadership Ethics in The United Nations. In Goldman Schuyler, K., Baugher, J., Jironet, K. (Eds.) *Leadership for a Healthy World: Creative Social Change;* Jironet, K. (2014). Awareness and Beyond: Why Moving On Means Letting Go. In Goldman Schuyler, K., Baugher, J., Jironet, K., Lid-Falkman, *Leading with Spirit, Presence, and Authenticity*; Jironet, K. (2011). *Female Leadership. Management, Jungian Psychology, Spirituality and the Global Journey through Purgatory;* Jironet, K. (2010). *De Essentie van vrouwelijk leiderschap. Omgaan met de spanning tussen persoonlijke ontwikkeling en sociale rollen,* Jironet, K, Vriesendorp, D. (2006). *De rol van het geweten. Persoonlijke keuzes van leiders in het Nederlandse bedrijfsleven.*

**Mathilde Beghout**

Mathilde’s PhD thesis is on medical leadership. In this thesis she aims to increase conceptual clarity by revealing different conceptualizations of medical leadership in literature as well as the social construction of medical leadership by healthcare professionals. Next, she aims to investigate how physicians incorporate the changes that medical leadership discourses advocate for, such as increased (cost)efficiency, transparency and multi-disciplinary collaboration, into daily clinical practices and what the effect is on quality of care and the nature of professional work. In order to do so, she shadows a number of hospital-based physicians in their daily work.

**Myrna Lewis** (M.A. Clinical Psychology, CEO Deep Democracy Ltd., )

Co-founder of the Lewis Method of Deep Democracy, Myrna Lewis is the CEO and Head of Professional Services of Deep Democracy International Ltd (UK), responsible for quality control worldwide, innovation and development of Deep Democracy.

Myrna has been involved in bringing cutting edge psychological services to private and public sector organizations since 1986. In 1993, Myrna and the late Greg Lewis, evolved Deep Democracy whilst assisting Eskom (a large South African utility company) transform from an Apartheid driven organization to align with South Africa’s new democracy. Myrna has since developed the Lewis method of Deep Democracy and enabled and facilitated the expansion of the methodology internationally in more than 20 countries.

Alongside her professional role, Myrna works in areas of transformation and consults to organizations where there are complex problems rooted in people issues such as mergers and acquisitions, social and political change, diversity and minority issues.

Myrna is the recipient of a 2001 Ashoka Fellowship award from the Washington DC based Ashoka Foundation, which supported her empowerment work with South African teachers and HIV/Aids counsellors. In 2006, the United Nations recognised Deep Democracy as one of eighty leading African innovations. In 2008 Myrna was Finalist in the South African Business Women of the Year award and published her book *Inside the NO – Five Steps to Decisions that Last*.

**Pauline van der Meer Mohr (NZa)**

Pauline van der Meer Mohr is Chair of the supervisory board of EY Netherlands LLP. She is also a member of the supervisory boards of ASML Holding NV and Royal DSM NV.

Her former appointments include: President of Erasmus University, Rotterdam, member of the Dutch Banking Code Monitoring Commission, Senior Executive Vice President and Head of Group Human Resources at ABN AMRO Bank NV, Group Human Resources Director at TNT NV, HR Director, Information Technology, Royal Dutch Shell Group and Senior Legal Counsel.