The Roadmap to Effective Accountability

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It is a common truism that "what we permit, we promote". In the domain of Perioperative Clinical Directors, it is necessary to navigate and foster positive change among various departments and promote teamwork. However, this role also comes with the responsibility for holding others accountable.

For the majority of people, holding others accountable can yield a degree of stress. You are entering into a conversation that the recipient may not want to participate. There are tools and tactics you can employ that can increase your chances that the outcome will change behavior, improve a relationship, and make you a more effective leader.

Applying the approaches as described in "Crucial Accountability", by Patterson et al., enabled me to improve my leadership skills and change behavior in my areas of responsibility.

It is important to point out the consequences of walking away from accountability (1).

1. You have just given tacit approval for the interaction
2. You may be perceived as giving preferential treatment
3. Your own attributions as to why the person committed the offense builds, your frustration and resentment rises, and finally you risk a blowout.

Remaining passive while things are amiss and infractions are occurring, will ultimately lead to a destructive work environment (2). Allowing tacit approval of bad behavior encourages the same.

To start on this road to holding another accountable, you need to get yourself in the right frame of mind. No matter the size of the infringement, whether it is a late surgeon, an unprofessional exchange, or poor communication, if your approach is riled with emotions and the verdict pre-judged, the meeting is sure to have an outcome of further damage. Effective leaders keep this in check. They are able to pause, think about approach and avoid the reactive "attribution error" that the infraction occurred out of malice or other disengaged reasons (1).

The first thing to establish before entering into a crucial conversation is to make it safe. I have found this the most effective tactic in preparation for the talk. An unsafe setting comes in many forms, and is sure to significantly lower your chances of improving behavior. Establishing a safe setting requires the right time and place. Most effective is setting a neutral tone in a private place away from onlookers. To establish a level of respect, ask permission to open the conversation. Start by establishing a purpose

that both parties have in common and relay the ultimate goal that we are all here for the patient. If the setting and tone is safe and respectful, the recipient of the talk will not go to “silence or violence” (1).

Once safety is established the next step is to get to the point and talk about what was described and what was observed. If you preplan in your thoughts that the other person is “rational, reasonable, and decent” it will align your approach as one that will be received and promote the ultimate goal of behavioral change.

After the infraction is brought to light, you need to decide if the underlying issue is one of two things. Is the root an ability or motivation issue? Your assessment and diagnosis of this will provide direction.

If motivation is the root cause of the behavior, the next step is to effectively convince the other person that a different view would result in a better consequence. This is not the time for power or force, but to make the “invisible become visible”. A way that I found effective is to link existing values (1). There is genuine overall concurrence that we are all here in the best interest of the patient and to perform in that manner. When I can show the individual that their behavior did not keep the patient at the center of the situation, it quickly becomes clear the motivation became misguided. Keeping the patient at the center is also a line I use often with my team struggling coming to solution.

Other ways to redirect motivation is to show “hidden victims”, meaning discussing how one’s actions may negatively affect others. Many times the person you are confronting has no idea the impact of their actions or how it was perceived. In other words, this is a good time to hold up a figurative mirror.

If your diagnosis leads to an ability problem, the path is different. This is where you discuss barriers and ways to remove them. It is important not to jump in and make the fix. A joint effort is the best way so you can rebuild trust and encourage teamwork. It is also likely you have a level of authority over the person you are confronting, in which case offering your idea up first, may place them in a position that is now biased. To counter this, ask for their ideas as a starting point. They know their workflow and areas best. You may have to process map the problem and ensure all root causes have been uncovered.

I have used these techniques recently and the results are eye opening and quick. The safe start has an instant positive feedback loop. It is also important to ensure motivation and ability are kept in check. If you focus on one, always circle back to the other because they can blend at times.

References:

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