



THE RECORD

Interagency Institute for Federal Health Leaders

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From the Director...

The 140th Interagency Institute was held during a period of increased tensions throughout the world – disruptive challenges to health systems in the post Covid period, the Russian invasion of Ukraine, wide ranging global economic problems, increasing concerns about the impacts of climate change, political instability in many countries including the US, mass migrations of disaffected people and refugees, continuing conflicts in the Middle East and concerns about China’s intentions in the Indo-Pacific Region. These topics, and more, were addressed throughout the Institute.

For quite some time I have commented that a dominant emphasis and objective of the Interagency Institutes is senior leadership development. I have hoped that participants will understand that working at strategic levels brings them face-to-face with many new and challenging issues and problems, for which there are no obvious or simple responses or solutions.

While these issues and problems may not be the day-to-day concerns of Institute graduates, as senior federal health leaders they must be cognizant of them as they will, indirectly or directly, impact our work. This can be very frustrating for senior health professionals who have spent most of their careers until now managing and leading at tactical and operational levels within their agencies, but we ignore these factors and trends at our peril. Wishing that they will disappear is not appropriate or realistic.

For the first time since 1984, when I took on the role of Director of the Institute, a number of our faculty members expressed their concerns that we are heading to possible military confrontations in Taiwan or other parts of the Indo-Pacific Region in the near future. I hope these terrifying predictions will not occur but there are many unstable political leaders who, intentionally or by missteps, could initiate disastrous conflicts resulting in thousands of deaths and injuries and widespread destruction of infrastructure.

On a brighter note, I thank the participants in the 140th Institute for their active involvement in discussions and questions throughout the program. They certainly challenged the active assertions by members of the 139th Institute that they topped the rankings of successful Institutes. Please note that the course evaluation return rate for the 140th Institute was 93%, the highest rate ever!

I also want to express my sincere appreciation to LCol Carlo Rossi, the Canadian Health Services Attaché , for his strong support in arranging once again for the ‘Lessons From Other Countries’ day at the Embassy of Canada. Carlo, an Institute alumnus, will be returning to Canada this summer. For many years we have been very fortunate to enjoy Canadian hospitality and have outstanding Canadian Forces officers in the liaison role and as Institute participants.

Sincerely,

Richard F. Southby, Ph.D. (Med), F.F.P.H.M., F.R.S.P.H., F.C.L.M. (Hon)

Funding for the Institute from the Uniformed Services University and the Defense Health Agency with continuing education credits awarded through the latter is gratefully acknowledged. The venue was the Milken Institute School of Public Health, GWU



SMART LEADERSHIP: FOUR SIMPLE CHOICES TO SCALE YOUR IMPACT BY MARK MILLER

Introduction: This group of 140th Interagency Institute participants, LTC(P) Sally DelVecchio, USA; Mr Joe Edger, VHA; Col Stephani Isaac-Francis, USAF; Col Virgil Kohn, ANG; COL Stefan Olpinski, USA; CAPT Randy Panke, USN; and CDR Heather Purcell-Mullins, USA, read the book, identified the major messages about leadership and responded with their opinions about its value.

Group Report: The author used repetitive messages to emphasize key points. One of the messages was servant leadership. Mr. Miller encourages leaders to demonstrate their values to foster team and employee trust in every aspect of life.

Mr. Miller also advocates for leaders to go where the employees are to understand their situation thoroughly and demonstrate their dedication. He instructs leaders to assume responsibility for mistakes, act courageously by "standing up for what you believe in the face of opposition," and avoid "the gravitational pull of selfishness: attempt to add value to everyone you meet." He believes the organization will flourish by putting teams first, investing in employees' personal and professional lives, and setting aside personal needs and aspirations.

Once leaders commit to being servant leaders, they only need to focus on communication and building comprehensive teams. If the team embraces change by collaborating, confronting reality, and kindling the energy to be curious, the business will be positioned to move successfully into the future. A successful leader can adapt to new dynamics, setting the stage for the organization to thrive. Mr. Miller notes, "When leaders begin to apply yesterday's solutions to today's problems, the end is inevitable." Servant leaders pay close attention to the organizational culture, experiment, and adjust. The employee will see the vision of their leader and identify the gaps. The inability of advocating leaders to transition to servant leaders will discourage the team's work. This trap leads to a quicksand-type situation. The leader needs more time to think outside the margin, strategize, and form a vision.

The Army, Navy, Air Force, and Veterans Health Administration are large agencies that struggle with siloed information. As these health agencies move toward ready and reliable care, they need to embrace collaborative efforts and acknowledge where there are unnecessary duplications. We all need to Be Smart! Change will follow. These agencies have become trapped in the quicksand of everyday tasks. True leaders must comprehensively analyze the current environment and form a vision for a unified military health system with clear lines of communication and unity of purpose. Leaders tend to be enamored by past successes and lulled into the belief that past strategies will defeat the future enemy. The need is for leaders who stand in their liminal space, see all the potential future engagements, and develop a clear 'de-siloed' vision for the future. To be a "smart" leader, the leader should communicate the vision so authorities can be delegated to the field officers and enlisted. Clear communication is needed for the organization to embrace change for tactical activities. Failing to implement these concepts leads to the agency being ill-prepared for the medical care needed during the next combat engagement.

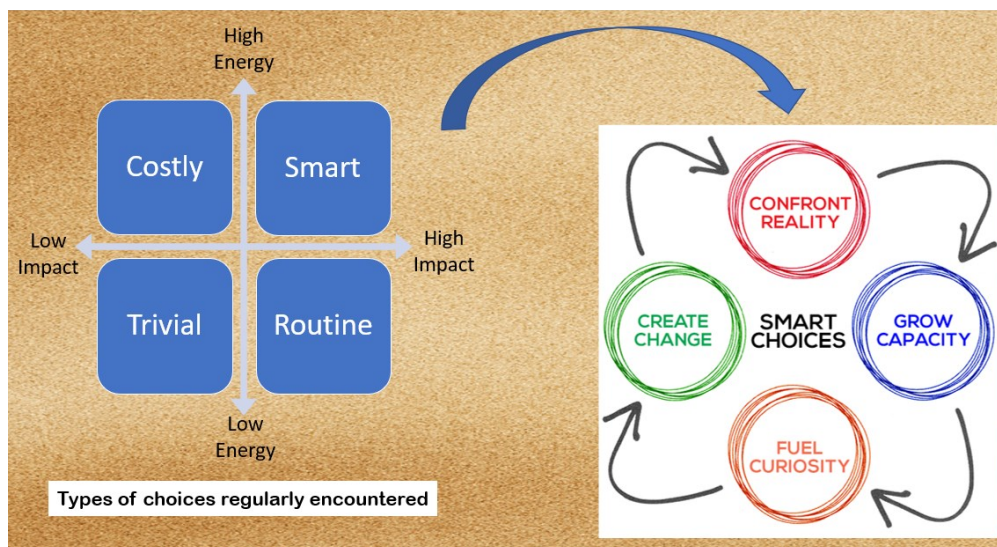
The book is inspirational and guiding; however, key elements need to be updated to resonate with current





times. First, it does not address generational differences that leaders need to connect with in order to succeed. Today's generations turn to social media as a reference and mode of communication. They can work through problems quickly and enjoy autonomy and respect while fostering diversity more than prior generations. The current generation communicates in a new language and receives information differently than past generations. Second, the authors focus on a more traditional leadership and organizational structure. Third, the book needs to guide the leader who is in a steady state. Focus more on moving toward change and the future than stabilization and continuity. Fourth, there needs to be discussion on dealing with a counterproductive team member or a higher-level supervisor and how to get buy-in. These members challenge the vision and core values. Fifth, how to disseminate the information to get buy-in at the lowest level. In a large complex organization, disseminating the message and core values can be challenging. These topics would provide crucial information regarding leadership and managing an organization. Organizations must be able to pivot from change to stability as they carry on their daily mission.

Summary: The Military Health System's leaders must make "smart" choices to prepare for the future. The author addresses four types of choices that are encountered regularly and four "smart choices" that require focus and energy: confront reality, grow capacity, fuel curiosity, and create change shown in the diagram below:



Leaders must do all this while maintaining current operations and preparing for future operations with unprecedented situations. Leaders should view themselves as servants to those who serve the country.

The message from this book is that the servant leader makes "smart" choices and loves his or her people. A leader shows genuine care and commitment and is willing to converse, and the leader asks more questions than making statements.

Change in an organization may be complicated; however, good leaders can drive change with positive impacts on the organization through self-reflection, staff empowerment, adaptability, and fostering an environment in which members feel they understand the mission and vision with a sense of belonging. While the message is essential, and aspects of the book can impact an organization, and "smart" choices are required, in the military system, policies and protocols may hinder the implementation of some "smart" choices discussed in the book.

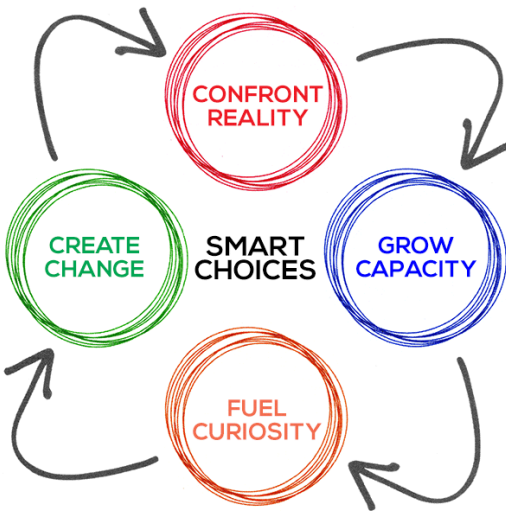


SMART LEADERSHIP: FOUR SIMPLE CHOICES TO SCALE YOUR IMPACT

Small Group Assignment: Identify the author's major messages about leadership. Describe what you think should be the "lessons learned" for the five agencies in the Interagency Institute. Are there other leadership issues/topics you think should have been addressed in the book? What are they and how would you apply them to your agencies?

Group Members: Col Lisa Bader, USAF; CAPT Mitchell Checchi, USN; CDR Kimberly Oelschlager, USN; CDR Tatianna Ellsworth, USN; Dr. Peter Glassman, VHA; COL Charlotte Hildebrand, USA; COL Constance Jenkins, USA; COL Scott McClellan, USA; and Col Louis Perino, ANG.

Introduction: Mark Miller's book, "Smart Leadership: Four Simple Choices to Scale Your impact," describes four "Smart Choices" (shown in the diagram) that require an individual's greatest focus and energy to have the highest impact across his or her organization(s).



Discussion: Miller's four "Smart Choices" are formulated and implemented in a continuous cycle. However, for leaders to initiate this cycle of creating meaningful change, there must be a viable starting point.

Miller advocates initiating the process with Smart Choice #1: "Confront Reality to stay grounded in truth and lead from a position of strength." He begins the discussion with a quote from Max Dupree, the former CEO of the successful furniture company Herman Miller, who said, "The first responsibility of a leader is to define reality." Confronting reality includes a transparent assessment of the current state of a leader's team/organization. Equally important, leaders must assess their own universe, including their leadership style, relationships, finances, community, and health.

Smart Choice #2 continues the process of creating impactful change: "Grow Capacity to meet the demands of the moment and the challenges of the future." Miller describes growing capacities within the leader and offers multiple practical suggestions toward this end, including delegation, calendar management, leveraging technology, self-care, and creating "margin" (i.e., increasing available time between history [Smart Choice #1] and the future [Smart Choice #4]). Miller further expands on "Expand Your Energy" techniques, including the essential requirements of ensuring adequate sleep, optimal nutrition, and regular exercise.

Smart Choice #3 refers to the element of a leader's curiosity: "Fuel Curiosity to maintain relevance and vitality in a changing world." This section focuses on identifying the tools of curiosity to create new solutions. Two primary tools outlined are asking direct questions in a variety of ways and having enlightening conversations with a diverse group of individuals within your organization to gain transparent feedback.

Smart Choice #4 completes the first (of many) cycles of simple choices to scale a leader's impact on organizational change: "Create Change today to ensure a better tomorrow." Creating change integrates the four Smart Choices and anchors a leader's long-term vision into an achievable reality. Distracted and burdened leaders cannot efficiently and effectively create change. Change is hard, but Miller outlines several tools and mechanisms to affect meaningful change: passion, accountability, values, planning, recognition, and communication.



Lessons Learned: Numerous lessons learned were gleaned from Miller’s book. Our team recommends focusing on those most relevant to the agencies represented in the Interagency Institute participants (Army, Navy, Air Force, USPHS, VHA, DHA):

- a. Understand your current situation/starting point to begin influencing change both above and below your organization. Know where you are and clearly state to your organization where you want to go.
- b. What are identified barriers to confronting truth/reality within individual leaders?
 - i. Fear of Failure: If you are not failing from time to time, you are not “stretching” enough.
 - ii. Life is Good: Don’t rest on your laurels. Successful people need to stay hungry and constantly work toward achieving the next goal
 - iii. Absentee leadership, especially in healthcare, is counterproductive. Physical presence alone is no substitute for full engagement.
- c. Data is good, reports are helpful, but there are few substitutes for leaders going to see for themselves.
- d. Assess your team. Do you have the right people? Consider diversity of skills sets, disciplines, experience, and emotional intelligence within your inner circle.
- e. Embrace the concept of “Growing Capacity” for successful leadership. This idea stresses the importance of time and energy that leaders need to sustain performance at a higher level (i.e., work-life balance). A leader should focus on developing wellness metrics for productivity within him/herself and the team.
- f. Identify a specific focus for finding the correct scale of your choice and consciously pinpoint a specific tool(s) to measure the element you are trying to effectively change.

Identified Gaps and Future Applications: Miller’s book largely focuses on the individual versus emphasis on a team-based approach that ultimately drives success for federal agencies. The vision of the book is modeled for business-related scenarios. It is oversimplified for organizations devoted to military, veteran, and public health missions.

Although the book provides excellent tools for a relatively stable environment, it does not address change fatigue. Change fatigue is described as a loss of focus, energy, and willingness in leaders and employees constantly impacted by organizational change. For several years, Congress directed transformational change across the Military and Veterans Healthcare Systems to improve access and quality of health care delivery while driving down costs. These changes were further compounded by managing health systems during a pandemic and times of significant societal disruption (e.g., Dobbs, Diversity, Equity and Inclusion, LGBTQ+, etc.). In addition, the ongoing friction between the Services and the DHA – along with the introduction of a new electronic health record – resulted in implementation delays and confusion at the tactical level. This scenario created stress, exhaustion, and burnout, fueled by diminishing resources and uncertainty given the constant state of change in the workplace.

The book does not clearly articulate setting a vision statement for an organization. One IAIFHL lecturer recommended issuing a clear and concise vision statement from a servant leadership perspective. Proposed goals should consider SMART (Specific, Measurable, Achievable, Relevant, and Time-Based), well-defined parameters to create a sense of urgency with the organization. In addition, a leader’s vision should align with larger organizational goals, the objectives of the Military Health System (MHS), and the contemporary realities collectively facing the VA, the DHHS, and the DoD on a global scale.

Reference:

Miller, Mark. “Smart Leadership: Four Simple Choices to Scale Your Impact,” pp. 29,30, 31, 37.



WHO DO WE CHOOSE TO BE? FACING REALITY, CLAIMING LEADERSHIP, RESTORING SANITY **BY MARGARET J. WHEATLEY**

Small Group Assignment: Read the book, identify major leadership messages, describe lessons learned and how they might apply.

Group Members: Col Ramil Codina, USAF; Col Melissa Dooley, USAF; CDR Rebecca Frazer, USN; Ms. Annette Kurrus, VHA; CAPT Jason Layton, USN; COL Birgit Lister, USA; LTC Mark Sander, USA; Mr. Eric Stringer, DHA; and Dr. Kendra Weaver, VHA.

Main Message: The main message of "Who Do We Choose to Be? Facing Reality, Claiming Leadership, Restoring Sanity" by Margaret Wheatley is that leaders need to take responsibility for creating positive change in the world by adopting a new mindset and a way of operating—even in the midst of an inhumane time and inevitable collapse. Wheatley argues that the world is facing a crisis of leadership and that the old paradigms of leadership based on control, competition, and individualism are no longer effective.

Instead, Wheatley proposes a new model of leadership based on values such as empathy, compassion, and collaboration. She challenges leaders to create “islands of sanity” where they are living and working — islands that promote the best human qualities of compassion, discernment, and presence. She advocates for leaders who are willing to embrace uncertainty and complexity, who are willing to listen to diverse perspectives, and who are committed to creating a better world for everyone. Wheatley emphasizes the importance of cultivating inner leadership qualities such as mindfulness, reflection, and self-awareness, and she encourages leaders to connect with others in meaningful ways in order to build relationships of trust and respect.

Overall, "Who Do We Choose to Be?" is a call to action for leaders to embrace a new vision of leadership and to take bold steps to create positive change in their part of the world.

Lessons Learned for the Interagency Institute: "Who Do We Choose to Be?" focuses on leadership in times of great uncertainty and change. The interagency healthcare leaders can learn several valuable lessons from this book, including:

- **Embrace uncertainty:** In times of great uncertainty, it can be tempting to cling to familiar ways of doing things. Wheatley, however, argues that true leadership involves facing reality, embracing the unknown, and being willing to experiment and take risks.
- **Focus on relationships:** Wheatley emphasizes the importance of building strong relationships with colleagues, staff, and patients. Leaders who prioritize relationships create a culture of trust, collaboration, and support. This culture of belonging can support recruitment, retention, and accomplishment of the mission.
- **Emphasize learning and growth:** Healthcare leaders can encourage learning and growth by providing opportunities for professional development, encouraging feedback and reflection, and fostering a culture of continuous improvement. Through these opportunities, leaders can help team members connect to a sense of meaningfulness and purpose.
- **Practice empathy and compassion:** Wheatley emphasizes the importance of empathy and compassion in leadership, particularly in the healthcare industry. Leaders who prioritize the well-being of their staff and patients can create a culture of care and support.
- **Lead with purpose and values:** Wheatley argues that effective leaders must be guided by a strong sense of purpose and values. Healthcare leaders can create a shared sense of purpose by emphasizing the importance of patient care, ethical behavior, and the well-being of their staff.



By applying these lessons, interagency healthcare leaders can create a culture of collaboration, growth, and care that benefits both staff and patients.

Recommendations for Additional Interagency Relevance: Margaret Wheatley has written extensively on leadership. Her ideas can be applied to many different contexts including the interagency healthcare community. However, for our specific military and veteran service culture, practice, and language, the following are additional leadership topics that could be connected to Wheatley's work to make her ideas more relevant for interagency healthcare leaders:

Resilience: The interagency medical community faces unique challenges, including working in high-stress environments, dealing with trauma and loss, and responding to crises. Leaders in this field need to be able to build resilience in themselves and their teams and create cultures that support resilience.

Teamwork: In the interagency healthcare community, as in most practices made up of highly specialized and technical individuals, effective teamwork is critical to achieving the mission and providing the best possible care to patients. The concept of teaming within a unity of command or focus on mission is more deliberate in a military setting with inherent rank, role, and position structures to consider. Leaders need to understand how to build and maintain high-performing teams, including how to foster collaboration, communicate effectively, and manage conflict.

Innovation: The interagency healthcare community is constantly evolving, with new technologies, treatments, and practices emerging all the time. Leaders must be able to foster innovation and encourage their teams to think creatively and take risks, while also ensuring that patient safety remains a top priority. A critical leadership skill is developing and using technology strategically and purposely to facilitate better healthcare and healthcare experiences for patients and staff — not getting caught up in the “progress trap” and blindly following the latest tech trend of the day.

Diversity and Inclusion: As a global force, the interagency healthcare community is made up of people from many different backgrounds and cultures, and even different countries with OCONUS assignments and facilities. Leaders need to be able to create inclusive environments that respect and value diversity and allow everyone to contribute their unique perspectives and talents. Leading with emergence, leaders can be fully engaged with their teams, draw on all team members' strengths, and create a community that is greater than its individual members.

Ethical Leadership: The interagency healthcare community operates under a strict code of ethics, and leaders must model ethical behavior and make tough decisions that prioritize the well-being of patients and the mission. Wheatley's ideas about servant leadership, stewardship, and moral courage could all be applied in this context.

Systems Thinking: Wheatley talks about the interconnectedness of living systems, and the development of islands of sanity. In the world of interagency healthcare, these islands of sanity, if created, can connect with one another to form a more positive healthcare system.

Summary: Overall, Wheatley's ideas about leadership are broad and adaptable and there are many ways they could be applied in the context of the interconnected military healthcare community. By focusing on topics like resilience, teamwork, innovation, diversity and inclusion, and ethical leadership, interagency health leaders can use her insights to help navigate the complex challenges they face every day.

“Do what you can, with what you have, where you are.” President Teddy Roosevelt



WHO DO WE CHOOSE TO BE? FACING REALITY - CLAIMING LEADERSHIP - RESTORING SANITY

Small Group Assignment: After reading the book by Margaret Wheatley, identify major leadership messages, describe lessons learned and how they might apply.

Group Members: CAPT Brent Becker, USN; LTC(P) Lana Bernat, USA; Col Janet Blanchard, USAF; LTC Sara Harmon, USA; Col Jeremy Hooper, USAF; CAPT(s) Jennifer McGuire, USN; Mrs. Mia Power-Higgins, VHA; CDR Elizabeth Russell, USPHS; and Col David Walmsley, USAF.

INTRODUCTION: To summarize this book in a few words, it is appropriate to quote President Theodore Roosevelt, who said, “Do what you can, with what you have, where you are.” The author expands on this quote, imploring today’s leaders to assess “where they are” in terms of cyclical trends in civilizations and make deliberate leadership choices that are intended to develop fertile environments to thrive in the midst of chaos. The author suggests that all civilizations follow a predictable pattern of rising and falling over 250 years or 10 generations. Current society leaders suggest that they can avoid this end by using superior intelligence and the myth of progress. Wheatley proposes that wise leaders recognize that we are in the rise-and-fall timeline and choose to lead by serving others and building a safe and supportive environment which she calls an “island of sanity.” She refers to this as “sane leadership” which she defines as unshakable faith in people’s capacity to be generous, creative, and kind. (Wheatley, 30)

THE IMPORTANCE OF HUMAN CONNECTION: Wheatley submits that our culture is obsessed with the pursuit of happiness, but that instead, we have become a people who are lonely, estranged and feeling lost. Despite all the conveniences and information the internet has provided for us, it has also led to the dissolution of in-person contact. Technology does not replace community and cannot provide the sense of belonging that humans need. More than ever, people crave connectedness. She suggests that the way to remedy this is with sane leadership. Leaders who recognizes this will acknowledge that they cannot impact change at a global level, but can make a difference at a local level, thus creating what the author again calls an “island of sanity.” In doing so, leaders establish environments where people feel like they belong and are welcome.

This concept is relevant for federal health leaders as they enter the health digitalization era. Leaders need to mitigate the impact that may result from the potential lack of human interaction by ensuring the quality of relationships and remaining humane, engaged and faithful to serving people.

THE CRITICAL NEED TO THINK AND LEARN: While the advances in technology were designed to provide better information, living in a digital age has been a hindrance due to information overload and countless opportunities to influence people through opinion and weaponized information. Even though the manipulation of information is not new, the internet increases its speed and intensity, which has an impact on how people perceive and respond to information. As a result, it is difficult and time-consuming for people to discern true facts. Confusion, ignorance and cynicism grow into conflict and often deeply polarizing engagements on the internet (Wheatley, 107-109)

The digital age has destroyed the information age as humans move into a more virtual world distancing themselves from human qualities and succumbing to high levels of distraction from an addiction to digital products. Machine learning and artificial intelligence are based on algorithms and are producing massive amounts of data with sophisticated analytics. Without interpretation, the mass of data threatens to increase confusion and make it more difficult for leaders to make good decisions (Wheatley, 121).



Thinking and learning are crucial to living systems facing crises. Wheatley (130-132) explores After-Action Reports (AAR) as a method that helps foster thinking and learning in an organization thus mitigating the effects of information overload and artificial intelligence. The author witnessed an AAR for the first time at Ft. Irwin, CA. The process consisted of four basic questions:

What just happened?

Why do you think it happened?

What can we learn from this?

How will we apply these learnings?

She concluded, "The Army is the first and only true learning organization I've ever seen" (Wheatley, 129). The AAR provides an opportunity for a team of co-workers to collaborate while assessing the situation at hand. Through this process, people find common identities and values to build a shared belief that will ultimately push the group in a unified direction. The importance of collaboration is especially significant for federal health leaders as we have recently undergone a major transformation of the Military Health System. Understanding how each of the Service cultures is interconnected is crucial as we learn to work effectively together.

THE REQUIREMENT OF SELF-UNDERSTANDING AND IDENTITY: Wheatley addresses how critical it is for a sane leader to have an understanding of self and one's own identity. In an information-overloaded world, the leader needs to recognize that we are exposed to countless sources of information and stimuli. We must deliberately decide what we want to notice. Realizing that dismissing new information or responding to it in a normal fashion can be dangerous. It is arrogance that deprives us of being able to view other possible sources of information that could give new answers. This is what she means by understanding who we are and being confident enough to be open to uncertainty and see things in a new way. To bring the book full circle, we are choosing to be leaders who display confidence, humility, compassion, and insight. Confidence, meaning "full trust", has been marred by hype. Hype makes us believe we can conduct ourselves however we want and has caused us to not get to know ourselves properly. Humility is what comes from getting to know ourselves, learning our triggers, understanding that we are human and not perfect, and treating ourselves with kindness and tenderness. When we accept humility, we gain "the confidence to be in the difficult places and do whatever we can for others."

SUGGESTIONS FOR FURTHER DEVELOPMENT: The author provides thought-provoking ideas on leading in a volatile and complex environment. It would be helpful to deepen the conversation by including ideas on how to lead in the suggested ways rather than which qualities to have. This might include information on how to deepen human connectedness. The author provides lots of stories but needs to do a better job connecting thoughts on leadership and how the stories apply to leadership. Finally, we suggest including operational definitions of key terms as they are introduced.

Reference:

Wheatley, Margaret J. *Who Do We Choose To Be? Facing Reality, Claiming Leadership, Restoring Sanity*. Berrett-Koehler Publishers, 2017.

Other Topics That Need To Be Addressed:

Examples on how to lead using the author's definition of leadership concepts and an explanation to the various conclusions made throughout the book.

How to utilize social media and other influencers to maintain the island of sanity versus creating more chaos.

In times of chaos, how to identify pre-established leadership patterns in order to protect and champion people.

**“THE PRACTICE OF ADAPTIVE LEADERSHIP” BY HEIFETZ, RONALD, GRASHOW, ALEXANDER, LINSKY, MARTY**

Assignment: After reading the book, identify major leadership messages, describe lessons learned and how they might apply.

Group Members: CDR John Antoine, USN; Col Deborah Davidson, USAF; CAPT David Foster, USN; COL Natasha Singh, CF; Col Dragos Stefan-Dogar, USAF; Dr. Mariia Viswanathan, VHA; LTC Matthew Wegner, USA; and Dr. Manosha Wickremasinghe, VHA.

Introduction: The authors of “The Practice of ADAPTIVE LEADERSHIP” begin with the very aspirational statement, “this book is about possibility.”¹ Written after 9/11 and in the midst of the 2008/9 financial crisis, the text is an accessible, simply-written strategy for leaders to address change both internal and external. Adaptive leadership is described as “the practice of mobilizing people to tackle tough challenges and thrive.”² The book aims “to provide an understanding of the processes and practices of leadership so that you can address the adaptive pressures that challenge anyone’s current individual and collective competence.”³

Commentary: The authors propose a structured approach to these problems, beginning with separating technical problems (able to be clearly defined, with straightforward solutions) from the adaptive ones (requiring learning to define and novel solutions) which are the focus of the book. Their structured approach is an iterative loop: observe → interpret → intervene → repeat which is not dissimilar from many other process improvement or planning cycle rubrics, like Plan-Do-Check-Act (PDCA), Assess-Interpret-Decide-Assure (AIDA), or the classic Orient-Observe-Decide-Act (OODA) loops. They also introduce a useful metaphor for a leader to use, that of on the balcony overlooking a party, which runs throughout the book. An individual party-goer can’t really comprehend all of its actions, participants, dangers, etc. But, when removed from the fray, an attendee who ‘gets on the balcony’ can take in the broader scene and begin to make deeper assessments and plans. Of course, some party participants do not see things from this broader point of view and those who don’t understand the new adaptive challenges will resist, preferring the status quo, because the status quo successfully solved yesterday’s problems. Thus, the leader must understand the culture of the organization—its folklore, rituals, norms, protocols, and the values of the stakeholders (e.g., loyalties, fear of losses, etc.)—in order to understand how the status quo arose, before beginning to diagnose the adaptive challenges. A truly adaptive organization is not afraid of naming the ‘elephant in the room,’ shares responsibility for the organization’s future, values and *expects* independent judgement, and develops the leadership capacity of its members, ensuring the future of the organization. Thus recognizing, understanding, and ultimately evolving the culture of an organization is essential to dealing with an adaptive challenge.

Accurate interpretation is another key skill of adaptive leaders; gathering data, analyzing patterns, and testing interpretations, enables leaders to make sense of complex and ambiguous situations and develop strategies for addressing those adaptive challenges. The *diagnosis* of the challenge *from the balcony* is the most important step in the process. A thorough and accurate diagnosis will allow the organization to design an intervention tailored to its unique characteristics and challenges. The effective adaptive leader will change the mindset of the people from the left (technical, benign, individual-minded) to the right (adaptive, conflicted, systemic-thinking) enlisting their help in order to better define the wicked problem.⁴ Implementation of the designed intervention is its own challenge, requiring the leader to carefully plan stakeholder-engagement, especially of dissenting voices, and managing – even orchestrating!—conflict

¹Heifetz et al. “The Practice of Adaptive Leadership.” Boston, MA: Harvard Business Press. 2009. Pg.1.

²ibid. 14

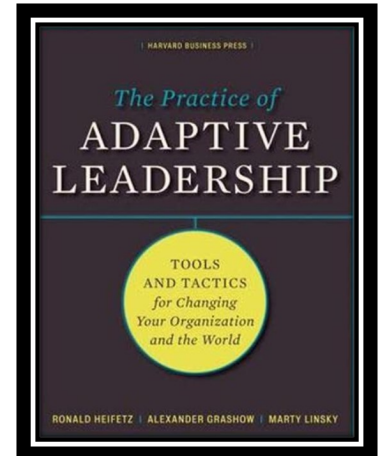
³ibid. 3

⁴ibid. 114



within the organization. This well-managed conflict will create a more resilient and adaptable organization, better equipped to navigate complex challenges. Part of creating that resilient and adaptable culture is ensuring the leader models the desired behaviors: empowering individuals to experiment with new approaches, taking appropriate risks, providing constructive feedback, and sincerely promoting a culture of continuous learning. Only with this newly instilled culture of learning, experimentation, and support can the organization truly be considered *adaptive*.

Unlike many other change management strategies, “The Practice of ADAPTIVE LEADERSHIP” helps the reader diagnose *themselves* as part of the organization, even as a stand-alone system, identifying personal loyalties and recognizing how they are prioritized. “The improvisational ability to lead adaptively relies on responding to the present situation rather than importing the past into the present and laying it on the current situation like an imperfect template.”⁵ Knowing your own ‘tuning,’ which should be seen as both resource and constraint, is key to not being manipulated by situations. We’re all complex individuals with varying experiences, baggage, strengths, and motivations. As part of this introspection, a leader should identify what life-roles they can and should play in any given situation which will enhance the leader’s informal authority. Wider informal authority better positions a leader to achieve the objective because the circles of authority (like spheres of influence) have a better chance to overlap.⁶ The best adaptive leaders approach situations with an open mind, use problem-specific solutions (without relying solely on previous solutions), and maximize impact by understanding what their authorities are and how they can grow.



The authors recognize that leadership is an inexact science, an improvisational art, with no perfect recipe for success. Adaptive leaders focus on their personal purpose, making it public and translating it into tangible, achievable goals. Providing inspirational leadership to others through adaptive change requires two skills – listening and speaking from the heart—as well as allowing time for silence, which allows time for reflection or action. Being authentic with others, thoughtfully exceeding explicit authority when necessary, at times turning up the heat, publicly learning (and failing or showing incompetence!), and demonstrating the ability to take care of their own needs are key to a leader’s success when tackling adaptive challenges. The adaptive leader falls in love with tackling tough decisions, has permission to fail, and trains daily for the marathon of leadership. Leadership opportunities are everywhere in life; practice these skills often!

Summary: Heifetz et al.’s text is a solid primer on change management, tackling organizational assessment, introspection, and planning and execution of change, with a welcome additional focus on supporting the leader as a person through the process. Military and government leaders’ heavy reliance upon limited personal experience when solving problems can be a problem, so the book’s focus on fostering a culture of learning certainly is applicable to the MHS’s journey to high reliability and the need for flexibility and creative solutions for those in government service. The book, however, is notably short on helping the leader identify and employ multiple individual communication techniques or other alternative personal-level competencies to try. It doesn’t compare/contrast leadership styles nor address the current levels of ‘emotional intelligence’ required to deal with 21st-century problems. Furthermore, it assumes that the organization already has at least some capacity for experimentation which is not always the case.

While not ground-breaking, “The Practice of Adaptive Leadership” is a worthy addition to the bookshelf of a modern leader.

⁵Ibid. 119

⁶Ibid. 216



Letter from the President, FHCEIAA

Dear FHCEIAA Members,

Spring is undoubtedly the most-awaited and anticipated season globally. It arrives with a sudden warmth of the sun and marks the end of the winter's cold breezes. Spring brings many promises of happiness, prosperity and new changes; dulls lost opportunities and mistakes, and creates new paths! This is a wonderful time to spend with family, friends, and significant others.

Congratulations to the alumni of the 140th Interagency Institute and welcome to the Federal Health Care Executives Institute Alumni Association. We are thrilled that 64% of this Institute's alumni have joined!

Our Annual FHCEIAA Business Meeting was held in conjunction with AMSUS on Tuesday, 14 Feb 2023, at the beautiful Gaylord Hotel in the National Harbor, Maryland. Dr. Richard Southby presented the Director's Report, followed by the election of officers.

Our incoming officers are: President - Col John Mammano, USAF, Ret; 1st Vice President - Dr. Kathryn Sapnas, VHA; 2nd Vice President - Mr. Joe Salvatore, VHA; Treasurer - CAPT Aaron Middlekauff, USPHS, Ret; and Secretary - Col Jim Kile, Canadian Forces.

After the election, we had the honor of hearing from our guest speaker, RADM Bruce Gillingham, MC, USN, Surgeon General and Chief, Bureau of Medicine and Surgery, U.S. Navy, share his "4 P's" of leadership: People and Relationships, Optimize Platforms, Performance (HRO concepts - keep errors at a minimum), and Medical Power as a highly cohesive team. After his presentation, I had the honor of presenting Admiral Gillingham with the Distinguished Service Award.

Next, CAPT Gayle J. Dolecek, USPHS, Ret, presented the Treasurer's Report and then I had the honor of presenting Gayle with a certificate of appreciation for his steadfast and continuing support as a loyal alumnus, dedicated member of the board of directors, and outstanding treasurer for more than thirty-five years. Thank you, Gayle.

Please consider becoming a member of the FHCEIAA if you have not already done so. This commitment assures the maintenance of essential connectivity and collaborative wisdom to maximize our resourcefulness and effectiveness. Additional noteworthy opportunities for members include receiving the newsletter, attending the annual meeting, dependent children or grandchildren being to apply for one of two \$1,500 FHCEIAA scholarships, and the eligibility to apply for a \$2,000 professional development scholarship.

It is an honor and I am humbled to serve as your president. Enjoy the upcoming Summer season and I look forward to keeping in touch through email or the website.

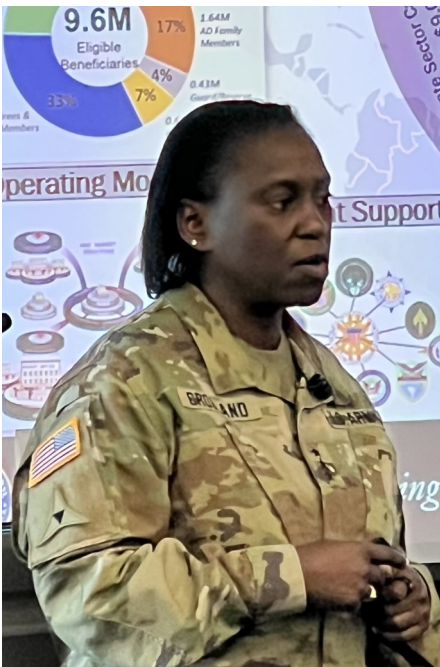
God bless, be well, and wishing you all the best!

Colonel (Ret) John "Mambo" Mammano, USAF
DBA, MSHSA, CFAAMA, CPHIMS
President, FHCEIAA
Johnmammano7@gmail.com



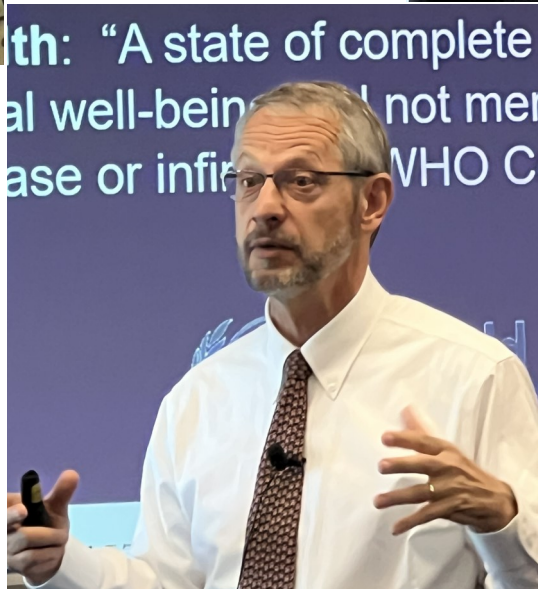
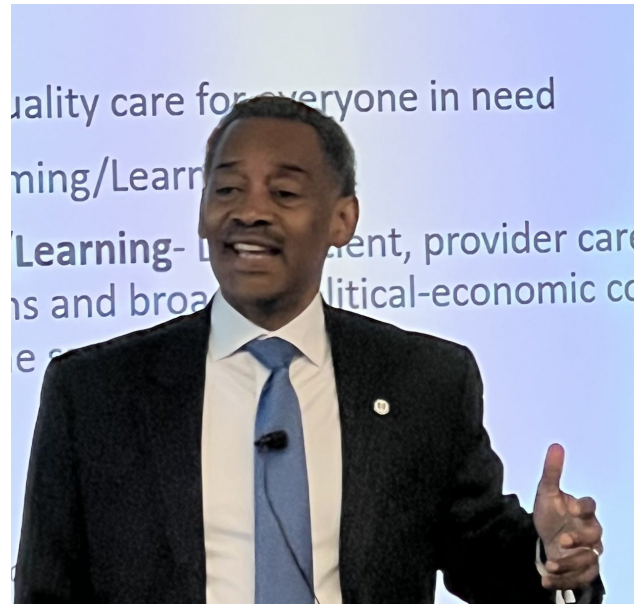


Photos taken during the 140th Interagency Institute for Federal Health Leaders April 17 - 28, 2023



Above:
LTG Telita Crosland, MC, USA,
Director, Defense Health
Agency, addressed the *State of
the DHA* and shared her vision
for the future.

Right:
Jonathan Woodson, MD,
President, Uniformed
Services University,
delivered the opening
address: *Innovation and
Leadership in Health Care:
Urgent Matters!*



Left:
Boris Lushniak, MD, Dean,
School of Public Health,
University of Maryland,
addressed *A Shift to Prevention
and Wellness – Can We Do It?*



Richard Southby, PhD (Med), Director,
IAIFHL (left)

Dale C. Smith, PhD, Emeritus
Professor of Military Medicine and
History, USU (right)

Special appreciation is extended to Dr. Smith for his steadfast support of the Institute for many years. Dr. Smith determined this was his final Institute presentation.



Above: BGen Scott F. Malcolm, Commander Canadian Forces Health Services Group (left) and Maj Gen John J. DeGoes, Deputy Surgeon General, U.S. Air Force (right) participated in the Federal Senior Leaders Panel at the Embassy of Canada, Washington.

Right: BGen Malcolm and Dr. Southby at the Embassy of Canada, Washington.



Below: The Color Guard, Hoya Battalion U. S. Army ROTC, Georgetown University, posted the colors at the concluding ceremony.

