



**New**

Thoughts on leadership  
by Karl Pister



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McKinsey & Company have a well deserved reputation for some of the best innovative thinking in industry. I receive regular feeds from them on a variety of topics. Today's offering was titled "Reimagining higher education in the United States". However, what grabbed my attention was the subtitle which said "five questions to address".

Those of you who know me well know that questions are one of my favorite topics. Well posed questions can generate such powerful insights and change.





What you are up against as leaders is phenomenal. The pandemic has drastically changed so very much in most everything that you do. And, at the same time, years of neural pathways are fighting to keep things just the way they have been. A wonderful treatise on this is *The Power of Habit*, by Charles Duhigg, as I have mentioned before in these writings.

I have adapted these five questions that McKinsey noted for education to a wider audience. I start by citing a quote they used to finish their article. It was stated in 1869 by the president of Harvard University, Charles Eliot:

*"The inertia of a massive university is formidable. A good past is positively dangerous, if it makes us content with the present, and so unprepared for the future."*

Most of you work within massive organizations, so no real need to reword that for you.

Let's start with the questions. As noted, I have changed them from the original to make it more applicable. I have placed the link to today's original article at the end of this writing:



## **What makes our institution distinctive?**

None of us can rely on past reputation any more. What we delivered in January and February of this very year is now dated. Not to say that we have to throw everything out, but we need to be re-evaluating everything and comparing it to the new climate and landscape.

This means not just "a new coat of paint" and thinking we are innovative, but actually taking the institution "down to the studs" and making sure we are meeting the new building codes.

## **How can we build a diverse and inclusive institution?**

Two dates will long be remembered in 2020. March 13, when President Trump declared the national state of emergency with Covid, and May 25, the day that George Floyd was killed. Both are landmark, for very different reasons.

The power of habit and tradition has wreaked many wrongs concerning the latter event. No ethical leadership can allow that to continue. And, again, a surface approach without deep change, cannot be allowed.



People that haven't been at the table now need to have a principal seat. People whose voices have not been heard now need to have the pulpit for those voices. And that will require that the 'agenda' is changed.

This is a game-changer. And game-changing leadership is challenging on all levels. This is not a 'light' exercise.

### **What services are necessary to create a high-quality experience? And what aren't?**

One institution I work with, in February, had telehealth visits in the low double digits, for the entire month. In late March, it was over a thousand...for one day...and grew exponentially from there.

"Can't be done" has been blown out of the water. Mostly just from the wave of change since mid-March. Those that will be the market leaders will be the ones that look at their services and experiences and say "what is the next telehealth situation" and react accordingly.

This takes time, intentionality, humility, and the fortitude to admit that what was is no longer. For highly successful models, that can almost be overwhelmingly hard. Letting go of what used to work very well is beyond difficult.



Remember quote we started with, the "a good past is positively dangerous"?

It does not mean that our approaches were bad or ill-advised. It means that the new field we are on has new goal lines, sidelines, and rules. Can't play the old on the new. Period.

Spend a lot of time on this one. If you move past this one too fast, you will make serious mistakes, since your 'ease' will be based on the comfort zone of the past that you are desperately trying to convince yourself is the new.

### **What delivery channels and models should we use to fulfill our core mission?**

This ties well to the last question. Did most of the physicians I work with ever think it would change this fast?

Absolutely not. Did one of them mention he was almost embarrassed by the fact that he had required patients to come, for years, into downtown office for initial intakes...intakes that now were easily done remotely?

Is that to say that all visits can be remote? No!



Is is saying that every single step of your past successes needs to be vetted in the new environment?

Yes!

Will it be almost ridiculously time consuming to do so?

Yes!

However, I don't see a lot of alternatives. Again, the playing field is now completely different. The old may work, but only after vetting in the new.

### **What is our business model?**

If it sounds like it was in February, probably need to step back and look again. You can start there, but probably not very productive to stay there, or hope that the paradigm will return.

Don't underestimate how powerful the brain is in wanting to return to habitual patterns. That is how we survive in many circumstances. The habitual pulls us out of problems by having us not have to think. We just react. Works in a lot of settings....

Just not this one.



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**Karl Pister, PCC**

Leadership Coach

[karl@coachinggroupinc.com](mailto:karl@coachinggroupinc.com)  
(503) 381-8705

