Pediatric Faculty Leadership Program
Agenda

• Human Resources - who are we, what do we do?

• Your turn – what makes a good leader?
  • How would you describe them?
  • What differences do they make?

• Leadership Scenarios.
Human Resources Mission

• Develop programs and tools to support of the faculty and staff in achieving the School of Medicine’s multifaceted mission.
• Assist and support faculty, managers and employees to create an exceptional work environment
• Maintain legal compliance
• Be pro-active problem solvers
• Foster a community of diversity and inclusion.
Compensation and Benefits

– Fair Labor Standards Act
– Salary Administration
– Benefits – eligibility and enrollment
– Payroll & Appointments
– HRIS Reporting
– Contacts:
  • Compensation Director – Tom Kraft (314-362-7202)
  • Senior Manager Benefits – John Henderson (314-362-9341)
  • HR Operations Manager – Stella Elder (314-362-4959)
Recruitment

- Recruitment and Selection
- Recruitment Plan Development
- Internal Transfers
- Screening Procedures
- Interviewing/Selection Assistance
- EEO
- HR Recruitment Manager - Steve Baldwin, Ph.D.
  (314-362-4922)
Learning and Development

• Provide training and educational development opportunities for staff.
• Located on West campus however training is available on all campuses.
• Many programs are either at no cost or minimal costs
• A variety of topics covered: 
  http://hr.wustl.edu/career_development/Pages/default.aspx
• Srn. Manager - Carla Bailey, (314-935-8047)
Diversity & Inclusion

• Education: – D&I 1.0 – 4.0
• Raising awareness of diversity in the campus community
• Developing and sharing strategies and educational methods to enhance inclusivity in our organizational culture
• Developing and improving the career development paths for underrepresented minorities at WUSM.

• Contacts:
  – Asst. Dean/Cultural Awareness/Staff Diversity - Daniel Blash, PhD, LPC, NCC, ACS (314-362-4991)
  – Diversity & Inclusion Leader - Rachelle Smith, PhD, LPC (314-362-9356)
  – Diversity & Inclusion Leader – Erin Stampp (314-362-6190)
Employee Relations

- Assist in resolving conflicts and internal disputes.
- Provides guidance to managers and faculty on Employee Relations issues (performance concerns, disciplinary actions, informal counselling, terminations, resignations etc.)
- Coaches staff members on their interactions with their managers and co-workers as required.
- Provide policy guidance as requested.
- Investigate complaints associated with EEO, ADA, FMLA, FLSA and other etc.
- Develops and implements staff manager and leadership training programs.
Applied Leadership

• Provide leadership coaching and guidance.
• Assist in conflict resolution through coaching in communication, constructive conflict and leadership skills.
• Work with management/leadership teams to improve efficiencies and team dynamics.
• Develop and deliver specific training in support of WUSM initiatives such as customer service, change management etc.
• Assist in Organizational Development.
Employee Relations/Applied Leadership

- Vice-Chancellor for Human Resources – Legail Chandler (314-362-4900)
- Asst. Vice Chancellor for Human Resources – Apryle Cotton (314-362-6774)
- Director, Employee Relations - Leanne Stewart, Ph.D (314-362-8278)
- HR Consultants:
  - Lanelle Coleman (314-362-4927)
  - Sandra Sledge (314-935-7515)
  - Nannette Vaughn (314-362-7198)
  - Jim Gebken (314-362-8279)
  - Heidi White (314-362-4937)
  - Kevin Pelzel (314-935-2607)
- Applied Leadership:
  - Lynn Dull (314-362-4132)
  - Karen Sanders (314-362-0874)
There is no such thing as a casual conversation when you are in a leadership role.
Scenario 1

- You’ve recently moved to a new clinic and have developed a great working relationship with your new MA. He is efficient, cordial and great with patients. At the end of a particularly busy day, you thank him for his efforts and he asks if you have a couple of minutes to speak to him because something has come up and he’d like your advice.
Scenario 1a

• He complains that he has just been “written up for something that he didn’t do” because the Clinic Supervisor is “out to get him” and listens to all of the other MAs in the clinic who complain about him “all the time.”
Scenario 1b

• He complains that he has just been “written up for something that he didn’t do” because the Clinic Supervisor is “out to get him” and listens to all of the other MAs in the clinic who complain about him “all the time”.

• He then adds that he believes that he wouldn’t be being written up if he had gone out with the lead MA when she had asked him. Instead, now he has to put up with derogatory comments about men.
Scenario 1c

• He complains that he has just been “written up for something that he didn’t do” because the Clinic Supervisor is “out to get him” and listens to all of the other MAs in the clinic who complain about him “all the time”.

• He then admits that sometimes he may be a little “under the weather” at work because he gets migraines but can’t afford to take time off work due to the attendance policy and his Supervisor has told him he needs to “suck it up.”
Scenario 1d

• He complains that he has just been “written up for something that he didn’t do” because the Clinic Supervisor is “out to get him” and listens to all of the other MAs in the clinic who complain about him “all the time”.

• He then adds that the Clinic Supervisor shouldn’t believe anything that they say because they’re a bunch of “gossips” who have a problem with the fact that he focuses on getting his work done during work hours instead of clocking out to finish up at the end of the day.
Scenario 1e

• He complains that he has just been “written up for something that he didn’t do” because the Clinic Supervisor is “out to get him” and listens to all of the other MAs in the clinic who complain about him “all the time”.

• He then admits that sometimes he may be a little “under the weather” at work because he enjoys having a social life and sometimes will come straight to work after being out at the clubs.
Scenario 2

• You are assisting a senior faculty member with a procedure when there is an issue with the patient. The health care team works together to stabilize the patient and ensure both the patient and their family members are cared for appropriately.

• After the event, one of the RN’s present in the room asks to speak to you.
Scenario 2a

• The RN admits that the patient’s event was due to an error that she made. She goes on to say that she finds it almost impossible to work with the senior faculty member because she is intimidated by her.
Scenario 2b

• The RN admits that the patient’s event was due to an error that she made. She goes on to say that she finds it almost impossible to work with the senior faculty member because she is intimidated by her.
• The RN further states that she has been yelled at and belittled by the faculty member previously because she has made errors. She’s now afraid to ask questions.
Scenario 2c

• The RN admits that the patient’s event was due to an error that she made. She also says that it was only a matter of time before something like this happened because she has previously raised concerns with the Nurse Manager about how poorly the different nursing staff shifts communicate with each other.

• Potentially, the RN’s error was due to not knowing what the previous shift had completed.
Scenario 2d

• The RN admits that the patient’s event was due to an error that she made. She goes on to say that she is having trouble focusing because she feels like she is working in a hostile work environment.

• When you ask her what she means – she replies that other staff members have made comments about her weight.
Scenario 2e

• The RN admits that the patient’s event was due to an error that she made. She goes on to say that she is having trouble focusing and occasionally feels like she is having an anxiety attack.

• She mentions that she’s asked the Clinical Director for help in completing some tasks or for a less busy shift but he has told her that there is nothing available currently.
Questions?