APPENDIX S — LEADERSHIP ROUNDING, COMMUNICATION & ISSUE-RESOLUTION TOOLKIT

A complete operational system for leaders to build trust, identify issues early, and strengthen physician relationships

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Leadership rounding is one of the highest-impact, lowest-cost strategies in healthcare yet it is one of the most inconsistently practiced.

When leaders round consistently, predictably, and intentionally, it creates:

- Trust
- Transparency
- Psychological safety
- Early problem detection
- Faster operational fixes
- Higher physician satisfaction
- Stronger retention
- Increased engagement
- A culture of partnership

This appendix gives you a complete, ready-to-use leadership rounding system.

SECTION 1 - WHY LEADERSHIP ROUNDING MATTERS

The presence of leadership is often more impactful than any formal program.

Rounding:

- Builds relational trust
- Increases transparency
- Reduces negativity and rumor cycles
- Creates accountability
- Reinforces culture and expectations
- Identifies problems before they escalate
- Strengthens teamwork across departments
- Improves speed of operational improvement

Leaders who round consistently retain more physicians.

SECTION 2 - LEADERSHIP ROUNDING STRUCTURE

A predictable cadence makes rounding meaningful and sustainable.

WEEKLY Rounding

Short 10–15 minute check-ins with:

- Physicians
- APPs
- Clinic leadership
- OR leadership
- Front-line teams

MONTHLY Deep-Dive Rounding

Longer, structured conversations with physicians and teams.

QUARTERLY Service-Line Rounding

Comprehensive touchpoints with:

- OR teams
- Clinic operations
- Ancillary services (radiology, lab, pathology)
- Leadership teams

Consistency is the secret weapon.

SECTION 3 - WEEKLY ROUNDING QUESTION SETS

Short, high-impact questions leaders can ask anywhere.

For Physicians

- "How is your week going?"
- "What's working well?"
- "What's been frustrating?"
- "Anything leadership needs to address?"
- "How can we support you better?"

For APPs & Nurses

- "Is there anything slowing you down today?"
- "Any process issues we should know about?"
- "How is teamwork on your unit?"

For OR Staff

- "Do you have everything you need for upcoming cases?"

- “Any equipment concerns?”
- “Any scheduling pain points?”

Short questions. Big insights.

SECTION 4 - MONTHLY PHYSICIAN ROUNDING TEMPLATE

Use this to structure deeper conversations.

Physician:

Leader:

Date:

1. Wins Since Last Month

- _____
- _____

2. Frustrations or Barriers

- Clinic workflow
- OR access
- Call issues
- Staffing
- EMR issues
- Communication gaps

3. Support Needs

- Operational needs
- Coaching/mentorship
- Schedule adjustments

- Staff support

4. Culture & Team

- Morale
- Relationships
- Department dynamics

5. Physician Future Alignment

- Short-term goals
- Long-term aspirations
- Leadership interest

6. Action Items

- _____
- _____

Leadership returns in 2–4 weeks with updates.

SECTION 5 - THE "LISTEN-FIRST" LEADERSHIP MODEL

What to do before offering solutions.

Leaders must:

- Ask
- Listen
- Clarify
- Validate
- Document
- Confirm understanding

- Then solve

Many leaders jump straight to fixing; but listening builds connection.

SECTION 6 - LEADERSHIP COMMUNICATION SCRIPTS

Ready-to-use language for difficult, sensitive, or high-stakes conversations.

When a physician expresses frustration

"I hear you. Thank you for being honest. Let me make sure I understand this correctly…"

When leadership needs more clarification

"Help me see what this looks like from your perspective."

When a physician request cannot be fulfilled

"I want to be transparent with you. Here's what we can do, and here's what isn't possible right now."

When conflict arises between colleagues

"My goal is to support both of you and make sure the work environment stays healthy. Let's walk through what happened."

When a physician needs recognition

"I want you to know your work this month has been outstanding — especially in _____. We appreciate you."

Tone is everything.

SECTION 7 - THE LEADERSHIP ISSUE-RESOLUTION PLAYBOOK

A simple, consistent process for fixing problems quickly.

Step 1 — Capture the Concern

Document details within 24 hours.

Step 2 — Categorize

- Operational
- Clinical
- Staffing
- Equipment
- Workflow
- Communication

Step 3 — Assign Ownership

To the correct leader/department.

Step 4 — Set a Timeline

- Quick fix: 7–14 days
- Standard fix: 30–60 days
- Complex fix: 60–120 days

Step 5 — Communicate Back

"Here's what we heard. Here's what we're doing. Here's when we'll update you next."

Step 6 — Verify Completion

Confirm the fix improved the situation.

Step 7 — Close the Loop

Essential for trust.

SECTION 8 - ESCALATION LADDER FOR UNRESOLVED ISSUES

Protects physicians from endless cycles of unaddressed concerns.

1. **Manager Level**
2. **Director Level**
3. **Service-Line Administrator**
4. **CMO/COO Level**
5. **CEO Awareness (if needed)**

The goal is not punishment. It's **accountability**.

SECTION 9 - LEADERSHIP RISK INDICATORS

Signals that require immediate action.

- Physician repeatedly voices the same concern
- Drop in morale
- Conflict between team members
- Abrupt behavior change
- Burnout indicators
- Decreased productivity
- Avoiding leadership
- Increased call dissatisfaction
- Operational barriers unresolved

These are early warning signs of turnover.

SECTION 10 - SERVICE-LINE RISK SCORECARD

Category	Risk	Notes
OR Access	Low/Med/High	
Clinic Support	Low/Med/High	
Culture	Low/Med/High	
Leadership Engagement	Low/Med/High	
Physician Morale	Low/Med/High	
Staffing	Low/Med/High	
Equipment Reliability	Low/Med/High	

When multiple categories show Medium or High, this is a retention threat.

SECTION 11 - STAFF & PHYSICIAN APPRECIATION BLUEPRINT

Micro-recognition moments that improve morale significantly.

- Handwritten notes
- Quick hallway gratitude
- Recognizing a complex case
- Noticing teamwork
- Celebrating wins
- Monthly spotlight emails
- Social media features (with permission)

- Recognizing staff contributions openly

Recognition builds culture that retains teams.

SECTION 12 - SUMMARY: LEADERSHIP PRESENCE IS A RETENTION ENGINE

- Rounding builds trust
- Listening builds relationships
- Fixing problems builds credibility
- Communication builds alignment
- Follow-through builds loyalty

When leaders round consistently and communicate clearly, the organization becomes a place physicians want to stay, grow, and lead.