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Special Report

Your Group Can Make Decisions...

.....
and Make Them Stick



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Decision-Making Is Hard

Decision-making is hard for almost every medical group. It's made even tougher by an unstated "agreement" in many groups that goes something like this: "If I didn't vote for it, or I don't like it, I don't have to follow the group's decision."

This kind of thinking can kill a group. Why waste time making decisions if supporting the decision is optional?

What can a group do to improve its ability to make decisions and thereby improve its ability to govern itself?

Three Questions

Improvement will only come if the group asks and answers three fundamental questions. We believe these are the most important questions that any group can ask itself:

1. ***How will the group make decisions?*** In our experience, the best option is to seek consensus first, and then vote if consensus cannot be reached. Often the President is charged with the responsibility of determining when the group should move to vote.
2. ***What is expected of each physician once a decision has been made?*** The answer to this question is critical. The best groups agree that once a decision has been made in the agreed-upon decision-making method, every physician (whether they agree with the decision or not) will fully

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and actively support the decision, to include encouraging others to support the decision. “Fully support” means doing what they have agreed to do, actively promoting implementation, and not sabotaging the decision.

3. ***What are a physician’s options if they don’t like the decision?*** There are three choices that the group should agree upon as acceptable options if a group doesn’t like a decision:
 - a. Fully and actively support the decision.
 - b. Try to get it changed through proper channels, but full and actively support the decision until it is change.
 - c. Self select themselves out of the group.

It is critical to note that there is not an option to “do it only if I feel like it.”
That choice must be an unacceptable option for the group.

It should also be noted that the physicians should agree if they can’t support the decision, they will not need to be fired from the group – instead they will self select themselves out of the group.

Once these agreements are made among the members of the group, then future decisions will be real decisions. Without coming to terms on these three questions the group will continue to “pretend” it is making decisions and wonder why the decisions didn’t come true.

As you might expect, our knowledge in this area is based on the fact that Latham Consulting Group has substantial experience in assisting medical groups with improving their governance through our **Governance and Conflict Resolution Services**.

If we can provide assistance or answer any questions you might have, please contact us at 704/365-8889 or e-mail us at wlatham@lathamconsulting.com.