

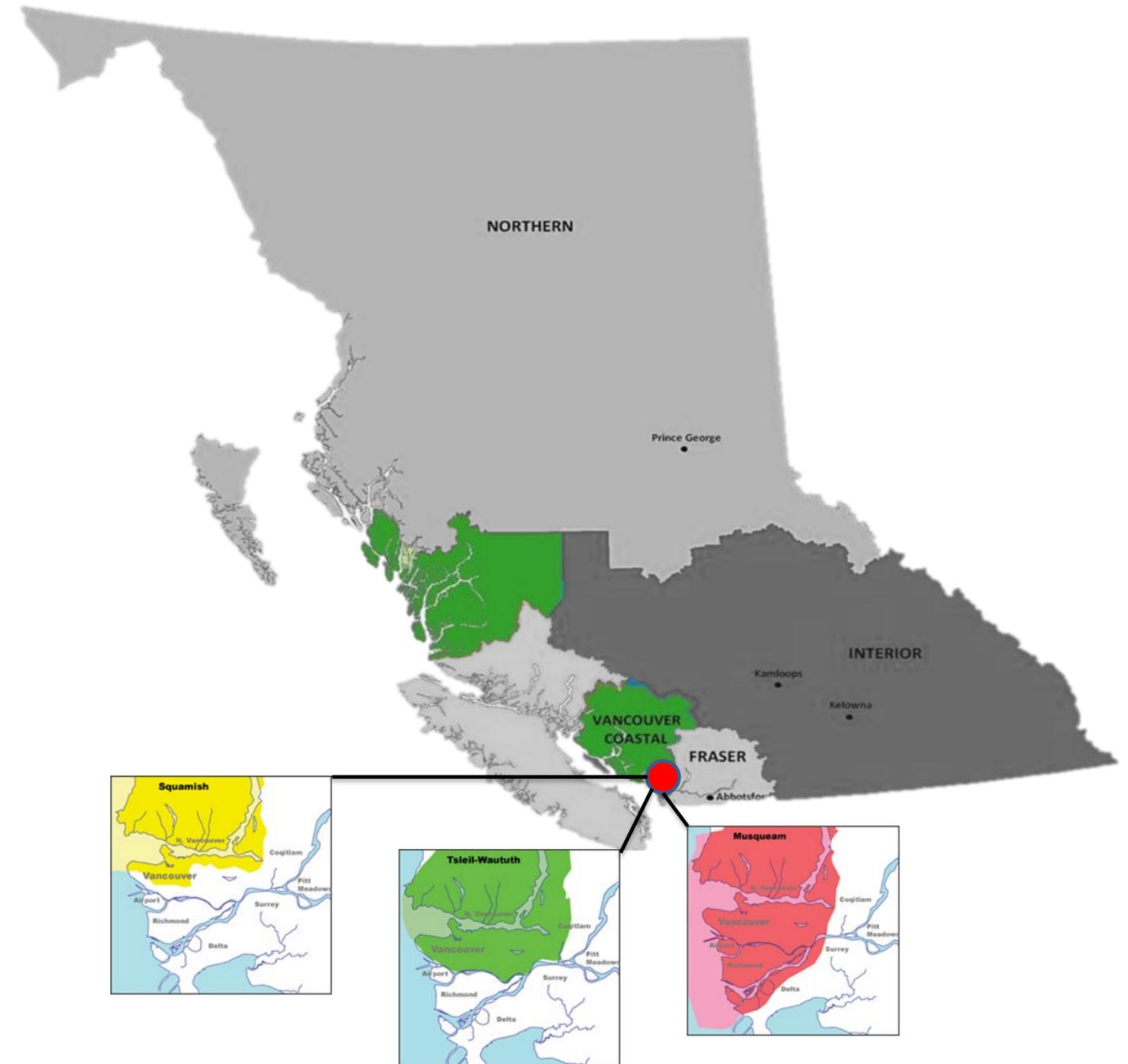
Medical Leaders Breakfast

March 1, 2024

Territory Honouring

We wish to acknowledge that the land on which we gather is the traditional and unceded territory of the Coast Salish Peoples, including the Musqueam, Squamish, and Tsleil-Waututh Nations.

Vancouver Coastal Health is committed to delivering exceptional care to 1.25 million people, including the First Nations, Métis and Inuit, within the traditional territories of the Heiltsuk, Kitasoo-Xai'xais, Lil'wat, Musqueam, N'Quatqua, Nuxalk, Samahquam, shíshálh, Skatin, Squamish, Tla'amin, Tsleil-Waututh, Wuikinuxv, and Xa'xtsa.



Did you know?

There is a First Nations Heritage and VanDusen **Botanical Garden Collections Document** prepared by Geronimo Alec of the Wet'suwet'ten Nation, a Canadian Heritage Educator with the Vancouver Botanical Gardens Association, which outlines the Ethnobotany of a number of the native traditional and medicinal plants located here at VanDusen.



Check it out here!

Opening Blessing



Elder Rose Nahanee

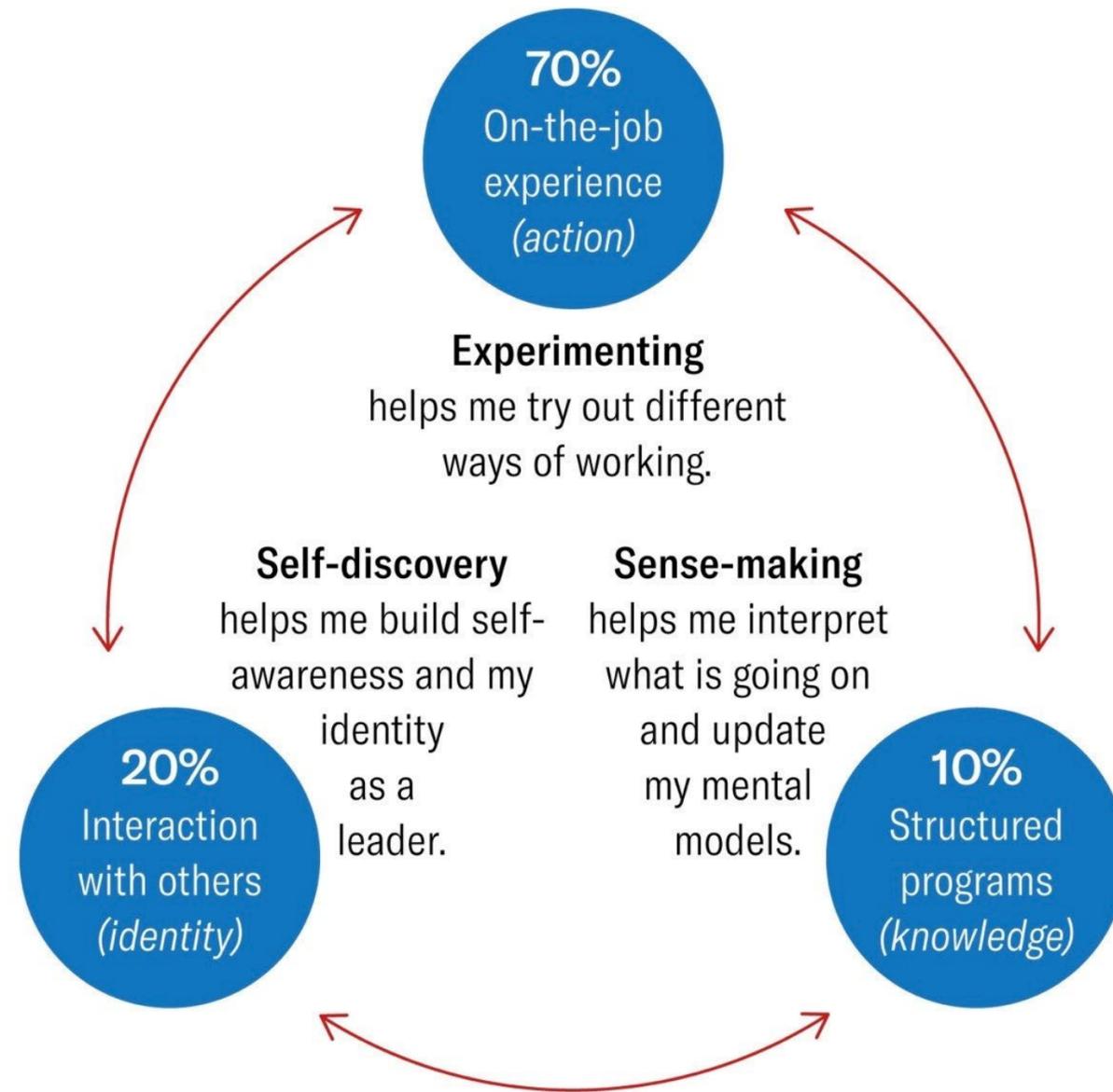
Opening Remarks



Dr. Chad Kim Sing
Interim VP Medicine

A Framework for Leadership Development

Linking the ways we learn.



HBR

Medical Staff Leadership Development

The screenshot shows the 'Medical Staff' section of the Vancouver Coastal Health website. The main heading is 'Medical Staff' in blue. Below it is a navigation menu with 'NEWS', 'EVENTS', 'WORKING FOR CHANGE', 'WORKING AT VCH', 'CAREERS', and 'ABOUT US'. The 'WORKING FOR CHANGE' menu is expanded, showing 'Working for change' with a dropdown arrow. Underneath, there are several sub-items: 'VGH OR Renewal Project', 'Physician Quality Improvement', 'Spreading Quality Improvement', and 'Physician Peer Support Program'. The 'Leadership Development' item is highlighted in blue. Below this, there are links for 'All Medical Staff', 'Aspiring Medical Leaders', 'New Medical Leaders', 'Experienced Medical Leaders', 'Senior Medical Leaders', and 'Leadership Development Resources'. The main content area is titled 'Leadership Development' and includes a welcome message: 'Welcome to the Vancouver Coastal Health leadership development pathway specifically designed for medical professionals. Discover how we can help you enhance your leadership capabilities.' It also mentions that the pathway offers a variety of learning forms, including external programs, conferences, and self-directed learning. A call to action says 'Click on a image below or use the side navigation bar to...'. There are two images: one showing a large meeting room with the caption 'All Medical Staff' and another showing two women smiling with the caption 'Aspiring Medical Leader'.

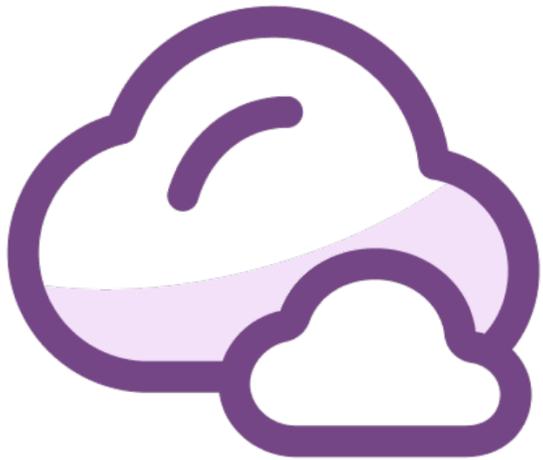
Check out the available resources on our website as well as links to artifacts from the previous Medical Leader's Breakfast events



Agenda

0800-0810	Welcome and Territory Honouring	Dr. Chad Kim Sing – Interim Vice President, Medicine, VCH
0810-0820	Opening Blessing	Elder Rose Nahanee
0820-0830	Opening Remarks	Dr. Chad Kim Sing
0830-0945	Defining and Addressing Disruptive Behaviours	Matt Gates – Leadership Development Specialist, People Team Kanykei Omorova – Lead, Leadership Development, MQLP
0945-1005	Break	
1005-1050	Courageous Expression, The Experience Cube	Matt Gates and Kanykei Omorova
1050-1100	Closing Remarks / Evaluation	Dr. Chad Kim Sing
1100-1130	Socializing / Networking	

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What are you hoping to get out of today?

① Start presenting to display the poll results on this slide.

Defining & Addressing Disruptive Behaviors



Matt Gates

Leadership Development
Specialist, People Team



Kanykei Omorova

Lead, Medical Leadership
Development, MQLP

Session learning objectives

- Recognizing **disruptive workplace behaviors** and their potential to impact a positive and **respectful workplace**.
- Understanding of the **root cause** behind the behavior types and tips for the best approach to address these.
- Increasing confidence to **initiate clear and effective conversations** using a practical tool.

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In 1-2 words, describe a behavior that you would describe as 'disruptive' in the workplace.

Disruptive Behaviors

Table Activity

Discuss the following questions at your table (10 min)

Capture scenarios on a flipchart & be prepared to report out one example.

Questions:

1. What was a time when a disruptive behavior in the workplace impacted you as a Medical Leader?
2. What was the impact of that behavior on you and on others?

Common Disruptive Behaviours

Passive Aggressive Behaviour	When someone insults you through indirect means
Gaslighting Behaviour	When someone intentionally makes you doubt yourself and your reality
Insubordinate Behaviour	When your direct report is excessively negative or not fulfilling tasks
Conflict with a Supervisor	When your supervisor does something to hurt or offend you
Bullying Behaviour	When someone intimidates, harasses, or discriminates against you

Addressing Disruptive Behaviors

Table Activity

Choose either one disruptive behavior or one scenario and discuss the best approach to navigate that behavior (8 min)

Questions:

1. When encountering the selected behavior in the past, how did you manage it and what was your experience?
2. Was the interaction successful? If so, what approach was helpful?

Be prepared to share out your tips for addressing the behavior!

Passive Aggressive Behaviour

What is it?

When someone is afraid or unable to address conflict directly, sometimes their frustration comes out in unproductive ways.



What does it look like?

Gossiping, backhanded compliments, ignoring you, neglecting something they know is important to you, eye rolling, joking about you.

Passive Aggressive Behaviour

Tips on how to handle it



Recognize pain



Call it out



Create a safe space

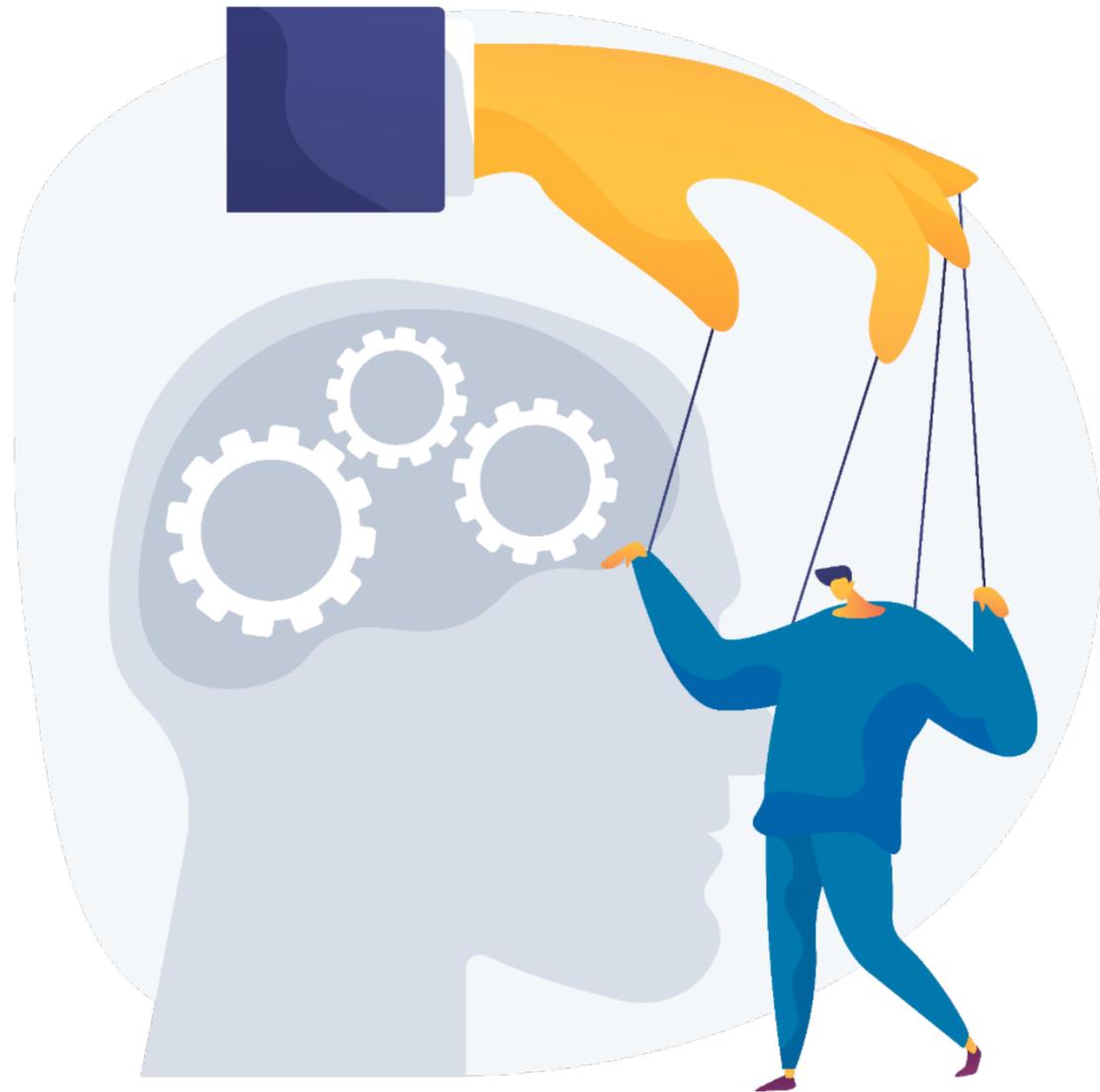


Have boundaries

Gaslighting Behaviour

What is it?

When someone tries to gain control in a relationship, they might behave in subtle ways that make you doubt yourself and your reality.



What does it look like?

Accusing you of overreacting, stating that your thoughts and concerns are “all in your head”, denying something ever happened.

Gaslighting Behaviour

Tips on how to handle it



Watch for a pattern



Do not expect
change



Set boundaries



Document key facts

Insubordinate Behaviour

What is it?

When a direct report is feeling disengaged in the workplace, they may continually have a negative attitude or not fulfill their tasks.



What does it look like?

Blaming or shaming you in front of others, showing indifference toward their failure to complete tasks, pessimism toward team goals.

Insubordinate Behaviour

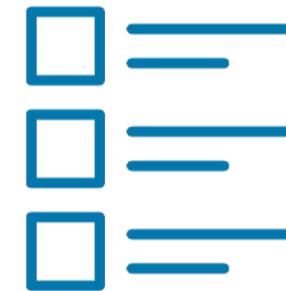
Tips on how to handle it



Address the behaviour in private



Ask them what they need



Document the engagement

Conflict with a Supervisor

What is it?

When your supervisor gets tunnel visioned into their own personal goals and objective, they can sometime forget to forge collaborative relationships with others which creates tension.



What does it look like?

Shutting down your ideas, micromanaging, blaming or shaming, aggression.

Conflict with a Supervisor

Tips on how to handle it



Get advice and support



Ask them how they best receive feedback



Share your experience with them



Reassure when needed



Disengage or include HR

Bullying Behaviour

What is it?

When a powerful individual seeks to control their environment, they may turn to using physical, emotional, or psychological intimidation to get what they want.

What does it look like?

Insults, coercion, intimidation



Bullying Behaviour

Tips on how to handle it



Recognize it



Call in help

Break

Giveaway Question

Who can share one disruptive behavior and
1-2 tips for how to effectively address it?

Courageous Expression The Experience Cube



Courageous Expression The Experience Cube



Keys to Cube Effectiveness

- Ensure the focus is on the most positive intention for this relationship (win/win).
- Use “I” statements when exploring the conflict. Choice and personal empowerment live here and reduces further conflict.

Experience Cube



Observations

Observations: Sensory data (information you take in through your senses), primarily what you see and hear. *What a video camera would record.*

I observe: "I've noticed...", "I saw that...", "I heard you say..."

Experience Cube

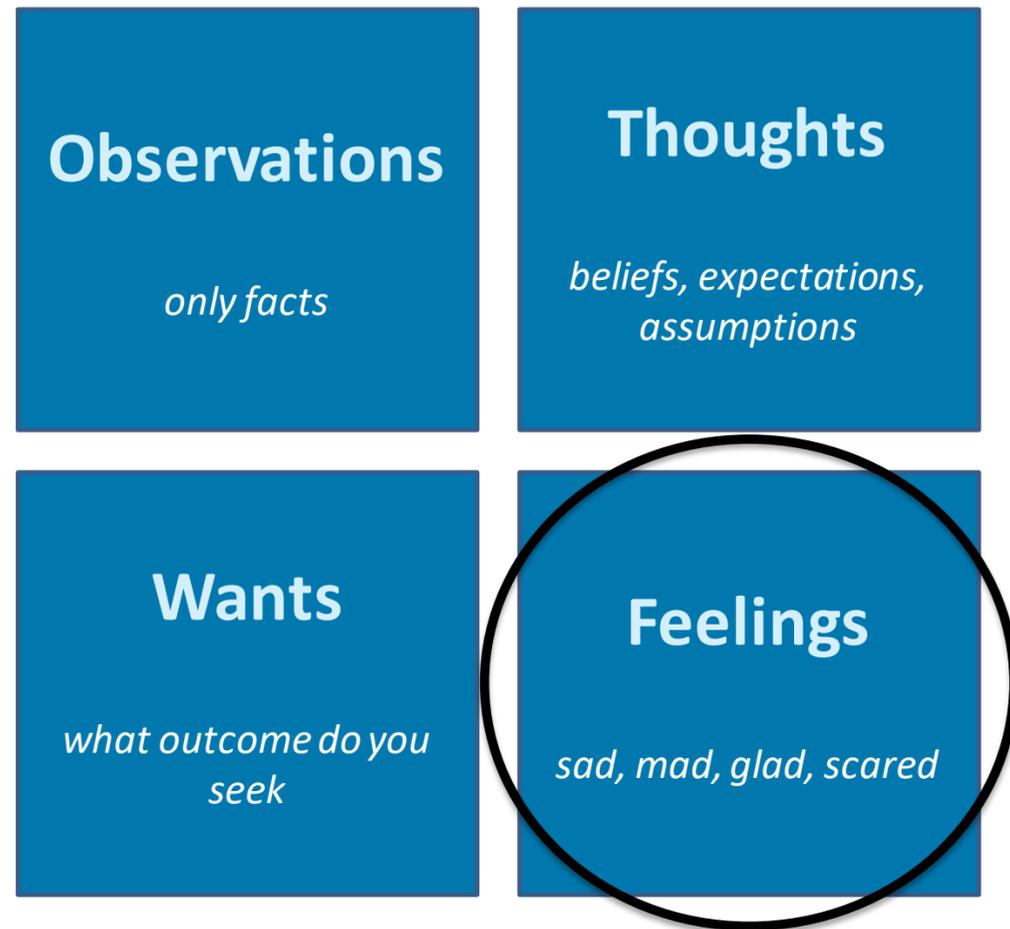


Thoughts

Thoughts: The meaning you add to your observations (i.e., the way you make sense of them, including your beliefs, expectations, assumptions, judgments, values and principles).

I think: "I believe that was...", "I think it is...", "What this brings up for me is..."

Experience Cube



Feelings

Feelings: Your emotional or physiological response to the thoughts and observations. Feelings words such as sad, mad, glad, scared, or a *description of what is happening in your body.*

I feel: "I'm really pleased....", "It concerned me when....", "I appreciate your commitment to....", "It troubled me"

Experience Cube



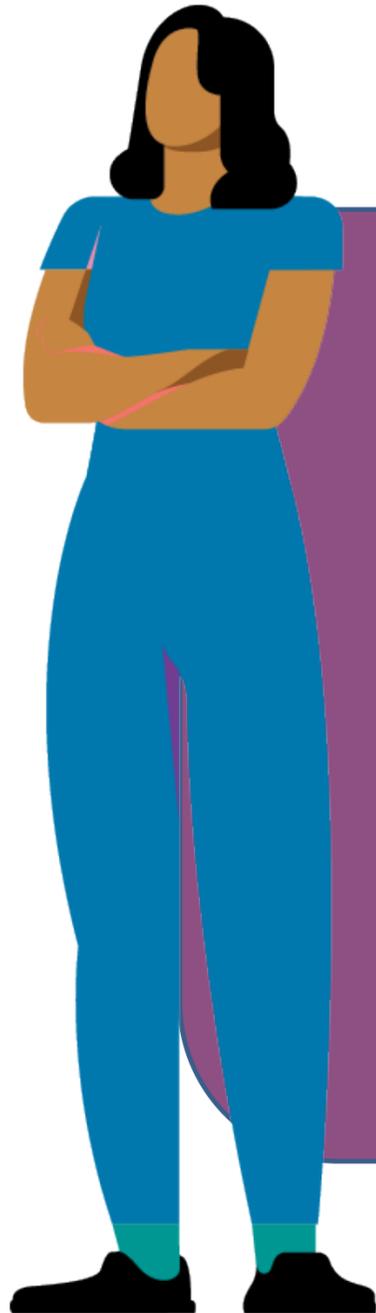
Wants

Wants: Clear description of the outcome you seek. Wants go deeper than a simple request for action. *Once you clearly state what you want, there may be different ways to achieve.*

I want: "I want to..."; "I need..."; "I wish..."; "I hope..."

Courageous Expression

Activity Prep

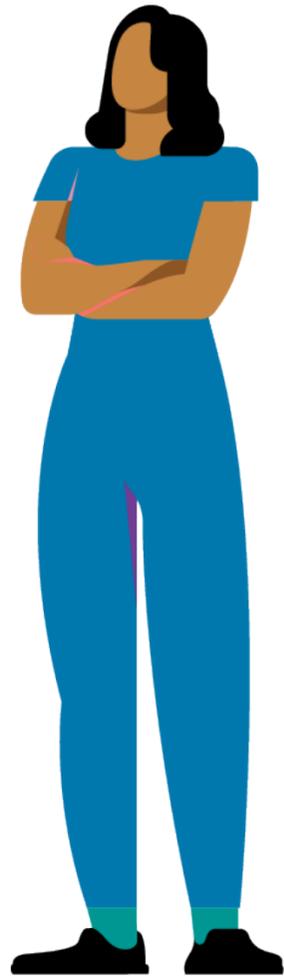


Think of a situation involving disruptive behavior that you might want to address.

Take a moment to plan your conversation using the Cube (*worksheets on table*).

Courageous Expression

Activity



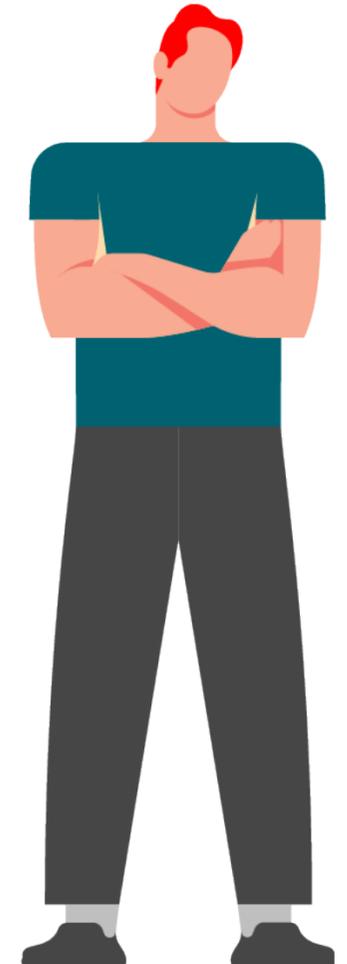
1. Practice your conversation with your partner
2. Provide feedback if:
 - your partner is confused about which quadrant they are describing.
 - you do not hear a description from all elements of the Cube.

PRACTICE: 2 x 4 min rounds

2 min – Practice

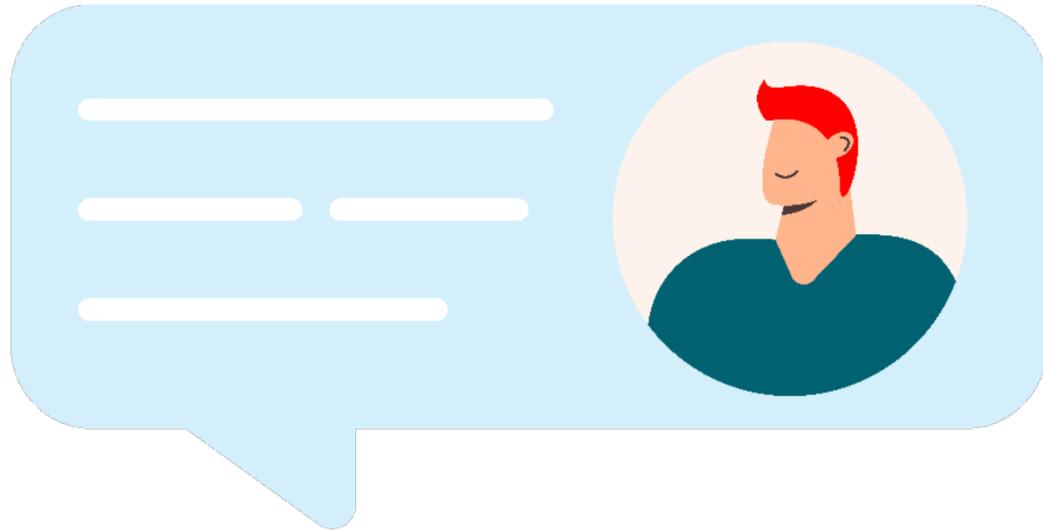
2 min – Feedback

SWITCH ROLES



Courageous Expression

Activity Debrief



What did you notice or learn when using the Experience Cube?

Save the Date!

**Next Medical Leaders Breakfast:
Friday June 7, 2024**

Take 2 min to share your feedback!

Evaluation Link:



**Kindly return your
nametags to the
registration desk**

Thank you!