Interview

Clay Sherman, Ed.D.

BY RON CZAJKOWSKI

An educator and training specialist, Clay Sherman is a widely known executive trainer. His Chicago-based Management House, Inc. provides leadership education and organizational development for clients across the nation, including scores of Fortune 500 companies as well as emerging organizations.

Sherman earned a doctorate in Management Education from Western Michigan University and has compeletd post-doctoral study in managing organizational effectiveness at the Harvard University Graduate School of Business Administration. Early in his career Sherman served Upjohn Healthcare Services as director of human resources.

He has extensive experience dealing with healthcare managers and hospital management issues. He conducts more than 100 management training sessions yearly, having addressed New Jersey Hospital executives at their most recent Chief Executive Officers Conference. Sherman spoke to New Jersey Health-Care *soon after that presentation.*

Q You call yourself a "management midwife." Please elaborate.

A The real winners in any hospital are already on the payroll. My job is to help management set up the best systems possible to birth a new baby, bringing out capabilities already inherhent in the hospital.

Q What's the primary factor that drives good management?

A The best kinds of management come from those leaders that actually believe in the many talents of their organization. The secret is how to unlock the power of the people that work in your hospitals. We see too many organizations that pay people for their skills but ignore their input in terms of ideas. It doesn't cost you any more to get contributions from their brains. Management should let workers offer suggestions and be a part of the problem solving process through empowerment.

Q Empowerment?

A Yes, giving the worker more of a role in the management process. If the people who work for and with you aren't trustworthy and knowledgeable, if they're not capable of making decisions, why did you hire them in the first place?

Q So what's the manager's role in this process, that of overseer?

A The role of management is not to solve the problems. The role of management, particularly in what we call the new American hospital, is to act as a coach, counselor, teacher for the staff ... not to make all the decisions. The best way to bring brain power to the forefront is to let people work in small groups. Small groups of people making decisons was the model for the American town meeting. People get to know and trust each other and as a result they share information and ideas. Finally, managers must also be cheerleaders and celebrate their peoples' achievements.

Q You're an advocate of "Do It Groups" (DIGS). How do you see them working most effectively?

A DIGS are small, focused work groups analogous to quality circles and task forces. The idea is that a small group will take a small problem and accelerate the problem-solving process by setting a fixed, short turn-around time deadline for completion. About 90 percent of the problems these

groups attack can be solved in 30 days. On the front end, part of the DIG process is to break the problem down into smaller parts to begin with. Instead of looking at the big picture problem, make the project doable within 30 days. The theory is 'Let's fix one piece of this sucker today rather than take 18 months doing nothing.'

Q What's the value of that approach?

A Simple. People can relate to progress, scoring 'points' within the short haul. Rather than trying to win the ball game with a home run you score runs by putting together a lot of singles. It helps build momentum. It boils down to the idea of piecemealing success. After your first win, you expand the process geometrically. During the next 30 days, you double the number of problems to be solved.

Q In your management training sessions, you're particularly fond of leaning on aphorisms such as "expect more and you'll get more," and "if you want a gold medal, you'd better be ready to work your butt off." Are these things simply to post on a managers' bulletin boards or are they valid indicators of good management?

A People need words to live by. What you find in these slogans is a communications gimmick that also happens to find a central truth. The reason that cliches become cliches is that many people have found them to be true. To the extend that you can crystalize these ideas into simple statemetnts works in motivating people and getting results.

Q What do you mean when you speak of "value centered management?"

A Telling your people what the prime things are that they must do; and the major things they must avoid. Being both a positive direction finder and an effective warning signal of cliffs and pitfalls. Institutional values must be articulated and enforced as part of the decision making process.

Q What are the institutional values that any well-managed organization should embrace?

A There are many. Probably the most important are the concepts of service, team, excellence and people. "Service" to the customer must happen regardless of problems ... "Team" means we don't want to have interdepartmental warfare, back biting, gossip mongering or friction between departments ... "Excellence" means accepting only one standard of performance ... and the concept of "People" equates with respect, giving it and winning it.

Q Hospitals, as you're fond of saying, "were started by nurses with a tent in the woods 200 years ago." Why have things gotten so complicated?

A We now have this paralysis in hospitals because they have become such complex management systems. It's sad. I see an industry unfortunately hemorrhaging all over itself with high staff turnover and financial mess. Here are people with possibly the most exciting jobs in the world and they're unhappy. What's the problem? Bad management of complex environments has allowed little problems to grow bigger over the long haul. This is combined and complicated by the knowledge explosion that is underway in healthcare. The typical hospital is not designed to be an efficient change machine. Not because it doesn't have access to great people, but because those people are operating within a management system that is obsolete. The management system that most hospitals use is an outgrowth of a control model that was designed by the military and manufacturing. The 'do what we tell you approach' no longer works. People resent the control model, and the control model is difficult to implement when things are as complex as they are in hospitals.

Q What's the value of strategic planning in good management?

A It's mostly a waste of time. There's nothing wrong with doing forecasting, but a better approach is strategic "customer responding." In essence, live with your customers, get close to them; see things through the eyes of your patients. Find out what the customer wants and change you hospital accordingly. Staying close to the patient helps you deal with the unpredictable.

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