

LEADING SUCCESSFUL TEAMS



WORKBOOK

LEADING SUCCESSFUL TEAMS

The following workbook accompanies the High-Performance Teams 'Leading Successful Teams' module. Contained in this workbook are spaces to complete reflection questions from the module when prompted, and to track your progress. You can use the responses from this workbook to create a professional development plan to help lead your own high-performing team to success.

| Module 5: Leading Successful Teams What quote did you select, as best representing YOUR definition of leadership? | | |
|--|--|--|
| | | |
| Reflection Question: Having completed the first leadership activity, what are your thoughts about leadership in relation to teams you've worked in before, and what are the implications for an HPT? | | |
| | | |
| | | |
| Behavioural Leadership What behavioural approaches work better in different HPT circumstances? | | |
| | | |
| | | |
| What were the results of your behavioural leadership self-assessment? | | |
| | | |
| | | |
| | | |



| Situational | Leac | ers | hip |
|---|------|-----|-----|
| VAZILIA I I I I I I I I I I I I I I I I I I | | 10 | |

| What were the results of your situational leadership self-assessment? What implications might your own style have on your team, now that you have an indication of what your preferences may be in a situational leadership context? | | |
|--|--|--|
| | | |
| | | |
| | | |
| Transformational & Transactional Leadership What were the results of your situational leadership self-assessment? | | |
| | | |
| | | |
| | | |

Scenario

You are a Communications Specialist at a large medical equipment manufacturing company. The company is headquartered in Atlanta, Georgia, and you work at one of its large manufacturing, sales and distribution facilities in Toronto, Canada. You graduated from a top-tiered Canadian university three years ago, with a degree in English and Psychology, and your primary responsibility is preparing external communications for your supervisor's review—she is the Manager of Public Relations for Canada.

You generally enjoy your role and the challenges it comes with, but feel as though you are progressing through the ranks more slowly than you would like. It seems to you that the company promotes more on the basis of seniority than performance and education, who are not as skilled and up-to-date on modern communications as you are.

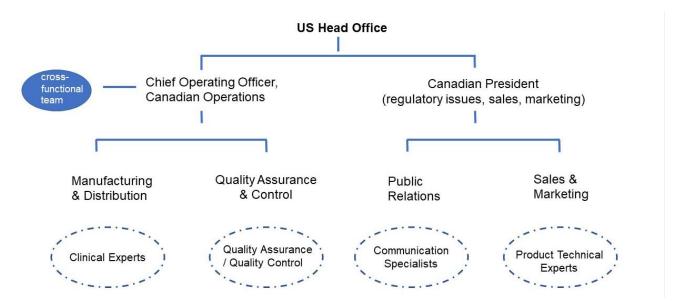
Recently, there have been reported incidents of harm to patients who were using one of your company's devices—an innovative, non-invasive glucose monitoring system, coupled with a mobile app for diabetes self-care. You were involved in writing some of the promotional and approval documents for the system when it was first launched in the Canadian market last year.

Preliminary reports allege that the device and associated app are not performing adequately, resulting in some patients developing diabetic hypoglycemia (low blood sugar) and requiring medical intervention.

In response, your company has decided to implement a cross-functional team to lead all aspects of managing this issue (see graphic below for the hierarchy). The team will be reporting to the COO, Canadian Operations. He reports directly into the US Head Office. There is also a Canadian President



based in Toronto who is responsible for Canadian regulatory issues, and sales and marketing in Canada. Your boss reports to the Canadian President.



The COO has asked for the team to include the following members:

- An internal Clinical Expert
- An internal Product Technical Expert
- A Government Relations employee
- The Head of Sales and Marketing, Canada
- An external Clinical Expert Consultant
- An internal Quality Control and Assurance Expert
- A Communications Specialist

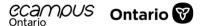
Problem to be solved: Everyone on the team is very aware of the seriousness of the device not working properly. Both the internal and external Clinical Experts believe that the initial test results clearly indicated the limitations of the product, and that the real issue is the responsibility of the Public Relations team who, quite simply, overpromised what the product could deliver.

Your Supervisor approached you to be the *Team Lead* for this project, and you agreed, because you feel it will be a great opportunity to show off your capabilities to the COO and to your supervisor.

Next steps:

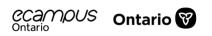
As the Team Lead, you have called a meeting to discuss potential reasons for the device not performing as it should. You have discussed the issue with a friend who works for Health Canada (who oversees the safety and efficacy of medical devices) and you feel fairly confident about your understanding of the issues and the actions that the company needs to be taking.

As people arrive for the meeting, you can see that everyone appears to be quite concerned. You ask people to take a seat and then have team members introduce themselves and to describe their current



position and experience. You take notes during this introductory discussion (see the 'Notes' section in the table of roles that you will now be shown).

| Role | Key Duties | Experience | Notes |
|---|---|---|---|
| Internal Clinical Expert | Responsible for all planning, coordination, and implementation of clinical evaluations to ensure clinical acceptance of all technological | Industry – 15 years Company – 5 years Education: Masters | Very experienced with clinical evaluations and the level of detail required. |
| | devices. Works closely with the Quality Assurance & Control team. | | Would like to see more time devoted to the design & development phases. |
| Internal Product Technical Expert | Responsible for providing all technical support for the sales process of the organization. Plays a key role in generating | Industry – 10 years Company – 3 years Education: | Quite skeptical of the work that the Manufacturing & Quality Assurance teams have |
| | new business from potential customers. | Community College | been doing. Is quite worried about not earning as much as he should be. |
| External Government Relations Advisor | Ensures manufacturers are complying with rules & regulations, issues compliance orders, ensures medical devices work and meet safety standards. | Industry – 25 years Education: BA | Has worked for the government and/or public sector for entire career. Incentivized by case resolution rate and safety standard adoption rate. |
| Internal Head of Sales and Marketing, Canada | Responsible for all product marketing, sales lead/generation programs, sales team commission plans, and customer retention. | Industry – 25 years Company – 15 years Education: Masters | Recently launched a new incentive program that coincided with the launch of this device. |
| External Clinical Expert Consultant | Works with manufacturers to advise on product development, regulatory updates, training & development. | Industry – 20 years Education: PhD | Very experienced with advising manufacturers about time-to-market, product 'value' propositions, and current regulations. Semi-retired and usually spends winters in the Bahamas. |
| Internal Quality Control and Assurance Expert | Responsible for final product testing, compliance with both internal quality standards & external government regulations, and | Industry – 15 years Company – 5 years Education: Masters | Very experienced with ISO standards and government regulations. Acknowledges the need to not take short cuts, |



| | recommendations for final | | and that more time |
|----------------|-------------------------------|--------------------|--------------------------|
| | product release dates. | | needs to be allocated to |
| | | | the QA process. |
| Internal | Responsible for designing, | Industry – 3 years | Although a recent |
| Communications | writing and planning | Company – 3 years | graduate, finds the job |
| Specialist | information tools, conducting | | quite easy and not very |
| | and/or reviewing research, | Education: BA | challenging. Would |
| | ensuring information is | | prefer a communications |
| | accurate and up-to-date. | | role that was more |
| | | | dynamic and analytics |
| | | | driven. |

Given what you know about the problem, and that the company could very easily be facing a crisis, what should you do?

Option 1 – You have a good idea about what needs to be done, so will share this decision with the team.

Option 2 – You will ask for input from the team before making a decision.

Option 3 – You think the team should identify the issue and come up with a solution.

Option 1 – You have a good idea about what needs to be done, so will share this decision with the team

You start the meeting by describing some of the issues that the company has recently experienced regarding this product and tell the team that you think that sales of the device should be temporarily stopped. Very quickly, an uproar ensues:

Product Technical Expert: Are you kidding? There shouldn't be a problem with this

device—it's a solid product and there's nothing wrong with it. These problems must be due to poor product testing by the Quality Assurance & Control team prior to the launch. Who knows, it could also just be due to

user errors!

External Government Relations Advisor: We must absolutely avoid any negative public

perception of this product. Not only should sales be

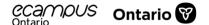
halted, but this product should be recalled!

Head of Sales and Marketing: Wait a second... If we halt sales, or worse, recall the

product, our profits will be significantly impacted. This

issue has only affected a few people; I vote for continuing to sell the product and carrying out an

internal investigation at the same time.



Internal Clinical Expert: I'm not sure what to say, really. All I know, is that the

time taken to get this product to the market happened incredibly quick. It seems to me that we probably need

to investigate this further.

Internal Quality Control and Assurance Expert: I can speak to this and clarify that not only did

we monitor the process of this product's development and testing, but also focused on ensuring that process variation did NOT occur during manufacturing. Failure mode analysis was our top priority, so the issue(s) in my mind must result from how the product was sold to the

consumer.

Communications Specialist: I'm not sure what the issue is. We produced the

communication materials based on the information that

was provided to us.

Team Lead: Okay, given all of this, here's what we are going to do.

Product sales need to be stopped while we figure out what the problem is and how to fix it. I'll ask the COO's office to initiate an independent investigation. Thanks

everyone for all your ideas.

The meeting ends and everyone leaves the room. After the meeting, some of the team members end up discussing the issue and the meeting that they have just had.

[what conversation would you like to hear?]

Choice 1: Conversation in the Cafeteria

Product Technical Expert: What just happened? It's as if we don't have any input here! These

problems must be due to poor product testing prior to the launch. Who knows, it could also just be a result of user errors! Wait, what does our Clinical Expert have to say? You didn't even speak up during the

meeting?

Internal Clinical Expert: It wasn't really a discussion, now, was it? They didn't want to hear from

me, even though I have over 15 years of experience, a Master's degree in Biochemistry, and am very experienced in carrying out clinical

evaluations.

Product Technical Expert: Well, with all that experience, why didn't you say something? You must

have been able to vouch for the design and development testing?



Internal Clinical Expert: Yes, I should have done that. I just felt that there was no incentive to

speak up and that my experience wasn't really valued by the Team

Lead.

Communications Specialist: To be honest, I think that part of the problem might have been due to

how we had to tailor the message in our communications. It was all very

last minute, and we found that we just couldn't use the technical information that was provided. Most people just would not have understood anything about the product if we had described it in the

way that the information was provided to us.

Head of Sales and Marketing: So why am I only hearing about this now? If there was a problem with

the messaging, the sales team should have been notified. Now they are at risk of losing commissions, which will affect their monthly pay, and

create a big headache for me.

Communications Specialist: I kind of felt that I needed to keep my head down. Given how the

meeting seemed to be going, I just didn't think it was in my interest to take on any ownership of the problem. The last thing I want to do is

jeopardize my career here.

Head of Sales and Marketing: I must admit, I am not sure how valued I now feel on this team.

[Having heard this conversation, let's see what was happening in the other conversations that took place]

Choice 2: Conversation in the Office

External Government Relations Advisor: Well, at least a decision has been made.

External Clinical Expert: Yes, but on what basis? The Team Lead didn't ask for any of us to provide an opinion on the matter or try to gauge whether we were aware of this happening elsewhere.

External Government Relations Advisor: So long as my name isn't anywhere near this, I am all right with this decision. Seriously, I'm not about to let this turn into a big problem. If I must, I'll formally recommend that a product recall is required. After all, I'm not going to get blamed for this!

Internal Quality Control and Assurance Expert: Like I keep saying, we did everything that we should have done. There were no issues identified during testing and we complied with both internal and external standards and guidelines. I've been saying for ages that we need to spend more time on the whole QA process, but so far, there hasn't been the budget for it. As far as I'm concerned, I'm not going to try and figure this out. I get paid to do my job and no more.

Option 2: You will ask for input from the team before making a decision



You start the meeting by talking about some of the issues that have been experienced. Given the expertise around the table, you decide that it would be a good idea to hear the team's initial thoughts about why this problem may be happening.

Product Technical Expert: I think that it's probably down to one of two things: issues in the

QA testing process and/or user errors.

Internal Quality Control and Assurance Expert: I'm not sure that I would agree with that. Not only did

we monitor the process throughout, but we also ensured that process variation did NOT occur during manufacturing. Failure mode analysis was a top priority, so I think that we should also be looking at how the product was sold to the consumer.

External Government Relations Advisor: Well, if these issues were a result of errors in the testing and QA

process, I think we would have picked up on this. Given the intended purpose of this device, I think we may want to

consider a recall policy.

Head of Sales and Marketing: Wait a second... If we halt the sales, or worse, recall the

product, our profits will be significantly impacted. This issue only seemed to have affected a few people; I vote for continuing to sell the product and carrying out an internal

investigation at the same time.

Team Lead: Okay, I appreciate that everyone is concerned and worried

about this issue, but let's try to look at this positively and focus on what we can do about it. We have a lot of experience

in this room, and I'd like for us to all share our ideas and

concerns freely.

Internal Clinical Expert: I'm a bit stumped really, but here's what we do know:

You developed a device that clearly solves a problem

- This product was taken to the market very quickly
- Customer feedback, for the most part, has been very positive
- We have a few instances where the device and associated app are not performing adequately, resulting in some

patients developing hypoglycemia

Some of the feedback indicates that our instructions for its
use may have been too technical. This may be of relevance.
For example, there were recent issues with a device that
measures the level of oxygen in your blood. In the end, the
company determined that the instructions were problematic,
and thus the problem resulted in how they were interpreted
and not due to a failure in the device's technology.



Communications Specialist: That's interesting. Although we produced the communication

materials based on the information that was provided by the technical team, we did have to adapt some of the instructions.

Internal Clinical Expert: Why was that?

Communications Specialist: Well, the information that we received was just too technical

for the intended audience. There was just no way that they would have understood all of it. We tried our best to put the instructions into 'plain' language, but we were working quickly

to meet the launch date.

Team Lead: Thank you for that feedback. It seems to me that the

communication materials may be the first place to start. What

are your thoughts on this idea?

Internal Clinical Expert: I would agree. I'd also suggest that we go back to the

preliminary report and see if there is anything else in there that

we may have missed.

Internal Quality Control and Assurance Expert: We really need to review our process documentation. It

wouldn't hurt to double check everything.

Team Lead: Those are all good points. In the meantime, we should also

look at the messaging that our Sales Team has been

disseminating, and whether any of our incentive plans need tweaking. Let's get together again later in the week and discuss where we are with these tasks and provide one another with updates. We can then decide the best course of

action.

The meeting ends and everyone leaves the room. After the meeting, some of the team members end up discussing the issue and the meeting that they have just had.

[what conversation would you like to hear?]

Choice 1: Conversation in the Cafeteria

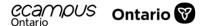
Product Technical Expert: I'm glad that we got somewhere in this meeting. I was worried that I

was going to be blamed! It was great to get people's input, although what happened with our Clinical Expert? You didn't even speak up

during the meeting?

Internal Clinical Expert: I was going to, but there are times that you don't have to say anything.

Our External Clinical Expert Consultant seemed to be taking a good



approach to the issue. Besides, we're all getting together soon to reevaluate. This gives me time to reflect and get my perspective in order.

Product Technical Expert: Well, I'm just glad to hear that it wasn't because you felt that your voice

wouldn't be heard!

Communications Specialist: I was just glad that we were able to have a true discussion. I didn't feel

like there was blame being associated for any particular action. In fact, it just made me realize that there are many different aspects of a product

launch.

Head of Sales and Marketing: Right? I was just glad that the Team Lead seemed to be open to

reviewing the commission or incentives. It's something that we've

needed to review for some time!

Communications Specialist: I love being a part of this team, it's great to feel valued!

[Having heard the conversation, let's hear what was happening in the other conversations that took place]

Choice 2: Conversation in the Office

External Government Relations Advisor: Well, that was a lot to digest, although, I'm not sure that

we actually got anywhere!

External Clinical Expert: Yes, wasn't it? I thought that the Team Lead was open to

hearing about ideas, but in the end, I'm not sure that they

are taking the problem that seriously. If they're not

careful, they could soon have a potentially larger problem

on their hands.

External Government Relations Advisor: Look, at the end of the day, we are all doing what we can

to ensure that product safety is our utmost priority.

External Clinical Expert: I was glad that I was able to demonstrate my knowledge,

but there are several big issues to address, and I can't see how 'tweaking incentive plans' is going to help anything

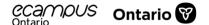
here. What was that all about?

Internal Quality Control and Assurance Expert: If you want my input, as much as I hate to say it, we just

need someone to make some concrete decisions. If there

were issues not detected in the initial quality and compliance reviews, then we must consider a product

recall.



Option 3: You think the team should identify the issue and come up with a solution

Knowing that everyone in your team understands the seriousness of the device not working properly, you start by identifying the overarching concern with the device's functionality. Immediately, a discussion ensues:

Communications Specialist: Based on what I've seen, the information we received was just too

technical for the intended audience.

Head of Sales and Marketing: If I can just jump in here, from what I've observed, the issues were with

how the device was used, in other words, how the users interpreted the

instructions.

Communications Specialist: I agree. Having worked on the communications for the device, I agree

that it could be difficult to know exactly how the device should be

operated.

Head of Sales and Marketing: I think that's a fair assumption, which makes me wonder how we can

test it? In other words, were the instructions too technical and why?

External Government Relations Advisor: That's definitely an avenue worth exploring. Getting to the

bottom of any potential safety issues is clearly a priority!

Team Lead: All right, so based on what I'm hearing, I'd like the team to get together

to determine the best way forward. Once you have done so, I would like for one of you to arrange a meeting to present your recommendations.

Internal Clinical Expert: I'm not sure what to say, really. All I know, is that the time taken to get

this product to the market happened incredibly quick. It seems to me

that we probably need to investigate this further.

Internal Quality Control and Assurance Expert: I can speak to this and clarify that not only did we

monitor the process of this product's development and testing, but also

focused on ensuring that process variation did NOT occur during manufacturing. Failure mode analysis was our top priority, so the issue(s) in my mind must result from how the product was sold to the

consumer.

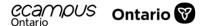
The meeting ends and everyone leaves the room. After the meeting, some of the team members end up discussing the issue and the meeting that they have just had.

[what conversation would you like to hear?]

Choice 1: Conversation in the Cafeteria

Head of Sales and Marketing: So, what does everyone think? I was a bit worried that my

sales team was going to be blamed for 'over promising'



what the device could do, but there wasn't any indication of that at all.

Internal Clinical Expert Consultant: Oh, I wasn't worried. We have enough experience between

us to identify the problem and come up with a solution. In fact, I was going to chime in during the meeting, but decided not to as it was clear that our knowledge and

decision-making skills were a given.

External Government Relations Advisor: I wondered why you were so quiet in the meeting, but I'm

glad to hear that it wasn't because you felt that your voice

wouldn't be heard.

Communications Specialist: I think that this is a great opportunity for us. It will give us a

chance to really show management what we can do as a

team.

Head of Sales and Marketing: Because we've been tasked with determining the best way

forward, let's try to identify the root cause of the issue. We

could start with a brainstorming session to better

understand what we all know and think about the device

issues.

Internal Clinical Expert: Yes! And once we've identified the issue, or issues, we can

start to think about what the right solutions might be.

[Having heard the conversation, let's hear what was happening in the other conversations that took place]

Choice 2: Conversation in the Office

External Clinical Expert: So how did you think the meeting went?

Product Technical Expert: Well, for starters, the fact that nothing was specifically said

about product safety issues has me worried. What are we

supposed to be looking for?

Internal Quality Control & Assurance Expert: I agree, I'm not sure what to think. To be honest, this is

a high-risk situation. Management should be telling us what the

company wants to do.

External Clinical Expert: This all just makes me very uncomfortable. What if we get this

decision wrong? I don't think that it should be up to us to decide what to do, it's as if we're having to do their job for

them!



| Product Technical Expert: | | t Technical Expert: | I completely agree, isn't this what the Team Lead is getting paid to do? I'm all for providing us with autonomy, but not when it's for situations that are beyond my pay grade! | | |
|---------------------------|------|--|---|--|--|
| Inte | erna | l Quality Control and Assurand | framework. Also, just because I like working on my own doesn't mean that I want to make decisions of this magnitude. I think that in this situation management needs to step up and take responsibility for any ultimate decisions. | | |
| Sce | | io Reflection Questions: Can you map the three respo | onse options by the Team Lead to particular leadership styles? | | |
| | | Would you say that one resp | onse option was more effective than the others? Why/Why not? | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | 2. | | nt individuals tended to prefer different leadership styles? How ns from the module regarding leadership styles and their | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | 3. | Were there some unintended Team Lead that you thought | d or unexpected implications to the decisions that 'you' made as were notable? | | |
| | | | | | |
| | | | | | |
| | | | | | |



| 4. | How will some of the key takeaways or observations from this scenario (on leadership styles and their implications for high-performance team effectiveness) inform your leadership style going forward? |
|----|---|
| | |
| | |

