

DEALING WITH DEANS

*as well as hospital CEO's, surgeons,
nurses, and just about everyone else*

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Starting Point of Negotiation:

What do you each want?

- What do you want from the dean?
 - Money \$\$\$.
 - Space.
 - People.
 - *Help with external relationships (e.g., hospital).*
- What does the dean want from you?
 - The OR's must run on time.
 - The OR's must run on time.
 - The OR's must run on time.

COMMUNICATE!

- What is your dean's style of communication.
 - Frontal assault – direct approach.
 - Indirect – “nuanced” approach.
 - PowerPoint personality?
 - One-on-one, small groups, large groups?
- How does your style interact with his/hers?

- If the dean is “nuanced” and you are frontal, it might not work. *Adapt your style.*

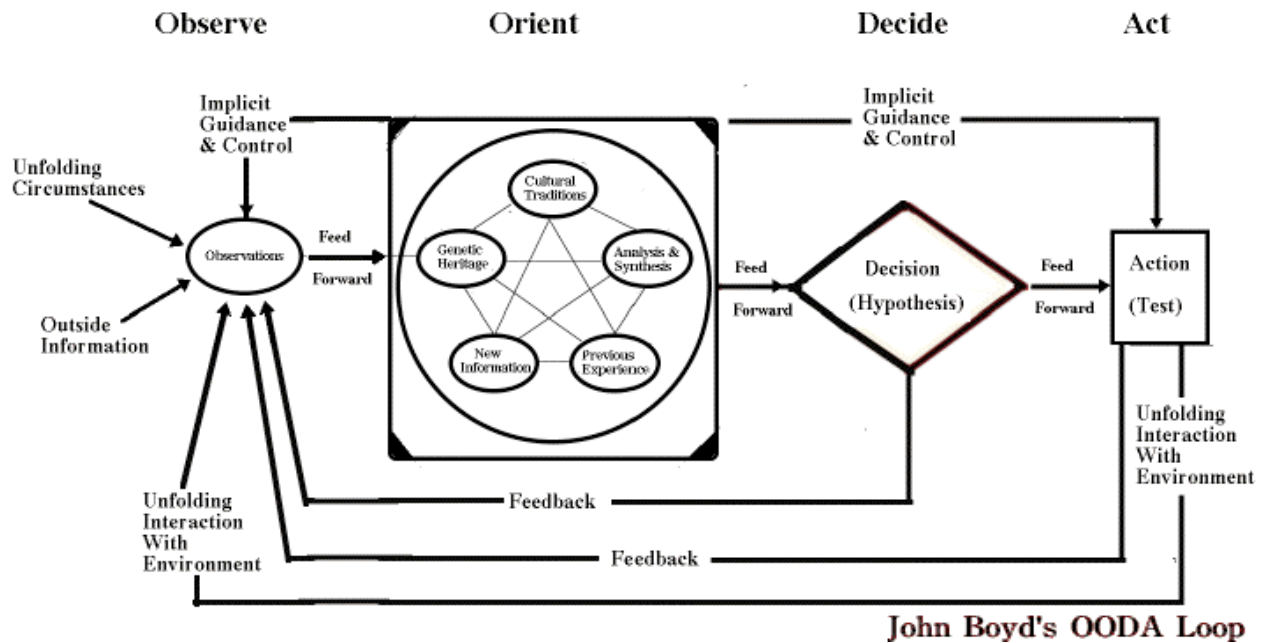
Basic Rules:

- 1: “When you have seen one, you have seen one.” *Every relationship is unique!*
- 2: Therefore: listen, adapt, evolve. Be creative, but SAFE. *The dean can fire you!*
- *And that leads us to... ..*

The “OODA Loop” REFERENCES

1. Coram, Robert: “Boyd, the fighter pilot who changed the art of war.” Little-Brown, New York, 2002. (*Paperback, Amazon.com*)
2. Hammond, Grant T: “The mind of war – John Boyd and American security.” Smithsonian Inst. Press, Wash DC, 2001.
3. Richards, Chester W: “Certain to win: the strategy of John Boyd applied to business.” Random House, New York, 2005.

Boyd’s “OODA Loop”



How does OODA work with deans?

- **OBSERVE:** Listen carefully, watch body language, get other data when possible.
 - In other words: *do your homework!*
 - What is your objective? What is the dean's objective?
- **ORIENT:**
 - *In air combat: "what is my enemy thinking, what will he do next?"*
 - What motivates the dean? Why?
 - Are there cultural factors? *What is his/her background?*
 - What will he/she do next? Possible alternatives?
 - *LBNL:* Compare your "BATNA" with his/hers.

"BATNA"

Best Alternative to Negotiated Agreement

- If negotiations fail:
 - What are your best alternatives?
 - What are the dean's?
- Which party has the Better BATNA?

- This will determine your stance in negotiations.
- Do both parties understand the BATNA's?
 - If the dean's is better than yours, does he/she know it? *If not, keep your mouth shut!*
 - If your BATNA is better, make sure the dean knows.

OODA and You (cont'd)

- **DECIDE**: Based on "OO", choose best course of action (hypothesis) after considering all alternatives.
- **ACT**:
 - Consider possible consequences of action.
 - Some actions could make things worse.
 - Useful actions (Boyd also called them 'tests') get you more information as well as help solve problem.
 - Do it! *But even while doing it, you must.....*
- **OBSERVE**: *the dean's reactions to your action, and start the loop again.*

Example: OODA/BATNA with dean, hospital, and consultant

Define Your Objective:

- In Boyd's OODA, objective is always the same: *shoot down your enemy*. We must be more specific.
- **OBJECTIVE**: I (hypothetical chair) needed dean to pressure the hospital, so that they would negotiate a service contract with anesthesiology.

OBSERVE

- Dean generally feels that the hospital can do no wrong.
- Hospital self-image: Community hospital, no real connection or obligation to COM.
- Hospital CEO does not report to dean.
- No service contract (ever) between hospital and dept, little support.

ORIENT

- Dean's objectives of this interaction:
 - The OR's should run on time.
 - Please go away and don't bother me – especially don't ask me for money.
- Dean's perceptions.
 - The hospital is *almost* always right.
 - “I don't like people saying: ‘you have my money.’”
 - The hospital CEO doesn't report to me anyway.
- My BATNA:
 - Give it up; continue to pay faculty salaries well below the 50th percentile. Good luck recruiting.
 - Find other sources of income?????
- Dean's BATNA:
 - I go away and quit griping about hospital.
 - Anesthesiology ends up short-staffed, and then....
 - ***THE OR's DON'T RUN ON TIME!!!!***
- Does the dean understand both BATNA's?
 - In this case, I want to be sure he does.

DECIDE

- Alternatives: Considering my own BATNA's (which suck) I must act aggressively.

- My BATNA's are weak, but the dean's are even weaker if I can convince him of the last point.
- Hypothesis for Action:
 - Convince dean of reality of BATNA.
 - Convince hospital directly (& through dean) that they will make money on anesthesiology service contract.
 - Make both arguments *positive* rather than as threats.

ACT

- Dean & hospital CEO unlikely to take my word on the argument that service contract will make money for them.
- So, when you want someone who takes your watch and tells you what time it is, you.....
- HIRE A CONSULTANT!
 - It's a gamble – they might give back the wrong answer.
(That's another lecture.)
 - Therefore, I start to OBSERVE the consultant's behavior, history, experience, and then I

OUTCOME

purely hypothetical, of course

- Consultant reviewed department, compared with national benchmark data (UHC, SAAC, MGMA).
- Consultant recommended anesthesia service contract in the amount of \$4.2 million/yr.
- Hospital “objected” strongly.
- Contract signed after 9 months further painful negotiations -- \$2 million. *Not \$4 M, but good start!*

Remember it – Use it!

CONCLUSION:

Do the OODA-BATNA shuffle!

- The combination of these tools will serve you well in *any* negotiations – not just with deans.
- Remember the key to the OODA Loop is constant *feedback* and *adaptability*. Don't just “stick to your guns” when the situation changes.

THE END