Show Notes: COMSEP Conversations about Leadership

Date: 3/10/25

Background and article:

Our March session focused on the traits of inclusive leadership and how that fosters a community of belonging. We all want to be the most effective leaders possible and sometimes it is hard to “see” beyond what we usually do or the people around us are doing.

This session explored actionable steps of inclusive leadership. Attention to inclusive leadership can make us more capable of bringing out talent from our diverse team members and making your professional career more rewarding. Inclusive leadership also has the potential to create a better environment to produce quality care and education.

We learned from important aspects of inclusive leadership from the business world about how to create a culture of belonging through empathy and humility. We also learned a great deal from each other!

Article reviewed:

The Key to Inclusive Leadership. by Juliet Bourke and Andrea Titus. <https://hbr.org/2020/03/>[the-key-to-inclusive-leadership](https://hbr.org/2020/03/the-key-to-inclusive-leadership)

Small group discussion questions:

1. What concepts from the pre-read article resonates with you, why?
2. Think of a leader you admire. What inclusive leadership qualities do they possess and how do these qualities apply to healthcare leadership?
3. What aspects of inclusive leadership do you find the most challenging to begin or continue as healthcare leaders?

Themes from Small group report out:

Effective collaboration is key and a focus for a lot of the work of inclusivity. There is a balance between inclusivity and getting things done and a need to set boundaries. A possible way forward is to continuously align with the larger mission or commonality of the group. The modality of the collaboration will also affect its inclusivity and effectiveness. Not all elements are w/in the leader’s control including individual motivation.

The concepts of inclusive leadership is intuitive, and it is hard to be deliberate or intentional. An approach is to make some part of this your “default” approach, start small and then translate to other settings. It becomes “just what you do”. For example...stop and consider...who hasn’t spoken? What different perspectives are important to consider?

Creating a safe environment by introducing humility and being able to hold differences of opinions with respect. Value the different viewpoints as a driver for innovation and if you are not hearing the differences, that is important (get curious about what might be going on? Safe space? What has happened in the past when differences are voiced? How explicit is it that the differences are valued and acted upon?)

Humility and curiosity should be “real” or authentic or the inclusive leadership approach can seem proforma. Slowing down and asking questions, seeking to find and understand what is important before moving in and acting are some approaches for this. An important nuance for pediatric educational leaders is that you may not get to “choose” your team. Working w/in the system, collaborating and truly listening and aligning with the higher purpose (what is best for the patient? What is best for the learner?) to figure out additional methods to achieve the goal are ways to continue to be inclusive if your agency to effect change in the larger system is limited. Also don’t be hesitant to figure out who else could be on the “team”...include others not in the room!