



HUMAN SCAFFOLD

Building human connections for exceptional results

DARE to be BOLD: *possibility circle*
Patient Experience Team Synergy Retreat

April 8, 2026

Hotel X - Toronto

Key Objectives

- 1. Ownership:** Strengthen the mindset of treating each program as your business to lead and improve.
- 2. Initiative:** Encourage proactive leadership by identifying problems early and driving solutions independently.
- 3. Bold Decision-Making:** Build confidence to make decisions, take calculated risks, and act without waiting for permission.
- 4. Resilience:** Equip the team to manage pressure, adapt to challenges, and continue moving initiatives forward.

Why This Matters Now...

We are in a transition (Bayshore → Sentrex)

KPIs are under pressure

Expectations are NOT decreasing

How we operate today will not be enough



HUMAN SCAFFOLD

CRITICAL FRIEND



What is a **CRITICAL FRIEND**?

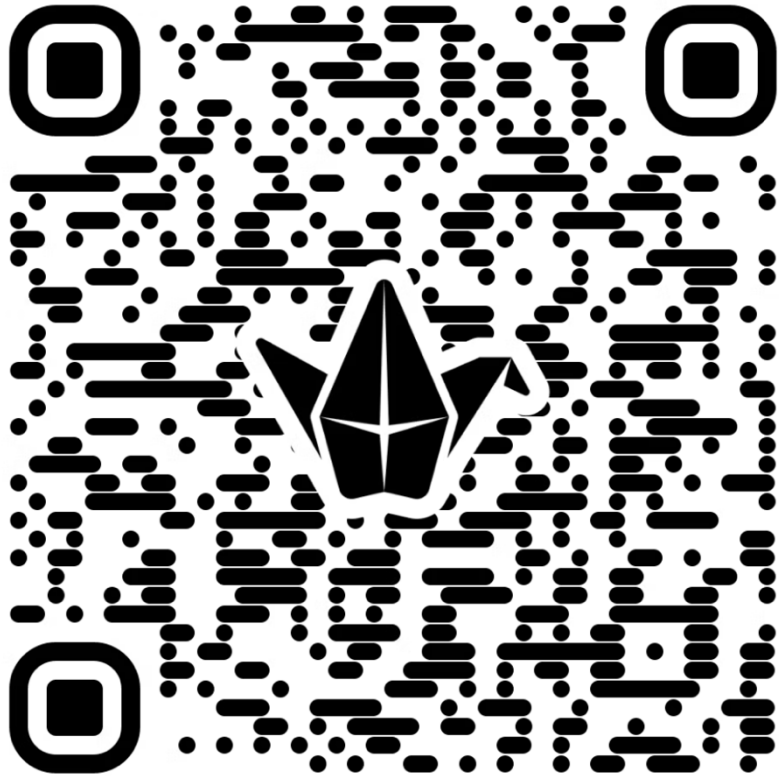
"Critical friends" are trusted individuals who provide constructive feedback in a supportive, honest way.

Be honest, not polite

Be specific, not general

Speak to help, not to judge

Today, we are allowed to say things we might normally avoid... because that's how we improve.



Link to Padlet:

<https://padlet.com/humanscaffold/ucb-patient-experience-team-q1wiyy04se07ur0w>

ACTIVITY

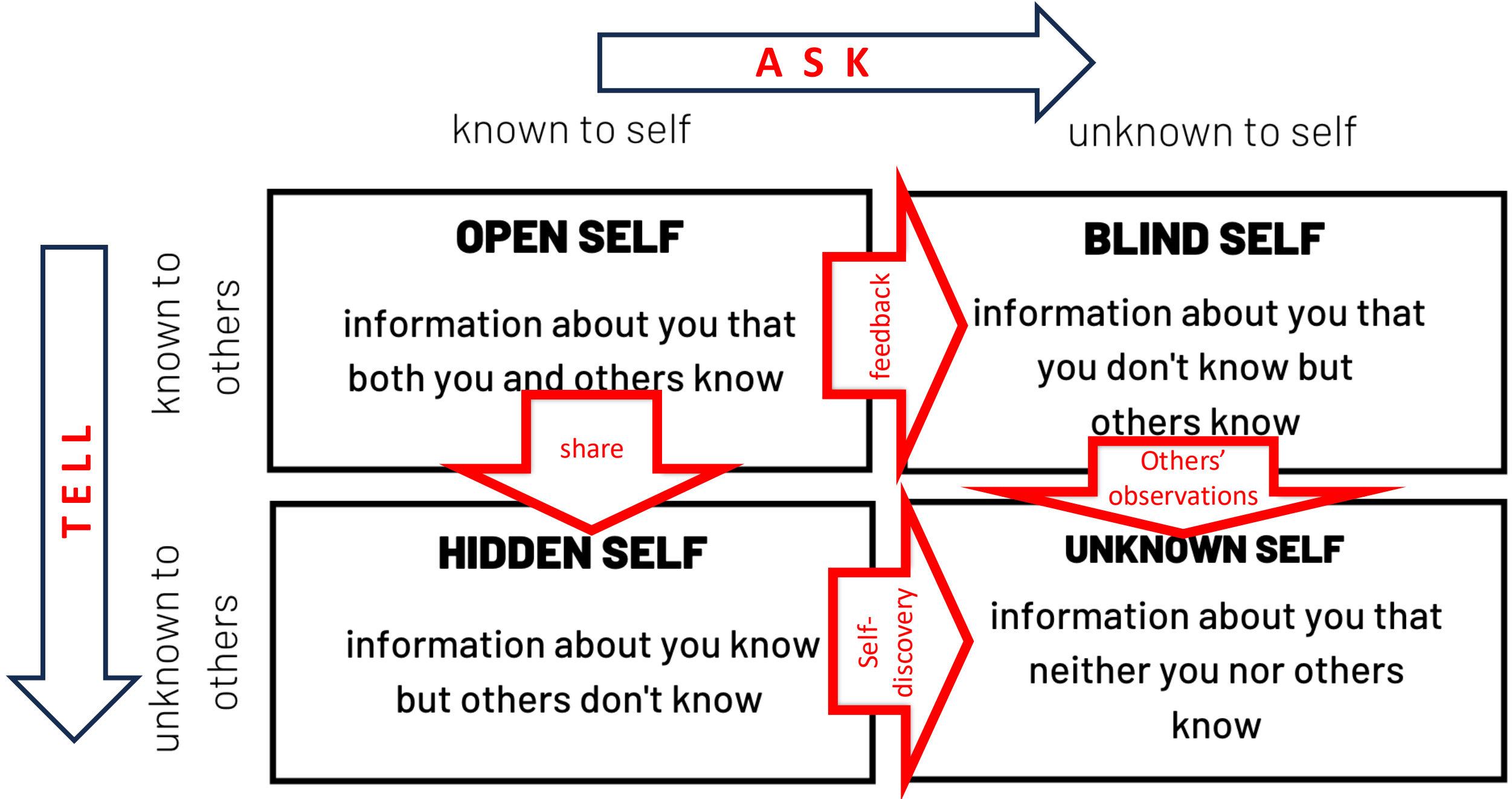
What's one thing about how this team operates that you want to change, and you're willing to take responsibility for?



HUMAN SCAFFOLD

Johari Window





OPEN SELF

Information about you that both you and others know.

BLIND SELF

Information about you that others know, but you do not know.

HIDDEN SELF

Information about you that you know but others do not know.

UNKNOWN SELF

Information about you that you nor others know.

Johari Window: *Strengths*

- 1. Takes Ownership** – Acts without waiting for direction; treats outcomes as their responsibility
- 2. Proactive** – Anticipates issues and addresses them early
- 3. Decisive** – Makes timely decisions with available information
- 4. Accountable** – Owns results, including mistakes
- 5. Resourceful** – Finds solutions independently before escalating
- 6. Collaborative Problem-Solver** – Engages others to solve challenges, not just share updates
- 7. Strong Communicator** – Communicates clearly, directly, and effectively

- 8. Assertive** – Speaks up and expresses ideas confidently and respectfully
- 9. Empathetic** – Considers others' perspectives, especially under pressure
- 10. Calm Under Pressure** – Maintains composure in high-stress situations
- 11. Adaptable** – Adjusts quickly to change and shifting priorities
- 12. Analytical** – Uses logic and data to inform decisions
- 13. Efficient & Prioritized** – Focuses on high-impact work and avoids unnecessary complexity
- 14. Reliable** – Consistently follows through on commitments
- 15. Business-Minded** – Thinks beyond tasks to overall program impact

Johari Window: *Growth Edges*

16. Over-Reliant on Direction – Seeks approval instead of making decisions

17. Escalates Too Quickly – Brings problems upward without attempting solutions

18. Risk-Averse – Avoids decisions due to fear of being wrong

19. Avoids Ownership – Defers responsibility or waits for others to lead

20. Passive – Hesitates to speak up or take initiative

21. Defensive – Struggles to receive feedback openly

22. Conflict-Averse – Avoids necessary conversations

23. Poor Listener – Misses input or fails to fully understand others

24. Emotionally Reactive – Struggles to manage emotions under pressure

25. Rigid – Resistant to change or new approaches

26. Overly Critical – Focuses on flaws in ways that limit collaboration

27. Unapproachable – Creates barriers that discourage open communication

28. Procrastinates – Delays action, creating downstream pressure

29. Poor Prioritization – Focuses on low-impact work over high-impact actions

30. Overconfident – Overestimates capability or overlooks risks



HUMAN SCAFFOLD

BREAK





HUMAN SCAFFOLD

CBCF FRAMEWORK

COLLABORATION

How would you describe your ideal collaboration with colleagues?

BOUNDARIES

What do healthy workplace boundaries look like to you?

COMMUNICATION

What does open communication look like to you?

FEEDBACK

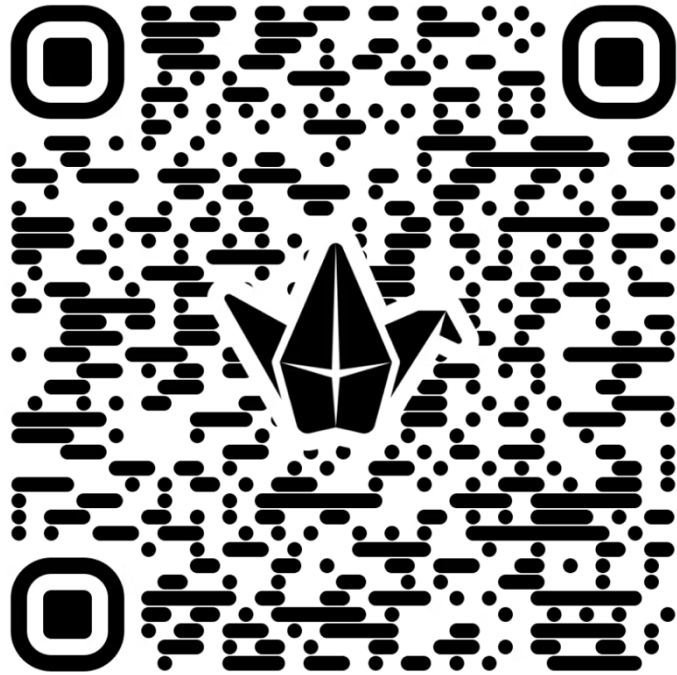
How do you feel about giving and receiving colleague feedback?

CBCF FRAMEWORK

This is not about ideal behaviour.

*This is about how we actually
want to operate under pressure.*

CBCF: *top 3 priorities per quadrant*



Link to Padlet:

<https://padlet.com/humanscaffold/ucb-pt-exp-cbcf-framework-16w843ke8os0237k>

Collaboration

- *When work gets busy or stressful, what does GOOD collaboration actually look like on this team? (Be specific... what do people do or not do?)*

Boundaries

- *Where do we need clearer boundaries to work effectively... especially under pressure? (What should we stop doing?)*

Communication

- *When things are unclear or going wrong, what does GOOD communication look like? (What should happen more consistently?)*

Feedback

- *What does useful, honest feedback actually sound like on this team? (What are we currently avoiding?)*

Patient Experience Team CBCF Charter

Collaboration

1. Ruthless prioritization with clear ownership, timelines
2. Proactive communication on priorities and impacts
3. Clear roles with empathy under pressure
4. Offer support and actionable, productive input
5. Maintain energy, positivity, motivation during stress

Boundaries

1. Limit last-minute requests; define urgency clearly
2. Align work to priorities before accepting new tasks
3. Avoid silos; collaborate across functions consistently
4. Clarify scope and cross-functional responsibilities
5. Focus nationally; avoid getting lost in details

Communication

1. Share context: why, impact, not just issues
2. Communicate early, clearly, and consistently
3. Ask for support when needed, explicitly
4. Tailor escalation based on urgency and readiness

Feedback

1. Give feedback in the moment, not delayed
2. Normalize peer-to-peer constructive feedback
3. Keep feedback actionable, not personal
4. Stay open and receptive when receiving feedback
5. Create a safe space for honest dialogue



HUMAN SCAFFOLD

LUNCH



Perception vs Perspective

PERCEPTION: your interpretation of the world around me

- Unique only to the individual
- No real advantage since it's only focussed on your beliefs (and the root of most arguments)

PERSPECTIVE: Observing the world from outside of yourself

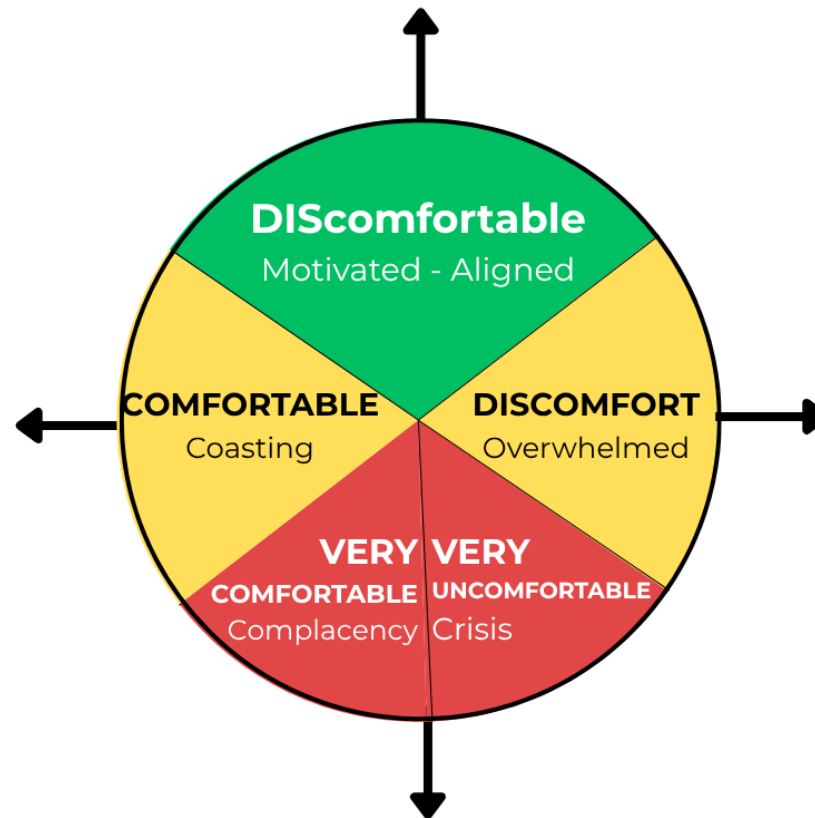
- Shift into someone else's perspective to think like them, to give you an informational advantage



HUMAN SCAFFOLD

Micro Bravery Challenge

<u>DECIDE</u>	<u>ASSESS</u>	<u>RESOLVE</u>	<u>EXECUTE</u>
What do you want to change, improve, or explore?	What's your current reality? What's helping or hindering you?	Make a conscious decision to commit. What mindset or approach will you take?	Take action. Start the smallest meaningful step forward.



Micro Bravery Challenge: *Physician complaint*

The Situation

A physician reaches out to an HCP-P, frustrated. A patient has been waiting 3+ weeks to start therapy. They blame the PSP for delays and poor communication. The rep escalates this to your team with urgency.

Current Reality

The team feels pressure and reacts quickly. Multiple people get looped in. Focus becomes explaining vs solving. The issue gets escalated upward quickly.

Your Situation

- You received this complaint. The physician is frustrated, the rep is pushing for answers, and timelines are unclear. What do you do *first*?

Discussion

- Would you... Escalate immediately? Or take ownership and define next steps?
- What would an *owner* do differently from an *executor* in this situation?

Micro Bravery Challenge: *Internal Pressure*

The Situation

You're in a launch phase (HS indication). The marketing lead is asking: "Why aren't we seeing more patients on drug?", "What's the action plan?" The tone is demanding. You and the team feel blamed for the performance gaps.

Current Reality

The PSP Team becomes reactive, focusing on defending, explaining constraints and having less focus on proactive solutions.

Your Situation

- You're being challenged by a marketing lead about performance. The expectation is high, and the tone feels demanding. How do you respond?"

Discussion

- Would you... Get defensive? Over-explain? Or shift into ownership?
- What would it sound like to respond as a *partner* instead of a *service provider*?

Micro Bravery Challenge: *KPI gaps*

Context

KPIs are slipping (enrollment, time to therapy). Leadership is aware but still expects performance. Reasons include staffing turnover (Bayshore) and/or transition challenges (to Sentrex). But the team still feels pressure from all sides.

Current Reality

Team feels stuck between: “This isn’t fully in our control” and “But we’re still accountable”.

Your Situation

- “Your KPIs are trending below target. There are real external challenges... but expectations haven’t changed. What do you do?”

Discussion

- Would you... Explain the issue? Wait for direction? Or take ownership anyway?
- Where could you take ownership, even if you don’t control everything?



HUMAN SCAFFOLD

DARE DEVELOPMENT PLANNING

DARE DEVELOPMENT PLANNING:

pre-read questions

1. Where in my role, where am I choosing comfort over possibility?
2. What bold move have I been postponing?
3. If I truly DARED to be BOLD this year, what would I do differently?

DARE DEVELOPMENT PLANNING

Your Task: Define one bold commitment that will change how you operate.

Use DARE

- **Decide:** What is one bold action you will commit to?
- **Assess:** What's been holding you back? e.g. comforts, habits, assumptions, etc.
- **Resolve:** What will you do differently moving forward?
- **Execute:** What specific actions will you take... and by when?

Your Commitment Must Include

- 1 independent action (within 30 days).
- 1 patient experience improvement (within 45 days).
- Clear action plan & timeline.

Make It Real Using Your

- Johari & CBCF insights.

Push Yourself

- If it feels comfortable... it's not bold enough.





HUMAN SCAFFOLD

THE BOLD COMMITMENT

YOUR BOLD COMMITMENT: *action items*

1. Initiate at least one independent action within 30 days post-workshop (tracked by each participant).
2. One implemented patient experience improvement per participant within 45 days post-workshop.
3. Documented “Bold Commitment” actions within 60 days post-workshop.



HUMAN SCAFFOLD

Building human connections for exceptional results