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Building human connections for exceptional results

DARE TO LEAD - SYNERGY SERIES:

Medical Group Management Association of Canada National Conference

July 13-15, 2026

Manitoba Club

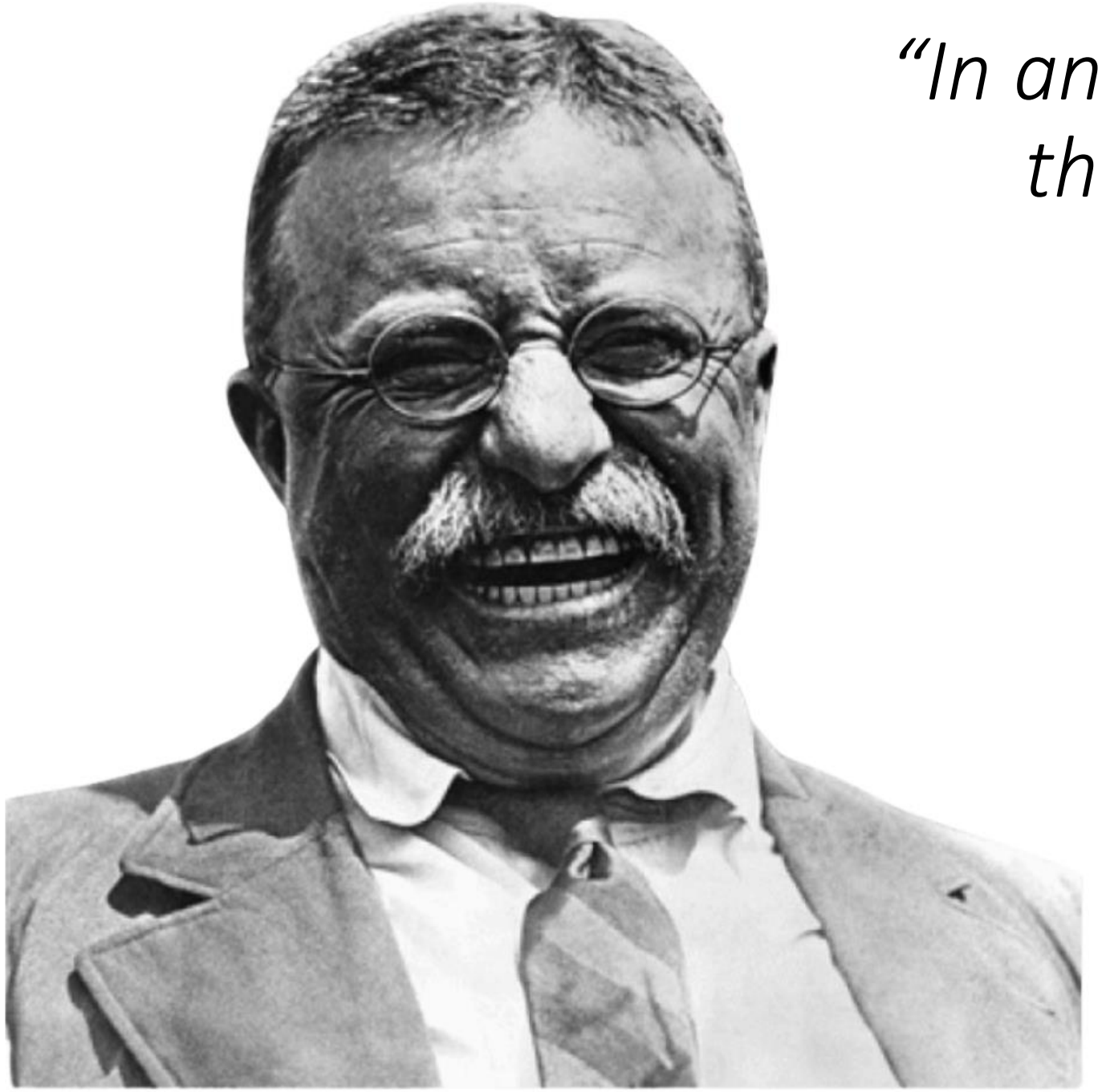
Winnipeg, MB

Areas of Focus

1. Define Your Leadership Approach
2. Assess Your Leadership Blind Spots
3. Identify Your Highest-Impact Leadership Shift
4. Expand Your Capacity for Productive Discomfort
5. Commit to Bold Action

AGENDA

TIMEFRAME	DESCRIPTION
100-230pm	**I DARE YOU…** **DEFINING YOUR LEADERSHIP APPROACH** **NICE vs. GOOD** **THE CONFLICT COMPANION** o Find Your People o Cross-Pollination o Make it Personal **CLOSE SESSION 1**
230-300pm	**BREAK**
3-400pm	**WHAT DOES IT FEEL LIKE TO GROW?** **DIScomfortable COMPASS** o Do, Should **LOOKING AHEAD TO WEDNESDAY**



“In any moment of decision…
the best thing you can do
is the right thing,
the next best thing
is the
wrong thing,
and the worst thing
you can do
is nothing."

Theodore Roosevelt



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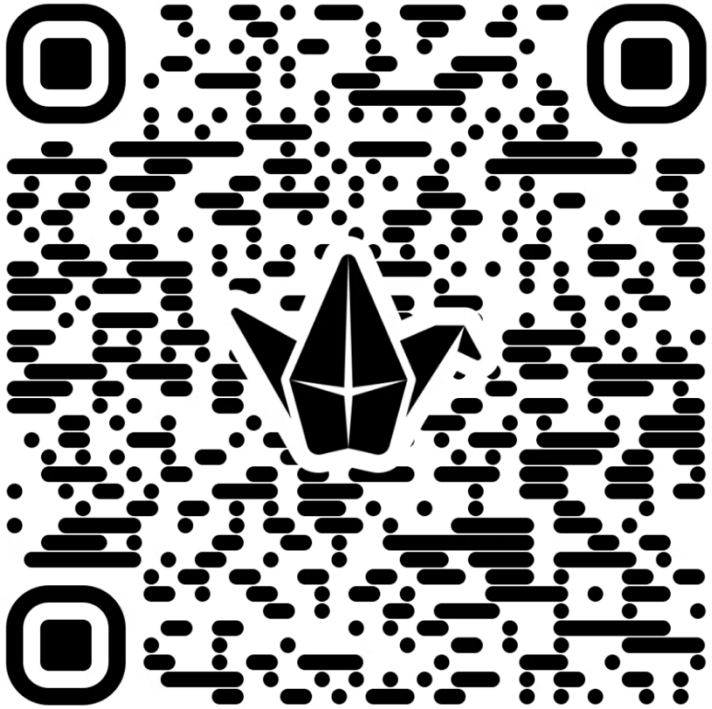
I DARE YOU…

By 11:30am on Wednesday, you will commit to ONE action, behaviour change & direct conversation you can work on immediately.

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DEFINING MY LEADERSHIP APPROACH

ACTIVITY: Padlet



What is one area of your leadership that you would like to improve/build upon?

LINK TO PADLET e.g. to access on your computer/laptop

https://padlet.com/humanscaffold/mgmac-what-is-one-area-of-your-leadership-that-you-would-lik-s8jx5v1hxbctckhe

GROUP DISCUSSION

WHITE BOARD REFLECTION

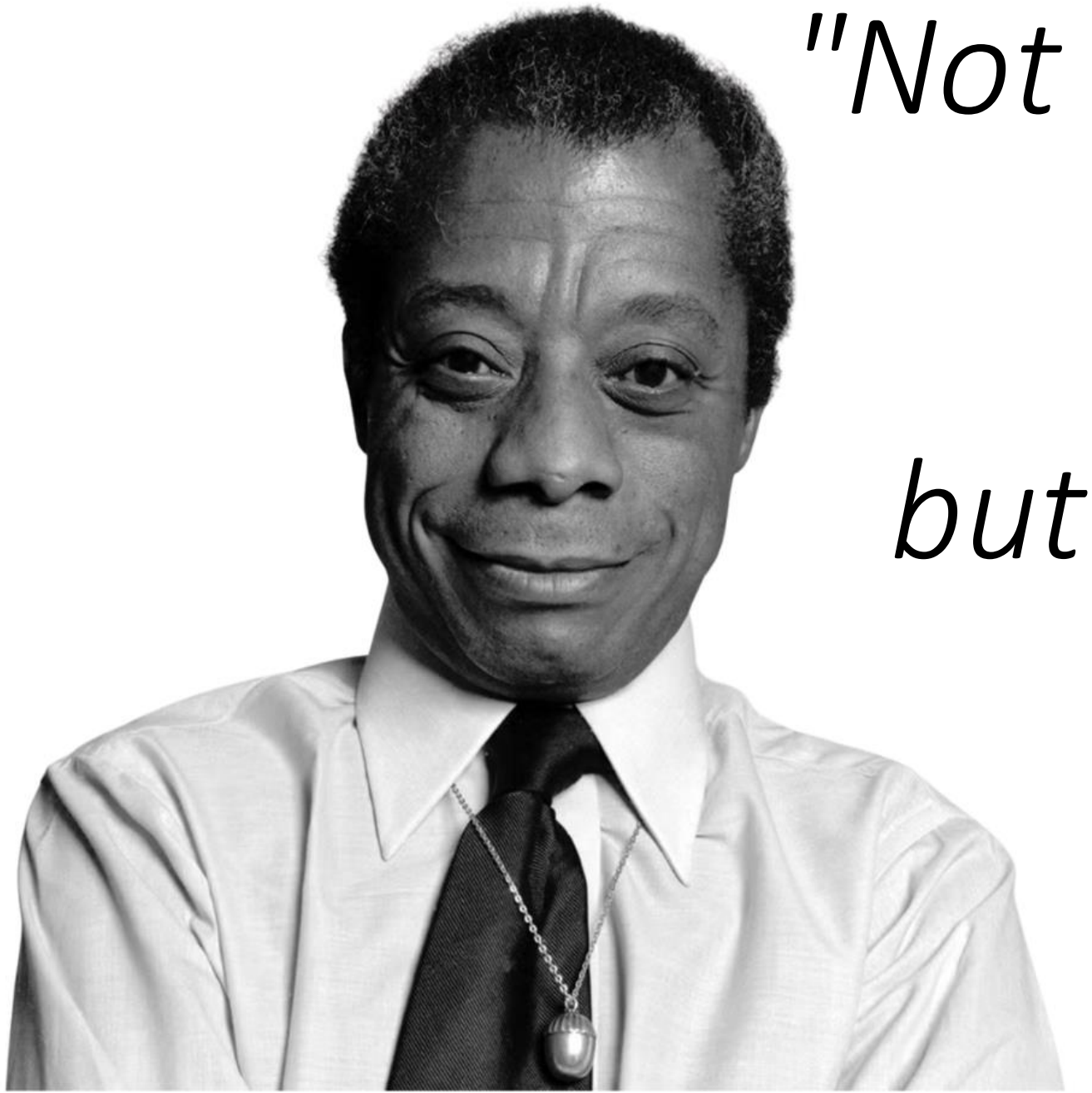
Where might I be hesitating to challenge…

staff?

leadership team?

providers/physicians?

myself?



"Not everything that is faced can be changed, but nothing can be changed until it is faced."

James Baldwin

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‘NICE’
vs
‘GOOD’

WHITE BOARD REFLECTION

How would you describe the difference between being 'nice' and being 'good'?

NICE

→ Surface-level pleasantries

→ Agreeableness

→ Avoiding conflict

→ Maintain short-term harmony

GOOD

→ Intrinsic moral character

→ Integrity

→ Values

→ Doing the right thing, even if it creates discomfort

IN SUMMARY

nice *is about appearing agreeable, while* ***good*** *is about doing what is necessary…*

even if it doesn't make you look "nice" in the moment



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The Conflict Companion



“We don't see the world as it is, we see it as we are”

Anaïs Nin

RISK

High Risk Descriptors

- **Approach…** Direct, assertive, competitive, decisive.
- **Motivated by…** Situations that involve challenges with a desire to achieve results.
- **Tendency toward…** Bulldozing and being confrontational to reach their goal.

Low Risk Descriptors

- **Approach…** Careful, modest, mild-mannered, approachable.
- **Motivated by…** Clear and specific directives.
- **Tendency toward…** Seeking harmonious situations that are free from pressure and confrontations.

WHICH RISK STYLE DO YOU BEST IDENTIFY WITH?

DISCUSS WITH SOMEONE WITH THE SAME RISK TENDENCY

Where does your risk tendency show up in how you lead?
What are the benefits & challenges of this tendency?

OUTLOOK

Optimist Descriptors

- **Approach…** Sanguine, hopeful and embraces change.
- **Resilience…** Seeing setbacks as temporary and not letting it seep into other areas of their life example.
- **Strengths…** Dealing with & overcoming setbacks – but may overlook risks.

Realist Descriptors

- **Approach…** Cautious, realistic, and skeptical.
- **Resilience…** seeing setbacks as permanent, and pervasive (letting it seep into other areas of their lives).
- **Strengths…** The ability to foresee issues and what could go wrong (“inversion thinking”) – but may limit progress.

WHICH OUTLOOK STYLE DO YOU BEST IDENTIFY WITH?

DISCUSS WITH SOMEONE WITH THE SAME OUTLOOK TENDENCY

What frustrates you about people with a different outlook tendency?

What do they misunderstand about you?

STANDARDS

High Standards Descriptors

- **Requires…** structure & standards in decision-making.
- **Motivated by…** wanting things done "right." Their first thought when others fall short: "Why would they do it that way?"
- **Strengths…** inspiring growth through structure & quality.

Flexible Standards Descriptors

- **Requires…** options and the potential to consider new ways of doing things.
- **Motivated by…** being more hands-off, focusing on results over process: "As long as it gets done, who cares how?"
- **Strengths…** adaptability & navigating ambiguity.

WHICH STANDARD TENDENCY DO YOU BEST IDENTIFY WITH?

DISCUSS WITH SOMEONE WITH THE SAME STANDARDS TENDENCY

How does a mix of standards tendencies pose a challenge for leadership in your medical clinic?

WHAT IS YOUR CONFLICT COMPANION PERSONA?



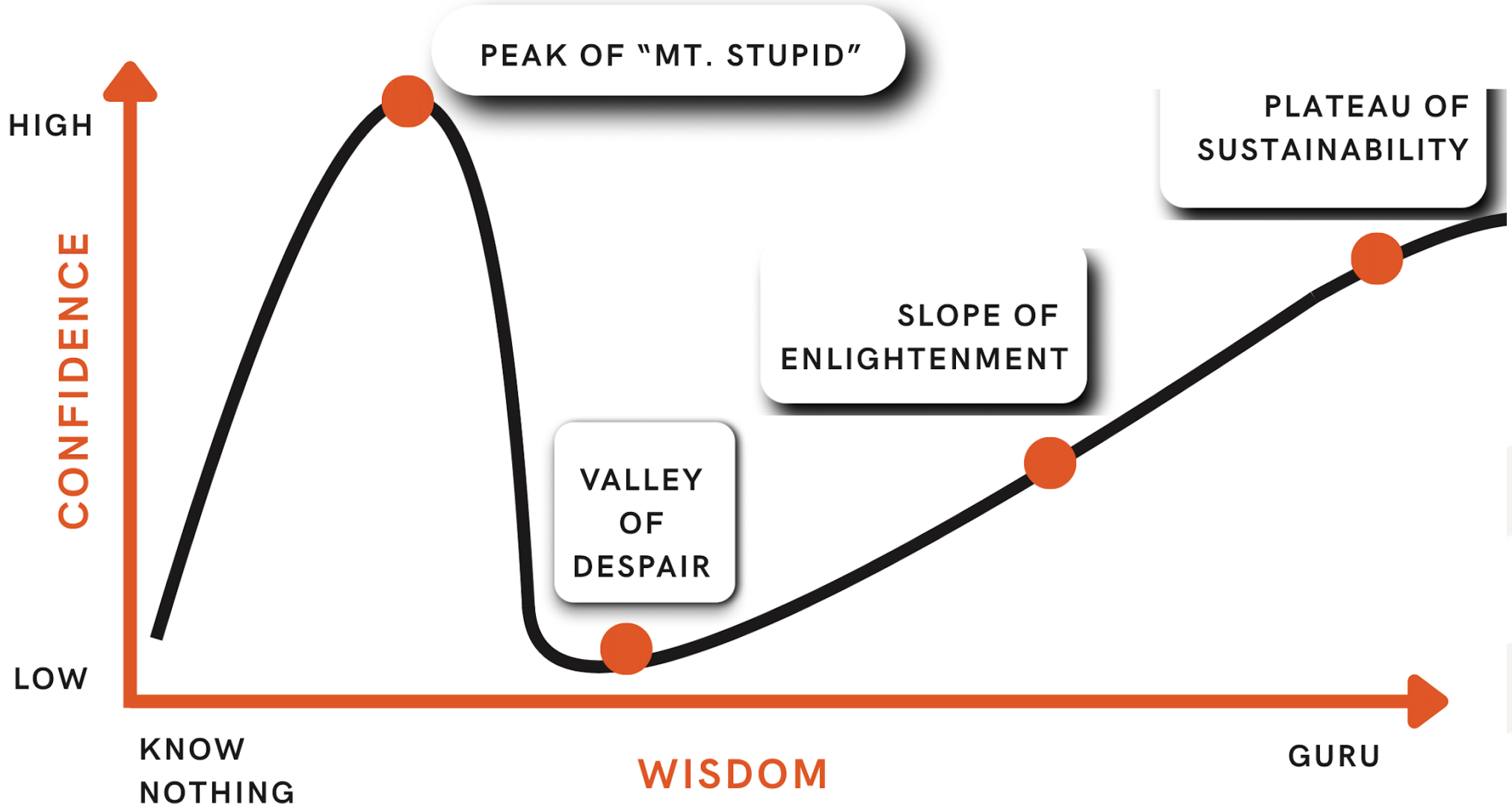
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BREAK

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WHAT DOES IT FEEL LIKE TO GROW?

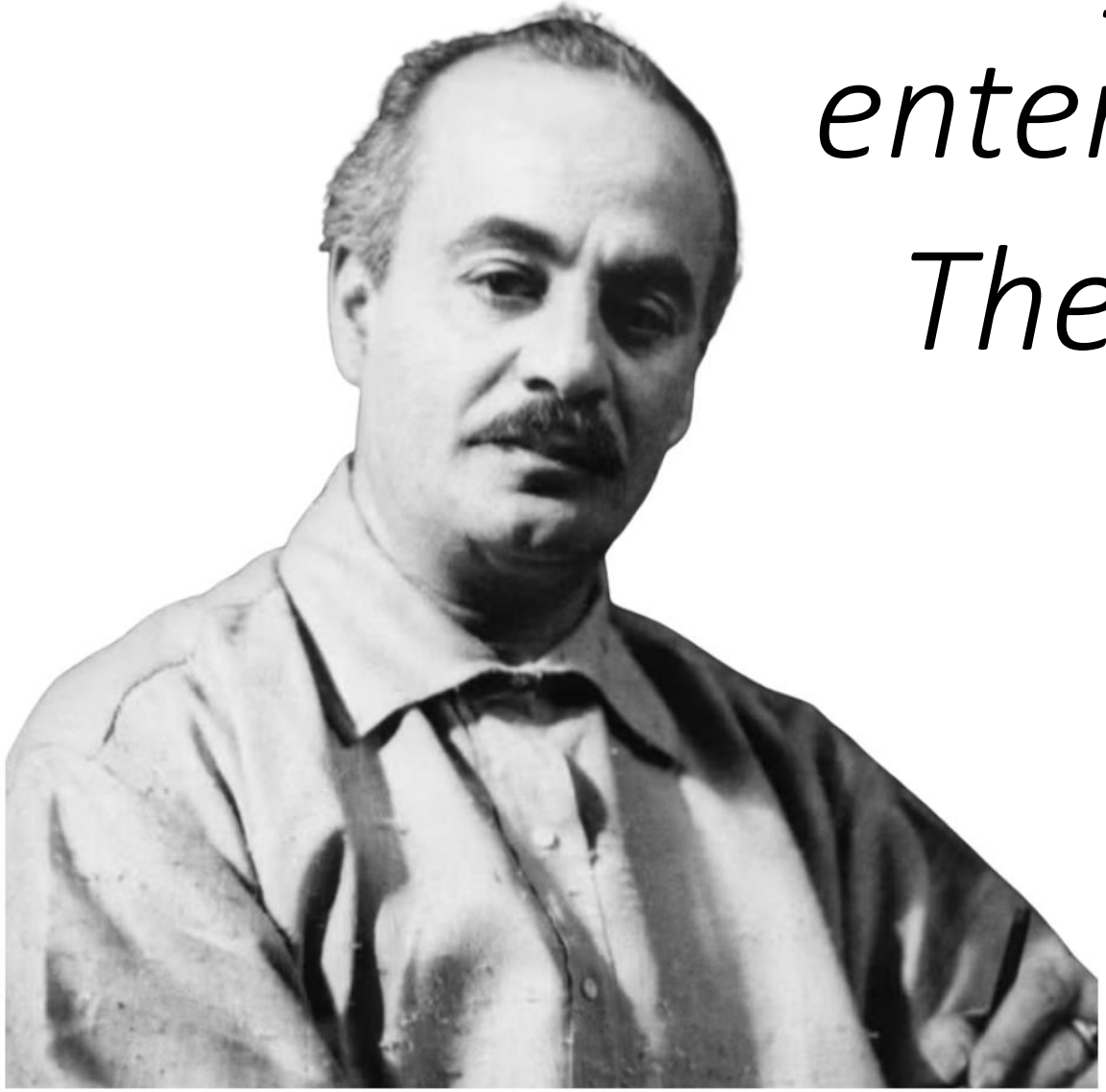
DUNNING-KRUGER EFFECT





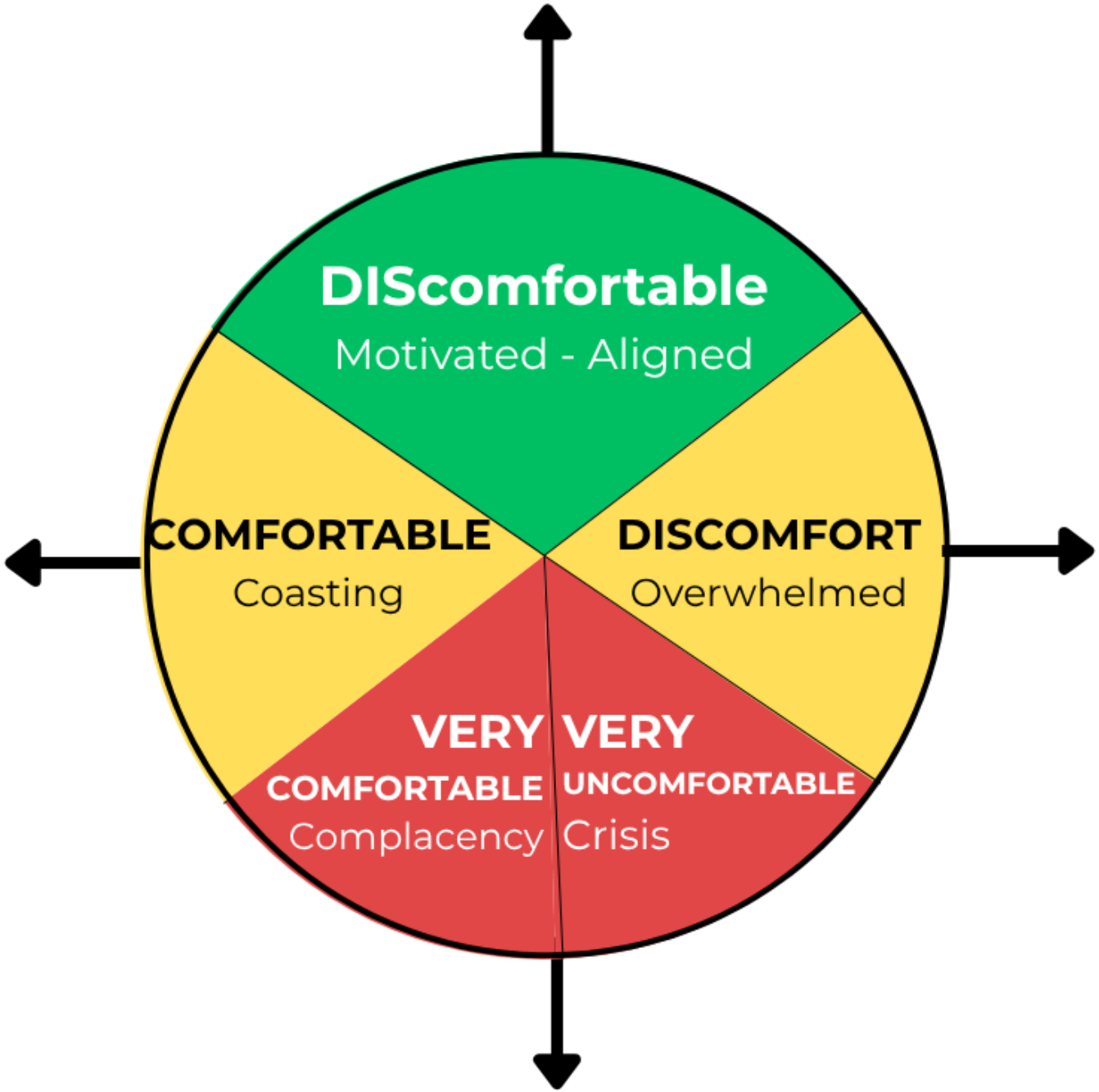
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DIScomfortable Compass



"Comfort is the thing that enters the house a guest. Then becomes the host. Then the master."

Kahlil Gibran


DIScomfortable
Motivated - Aligned
COMFORTABLE
Coasting
DISCOMFORT
Overwhelmed
VERY
COMFORTABLE
Complacency
VERY
UNCOMFORTABLE
Crisis

WHERE DO I SPEND MY TIME IN A GIVEN MONTH?

Very Uncomfortable

Uncomfortable

DIScomfortable

Comfortable

Very Comfortable

WHERE SHOULD I SPEND MY TIME IN A GIVEN MONTH?

FINAL THOUGHT

You likely don’t need more ideas.

You need to act on what you already know.

LOOKING AHEAD TO WEDNESDAY

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TIMEFRAME	DESCRIPTION
950-10am	**BREAK**
10-1130am	**RECONNECT** **PUTTING MY VISION(S) INTO ACTION** o DARE Framework o Build My Plan **FINAL REFLECTION** o Public Commitment



“You are what you do, not what you say you will do"

Carl Jung

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PUTTING MY VISION INTO ACTION

BUILDING MY PLAN

ONE ACTION:

- What will you do differently in your clinic, starting within 7 days?

ONE BEHAVIOUR CHANGE:

- As a leader, what will you stop, start, or do more of?

ONE CONVERSATION:

- Who do you need to speak directly with, and what will you say?

PUTTING MY PLAN INTO ACTION

On your whiteboard, define & assess your three commitments

“I commit to _____ by _____.”

“The one behaviour I am changing is _____.”

“The person I need to have a direct conversation with is _____.”

DARE: *From Insight to Action*

DECIDE

- What is the one commitment, behaviour & conversation that you have been putting off?

ASSESS

- What is stopping you? Is it a people problem, a process problem, or a you problem?

RESOLVE

- What commitment, behaviour & conversation will you resolve to executing in your clinic starting next week?

EXECUTE

- What is the first concrete action you will take, and who on your team needs to know about it to hold you accountable?

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FINAL REFLECTION

FINAL REFLECTION: *what's next?*

1. **What is your DARE initiative (action, behaviour & conversation)?**

2. **What is the first action that you will take to get started on your DARE initiative?**

3. **How will you know if/when you are successful?**



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