MGMAC Presentation Overview

Medical Group Management Association of Canada National Conference, July 13 to 15, Manitoba Club - Winnipeg, MB

Key Takeaways and Reflection Questions by Speaker

Barb Wasilewski

Leading with Heart

Key Takeaways

- **Authenticity beats competency-chasing:** After 30 years across healthcare, government, and non-profit work, Wasilewski found that heart-centred leadership, not delegation frameworks or performance systems, is what staff actually remember and value in a leader.
- **Different is better than being better:** Leaders who lean into their natural strengths (their "advantage," from the How to Fascinate framework: Innovation, Passion, Power, Prestige, Trust, Mystique, Alert) communicate with more confidence and drive better outcomes than leaders trying to be neutral or the same as everyone else.
- **Neutral doesn't move things forward:** Trying to be everything to everyone just makes you sound like everyone else and waters down your message.
- **Every strength has a shadow side, or "too much":** Manage the timing instead of suppressing it. Lean on your secondary advantage, pause and stop talking for a moment, or deliberately invite the opposite perspective into the room.
- **Her SHINE framework:** Standards and self-awareness, Heart, humility and humour, Integrity and inspiration, Navigate and nurture relationships and systems, and Entrepreneurial empowerment.
- **Kind is not the same as nice:** Nice avoids conflict to stay liked. Kind delivers honest feedback while protecting the other person's dignity, and that distinction is what actually retains and grows people.
- **Burnout comes from losing yourself, not from workload:** It happens when you drift from your values and your natural strengths, not simply from how much you do. Her own recovery from burnout in her late twenties shaped this entire body of work.
- **The multiplier effect:** One leader shifting a single behaviour can ripple through 15 direct reports, and across a room of 40 leaders, potentially affect 600 or more people.
- **The data backs it up:** Authenticity-driven leadership correlates with a 40% increase in engagement, a 37% reduction in turnover, a 22% increase in innovation, and a 22% increase in profitability and productivity.

Reflection Questions

1. Where in your leadership have you been rewarded for "fitting in" rather than leading from your actual strengths, and what would change if you leaned into your natural advantage instead?
2. Think of a recent moment where you gave feedback. Were you being nice (avoiding discomfort) or kind (honest, but protecting dignity)? What would the kind version have looked like?
3. What is the one thing, just one, you could shift starting tomorrow that would move you from "performing" to being authentically yourself with your team?

Daniel Doerksen

Author, "You Can Manage"

Key Takeaways

- **A manager's real purpose isn't to deliver the work:** It's to build a healthy organization. Like an F1 team principal, a manager's job is to create the conditions that let everyone else do their best work.
- **A healthy organization shows up in three ways:** Performance (making progress on purpose), engagement (people are enthusiastic and committed), and well-being (sustainable, not burning people out). All three matter. Stopping at performing and engaged still leads to burnout if well-being is ignored.
- **The stats are sobering:** 79% of Canadian employees are disengaged (Gallup), over half report being relatively unproductive, and 1 in 2 report moderate to severe burnout. Yet a good manager can increase productivity by about 50%, and that lift lasts roughly a year after they leave.
- **Managers carry outsized influence:** No one affects an employee's engagement and mental health more than their direct manager, statistically tied only with a spouse. Despite this, 85% of managers never receive training when they're promoted.
- **The Essential Five framework for managers:**
- **Start with you:** Know what kind of manager you want to be. There's a gap between your intentions and your actual impact, and closing that gap is the work. Watch for the halo and horns effect, the confirmation bias in how you see your people.
- **Invest in people:** Trust is the foundation, built on four things: care, clarity, consistency, and competency. Build relationships strong enough to carry the weight of hard feedback conversations.
- **Build the team:** Teams move through forming, storming, norming, and performing (Tuckman's model). Every new team member resets the cycle. Alignment and diversity need to work together. Diversity without alignment is just chaos.
- **Advance the work:** Performance equals motivation times ability times environment. The highest return comes from changing the environment and conditions, not just coaching individuals.
- **Strengthen the organization:** A manager is the "silo buster," the link between their team and the rest of the organization. Map your lateral relationships (solid, dotted, or broken lines) and invest where there's tension or distance.
- **Self-care for leaders is ethical, not optional:** A disengaged manager reliably produces a disengaged team.
- **A useful practice:** Ask your team what it's like to be on the other side of you, and ask what they'd want their team to say about them as a manager, the way people vividly remember their best and worst managers.

Reflection Questions

1. Thinking about the Essential Five, which one is your current strength, and which one do you most need to grow into over the next while?
2. Where would you draw solid, dotted, or broken lines to the people outside your own team, and which of those relationships has the most potential to shift with a little attention?
3. If you asked your team today what it's like to be on the other side of you, what do you think they'd actually say, and how does that compare to what you want them to say?

Angela

Delegation and Personal Management

Key Takeaways

- **Personal management starts with the workplace people want to be in:** One built on trust, feeling heard, belonging, and having purpose, rather than just clocking in and out.
- **To lead is to trust, and to trust is to let go:** Giving people real responsibility, even small tasks, signals trust and builds belonging and pride. Holding onto everything yourself, the "I'll just do it faster myself" trap, makes you indispensable in a way that's fragile for the organization and draining for you.
- **Front-loading responsibility pays off later:** Training people up early, even if it's slower at first, follows the "teach the three year old to empty the dishwasher" principle. Let go of needing it done 100% your way. 80% done well by someone else is usually good enough.
- **Mission and vision aren't the same thing:** A mission statement answers what we do, a vision statement answers why. Revisiting and displaying both gives new hires, and everyone else, something to anchor to beyond their task list.
- **Communication means wanting to understand, not just wanting to talk:** This echoes Covey's idea to seek to understand before being understood. Most of us only listen at the second of three levels. Really hearing someone means setting aside your own reaction first.
- **The ABC of communication:** Be accurate, be brief, be concise.
- **Disagreement isn't conflict:** It's necessary and healthy when handled respectfully. Encourage people to bring a solution along with any complaint or disagreement, not just the complaint itself.
- **Vulnerability in feedback sounds simple:** "I was frustrated because..." names the impact without attacking the person.
- **Open the door to disagreement directly:** Ask "Do you agree or disagree with me?" or "What do you think?", especially with people who've never been asked before.
- **Micromanaging is not the same as holding a clear standard:** The difference is whether you're hovering over how something gets done, or simply clarifying the expected outcome and why it matters (Sinek's "always give the why").
- **Watch for "monkeys on your back":** Taking on other people's problems, from The One Minute Manager, is a stress trap. Learning to say no, and delegating early, prevents the pileup.
- **Reframe evaluations as performance conversations:** What's helped you do good work? What's been a barrier? How can you and I work better together? This shifts feedback from judgment to collaboration.
- **Feedback is a gift, not criticism:** Most people don't know what they don't know, and a trusted person pointing it out is valuable, not threatening.

Reflection Questions

1. Where in your workplace are you currently the "indispensable one," and what would it take to start front-loading responsibility to someone else, even if it's slower at first?
2. Think of a recent disagreement you avoided having. What would it look like to approach it respectfully, starting with "I was frustrated because..." instead of staying silent?
3. If you replaced your next performance evaluation with a performance conversation, asking "how can you and I work better together?", what do you think would come up that hasn't before?

Melanie Olfert

Handling Difficult Situations

Key Takeaways

- **Confidence is the real gap for many staff:** A lot of employees lack confidence handling difficult public-facing interactions and default straight to “let me get the manager” instead of developing the skill themselves. It's one of the most common hiring and training challenges right now.
- **Not every difficult situation needs escalation:** Many just need better tools, better communication, and a willingness to start fresh, especially with patients who arrive already upset from a past experience.
- **Complaints about a physician are harder to handle than administrative ones:** Staff have no governing authority over a doctor's practice and may have to redirect patients to a college or regulatory body, which patients often don't want to hear.
- **Documentation and follow-through matter enormously:** Logging attempted contact, sending registered letters, and consistently repeating the same message, even across multiple staff, builds a paper trail and reinforces boundaries.
- **Confidence and firm boundaries de-escalate better than appeasement:** Stay calm, don't back down, and follow through on whatever you told the patient you'd do.
- **Frontline staff often absorb complaints that belong elsewhere:** The receptionist takes the heat while the provider gets the credit. Leaders need to actively back up frontline staff in the moment.
- **Build a clear internal complaint pathway:** A named point of contact, posted on your website, keeps issues resolved in-house. Once a Human Rights Commission complaint is filed, you may only have five days to respond, so being proactive avoids that entirely.
- **Accusations of racism need a careful, consistent process:** Use an objective checklist to assess whether racist behaviour actually happened rather than assuming guilt or dismissing the claim outright. The term is sometimes used validly and sometimes as a pressure tactic, but either way the same fair process applies, and staff need training on inclusivity as prevention.
- **Reframe conflict as an opportunity, not a threat:** Constructive feedback is a gift. Whether someone chooses to unwrap it and grow is on them, not you.
- **Most conflict comes down to communication:** Roughly 86% of conflict stems from breakdowns or misunderstandings. Everyone communicates differently even in a shared language, so confirm understanding rather than assuming it, especially with patients whose style you don't know.
- **Common root causes of difficult situations:** Differing perspectives, unclear policies or procedures, lack of training, lack of support or access to a leader, communication breakdowns, high stress levels, and unmet emotional needs.

Reflection Questions

1. Where in your clinic do frontline staff absorb complaints that really belong to a physician or a systemic issue like wait times, and how could you better shield or support them in those moments?
2. Do you have a clear, documented process for handling complaints, including racism allegations, before they escalate externally, and would your staff know exactly who to go to and what happens next?
3. Think of a recent difficult interaction. Was it driven more by a genuine grievance, unclear policy, or a communication misunderstanding, and how would your response differ depending on which one it was?

Mahshid Yassaei

Tali AI

Key Takeaways

- **Healthcare AI has entered its agentic era:** After pattern-recognition AI and generative AI, agentic AI actually gets work done rather than just generating content or finding patterns. Physical AI, robots handling physical tasks, is next.
- **Treat AI like a new staff member you're delegating to:** Build trust gradually and start small, the same way you'd delegate to a brand-new hire rather than handing them an open-ended task on day one.
- **Intelligence and judgment are different things:** Intelligence is deterministic, textbook-style analysis. Judgment comes from experience built over many cases. AI is increasingly handling the intelligence side, freeing people up for judgment calls.
- **Seven categories of AI tools exist in healthcare today, each at a different stage of maturity:**
- **AI Scribe:** The most mature category, already used by roughly 35% of Canadian clinicians. Generates SOAP notes, referral letters, forms, and patient summaries across 100+ languages, with the lowest disruption to adopt.
- **Inbox management:** Triages faxes and referrals. Needs deeper EMR integration, so it's harder to adopt than Scribe.
- **Billing agent:** Yassaei's favourite. Increases physician revenue by catching under-billed codes (physicians often under-bill by 15 to 20%) and automates submission and reconciliation.
- **AI receptionist:** Handles booking calls, cuts dropped calls (as high as 30% in some clinics), and keeps things consistent across multiple sites.
- **Patient intake:** Scripted history-taking before the physician visit, though it can be dynamic rather than rigidly scripted.
- **Clinical decision support:** Surfaces evidence-based guidelines live during the visit, tailored to the patient's context, and always shows its source.
- **Patient engagement:** Keeps patients engaged between visits with summaries and medication reminders. Continuous mental health support shows close to a 50% improvement in outcomes.
- **Start small when adopting:** Pick the tool with the biggest pain point and least disruption, usually AI Scribe, rather than rolling out everything at once. Every successful Tali AI rollout started with a few early adopters, not a clinic-wide mandate.
- **Common barriers to adoption:** Resistance from anti-technology physicians or owners, unclear budget and ROI justification, and concern about accuracy or hallucination risk. Physicians remain responsible for reviewing anything AI generates.
- **Real physician feedback was positive:** AI Scribe freed up time, improved presence with patients, and prompted better follow-through on tests and referrals. Cost was framed as roughly $130 a month, about $6 a day.
- **AI receptionist feedback was strong too:** One clinic saw a big drop in staff time on repetitive calls, lower stress from constant phone ringing, and faster patient triage, with minimal resistance even in a unionized environment.
- **The scale of impact is real:** The equivalent of 50 years of full-time family physician time was saved in 2025 alone through AI Scribe adoption.

Reflection Questions

1. What is your clinic's single biggest administrative pain point right now, and which of the seven AI categories would address it with the least disruption to your existing workflow?
2. If there's resistance from a physician or owner in your clinic, what would it take to let them see a colleague's results first rather than pushing the tool on them directly?
3. How would you measure and communicate return on investment, in time saved, revenue increase, or reduced burnout, to justify budget for one of these tools in your own practice?