

Chapter 4: Leadership and People

The human engine of independence

Ambiguity in authority is the silent killer of independent practice. This chapter asks you to honestly assess your own leadership, define who owns each major decision, and build a retention and development plan before you lose the people who make the practice work.

How to use these worksheets

Work through one chapter per session with your leadership team.

Know it is answered individually. Own it is answered together. Do it assigns an owner and a date.

Finish each chapter by filling the 90-day action plan, then review it at your weekly standup.

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CHAPTER 4

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Ambiguity in authority is the silent killer of independent practice. This chapter asks you to honestly assess your own leadership, define who owns each major decision, and build a retention and development plan before you lose the people who make the practice work.

Suggested session: 75 minutes with your leadership team

Leadership is about ownership rather than hierarchy. Every person, from the front desk to the managing partner, has a zone of control. The practices that thrive are the ones where decision-making authority is clear, where people know what they own, and where leaders develop the next generation instead of hoarding knowledge.

From the Operator's Chair

Too many practices collapse because the partners cannot agree on who decides what, even with sound finances and solid operations. Ambiguity in authority is the silent killer of independent practice. This chapter is about making that authority explicit, and building the people who will carry the mission forward.

What this chapter covers

Leadership self-assessment: an honest look at strengths, blind spots, and areas for growth

Decision-making authority framework: who owns each decision, whose input is required, who carries it out, and who needs to be told

Staff development and retention: spotting flight risk and investing in people before you lose them

I once sat in a partner meeting where three physicians spent 45 minutes arguing about whether to buy a new ultrasound machine. The real issue was that nobody knew who had the authority to make that decision. The meeting ended with no resolution, and the staff watched the whole thing unfold. That is theater, not leadership. Before you can lead others, you need to know where you stand.

The real cost of losing good people

Replacing a single medical assistant carries real cost once you factor in recruiting, onboarding, training, and lost productivity while the role sits open, and the cost is typically higher for a nurse or billing specialist. The steepest cost is cultural, not financial. When good people leave, the remaining staff notice. They start wondering if they should leave too. The best retention strategy is a development strategy.

WORKSHEET 4.1

Leadership self-assessment

Lesson: Honest Assessment of Leadership Effectiveness

Purpose: Evaluate the current state of leadership in your practice: strengths, blind spots, and areas for growth.

Participants: All partners, practice manager, and senior staff.

From the Operator's Chair: I once sat in a partner meeting where three physicians spent 45 minutes arguing about whether to buy a new ultrasound machine. The real issue was that nobody knew who had the authority to make that decision. The meeting ended with no resolution, and the staff watched the whole thing unfold. That is theater, not leadership. Before you can lead others, you need to know where you stand.

1 KNOW IT

Rate yourself honestly on each dimension, on a scale of 1 to 5 (1 = Strongly Disagree, 5 = Strongly Agree). This is for your eyes first.

1. Rate each statement

Statement	1	2	3	4	5
I can clearly articulate our practice's strategic priorities for the next 12 months.					
I regularly seek honest feedback from staff about my leadership.					
I delegate effectively and don't micromanage.					
I address conflict directly instead of avoiding it.					
I invest time in developing the next generation of leaders in this practice.					
I make decisions based on data, not gut feeling or politics.					
Staff would say I follow through on commitments.					
I protect my own resilience (sleep, boundaries, recovery).					

2. Total Score: _____ / 40

32 to 40: Strong foundation. Focus on developing others. 24 to 31: Solid but with blind spots. Pick one area to improve this quarter.
16 to 23: Significant gaps. Prioritize leadership development. Below 16: Urgent. Consider external coaching or peer support.

3. Reflection: What's one leadership behavior you want to change in the next 90 days?

2 OWN IT

Share your scores with the team. Vulnerability builds trust.

1. Discussion prompt 1: Where did the group score lowest? What does that tell us about our leadership culture?

2. Discussion prompt 2: What's one thing we could do as a leadership team to improve our effectiveness in the next 90 days?

3 DO IT

This week and beyond. Turn this into action.

Action 1: Each leader picks one area to improve

- ☐ Choose the lowest-scoring item from your self-assessment
- ☐ Define one specific behavior change
- ☐ Ask a trusted colleague to hold you accountable

Owner	Deadline

Action 2: Schedule a quarterly leadership review

- ☐ Retake this assessment every 90 days
- ☐ Compare scores over time
- ☐ Celebrate improvement and address persistent gaps

Owner	Deadline

WORKSHEET 4.2

Decision-making authority framework

Lesson: Define Who Owns Every Major Decision
Purpose: Eliminate ambiguity by mapping decision-making authority across your practice.
Participants: All partners, practice manager, and senior staff.

From the Operator's Chair: The most common source of conflict in independent practices is ambiguity about who decides what, not money. When authority is unclear, decisions get made by whoever is loudest, whoever is most persistent, or whoever happens to be in the room. That is chaos, not leadership. For every major category of decisions, you need to define four things: the Owner (who is ultimately accountable for the decision and has the final call), Input (whose expertise or perspective is required before the decision is made), Execution (who carries the decision out once it's made), and Communication (who needs to know once the decision is made). That is clarity, not bureaucracy, and clarity is the antidote to conflict.

1 KNOW IT

This one goes straight to the group mapping exercise. There is no individual Know It section.

2 OWN IT

Map decision-making authority for your practice's most important categories.

For each decision category, define the Owner, whose Input is required, who handles Execution, and who needs Communication once the decision is made.

Decision Category	Owner	Input	Execution	Communication
Clinical Protocols				
Hiring / Firing Staff				
Purchases > \$10,000				
Payer Contract Negotiations				
Scheduling / Capacity				
Staff Compensation				
Strategic Partnerships				
Marketing / Outreach				
IT / Technology				
Facility / Space				

2. Discussion prompt: Where have we had conflict or confusion about who decides? What would have been different if this framework had been in place?

3 DO IT

This week and beyond. Turn this into action.

Action 1: Finalize and distribute the decision-making framework

- ☐ Review and finalize the table above with all partners
- ☐ Share it with all staff
- ☐ Post it in the leadership meeting room
- ☐ Reference it the next time a decision causes confusion

Owner	Deadline

Action 2: Review and update annually

- ☐ Schedule an annual review of decision-making authority
- ☐ Update as roles, responsibilities, and practice structure evolve

Owner	Deadline

WORKSHEET 4.3

Staff development & retention

Lesson: Invest in People Before You Lose Them

Purpose: Identify your highest-risk staff, assess their engagement, and build a retention and development plan.

Participants: Leadership team, practice manager, and department leads.

From the Operator's Chair: Replacing a single medical assistant carries real cost once you add up recruiting, onboarding, training, and lost productivity, and the cost runs higher for a nurse or billing specialist. The steepest cost is cultural, not financial. When good people leave, the remaining staff notice. They start wondering if they should leave too. Retention comes from making people feel seen, heard, and developed, and pizza parties do not do that work. The best retention strategy is a development strategy.

1 KNOW IT

Answer individually before the group discussion.

1. Who are the 3 staff members whose departure would hurt the practice most?

2. When was the last time you had a one-on-one conversation with each of them about their career goals?

3. What's the biggest reason staff have left your practice in the past 2 years?

- ☐ Compensation
- ☐ Burnout / workload
- ☐ Lack of growth opportunities
- ☐ Conflict with leadership or colleagues
- ☐ Better opportunity elsewhere
- ☐ Other

2 OWN IT

Build a retention and development plan for your highest-risk staff.

List your highest-risk staff and their development plans.

Staff Member	Role	Flight Risk (H/M/L)	Development Action	Owner
1				
2				
3				
4				

3 DO IT

This week and beyond. Turn this into action.

Action 1: Schedule one-on-one conversations with your top 3 at-risk staff

- ☐ Ask: 'What do you need from us to stay and grow here?'
- ☐ Ask: 'What's frustrating you that we could fix?'
- ☐ Listen. Don't defend. Take notes. Follow up.

Owner	Deadline

Action 2: Build a quarterly staff development check-in

- ☐ Schedule 15-minute quarterly check-ins with each staff member
- ☐ Review their development goals and progress
- ☐ Adjust the plan based on their feedback

Owner	Deadline

90-DAY ACTION PLAN | CHAPTER 4

Leadership and People

Consolidate every action item from this chapter into one tracking sheet. Review progress at each weekly standup.

#	Action item	Owner	Deadline	Status
1				
2				
3				
4				
5				
6				

Session date

90-day review date

Key insight from this chapter
