Running head: DESIGN PROCESS AND EXECUTIVE SUMMARY

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Appendices A, B, and C are provided (at the end of this paper) with help for the following:

Appendix A: The header feature in Microsoft Word

Appendix B: Directions for a hanging indent

Appendix C: Seriation

Design Process

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Design Process

The design process is essential to creating a framework for change (LaRue, Childs, & Larson, 2004). This paper presents stage two, the design process for implementing the potential improvement points (PIPS) discovered during stage one, inquiry of an organization in need of significant refinement and development. This paper uses the design process described by LaRue et al., (2004) as the basis of this analysis. LaRue et al., (2004, p.43) described the goal of the design stage as determining “…a clearly defined and specific roadmap for deploying either a pilot (whenever possible) or the initiative itself.” This description includes a prioritization of the gaps discovered during the inquiry phase along with a cost benefit analysis. Additionally, this paper will provide a justification for this prioritization. Lastly, this paper provides a list of the individual positions that were included in the design process and why these individuals were chosen to participate.

**The Organization**

This paper will continue to focus on KiddiePlace, a nonprofit indigent pediatric clinic that provides quality health services for families without other options (About KiddiePlace, n.d.). The clinic provides inexpensive medical care to children up to 18 years of age from low-income households. During the inquiry process two primary areas of PIPS were discovered. The first area of potential improvement involved underachievement of organizational goals; the second area involved the lack of a performance appraisal. These areas are of strategic importance and will represent the focus for the design process. These PIPS were chosen as both areas can have a direct impact on the earnings potential on the clinic, employee morale, and employee performance. These PIPS would have relatively low implementation costs and yet would represent major benefits to the organization.

**Organizational Goals**

During the inquiry process a gap was discovered between the desired and actual number of patient appointments the clinic handled per hour. In order to maximize the revenue potential of the clinic, the KiddiePlace Board of Directors established an objective of four patient appointments per hour for each medical professional; this is referred to as per value units (PVUs). Conversely, the staff believed that quality patient care could not be delivered in such a short time, three PVUs were more realistic. The board did not adequately communicate the PVU objectives or the financial implications of achieving the objectives to the staff. The staff was resistant to obtaining four PVU’s because they were personally committed to spending extra time educating non English speaking parents on proper patient care and on following medical instructions.

Hader (2006, p.6) suggested that leaders must take a dynamic position in communicating the objectives of the organization “using language that resonates with clinicians.” According to (Peters & Wolfred, 2001) the organization’s mission attracts most nonprofit leaders. Medical professionals often enter healthcare in order to facilitate others in achieving or sustaining wellness, therefore; it is necessary for leaders to make certain that the organization’s mission is in alignment with the values of the staff. When the organization’s and staff values are in alignment, there is a strong foundation on which to build a winning organizational culture (Hader, 2006).

Further, Cardona and Rey (2006) posited it is important that an organization properly formulates its mission and strategy. To achieve this consistency, the mission and the strategy must be aligned and in accord with the reality of the organization and its situation. The organization’s mission is then made operational through objectives. Objectives have no value in themselves but only as a means to fulfill the mission. Cardona and Rey (2006, p.168) posited, “When the objectives are designed to serve the mission, it is the mission that demands that the objectives be achieved.” KiddiePlace medical professionals believed that the clinic’s mission was to provide quality patient care. A link to financial stability needed to be established to achieve the staff’s buy-in. Cardona and Rey (2006, p.169) proposed that “It is the manager’s job to give each subordinate the means to achieve her objectives by providing ongoing coaching, especially when it comes to developing competencies, where the manager’s role is crucial.”

**Performance Appraisal**

The second performance gap was discovered due to staff complaints about the lack of performance evaluations. KiddiePlace does not practice annual performance evaluations. Performance evaluations would increase awareness of the organization’s strategy and objectives at all levels. Annual performance evaluations would provide an alignment of employees' individual performance goals with the clinic’s objectives. Finally, annual performance evaluations would increase accountability for reaching individual performance goals. According to Cardona and Rey (2006) there is a direct correlation between the way an organization is run and the manner employee performance is evaluated.

Many managers are as uncomfortable delivering performance appraisals as staff members are receiving the appraisals. According to Ashish (2006)

Most managers [*sic*] have very little knowledge about evaluating workers. They may dislike appraisals because (a) the process involves criticizing another person, (b) standardized appraisal forms often seem irrelevant, or (c) the criteria by which employees are evaluated are vague. Such formats leave little room for individualized assessments. Appraisals may also require substantial paperwork and time investments. A major challenge is that once the evaluation process is complete, many managers lack training in communication and counseling skills to effectively relay the evaluation in a constructive manner. (p.35)

Ashish (2006) posited that healthcare leaders often disagree about the purpose of the performance appraisals. KiddiePlace could use performance appraisals to examine the quantity and quality of performance, assess job standards and PVU expectations, and provide a foundation for personnel decisions. Cardona and Rey (2006) posited that organizations that manage by mission are able to calculate how each staff member contributes to the achievement of the organization’s mission.

**Roadmap**

In order to successfully design the roadmap to implement the changes discovered in the inquiry process it is necessary to involve the organization’s key stakeholders. First, brainstorming sessions would be conducted to gain the support and view points of those affected. Next, researching and communicating the changes to the organization would complete the design. LaRue, Childs, and Larson (2004) posited that employees who are affected by change should have a shared understanding of the objectives and direction of the organization. When employees understand the vision, there is a greater possibility of “…coordinated actions that create successful change efforts.” (p.59) Individuals carry their mind and souls: he or she comes into an organization with personal thoughts, expectations, and plans, and he or she brings his or her own principles, interests, and skills (Scott, 2003).

**Brainstorming**

Input would be sought from key staff members interviewed during the inquiry process which included the medical director, nurse practitioners, nurse supervisor, office manager, and front office supervisor. Additionally, members of the Board of Directors and the executive director would be included in the design process. These stakeholders represent cross functional team members and those with insight and interest into the clinic’s success. Other key elements of the design include research and communications.

**Research**

Research would be conducted prior to finalizing the design process. The staff appeared to hold strong values towards spending time necessary to educate patients on understanding medical instructions. Research may reveal the need for training, additional resources, or technology to complete the design. Any attempt to *push* the staff to hurry through the medical exam to achieve the PVU goal would meet strong resistance. Research should be conducted to benchmark similar indigent care clinics. The staff will need to see the benefits of making the changes. Effective leaders need to be able to identify the need for change and manage the sources of resistance to change. Leaders must then create avenues for implementing change, which can be beneficial for the organization and individuals (Ahn, Adamson, & Dombusch, 2004). Research will help ensure that the solutions are “…fit for purpose” (LaRue et al., 2004, p. 44).

**Communications**

Clinic leadership should communicate more openly with staff by providing knowledge of the organization's business and finances. By providing medical professionals knowledge of the financial condition of the clinic, a direct relationship could be made between the importance of achieving the desired number of PVU and achieving financial stability for the organization. Most employees are unaware of the financial implications of the choices they make. Financial awareness is surprisingly low in even the most sophisticated organizations.

According to Wheatley (2005), leaders should require and deliver straightforward, candid communication. Team members function better when they are kept informed. Kottler (as cited in LaRue et al., 2004) discussed key ways leaders can effectively communicate the vision of the organization. These include:

1. Keep the message simple, avoid jargon and speak so that everyone can understand the message.

2. Use metaphors, analogies, and examples.

3. Utilize more than one forum, for example, meetings, memos, company newsletters, Intranet, formal and informal communications.

4. Repeat the message for a greater chance of acceptance.

5. Lead by example.

6. Use two way communications.

**Conclusion**

In conclusion, two primary Potential Improvement Points were identified as a result of stage one. This paper represented a design plan which included brainstorming, research, and communications. This author believes that KiddiePlace could benefit from this design process. Research indicates that 70% of organizational change initiatives do not succeed (Axelrod, Axelrod, Jacobs, & Beedon, 2006). Change initiatives cannot operate successfully for long with open or concealed resistance by stakeholders. Resistance to change is natural and expected. Therefore, implementing change will require strong leadership.

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WRITING STYLE AND MECHANICS

 **Appendix A: Header Feature in Microsoft® Word**

**Page Headers**

Identify each page with the running head at the left margin and the page number placed at the right margin. (Use a running head only if your instructor requires it or if you are a doctoral student.) Do not use your name to identify each page. Be sure the font type and size are the same in the header as that used throughout the document.

**Word 2003**

To create a correct header with an automatic page number in Word 2003, use the following guidelines:

1. Select the *View* menu on the toolbar.

2. Select *Header and Footer*. (If you are not creating a running head, skip to number 8 below.)

3. Place the cursor in the *Header* box and select the *left* justification button on the toolbar so that the cursor in the *Header* box moves to the left.

4. Type the running head, if required. Otherwise, continue with number 8 below.

5. Select the *Page Setup* icon (the sixth icon in the Header and Footer toolbar).

6. Select the *different first page* option in the *Layout* tab to make the first page header different from the rest of the document.

7. Adjust the first page header to include the words *Running head* (without italics) with the first 50 characters of the title, and adjust the header on the second page to include the first 50 characters of the title.

8. Tab to the *right* so that the cursor in the *Header* box moves to the right margin.

9. Use the automatic function for inserting the page number as illustrated in this picture by selecting the first button with the # symbol.

1. 10. Select *Close*. Your header is complete.

**Word 2007**

To create a correct header with an automatic page number feature in Word 2007, use the following guidelines:

1. Click on the *Insert* tab.

2.Select the *Header* icon.

3.Choose the *Blank* header tab from the drop-down menu. This places the cursor inside the header at the left margin.

4. Type the running head, if required. Otherwise, continue with number 7 below.

5. From the *Design* menu for *Header & Footer*, select the option labeled *Different first page*.

6. Adjust the first page header to include the words *Running head* (without italics) with the first 50 characters of the title, and adjust the header on the second page to include the first 50 characters of the title.

7. Tab to the right margin, and click the *Page Number* icon.

8. Place the cursor over *Top of Page*. A drop-down menu should appear.

9. Select the *Plain Number 3* option. A number 1 will appear at the right margin of your document.

10. Choose *Close Header and Footer* (the red *X* at the far right on the menu). Your cursor then appears at the beginning of the document, and automatic page numbers should be visible as you type each new page.

**Appendix B: Directions for a Hanging Indent**

**Microsoft**® **Word 2003**

Select the text that requires a hanging indent or create a hanging indent at the top of the references page before typing the text. From the *Format* menu, select the *Paragraph* command (as shown in Picture One). In the *Special* list under *Indentation*, select *Hanging* (Picture Two).

|  |
| --- |
| **Picture One**  |
|  **Picture two** |

**Microsoft**® **Word 2007**

Select the text that requires a hanging indent or create a hanging indent at the top of the references page before typing the text. From the *Home* menu, click on the *Paragraph* command (see Picture One). This will bring up the *Indents and Spacing* tab (see Picture Two). Under *Indentation* in the *Special* box, click on *Hanging* and choose *OK*.

**Picture One**

 **Picture Two**

**Appendix C: Seriation**

**Seriation**

To show seriation (lists) within a paragraph or sentence, use lowercase letters, not italicized, in parentheses:

Job satisfaction is increased when nurses are provided with (a) therapeutic massage, (b) relaxation therapy, and (c) music therapy.

To show seriation of separate paragraphs, number each paragraph with an Arabic numeral, followed by a period but not enclosed in or followed by parentheses. A numbered list signifies that element 1 is more important than element 2 and so on. See the following examples to create a numbered or bulleted list.

Berk (2001) suggests that parents determine suitability of books for children by using the following criteria:

1. 1. Books are made from durable material . . . [paragraph continues]

2. Books are action-oriented . . . [paragraph continues]

If all elements in the list are of equal importance, use bullets instead of numbers as shown below.

Berk (2001) suggests that parents determine suitability of books for children by using the following criteria:

1. • Books are made from durable material . . . [paragraph continues]

• Books are action-oriented . . . [paragraph continues]