

# LESS DATA, MORE DIALOGUE

## When Clinical Expertise Meets Leadership Reality

*“I thought leadership meant having all the answers. Chris helped me see that real leadership is creating space where everyone’s wisdom can serve our patients better than any one person’s expertise ever could.”*

-Dr. S, Cardiologist and Director of Quality and Innovation, regional health system



### THE WALL

After two decades in clinical practice, I had the technical side down: data analysis, protocols, quality metrics. But when I moved into senior leadership, I kept hitting the same wall.

Present evidence-based solutions. Encounter pushback. Double down on clinical expertise. Get defensive. Repeat.

The harder I pushed data, the more resistance I faced. The breaking point came during a heated meeting about a new quality protocol when I realized I was creating exactly the dysfunction I was trying to eliminate. My clinical strengths had become leadership limitations.



### THE X-VARIABLE

Chris didn’t try to fix my leadership style. He helped me see the patterns I was unconsciously perpetuating.

When I’d describe frustrating team interactions, he’d ask: “And where were you in all this?” He kept pointing out that I was the X-variable in every equation I was trying to solve.

The foundational work involved learning to listen without immediately formulating rebuttals. Addressing the anxiety that drove my defensiveness. Developing new language for difficult conversations.

The deeper work was harder: recognizing when I was operating from an ego need to be recognized versus genuine service to our patients. Chris warned it would be tense. Every awkward moment became a learning opportunity that clinical training never prepared me for.





## THE SHIFT

“ The first real shift happened when I started asking questions before offering solutions. That simple change created space for team members to contribute their expertise instead of just agreeing with my predetermined conclusions.

When I stopped needing to be the Expert-Achiever in every situation, my team started sharing insights I never would have considered. A nurse practitioner who used to be quiet in meetings now leads our patient experience initiatives with real confidence.

Interdisciplinary meetings shifted from draining to energizing. People became comfortable admitting when they needed help. We moved from proving individual competence to collective problem-solving.

The fundamental reframe: Instead of asking “What demonstrates our achievement?” we started asking “What would best serve our patients?” When I focused on outcomes instead of credit, my team became confident enough to innovate collaboratively.



## THE EVIDENCE

“ I navigate difficult conversations with calm presence instead of defensive reactions. Work feels meaningful rather than stressful and ego-driven.

Our department gained system-wide recognition as a place people want to work. Other physicians seek our team’s input on creating collaborative cultures. We’re delivering improved patient outcomes while everyone contributes meaningfully.





The most surprising discovery: you cannot create safety for others while operating from your own fear and need for control. The internal work I did to manage my anxiety gave my team permission to be creative and collaborative.



Chris doesn't just listen—he challenges you to turn insights into actual plans and pushes you beyond what feels comfortable until new approaches become second nature. That's what made the difference.

If you're a technical expert who's moved into leadership and keep hitting walls you can't data your way through, the obstacle might not be your team's resistance. It might be the patterns you bring into every room.



## lead yourself well ... serve your great purpose



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