Texas Children's®

Lost in Translation

What we say, what we hear, and what we lose in the gaps.

Sapna Singh, MD, FAAP

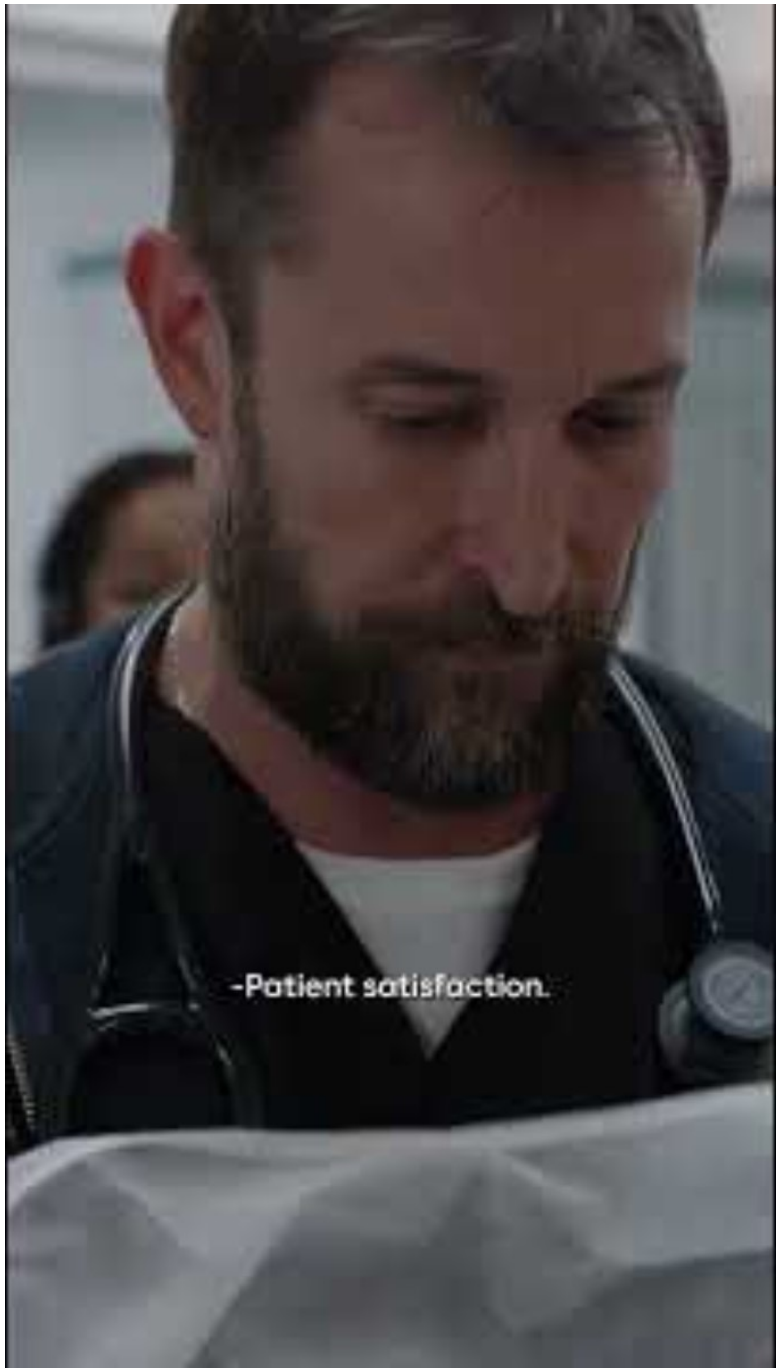
JIMI Symposium · Houston Methodist · October 2, 2026

Same Team. Same Goals.

Excellent patient care.

So why does it often feel like we aren’t speaking the same language?

Say What?



Are we speaking the same language?

The Tension

WHAT PHYSICIANS SAY

“Leadership doesn’t understand what it’s like to practice medicine anymore.”

WHAT LEADERS SAY

“Physicians don’t understand the constraints the organization is operating under.”

Both statements can be true — the gap between them has consequences.

Us vs. Them





What Physicians/APPs carry

- The patient in front of them
- Quality of care delivery
- Teamwork and Staffing
- The EHR and the Inbox
- Safety, liability, burnout

What leaders carry

- Financials and margin
- Metrics and Regulating Authority
- Quality and patient experience
- Politics, PR, Risk
- Board and external priorities

Same mission. Different line of sight.

Images from "The Pitt," HBO Max.

The labels we reach for

#Difficult

"Impatient. Disruptive. Not a team player"

#Suit

"Slow. Bureaucratic. Evasive."

The stereotypes are convenient…
But they cost us the conversation.

It’s not just a communication problem.

It’s a translation problem.

We see the world and our work through very different lenses. Even when we hear the same words, we interpret them very differently.

"Circle Back"

Administrative Leadership	Physicians/APPs
We need more information before deciding	Nothing is going to happen
I need to consult other stakeholders	This is being delayed
There are operational, financial, or organizational implications we need to consider	Why can't we just solve the problem?
I want to keep this on the agenda, but we aren't ready to act	My concern isn't a priority
Translation: **We need alignment**	Translation: **This is NEVER happening**

"Boil the Ocean"

Administrative Leader	Physicians/APPs
The scope is too broad	We are only going to fix a tiny piece of the problem
Let's identify what we can realistically influence	We already know the whole system is broken
We need a focused, achievable intervention	You're lowering the ambition
Let's prioritize resources where they will have the greatest impact	We're going to treat the symptoms instead of the cause
Translation: **Let's focus**	Translation: **So…We're not actually fixing this**

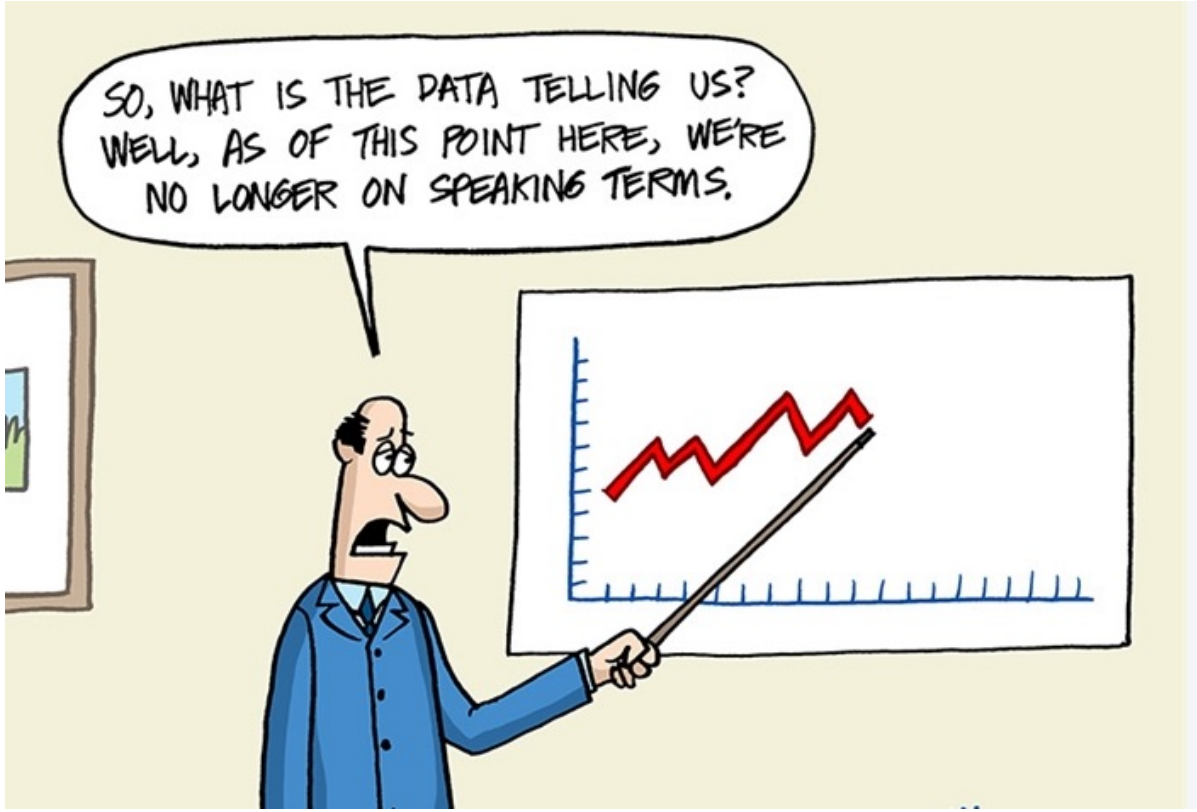
"STAT"

Physicians/APPs	Administrative Leaders
This needs to happen NOW!	We'll prioritize it.
There is clinical urgency	This is an important request
Delays could affect patient care	Let's determine where this fits among our other priorities
I expect action – NOT a meeting	We need to engage the appropriate stakeholders
Translation: **NOW, like literally yesterday!!**	Translation: **We'll put it on the agenda**

"Autonomy"

Physicians/APPs	Administrative Leaders
Professional judgement	Variation and accountability
Trust me to make the right clinical decision	We need guardrails and consistency
Freedom from unnecessary admin interference	Alignment with organizational policies/goals
Flexibility in how we practice	Predictability across the org
Translation: **Let me do what I know how to do best, practice medicine**	Translation: **How much variation can the system safely support?**

DATA



Enough

Relevant

Available

Strength

Threshold

Accuracy

Significant tension also exists when our metrics are misaligned

What are we measuring and why?

Two ways of thinking

Administrative leaders are trained to think

Horizontal

Across thousands of patients, people, processes, and competing priorities. Data driven solutions considering stake holder viewpoints.

Physicians/APPs are trained to think

Vertical

Deeply about one patient and one problem at a time. Problem Solving in real time. Addressing the needs of here and now is urgent. Autonomous decision making.

Neither is wrong. Either one alone is incomplete for today's healthcare teams.

Pitfalls

Beware of the gaps…these can push you backwards despite best intentions.

Solutions without Clarity

THE MISMATCH

System problem

↓

Individual solution

1. A structural problem is identified.
2. Physicians/APPs communicate frustration.
3. Leadership responds with resilience and self-care initiatives. ***(Yea! Pizza Party)***
4. The workflow, staffing, autonomy or resource problem remains. ***(Pizza won't close my charts for me).***

"Organizational deafness" = Heard the problem and didn't respond to it.

Hu JS, et al. J Healthc Leadersh. 2024;16:121–130.

Partnership done wrong.

Asking for input after the decision is made	“Why ask us now? We just get told to do things, no one asks us if it would even work. No one understands why this won’t work if they don’t ask us.”
Listening without closing the loop	“We keep giving feed back, nothing happens. Another survey??!! Our concerns go into a blackhole”
Silence after difficult feedback	“They don’t want to hear bad news. Every thing we say is viewed as negative. If they think we won’t agree, they won’t ask us our opinion.”
Decisions without explaining the WHY	“This makes no clinical sense. How does this help us in the clinic? How does this even help our patients?”
No visible accountability	“We asked 6 months ago, who was supposed to help? What happens if they drop the ball? Who do we go to for help now?”

What can we do about it

Listen to learn, not to blame. Establish trust through action.

What do we need from each other

93%

named **transparency** as a defining trait of an ideal leadership relationship

75%

emphasized **mutual respect** — being treated as a partner, not a subordinate or an annoyance

75%

wanted **engagement in decision-making**: a meaningful seat at the table as partners

Transparency · Partnership · Voice

Keller EJ, et al. J Healthc Leadersh. 2025;17:75–83. n=92 across three academic medical centers.

Learn to Listen, Be Curious

Diminishers

- Assume before asking
- Listen to respond
- Reduce people to roles, labels, and metrics
- Lead with judgment: “Here’s what you’re doing wrong”
- Leave people feeling small, unseen, misunderstood

Illuminators

- Get curious before assuming
- Listen to understand
- Seek the story behind the behavior
- Lead with questions: “Help me understand what you’re experiencing”
- Leave people feeling seen, heard, and understood

You can hold people accountable and still seek to understand them.

Inspired by David Brooks, “How to Know a Person: The Art of Seeing Others Deeply and Being Deeply Seen.”

Go back to the “Gem Statement”

Find the truth beneath the words

- I hear you.
- I want to understand the meaning underneath what you said.
- Keep talking, I am listening.

“How to Know a Person” by David Brooks

A practical model: Be C.L.E.A.R.

C	**Communicate constraints**	Explain the why, the trade-offs, and what is genuinely negotiable.
L	**Listen before solving**	Seek the lived clinical reality before designing the intervention.
E	**Engage early**	Bring frontline teams into decisions upstream — not after the decision is functionally made.
A	**Act visibly**	Close the loop: what changed, what did not, and why.
R	**Respect agency**	Protect meaningful professional autonomy and local decision-making.

C.L.E.A.R. is not a validated instrument.

Close the loop — Every Time

We heard

Name the concern in the words physicians used/understand.

We learned

Say what you found when you investigated it.

We took action

State what changed — or what could not, and **exactly why.**

Even if the outcome isn't what was expected, the FOLLOW UP itself is an ACTION that builds TRUST.



Action builds TRUST. YOU asked, WE listened.

What we can do Monday morning

1

Listen to Learn

- Ask before you assume
- Be an **Illuminator**
- Ask the people closest to the work for feedback
- Seek the story behind the behavior/ask
- Return to the **GEM Statement**

2

Solve WITH, not FOR

- Develop physician and operational leaders together
- Physicians/APPs should help design solutions
- Practice shared decision-making
- Who needs to be involved before, not after?
- **Stop othering each other**

3

Take Action

- Close the loop
- Communication without follow through erodes trust
- Respond with: Here's what we heard. Here's what we are doing. Here's what we can/can't do – and WHY
- **Communicate when you ACT**

Ask

Collaborate

Act

The takeaway

Partnership doesn't always require us to agree.
It requires us to believe that our voices matter, our goals are shared, and we're solving the problem together.

We need to listen to learn, be more curious, and encourage engagement. We can grow stronger, together, through conversation.

And if all else fails....



Try Improver-sation!

- Michael Scott

Video: The Office, NBC

Thank You

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