
Hospital Leadership: Clinical Engagement, Dyad Partnerships and Culture Change Course

19 – 23 July 2027
Casablanca





Hospital Leadership: Clinical Engagement, Dyad Partnerships and Culture Change Course

Ref: 68_12775 **Date:** 19 – 23 July 2027 **Location:** Casablanca **Fees:** 4000 GBP

Programme Summary

Hospital leadership is a five-day training course for senior clinical and non-clinical executives at strategic level, culminating in a personal and organisational leadership plan for clinical engagement and culture change. Hospitals depend on highly trained professionals who hold authority through expertise rather than hierarchy, so instructions from the top rarely change practice on the wards. The approach equips leaders to engage doctors and nurses as partners, build doctor-manager dyads, shape a safe and compassionate culture and lead change that clinicians own. Mars Training Centre UK delivers this programme in hospital leadership.

The Business Case

When clinicians feel excluded from decisions, improvement stalls, staff leave and safety concerns go unspoken. Hospitals with engaged clinical leaders, shared accountability between doctors and managers, and a culture where people speak up tend to sustain quality gains and keep scarce professionals. Leadership behaviour at the top sets that climate, and it can be deliberately developed.

- Clinical Engagement and Staff Retention: Improve as doctors and nurses take part in decisions and see leaders act on their input.
- Patient Safety Culture: Strengthens as psychological safety and a just culture make it normal to report errors and raise concerns.
- Change Adoption Rate: Rises as clinical departments co-design changes rather than receive them.

Principles and Evidence Base

- Mintzberg's Professional Bureaucracy: Explains why authority in hospitals rests with professionals and frames the engagement strategies in Session 1.
- Clinical Dyad Leadership Model: Structures the doctor-manager partnerships designed in Session 2.
- Compassionate and Collective Leadership West: Guides the culture work and leadership behaviours in Session 3.
- Psychological Safety Edmondson and Kotter's Eight-Step Change Model: Underpin the speaking-up climate and change leadership in Sessions 3 and 4.

Intended Participants

- Leaders accountable for the overall performance and culture of a hospital or hospital group.
- Medical and nursing leaders who must align professional colleagues behind organisational priorities.
- Senior managers who share responsibility for clinical departments with physician partners.
- Executives who report to boards on quality, safety and workforce matters.



The programme serves public and private hospitals, teaching and specialist hospitals, primary care networks and military or university health services.

Learning Outcomes

1. Participants will be able to diagnose the sources of influence and resistance in a professional hospital organisation.
2. Participants will be able to design a clinical engagement approach and a dyad partnership agreement.
3. Participants will be able to evaluate the safety and staff culture of a department using structured evidence.
4. Participants will be able to construct a change plan that clinical teams help shape and own.
5. Participants will be able to prioritise the board and clinical governance conversations a senior leader must lead.
6. Participants will be able to justify a personal leadership development plan based on feedback.

Programme Structure

Day 1: Hospital Leadership in a Professional Organisation

Why does leading a hospital differ from leading other organisations?

- Mintzberg's Professional Bureaucracy
- Sources of Power and Influence in Hospitals
- Clinical and Managerial Cultures Compared
- Clinical Engagement Diagnostic
- Stakeholder Mapping Across Professions

Day 2: Clinical Engagement and Dyad Partnerships

How do doctors, nurses and managers lead together rather than in parallel?

- Clinical Dyad Leadership Model
- Dyad Role Charters and Decision Rights
- Engaging Physicians in Service Decisions
- Nursing Leadership and Shared Governance
- Managing Conflict Between Professional Groups

Day 3: Compassionate Culture and Psychological Safety

What culture lets staff speak up and patients stay safe?



- Compassionate and Collective Leadership
- Psychological Safety and Speaking-Up Climate
- Just Culture and Incident Response
- Safety Culture Surveys and Walk-Rounds
- Staff Wellbeing and Burnout Signals

Day 4: Leading Change and Clinical Governance

How are changes led across clinical departments and governed at board level?

- Kotter's Eight-Step Change Model in Hospitals
- Co-Design With Clinical Teams
- Board and Clinical Governance Relationships
- Quality and Safety Reporting to the Board
- Difficult Conversations on Performance

Day 5: Applying Hospital Leadership

How are engagement, culture and change brought together in a leadership plan?

- Engagement Diagnostic of a Participant Hospital
- Dyad Agreement Drafting
- Culture and Change Priorities
- Personal Leadership Feedback and Reflection
- Leadership Plan Presentation

Methodology

The programme combines case analysis, structured exercises and peer coaching. Participants analyse cases from public and private hospitals, practise difficult conversations in role play and work in small peer groups that give feedback on each leader's style and plan.

- Suggested activity: Drafting a dyad charter for a surgical division.
- Suggested activity: Running a mock safety walk-round and debrief.
- Suggested activity: Rehearsing a board conversation on a serious incident.

Capstone Output

Each participant completes a leadership plan for clinical engagement and culture change. It combines an engagement diagnostic of their hospital, a dyad agreement, culture and change priorities with measures, and a personal development plan built from peer feedback, ready to share with their chief executive or board.



Frequently Asked Questions

Is hospital leadership suitable for doctors and nurses moving into executive roles?

Yes. It suits clinicians stepping into medical or nursing director roles as well as non-clinical executives. It assumes senior management experience but no formal leadership training.

Which models underpin hospital leadership in clinical engagement and culture change?

It draws on Mintzberg's professional bureaucracy, the clinical dyad leadership model, compassionate and collective leadership, psychological safety and Kotter's eight-step change model.

How is the hospital leadership plan used at work?

You return with an agreed engagement approach, a dyad agreement and culture priorities that you can start testing with your clinical teams immediately.

How does hospital leadership differ from general leadership programmes?

It addresses leading professionals who hold authority through expertise, doctor-manager partnerships, patient safety culture and clinical governance, which general programmes rarely cover.