



## Challenging Your Commitments

Mark Haeussler, CEO

A key responsibility of leadership is *making* commitments. As these declarations initially are made, leaders keep them front and center, constantly challenging them, renewing them, or discontinuing them. These declarations set in motion a series of ongoing *practices* that begin in the foreground, and eventually become automatic. In the daily busyness of leadership, it is easy to lose track of commitments that may be beyond their usefulness as they. As rigorous and ongoing evaluation drops off leaders no longer see the commitments. Leaders need to see and surface the existing commitment in all the busyness of their patterns.

Here is an example of how old commitments live on beyond their usefulness. As a volunteer and licensed Emergency Medical Technician (EMT), my education included as a standard of care to immobilize many trauma patients, a standard of care that began in the 1960s and 1970s. The reasoning was solid: to not subject a patient to a second, potentially devastating, injury during transport. I had the opportunity to meet Dr. Will Smith some years back, a physician who is the medical director of emergency medicine at Grand Teton National Park, making him someone who actually goes *into the rugged wilderness* to rescue people. Recovery in these rugged mountains is not easy, and backboarding patients can be impractical as some patients will have to assist in their locomotion.

Dr. Smith became curious about the long-standing practice of backboarding patients to see if the original declaration of care was truly useful in ensuring no secondary injury. I was astonished to learn from him that spinal immobilization *never* has been shown to improve outcomes. One study in developing countries, where the only mode of emergency transportation may be in the back of the neighbor's pickup truck, showed that there was no secondary injury from not backboarding a patient. I recently came across an article similarly challenging the use of neck braces post-accident. Thus, the original declaration, that the human body would suffer a secondary trauma without spinal mobilization, has been shown to be the *wrong* declaration, even though it seemed a good idea at the time.

As you can imagine, there is a lot of momentum around the old practice, and Smith, along with others, has an uphill climb. But their *first step is to shift the declaration*, from which a new set of more useful practices can follow. Inertia exists in most endeavors and industries, not just the practice of medicine. **Commitments in motion tend to stay in motion unless we challenge them with regularity.** When was the last time your team listed all of its initiatives and practices? What experts in your team are giving you hints on commitments that need to shift? And, perhaps, most importantly, when have you listed your own commitments and challenged them? **Your strategic efforts need to include this question: What commitments and practices no longer suit us?** So go make bold new commitments, and, equally, go deconstruct the old ones that are out of date and no longer useful.