

Semester: Oct - 2024					
Maximum Marks: 50 Examination: ESE Examinati	on Date:	Duration: 2.5 hrs.			
Programme code: 18 Programme: MBA for Working Executive – Batch 3	Class: FY	Semester: I			
College: K. J. Somaiya Institute of Management	Name of the dep OB & HR	artment/Section/Center:			
Course Code: 117P18C102	Name of the Course: Organizational Behaviour				

## **Instructions:**

- Attempt any 5 questions
- All questions carry equal marks
- State your assumptions (if any) clearly

Question No.		Max. Marks
1	Dr. Schuett identified and marked Patient A's left knee for the surgical procedure. However, despite this, Patient A's right knee was prepped and sterilely draped by hospital nursing staff. During the surgery, Dr. Schuett realized he was operating on the wrong knee and promptly informed the patient. The misidentification was not an error of the doctor, but the members of the operative team. However, Dr. Schuett, as the surgeon, took the entire responsibility of the procedure.	10 marks
	Medical error has been acknowledged as a major contributor to the burden of illness in the United States. Preventable complications in surgery contribute significantly to this burden. Over the last 17 years, the quality and safety of surgery in the United States has been addressed through several interventions. One prominent tool developed to improve patient safety is the World Health Organization (WHO) Surgical Safety Checklist. The WHO checklist is a communication tool that involves participation of the surgical team to review issues of surgical safety at three time points: at a sign-in prior to administration of the anesthetic, at a time-out prior to the incision, and at a sign-out or "debrief" at	
	the end of the case. Similar to a flight safety checklist in the aviation industry, the surgical checklist ensures that the patient is the correct person, and the surgery that is about to be performed is the correct surgery. Implementation of the WHO Checklist was associated with dramatically improved outcomes in an international trial published in 2009. The checklist is designed to improve care, foster clear communication and encourage positive engaging behavior between the members of the surgical team. Despite the positive outcomes, the burden of medical error in the US remains troublingly high. Many hospitals are struggling with checklist	

	implementation, while there are a few notable institutions that have used the surgical checklist effectively to improve quality and safety and continue to do so.  In order to follow the suit, McLeod Regional Hospital in Florence has joined hands to improve the safety of the one million South Carolinians having surgery and hospital procedures every year. Dr. Rose, who is both a clinician and a healthcare executive, also serves as a member of the McLeod Health Board of Trustees. For more than three years, Dr. Rose has led an initiative to adapt the Surgical Safety Checklist introduced by the Institute of Healthcare Improvement for surgical patient care at McLeod. For 18 months between 2009 and 2010, Dr. Rose worked with surgical teams to implement the checklist – an evidenced best practice for safe surgery. Despite the evidence, and the national mandate from hospital accreditation agencies, the adoption rate was low. Some surgical teams never used it while others tried using it but later abandoned it. This kind of behaviour isn't surprising because resistance is a normal psychological response to change. Neurologically, the emotional brain always feels negative about change.  a) What could be the possible sources of resistance to change? (5 marks)  b) If you were in the position of Dr. Rose, what would you do to overcome the resistance? (5 marks)	
2	Neeraj is a part of the newly established 'Innovation Champions Team'. Neeraj uses rationale to make decisions. He believes that the right choices can only be made by gathering concrete information from diverse sources and believes in thorough scrutiny and analysis. Each time he needs to decide, he weighs all possible options before taking action.  a) Referring to any two out of four dimensions of MBTI, how would you classify	10 marks
	Neeraj's personality?  b) In what situations are his preferences likely to boost his performance or act as a deterrent to his performance?	
3	"In a very real sense, we have two minds, one that thinks and one that feels. Emotional intelligence increases our ability to make both work together for better outcomes." – Daniel Goleman  Why is Emotional Intelligence (EI) crucial for leadership success? Justify its significance by providing an example of how a leader with high emotional intelligence can enhance both team performance and employee well-being.	10 marks
4	Choose one of the following leaders (M S Dhoni, Virat Kohli, Ratan Tata, Nelson Mandela). Critically analyze his leadership using any one leadership theory. Also, discuss, with example(s), if the chosen leader exhibited instrumental and/or terminal values and it's impact.	10 marks

5	Consider a workplace scenario of your choice. Explain any three perceptual	10
	biases that may occur in the workplace. Give examples and share the impact of	marks
	such biases.	
6	"If you can dream it, you can do it" – Walt Disney	10
		marks
	"Leadership is not about being in charge. It's about taking care of those in your	
	charge." – Simon Sinek	
	What is motivation? Choose either the quote by Walt Disney or Simon Sinek.	
	Identify which theory of motivation aligns with the chosen quote and explain the	
	key concept of the theory to justify your answer.	
7	Short Notes (any two):	10
	Surface and Deep level diversity with examples	marks
	Stages of Group Development	
	<ul> <li>Any three bases of power with examples</li> </ul>	
	Types of Conflict	