

BALLARI INSTITUTE OF TECHNOLOGY & MANAGEMENT

(Autonomous Institute under Visvesvaraya Technological University, Belagavi)

USN Course Code

Third Semester MBA Degree Examinations, April 2023

ORGANIZATION CHANGE MANAGEMENT

Duration: 3 hrs

Max. Marks: 100

- Note:** 1. Answer any FOUR full questions from Question No. 1 to 7.
2. Question No. 8 is compulsory
3. Missing data, if any, may be suitably assumed

<u>Q. No</u>	<u>Question</u>	<u>Marks</u>	<u>(RBTL:CO:PO)</u>
1.	a. Summarize the OD assumptions.	03	(2 : 1 : 1)
	b. Explain organization change roles.	07	(2 : 2 : 2)
	c. Illustrate the history of OD in brief.	10	(4 : 2 : 1)
2.	a. Summarize the meaning of strategic map.	03	(2 : 3 : 2)
	b. Explain laboratory training and T- group training.	07	(2 : 1 : 1)
	c. Explain developing of an understanding of the need for change.	10	(2 : 2 : 2)
3.	a. Summarize the meaning of balanced scorecard.	03	(2 : 3 : 2)
	b. Analyze strategy and the four levels of control.	07	(4 : 3 : 2)
	c. Illustrate DICE model and risk exposure calculator as measuring tools.	10	(4 : 3 : 2)
4.	a. Summarize the ethical issues associated with data gathering.	03	(2 : 3 : 2)
	b. Analyze key principles in communicating for change.	07	(4 : 4 : 2)
	c. Explain in detail the action planning tools used in change initiative/management.	10	(2 : 4 : 5)
5.	a. Summarize commitment analysis charts.	03	(2 : 4 : 1)
	b. Explain key principles in communicating for change.	07	(2 : 4 : 3)
	c. Explain the organization development consulting model.	10	(2 : 5 : 5)
6.	a. Without a “Do It” orientation, things won’t happen – summarize the statement.	03	(2 : 4 : 3)
	b. Explain three generic change strategies.	07	(2 : 4 : 1)
	c. Explain the stages of consulting process.	10	(2 : 5 : 5)
7.	a. Summarize the skills and competencies for OD consultants.	03	(2 : 5 : 1)
	b. Provide advice to select an external consultant/expert.	07	(3 : 5 : 5)

- c. Elaborate the merits and demerits of internal consultant and external consultant 10 (2 :5 : 5)

8. Case Study

The Crossroads Center was founded 16 years ago as a nonprofit drug and alcohol treatment center for and adolescents. The center provides adult treatment facility and adolescent residential treatment facility.

The residential treatment facility, where patients live together in the facility and are supported by a network of clinical psychologists, physicians, nurses, addiction counselors, and therapists. The residential center is much more expensive to operate, given the additional staff and housing needs, so there are typically just 30 to 40 patients living at the center at any point in time.

The funding sources for both type of treatment facility include insurance as well, but also funding from grants and foundations, as well as federal and state programs.

Darrin, director, called Lisa Rodriguez last week with an urgent request. The center was at risk due to a new law, and he needed some advice to avoid the worst-case scenario.

"I had just gotten a major grant and our funding seemed more solid than at any point during my time here. Ironic, as it turns out. Things were sailing smoothly until just recently.

"Tell me about what's causing your concern for the center," Lisa asked.

Darrin said. 'You might have heard about the changes that the state legislature just made to the social services budget for this fiscal year. Well, the budget for social services includes a set of regulations requiring that treatment facilities that receive state funding have a certain percentage of their staff hold medical degrees from an accredited medical school. I guess the regulations were intended to address the large number of facilities that are run primarily by lower-skilled technicians, with few medical professionals actually administering services.

"Currently, the center's staff of teachers and therapists put the staff below the required threshold to receive funding. Most of them have advanced academic degrees, but they are not medical practitioners according to the legal definition. We would have no problem if we just let our teachers and therapists go," Darrin said. "But they are critical members of our staff, and as I said, our patients give them a great deal of credit for their treatment. I just don't think that is an acceptable solution. Another possibility would be to refuse the state funding, but then trying to operate with our remaining funds would be impossible. With money coming just from the federal government and from our grants, we would not only have to have a layoff of staff, we'd have to reduce the number of patients we serve by about two thirds, and we would turn away a lot of people who need our help. I've done a lot of thinking about this in the last several weeks, and I haven't been able to come up with a solution that is acceptable to anyone."

"Does the community understand what's happening to the center and what might happen if it closed?"

"We have purposely maintained a low profile in the community for the

last several years. Before I arrived, it's my understanding that there was a call among the county supervisors for the center to close or move, and we did not have a lot of support. I don't know what all of the issues are, but there is some animosity among the board of directors toward the county board of supervisors. Nothing came of it, obviously, and the board of directors recommended that I not spend a lot of time in the community for a while until things set- tied down. I'm not sure how many community leaders even know how we've contributed to the community by treating our own local adults and adolescents," Darrin concluded.

"What have you done so far?" Lisa asked

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| a. What is the client looking to accomplish? What challenges exist for the client in accomplishing his objectives? | 10 | (2 :5 : 5) |
| b. How would you design a scenario planning engagement for the client? | 10 | (3 :5 : 5) |

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