THE IMPACT OF AN EXECUTIVE LEADERSHIP DEVELOPMENT PROGRAM

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In this article...

A leadership development program at an academic medical center at the University of Kentucky is serving as a training ground for up-and-coming executives.

THE ABILITY OF LARGE HEALTH CARE SYSTEMS to respond to the rapidly changing landscape in which they operate is in many ways dependent upon the leadership knowledge and capabilities of those heading up the transformation.

Although the central direction and core vision for health system transformation is typically concentrated in a relatively tight circle of a few individuals, it is the broader acceptance and execution of the transformative steps that determine the success of the initiative.[1]

Often, it is less about having the perfect plan but rather expertly executing the plan that has been decided upon that leads to successful organizational change and advancement.[1]

To address this need, a growing number of health systems have implemented executive leadership development programs (ELDPs) to identify, equip and ultimately unleash potential leaders within their organizations to bring about desired transformation.

Until recently the degree to which these ELDP strategies were being implemented nationally was unknown. Ann McAlearny recently reported the results of a national survey that examined the number of active ELDPs, their general structure and outcome measures.[2]

It was discovered that most programs have been in existence for five to seven years with an executive-felt, need-based approach and relatively vague outcome measures. Most programs allowed the identified executive to structure the program to their needs/desires in approximately 40 to 50 contact hours.[2]

Additionally the outcomes measures were typically centered on rate of employee advancement, customer and employee satisfaction scores and employee retention. In this report the difficulty in clearly assessing the impact/outcome of these programs was mentioned as a limiting factor.[2]

Purpose-driven executive development has been demonstrated as important across several areas of business and industry, with skill acquisition and succession planning obvious benefits to the implementing organization.[3]

Leadership development is seen as a competitive advantage for those organizations engaged in these activities.[4] This advantage centers on the ability of the organization to outline and implement objectives efficiently.

In health care, these objectives typically involve increasing patient satisfaction and safety while delivering care in an efficient manner. Let's examine the organizational goal, structure, content and outcomes of a recently developed ELDP in an integrated academic medical center. Additionally, we'll look at the strengths and areas for improvement in the current models.

CANDIDATE SELECTION — Candidates for the ELDP were nominated and selected by senior leadership within the organization. Criteria for selection included personnel who had demonstrated leadership potential or who were in key positions to execute organizational strategy.

The two cohorts of roughly 30 participants each (2009 and 2010) consisted of individuals representing nursing, the physician practice and hospital/college of medicine administration. The levels of experience were equally varied with some individuals having less than three years tenure within the institution, while others had more than 20 years of history with the enterprise.

PROGRAM CONTENT — The program was centered around two primary components:

■ Didactic business and leadership curricula.

The executive leadership development program at the University of Kentucky medical center has proven to be an overwhelming success, providing both direct and indirect benefits to the clinical enterprise. As a result of the program, the enterprise now has a growing cadre of highly motivated and engaged managers and potential senior leaders.

■ Division of the cohort into teams that were given a project that was an institutional priority.

Both components took place during two 10-hour sessions per month, totaling more than 200 contact hours. Participants were excused from all work-related duties to attend the program.

For the didactic curricula, modules chosen consisted of personality trait assessment, appreciative inquiry, negotiation skills, institutional structure and supply chain analysis, LEAN and Six Sigma exposure, budget and finance overview, ethics, leadership techniques, and style analysis.

Five teams were created centered around projects such as:

■ Reorganization of a newly acquired ambulatory clinic.

■ Patient safety and improvement during night hours and weekends.

■ New employee onboarding to institutional culture.

■ Movement coordination of intensive care unit patients into a new bed tower.

■ Implementation of the Robert Wood Johnson Foundation initiative: Transforming Care at the Bedside.

Teams comprised individuals evenly balanced from nursing, physician practice and administration. Each team was given an executive sponsor who is a part of the senior leadership structure and member from a previous ELDP to serve as coaches in completion of project goals.

Project goals and objectives were purposefully ambiguous so that teams could assess the needs in each area and provide fresh perspectives to the project without preconceived biases.

EVALUATION — At the end of each ELDP year a status report to senior leadership is given on the progress of each project. Direction and feedback are given, and the project participants continue to implement and shape the dynamics of the project moving forward. Several measures of participant satisfaction and value are obtained throughout the ELDP, and an overall summary of value is obtained at the end of the program.

RESULTS — The ELDP has proven to be an overwhelming success providing direct and indirect benefits to the clinical enterprise. The direct benefits have been obvious and palpable. As a result of the program, the enterprise now has a growing cadre of highly motivated and engaged managers and potential senior leaders.

There is now a rich supply of talent available to assume new responsibilities and tasks to drive the constant improvement in performance in terms of quality, safety, efficiency, service and finance.

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IS SEEN AS A COMPETITIVE ADVANTAGE.

In addition the graduates of the ELDP are better prepared and more effective leaders and managers in their current positions and scope of responsibilities. And finally the ELDP projects have consistently delivered great ideas and recommendations.

These projects have provided the enterprise with a fresh and innovative approach to important and often vexing problems. The benefit of the knowledge gained through the ELDP program has been evident as the proposed solutions and ideas have also been very practical and doable.

However, the indirect benefits of the ELDP program have been equally as valuable. The graduates now share a common language and a common set of tools and approaches that dramatically improve the communication and implementation of new ideas and initiatives.

Many of the graduates were introduced to people from other units and disciplines at the medical center for the first time. They quickly came to appreciate the full breadth and complexity of an academic medical center as well as the critical interdependencies.

As such the program greatly enhanced the intraorganizational network of critical connections between the various units. These formal and informal connections are essential to drive change that is accepted, adopted and sustained.

The participants also gained a much greater understanding and appreciation of the corporate goals, values and strategies. The resulting excitement, enthusiasm and commitment of these graduates to help the organization succeed has provided vital energy and accelerated the implementation of new programs and initiatives.

Finally the ELDP program has been a very effective mechanism to convey to the young talent that the enterprise cares deeply about their personal goals, aspirations and success.

DISCUSSION — Leadership development programs in the health care setting are growing in number.[2,5] Despite the obvious growing popularity of these programs and the implied intrinsic value inherent in such concepts, the structure and evaluation methods used vary widely across institutions.

McAlearney reported that half of all health systems responding to a recent survey (n-104) reported having some form of an ELDP in place or under development.[2] These programs consist of 40 to 50 contact hours with direction and content tailored to the needs/desires of the trainee.

The specific content of the ELDPs was not addressed in the study but in general content was typically selected based on participant ideas and/or participant feedback suggesting that the content was trainee driven.[2] Likewise the faculty for the ELDP was typically selected from within the health care organization.[2]

The larger the health system the more likely they were to use internal resources. In contrast, University of Kentucky HealthCare senior leadership and the University of Kentucky Gatton College of Business faculty mutually agreed upon the program content in our institution with a strategic eye toward high-yield topics germane to institutional health care.

With regard to evaluation of ELDPs nationally, employee job satisfaction was noted to be the primary evaluation endpoint with succession planning and patient satisfaction listed as other measures.

Interestingly most programs did not evaluate their programs on a return on investment (ROI) basis. Those programs evaluating ROI used vastly different outcome measures to determine value, thus making ROI comparison between programs difficult.

In the McAlearney study, most respondents suggested that the payoff for participation met or exceeded their expectations.[2] The most popular aspects of ELDPs nationally appear to be the development of leadership skills and access to coaching.[2]

Quality improvement skill acquisition and self-assessment tools also were frequently reported as being of value. Interestingly the more formal business curricula such as finance and supply chain management were not mentioned as being of value by respondents in the McAlearney study.[2]

It is unclear whether this because these components were absent from most programs or were merely seen as of lesser value. Our results suggest that while personal skill development was seen as foundational to most participants, the information on institutional organization and structure, as well as supply chain analysis and negotiating techniques, were also seen as highly valuable.

It is possible that presentation of these topics by faculty regularly involved in the master in business administration coursework improved satisfaction in these areas versus the national benchmarks in the McAlearney study.[2] Each business topic presented was an abbreviated overview, specifically selected for health care application, thus exempting the program participants from the more intricate details of any single business discipline.

Common reasons cited for implementation of an ELDP include:

1. Desire to foster employee development.
2. Becoming/remaining the employer of choice in the region.
3. An institutional emphasis on education and development.[2]

Although these are also goals of our institution, the primary desire of senior leadership for this program, in addition

to future leadership identification and nurturing, was and continues to be the creation of an institutional culture.

Our institution continues to be in transition from academic health center model to a regional health care destination. Part of the transition is changing the perception of the institution from that of a large inefficient compartmentalized care-model into a fully integrated patient-centered enterprise. This transformation requires that all current and emerging leaders clearly understand the vision and goals of the senior leadership team.

Post-program evaluations suggest a significant escalation in participant awareness of and buy-in for the overall stated enterprise transformative goal. Data from our ongoing programs suggest that, in contrast to national outcomes that focus on employee satisfaction and development, ELDPs may be used to bring about culture change, a typically monumental task. If indeed this emerging trend holds true, then the potential ROI of ELPDS for institutions requiring rapid response to changing environments may be invaluable.

Perhaps the most novel and potentially important aspect of the current program is the combination of didactic knowledge acquisition with real-world problem solving of the assigned project. The projects are institutional imperatives selected by senior leadership. Participants are working on high-value issues. The coaching aspect of the design and the project management skill acquisition are felt to be important aspects of the overall training.

Each participant, by nature of their selection, has pressing administrative and clinical demands. The ELDP project is in addition to their current work load, simulating the consistent demand that the health care leaders juggle several disparate projects simultaneously.

The evaluation of how participants grow in their ability to handle these stressors is also a key component of the development process. During the process a small number of participants in our ELDP identified that, despite coaching and skill development that was available to them, they were personally ill-suited to the demands of health care administration. This is important self-discovery, before promotion leads to the uncomfortable place of a person being hired into a position for which they are ultimately ill-suited.

Despite the perceived success of the current ELDP structure, there are several areas for improvement. For example, though projects are selected based on institutional priorities, there was often significant overlap with other teams in terms of scope within the institution.

As is often the case in complex organizations, project management was occasionally disjointed and ELDP participants reported that they would encounter frustration from organizational units. The genesis of these frustrations was the appearance that more than one group was working on the same project, confusing lines of authority and communication.

A potential shift of participants onto already functioning teams may eliminate this frustration while enhancing the benefit of the ELDP participant. Conversely, the idea of a fresh look at an old problem would be lost. Clearly the balance of these two competing issues must be found.

Another potential area for growth centers on the coach-ing process. Previously senior leaders were selected as team coaches, however groups occasionally found that due to the demands of their positions within the enterprise these individuals had little spare time for the coaching process.

Additionally, not every senior leader has the intrinsic qualities that make an excellent coach. An improvement made for subsequent cohorts involves pairing excellent coaches with busy senior leaders so that participants get exposure to the mindset of their leadership while receiving excellent mentoring.

If both objectives can be accomplished with the senior leader then that is ideal, but recognizing that coaching is not a universal strength, we feel that a combination that ensures the presence of a premier coach will improve the experience. ∎

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SYLLABUS FOR ELDP PROGRAM

■ **DISC work behavior profile.**

- Have individuals understand their own natural work behaviors and strengths.
- Use their strengths and natural work behaviors in an adaptive manner to become more effective leaders.
- Understand the work behaviors of peers and employees.

■ **Team development.**

- Understand the team development process and qualities/characteristics of high-performing cross-functional teams.
- Demonstrate effective team communication and decision-making for a team focused on creative outcomes.
- Understand the challenges of teamwork and ways to overcome or mitigate these challenges (i.e. decision-making, participation, conflict, identification and cohesion).

■ **Project management.**

- Learn to scope projects properly through defining the problem, determining critical-to-quality outcomes and engaging stakeholders.
- Learn to manage projects through the study of processes.
- Gain skill in the application of methods and tools for effective, on-time projects.

■ **Compelling communication.**

- Learn to apply their communication preferences to compelling communications.
- Learn and apply the tools to have compelling communication that can address difficult topics.
- Understand the emotional aspect of compelling communication.

■ **Emotional intelligence.**

- Develop insight into the foundations of your own emotional states.
- Gain power to proactively direct your emotions so that you become an appropriately empowered agent for positive change.
- Explore ways to understand and work with the emotions of others.

■ **Conflict management.**

- Be able to define conflict and manage it appropriately.
- Diagnose different types of conflict.
- Identify the causes of organizational conflict.
- Recognizes that there are functional and dysfunctional aspects of conflict.

■ **Managing multi-unit organizations.**

- Understand the challenges (and benefits) associated with organizing and managing diverse, multi-unit organizations.
- Actively discover and engage in (through simulation) the processes involved with the alignment and integration of organization units.
- Learn to balance the organization's overarching need for strategic and structural coherence with departmental-, unit- and/or person-level differences in operational processes, expectations/attitudes and culture.

■ **Matrix management.**

- Learn the meaning, structure and benefits of a matrix organization.
- Understand the operating opportunities for managers and employees in a matrix organization.
- Learn to navigate the challenges of a matrix structure.

■ **Appreciative inquiry.**

- Learn the appreciative inquiry model and process.
- Apply the appreciative inquiry process to daily operations.
- Understand the value of appreciative inquiry in employee engagement.

■ **Leadership models.**

- Learn how to balance the competing demands placed on organizational leaders.
- Harness the power of values-centered leadership.
- See more clearly, think more broadly and feel more deeply so as to act more effectively.

■ **Customer service in a gracious space.**

- Applying service outcomes to health care service delivery.
- Consider the implications of the experience economy for health care.
- Identify the characteristics of service-focused organizations.

■ **Presentation skills.**

- Learn how to organize a presentation that holds listeners' attention and gets results.
- Apply tools to make presentations more visual.
- Practice presenting addressing flow and delivery.

■ **Performance management.**

- Defining the role of performance management systems in developing employees and driving performance.
- Identify the types of performance interventions and metrics.
- Learn tools for engaging employees in the performance management process.

■ **Appreciative coaching.**

- Learn a model and process for coaching within an appreciative framework.
- Identify guidelines for a coaching interaction.
- Experience having appreciative coaching conversations.

■ **Lean process mapping.**

- Standard work — what it is, what it is not, why it is an important first step for getting quality results.
- Measurement — Students will be able to create a "pyramid of pain" measurement system to directly connect outcomes with process measures.
- Process flow — Students will learn how to create and read a basic process flow diagram.

■ **Negotiation skills.**

- Diagnosing different types of negotiation.
- Articulates differences between distributive (win-lose) negotiating and integrative (win-win) negotiating.
- Can engage in multi-issue negotiating, including recognizing differences in preferences and Raiffa's formal negotiating techniques.
- Can engage in multi-party negotiating, including recognizing the importance of understanding both positions and interests.

■ **Service industry, Lean and supply chain.**

- Gain exposure to the key concepts of supply chain management (SCM) and Lean thinking.
- Explore the application of SCM and Lean principles to health care.
- Learn to map the supply chain and value streams associated with health care service delivery.
- Experience the challenges of matching supply and demand, yielding solutions for heightened service while containing resources.

■ **Strategy.**

- Develop an understanding of current ideas, concepts and best practices associated with managing the total organization from the perspective of top management.
- Gain new perspective about the vital role of organizational innovation in fostering organizational growth and advantaged positioning vis-à-vis competitors
- Actively engage in (through simulation) strategic planning and the development/implementation of a multifunctional strategy.

■ **Decision-making.**

- Gain an understanding of systematic and heuristic-based decision-making processes, and when they tend to occur.
- Be able to identify common decision-making biases and how to prevent their occurrence.
- Be familiar with techniques designed to enhance decision-making in group settings.

■ **Health care finance.**

- Understand the macro view of health care finance.
- Review the key financial drivers in health care finance.
- Learn how the unique aspects of health care finance impact daily operations.

■ **Information management.**

- Define the application of information management as a management tool.
- Discuss the role of data in management decision-making.
- Learning to apply information in driving operational performance.

■ **Budgeting.**

- Learn the fundamentals of budgeting.
- Identify key drivers of their individual budget and financial performance.
- Learn how to use the budget as a management tool to drive operations.

■ **Quality and safety.**

- Understand the definition, scope and characteristics of quality improvement and safety in health care — and how they are distinct.
- Approach quality, safety and high reliability from a systems perspective.
- Learn about the role of compelling communication in quality, safety and high reliability.

■ **Ethics.**

- Increase our sensitivity to the presence of ethical issues.
- Assess our personal ethical development as leaders.
- Improve our ability to analyze and resolve ethical dilemmas.

■ **Strategic marketing.**

- Understand the building blocks of marketing (segmentation and positioning) and the relationship they have with organizational brand and identity.
- Examine the role of internal marketing within organizations and the impact this has on the customer experience.
- Develop an integrated marketing communications plan for a new health care service/product focused on achieving deep customer focus.