Developing Physician Leaders Internally
December 11, 2012

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Session Objectives

1. Provide context for creating a BIDMC physician leadership program
2. Outline program design steps
3. Describe the product: underlying concepts and elements
4. Hear the MD participants’ experience
5. Share outcomes
6. Discuss lessons learned and emerging questions
A Little Bit about You...

- What perspectives do you bring?
- How does your organization develop physicians for leadership roles?
- What might be most challenging about creating an internal program for physician leaders?
About BIDMC...

- 621 licensed beds
- 6,100 full-time-equivalent employees (excluding research)
- Approximately 5,000 births per year
- Level 1 trauma center and roof-top heliport
- In 2011....
  
<table>
<thead>
<tr>
<th>Service</th>
<th>Volume</th>
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<tbody>
<tr>
<td>Inpatient Discharges</td>
<td>41,331</td>
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<tr>
<td>Outpatient Visits</td>
<td>524,521</td>
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<td>Emergency Dept Visits</td>
<td>56,789</td>
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<tr>
<td>Radiology Visits</td>
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Physicians at BIDMC

- 819 full-time staff physicians
- 13 academic departments
- Mixed medical staff model
- MDs typically paid from a combination of sources: cases, research grants, administrative funds
Why a Physician Leadership Program at BIDMC?

- Ambitious goals for transforming care delivery:
  - Safety: Eliminate preventable harm
  - Patient Satisfaction: Rank in the top 2 percent of hospitals nationwide
- Need to change model of care delivery
- Desire to fully integrate our quality, safety, and process improvement initiatives across the system
- Recognition that:
  - strong physician leaders will be critical to our success
  - early/mid-career MDs are increasingly asked to take leadership roles.

Our Traditional Physician Leadership Methods:

- Send physicians to externally sponsored programs
- “Sink or swim...”
Grant Proposal: Another Approach

A physician leadership development program that would...

- be *internally designed and driven*
- be *customized* to the individual
- emphasize *self-reflection and leadership action*

Design Phase

- Interviews with emerging physician leaders
  - *What do you have to do to be successful in your current role?*
  - *What makes it hard to succeed? What’s frustrating?*
  - *What do you wish you could learn, to help in this role?*
  - *To what extent do you receive feedback?*
  - *How do you learn best?*
Design Phase

- Focus group with seasoned physician leaders
  - Thinking back to your earliest leadership roles as a physician, what was necessary for success in those roles?
  - What challenges can you remember facing in those early roles...perhaps mistakes you made?
  - [Given a proposed list of content areas] What seems most important? What’s missing from the list?
  - If you could give any advice to a new physician leader, what would it be?

Design Phase

Additional steps:
- Reviewed literature on skill requirements of physician leaders
- Reviewed content of existing external programs
- Established an advisory group for the program
Selection Process: Criteria

- Can commit 8-10 hours/month
- Viewed as credible by others
- Consistent history of excellent clinical performance
- Takes leadership responsibility
- Demonstrates strong work ethic
- Evidence of learning agility (demonstrates curiosity, seeks feedback, examines and learns from mistakes, and initiates development activities)
- Models BIDMC values (Integrity, Respect, Compassion, Excellence, Stewardship & Community)

Pilot Program Participants

- Eight participants
- Departments represented: Orthopaedics, Anesthesia, Medicine, Emergency Medicine
- Three women, five men
- Range of leadership experience and responsibility
- Range of clinical experience
Class of 2012

How Leaders Learn

Assessment
“How am I doing at this?”

Support
“My learning is valued.”

Challenge
“This is new, even scary.”
How Leaders Learn

MBTI
Assessment
“How am I doing at this?”

Support
“My learning is valued.”

Challenge
“This is new, even scary.”

IDP Leadership project

Seminars
Mentor
Coach

BIDMC’s Physician Leadership Program did not...

- Center around a series of classroom experiences
- Provide extensive content knowledge (e.g., financial acumen, practice management)
- Rely extensively on case methodology
- Incorporate a project that participants completed together
“Leadership is both active and reflective. One has to alternate between participating and observing. Walt Whitman described it as being “both in and out of the game…”

*Ronald Heifetz, Leadership without Easy Answers*

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**Coaching**

- Each participant was assigned an internal leadership coach, who was certified and experienced
- Coaching meetings typically occurred twice monthly
- Topics of coaching sessions:
  - Debriefing the MBTI and 360
  - Setting individual leadership goals
  - Progress on establishing new leadership behaviors
  - Progress on the leadership projects
  - All kinds of challenges that arose in participants’ day-to-day leadership work
Coaching

“The coach is key. In the absence of continuous feedback and adjustment, it is hard for people to lock in new behaviors. Frameworks are helpful; you learn ways to navigate, so you are less a victim. The coach can reinforce these.”

-Dr. Brett Simon, Chief of Anesthesia

Ariel: Leadership Presence

- 2-day program, off-site
- Offered early in the program, giving participants opportunity to build relationships
- Used theatre and improvisation techniques to expand participants’ ability to communicate and connect with audience
- Required significant personal risk-taking for many people
Workshop Topics

- Understanding and Navigating the BIDMC Organization (panel discussion)
- Strategic Planning
- Change Management
- Negotiation
- Conflict Resolution

Leadership Projects: Why?

- “Challenge” element of leadership learning
- Provided an arena for applying program learning to real-life situations
- Final project presentation created accountability for achievement and learning
Leadership Projects: Criteria

- Inherently challenging (ideal projects have the potential to teach multiple lessons)
- A clearly defined deliverable
- Significant milestone achievable by April 2012
- Presents opportunities for the participant to develop in areas he/she had targeted
- Provides exposure to people outside the participant’s department

Participants’ Leadership Projects

1. Radiology/OR/Anesthesia case volume and scheduling
2. Orthopaedic Clinic LEAN initiative
3. Electronic Medication Reconciliation
4. Improving patient flow in the Emergency Department
5. Anesthesia Residency site visit
6. Emergency Medicine team training to decrease medical errors
7. Continuing Education series in Perioperative Care
8. Bloodstream infection reduction in high risk patients
What would the participants say?

...about their leadership preparation?
...about the program?

PLD Video

Assessing the Program

- Pre and post 360s
- Survey of participants
- Interviews with department chiefs
- Project outcomes
- Tracking participants’ progression in leadership roles
Post Program: 360-degree feedback

- "Much better at giving feedback and raising concerns in a direct fashion."
- "Your ability to listen without interrupting has improved significantly, as well as your willingness to consider other viewpoints before making a final decision."
- "You have become more patient with ‘process’ when leading change - recognizing that not everyone thinks as quickly as you do when it comes to problem solving."
- "Improved abilities in examining the 2nd and 3rd level impacts a policy change may have."
- "Improved ability for managing discussion and dissent within the department."
- "Seen your confidence grow in expressing your ideas and actively contributing in meetings."

Participants’ Survey Responses

**Question 1:** I believe my leadership performance has been accelerated by this course.

100% Agreed or Strongly Agreed

**Question 2:** My perception of what a physician leader needs to be successful has changed as a result of this program.

100% Agreed or Strongly Agreed
### Participants’ Survey Responses

**Question 3:** What elements were most helpful in accelerating your leadership development?

(1=Not at all, 3=Moderately, 5=Extremely)

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<td>MBTI</td>
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### Participants’ Survey Responses

**Question 4:** How much of your leadership growth this past year would you attribute to the PLD program?

- “Most of my growth in my leadership.”
- “Changed my trajectory enough to make a big difference...I would say 75%.”
- “The majority.”
- “It certainly accelerated the course of my maturation...perhaps 65%.”
- “All of it.”
Interviews with Department Chiefs

- Virtually unanimous in noting the leadership growth of the participants they sponsored
- All expressed a strong interest in offering the program again
- Most perceived the coaching, 360 and MBTI to be the most valuable parts of the program
- All valued offering the program to MDs early in their leadership career; with few exceptions, felt the timing was right for the participants

Sample Project Outcomes

- Developed a 3 hour team communication training (applied in a simulation setting) for 40 ER physicians and 100 nurses
- Created and implemented a nurse education speaker series called “Nursing Grand Rounds”
- Prepared for a successful site visit evaluation for a Critical Care, Anesthesiology, and Pain Residency Program
- Initiated problem-solving discussions to reduce blood stream infections
- Designed and piloted a medicine reconciliation tool to ensure that patients are discharged with the correct medication
Challenges Along the Way

- **Scheduling program events and coaching meetings**
  
  *What to do, given demanding clinic and OR schedules?*

- **Vendor inconsistency**
  
  *What happens when the product isn’t what you were expecting?*

- **Participant readiness**
  
  *What is the “sweet spot” for this experience, in terms of career stage and personal motivation?*

- **Role of the Immediate Manager**
  
  *How can we engage them more in the program?*

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For the Next Round...

Expand and embed the program:

- Expect participation from all 13 departments
- Require a financial contribution by participating departments
- Actively involve the immediate managers of the participants in the program
1. How might developing physician leaders be different from developing administrators?
2. What are the best ways to identify physician-leaders who are truly ready to benefit from this type of program?
3. What can an organization do to increase the likelihood of leadership learning within a program such as this?

“Leadership and learning are indispensable to each other.”

John F. Kennedy