

# LEARNING BY DOING: DEVELOPING PHYSICIAN LEADERS THROUGH ACTION

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### In this article...

*Action learning helped one health care system create a more collaborative and trusting workplace culture.*

### PHYSICIAN LEADERSHIP IS A KEY DRIVER

toward a sustainable value-based health care delivery system. After all, physicians control 80 percent of health care dollars, 90 percent of clinical care orders, and play a key role in patients' perception of care and team member participation.

Accelerating the pace of physician leadership development is best done through a blended learning approach. This approach recognizes that development begins with realization of a need and motivation to do something about it, and that a combination of learning modalities "in concert" provides powerful learning and leadership development.

Let's explore a case study of a best-in-class physician leadership development program grounded in the 70/20/10 rule, a model based on research by Michael M. Lombardo and Robert W. Eichinger for the Center for Creative Leadership.

The 70/20/10 rule proposes the following blend of learning approaches:

- About 70 percent of leadership development/organizational learning should take place on the job (action learning), through solving problems and through special assignments and other day-to-day activities.
- Another 20 percent of development ought to occur through drawing on the knowledge of others in the workplace, from informal learning, from coaching and mentoring and from support and direction from managers and colleagues.

- Only 10 percent of development ought to occur through formal learning, whether classroom, workshop or, more recently, e-learning.

However, current physician leadership learning programs rely too heavily on formal learning, with limited opportunity for on-the-job development options, coaching and mentoring.

Action learning is an impactful way to improve physician engagement and leadership effectiveness and build leadership competencies, while working toward tangible business results. Action learning can also help to inculcate a different way of communicating to drive positive culture change.

We'll explore the tangible benefits of action learning based on the experience of Atlantic Health System (AHS), a multi-hospital system with more than 10,000 employees, 2,800 affiliated physicians, more than 800,000 outpatient visits and 1,300 licensed beds.

**ACTION LEARNING OVERVIEW** — Action learning is an approach to working with and developing people that uses work on an actual project or problem as the way to learn. The approach marries analysis and action, reflection and doing, organizational development and bottom-line performance, driving results in new ways and building leadership competencies and organizational capabilities.

Participants work in small groups to take action to solve either organizational or individual problems and learn from that action. The process provides real-world practice and accountability, as well as skill development and insight that help



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ensure that the practices learned in the larger leadership development program are transferred to the workplace.

**KEY COMPONENTS** — Action learning projects feature six key components:<sup>1</sup>

- **A problem** (project, challenge, opportunity, issue or task) — Solving the problem should make a significant difference to the individual or organization.
- **An action learning group or team** — Ideally the team should be composed of four to eight people who examine an organizational problem that has no easily identifiable solution. Diversity of group membership is extremely valuable and contributes immensely to the power and success of action learning.
- **Ability to take action on the problem** — Action learning requires that the group be able to take action on the problem it is working on (barring any significant change in the environment or the group's obvious lack of essential information). Project sponsors should be identified to demonstrate the organization's commitment and support the action learning team.
- **A commitment to learning** — Action learning places equal emphasis on the learning and development of individuals and the team as it does on the solving of problems.

- **Reflective questioning and listening** — Action learning emphasizes questions and reflection over statements and opinions. Open-ended questions (i.e., Who?, What?, When?, Where?, Why?, How?) are the most powerful way to get to clarify the problem and move toward consideration of strategies and potential solutions. The process of reflective questioning and listening also builds group cohesiveness, promotes systems thinking, introduces innovative strategies, and generates individual and team learning.
- **An action learning coach** — The action learning coach facilitates team reflection on what they are learning during the process as well as how they are solving problems. Important steps in the process require group members to reflect on how they listen, reframe the problem, give each other feedback, discuss how they plan and work together, and what assumptions may be shaping their beliefs and actions.

**APPLICATION OF ACTION LEARNING** — As a result of the increased pressure on health systems to deliver cost-effective, value-based care, Atlantic Health System (AHS), one of the largest and most respected national health care systems serving the Metro New York and New Jersey area, was determined to work with its physician leaders to bring about needed changes in their system.

## ■ ACTION LEARNING TEAM SNAPSHOT



**BACKGROUND:** One of the problems identified by the steering committee and the physician leaders was: “How do physician leaders execute on their expectations, roles and responsibilities.”

This problem stemmed from the general belief that physician leaders were having difficulty owning, communicating and implementing actions that were deemed to be part of their roles.

A sponsor from the steering committee was identified to champion the project, lending advice and counsel to the physician members of the action learning team. Six physician leaders, representing the system’s hospitals and diverse specialties, chose to work on the project team.

The team was assigned an action learning coach who engaged them in the process of reflective questioning, active listening and addressing assumptions in order to get to the crux of the problem. After productive and thoughtful conversations, the problem statement was redefined.

**REVISED PROBLEM STATEMENT:** Physician leaders need to be more effective in fulfilling their roles, responsibilities and expectations.

### **SOLUTION AND RESULTS:**

- Physician leader alignment
- Redefined physician leader job description
- Incentives for physician leaders aligned to system and medical center goals
- Structural change
- Obtained support for full-time chief medical officer at each medical center site
- Created role to lead the employed physicians
- Enhance physician development
- Continued support and evolution of physician leadership training

AHS recognized that the seismic shift taking place would require physician leader (both employed and affiliated) support and alignment with the organization’s strategy and vision for the future.

As a progressive health system, AHS set a plan in motion to focus on physician leadership development to position the system for success. AHS understood the value of developing a tailored onsite physician leadership process, with an initial focus on division chairs and department heads.

AHS partnered with The Leadership Development Group to design and deliver a multifaceted onsite physician leadership development academy designed to incorporate the 70/20/10 model of adult learning.

The program uses multiple learning strategies that target and reinforce leadership development including on-the-job stretch assignments, coaching and mentoring, and in-classroom/didactic training.

With support and commitment from AHS’s senior executives and physician leaders, the physician leadership development academy was designed based on the following objectives:

- Strengthen alignment among physician leaders to AHS goals and objectives.
- Foster relationships among physician leaders and with the executive team.
- Focus on growth opportunities and innovation.
- Develop physician leaders to drive the necessary changes through the system and be positioned for success.

Team action learning projects were identified based on an organizational assessment that included interviews with the AHS senior management team and an analysis of issues identified by physician leaders.

An upfront assessment of leadership competencies was also conducted to identify individual development goals to be addressed through the action learning process and coaching component of the physician leadership development academy.

The steering committee agreed to fully support the action learning projects and the implementation of the designed solutions prior to kicking off the projects with the physician leader participants. Each initiative was sponsored by an action learning project champion, a member of senior management.

From a list of projects, physician leader participants chose the project they were most passionate about. The action learning project teams were made up of six to eight physician participants representing each hospital and various service lines within AHS and led by certified action learning coaches for optimal impact.

Physician leader participants were required to draw upon their leadership skills while driving toward tangible results through the action learning process. Initiatives included such topics as improving quality while reducing costs, growing the business, improving patient outcomes and executing on leadership roles.

**RESULTS** — The action learning project work led to system-wide solutions to strategic problems that will drive stronger administration/physician leader alignment and clinical integration.

The process enabled the teams to reframe problem statements through reflective questioning, active listening, addressing assumptions and obtaining stakeholder feedback. The problems were reframed to ensure intension aligned with impact and led to the following solutions:

- Creation of a “physician” or “shared governance” practice plan that is facile and able to recruit and incorporate physicians into the organization designed to achieve the following goals:
  - Reorganization of care quality-centric efforts to embed follow-up and accountability to measure results.
  - Systemwide implementation of POLST (Physician Orders for Life Sustaining Treatment) to shift focus of health care to patient-centered care.
  - Creation of chair role description and performance measure tied to compensation.

Conversations based on effective listening were a hallmark of the overall program. It created a new sense of “we” and enabled physician leaders to believe they could facilitate cultural change, said Greg Mulford, MD. Reflecting on the program, Mulford identified the following lessons learned:

- Real-time application is critical to learning.
- Reflective questioning and challenging assumptions was a transformational approach. It was awkward at first but the teams needed to learn how to get through it.
- It is much more difficult to do things this way and may take longer in the short run (dictatorships are more efficient than democracy) but it’s worth it in the long run.
- Leadership is a science.
- Leadership competencies can be developed (but it takes a desire to do so, a willingness to take an honest look at yourself and others, and be open to giving and receiving feedback.)
- Effective communication, particularly listening, is critical for developing trust within an organization.
- Trust is critical for engagement and alignment.
- Teamwork and team dynamics take a lot of work but are key elements of organizational effectiveness.
- The importance of emotional intelligence, coaching and mentoring for physician leaders cannot be over-emphasized.
- Being a content expert does not necessarily qualify one to be a leader (and, in fact, many of the personal attributes, skills and competencies that lead to success as

a content expert may be counterproductive in evolving as a leader within an organization.)

Action learning addresses organizational priorities and leadership development needs simultaneously. The action learning process enabled AHS to move from a transactional culture to one that is more trusting and collaborative and set the stage to position AHS for continued success and the ability to withstand the significant changes in the health care landscape.

AHS learned the importance of the process to redefine problems, identify impactful solutions and exercise a collaborative approach are keys to developing a trusting and effective organization poised for success in delivering value.



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## REFERENCE

1. World Institute of Action Learning (WIAL)

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