

**The Leadership Development Group's Applied Physician Leadership Academy™ In Action**  
**Case Study: Palomar Health**

**THE ORGANIZATION**

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Palomar Health is the largest public health-care district by area in California and the most comprehensive health care delivery system in northern San Diego County. With its several primary and ancillary facilities, including 3 hospitals, a skilled nursing facility, and express clinics, Palomar Health provides medical services in virtually all fields of medicine, including primary care, cardiovascular care, emergency services, trauma, cancer, orthopedics, women's health, rehabilitation, robotic surgery and bariatric surgery.

**THE CHALLENGE**

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Previously, Palomar's organizational development initiatives were primarily geared towards administrators, executives, nurses, and ancillary staff. Palomar recognized that in order to reduce cost of care and provide higher patient satisfaction, they needed to engage and develop their physician leaders, as well. Though Palomar Health's physicians and nurses shared the desire to provide quality care to patients, they traditionally had complex relationships that included challenges with communication and teamwork. The system sought to develop physicians as partners to provide the highest quality of care through an integrative approach to healthcare delivery. As such, Palomar developed a leadership academy for clinical leaders to build leadership competencies, drive alignment, and facilitate a team-based care-giving approach.

**THE SOLUTION**

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Palomar sought a partnership with The Leadership Development Group (TLD Group), a recognized leader in physician leadership development to design and deliver the Applied Physician Leadership Academy (APLA®), a multi-faceted physician leadership development program entirely customized to deliver high value and high impact to healthcare and life sciences clients. The customized physician leadership development model addresses the need for collaborative partnerships between physicians and nurses for enhanced patient satisfaction, engagement and outcomes. The program utilizes multiple learning strategies including 1:1 assessment and coaching, learning and application modules, and action learning projects. Our multi-learning approach is designed to build physician engagement and strengthen physician leadership capability to facilitate collaboration between physicians, nurses, and administrators.

Palomar Health's customized Applied Physician Leadership Academy was designed for physician leaders, nurse leaders, and administrators to drive alignment on the system's goals and facilitate a team-based approach to care giving. Palomar's APLA was designed to strengthen trust, build relationships, and enhance communication between the physician and their nursing dyad partner and to use the collaborative partnership to raise the standard of care and improve the overall patient experience.

TLD Group partnered with Palomar's design team including the Director of Organizational Development, the Chief Physician Leadership Development Officer, and a Steering Committee, comprised of physician, nurse and administrative leaders, to help design and implement the full program curriculum and measures

of success. Advisory services included ongoing program customization, faculty identification and support, experiential learning design, communications planning, and meetings with key stakeholders.

**The Model**

APLA utilizes TLD Group’s empirically researched physician competency model, which includes four competency clusters:

- Leading Self: Taking ownership of self-awareness, self-management, and self-development
- Leading Others: Building and developing effective teams
- Leading Change: Building resilience and change management
- Leading for Results: Applying strategy and decision-making for outcomes

Each cluster contains several competencies with behavioral indicators. Participants were asked to rate the frequency with which they believed they currently demonstrate each behavior, on a 5-point scale ranging from “Very Rarely” to “Very Frequently”. Results were analyzed to uncover the group composite leadership strengths and opportunities for development. The self-assessment was re-administered following APLA to assess degree of change in these key competencies.

**PHYSICIAN LEADERSHIP SUCCESS MODEL**



**Best Practice for Developing Physician Leaders**

APLA incorporates best practice methods for developing physician leaders following the 70/20/10 model of adult learning:

- **70%** of the program was dedicated to on-the-job training through action learning project work
- **20%** of the program was dedicated to informal learning through assessment and coaching
- **10%** of the program was dedicated to formal learning through seminar-style learning sessions

**PROGRAM DESIGN**

**Learning Modules**

Every other month, didactic training sessions were designed and delivered on a Saturday over a 6-8-hour block of time. The modules covered a broad span of topics aligned to Palomar’s leadership development needs. Two-hour application sessions were designed to apply and reinforce the learnings from each didactic training session, and occurred every month following each learning module. These learning module and application sessions were designed to support each of the five competency clusters.

LEADING SELF	
Learning Module	Application Session
<b><u>The Engaged Physician Leader</u></b> <b>Objectives:</b> <ul style="list-style-type: none"> <li>• Clarify the role of the physician leader at Palomar Health</li> <li>• Demonstrate how to engage physicians and obtain buy-in</li> </ul>	<b><u>The Work of Action Registry to Enhance Physician Leadership</u></b> <b>Objectives:</b> <ul style="list-style-type: none"> <li>• Partner with nurses and administration to improve performance</li> <li>• Agree to common goals</li> </ul>



<ul style="list-style-type: none"> <li>Prepare participants to improve engagement and performance following the module</li> </ul>	<ul style="list-style-type: none"> <li>Break down barriers</li> <li>Form teams to focus on priority strategies and outcomes, as appropriate</li> <li>Determine action steps for the multi-disciplinary team to execute on the strategy</li> </ul>
<p><b><u>Emotional Intelligence (EI) and its Impact on Leadership</u></b>  <b>Objectives:</b></p> <ul style="list-style-type: none"> <li>Understand EI and impact on them and relationships (demonstrate evidence-based and used by top institutions)</li> <li>Share theory of MSCEIT</li> <li>Help participants dissipate fear of EI and feel comfortable to share vulnerabilities</li> <li>Apply EI skills to real-life scenarios (role play)</li> <li>Set the stage for call to action: application of skills for better connections with peers and patients</li> </ul>	<p><b><u>Putting Emotional Intelligence into Practice</u></b>  <b>Objectives:</b></p> <ul style="list-style-type: none"> <li>Reinforce concepts and learnings from EI module</li> <li>Share updates on individual commitments (during call to action at end of session)</li> <li>Demonstrate empathy model to put EI into practice</li> <li>Practice empathy and listening skills</li> </ul>

LEADING OTHERS	
Learning Module	Application Session
<p><b><u>Dyads &amp; Triads: Best Practice &amp; Practicing Best</u></b>  <b>Objectives:</b></p> <ul style="list-style-type: none"> <li>Understand the attributes of successful dyads/triads</li> <li>Select a leadership model &amp; mindset to support successful, matrix-based leadership at Palomar Health</li> <li>Identify the core elements of “The Palomar Health Leader” in dyad/triad context.</li> <li>Adoption of “simple rules” that drive focus, repetition, learning, &amp; adoption of Palomar dyad characteristics</li> </ul>	<p><b><u>Thinking and Acting in “-ads”</u></b>  <b>Objectives:</b></p> <ul style="list-style-type: none"> <li>Reinforce concepts and learnings from module</li> <li>Review and confirm list of leadership characteristics</li> <li>Review and confirm list of dyad characteristics</li> <li>Facilitate group and individual to embrace characteristics</li> <li>Determine action items both at the organization and individual level</li> </ul>

LEADING CHANGE	
Learning Module	Application Session
<p><b><u>Change and Tribal Leadership: How to Mobilize Change and Build Culture</u></b>  <b>Objectives:</b></p> <ul style="list-style-type: none"> <li>Identify the most important required changes at Palomar Health</li> <li>Understand the relationship between change and culture</li> <li>Assess the overall physician culture, and sub-cultures, at Palomar Health</li> <li>Identify the physician culture that can foster and lead the needed changes</li> <li>Plan actions steps for closing the gap between current &amp; desired physician culture</li> </ul>	<p><b><u>Tribal Leadership in Action</u></b>  <b>Objectives:</b></p> <ul style="list-style-type: none"> <li>Assess the overall physician culture and sub-cultures at Palomar Health</li> <li>Identify the physician culture that can foster and lead the needed changes</li> <li>Plan key actions steps for closing the gap between current and desired physician culture</li> </ul>

LEADING FOR RESULTS	
Learning Module	Application Session
<p><b><u>Using Partnerships to Activate High Performing Teams</u></b> <b>Objectives:</b></p> <ul style="list-style-type: none"> <li>• Learn more about each other and what it takes to work as a high performing team</li> <li>• Apply group learning to a problem they are already working on</li> <li>• Develop team skills of: Listening, Clarifying, Challenging Assumptions and Providing Feedback</li> </ul>	<p><b><u>Action Learning Projects</u></b> See below</p>

### **Action Learning Projects**

APLA included a *Dyad Activation Process*, an experiential learning platform to enable clinical dyads to enhance their collaborative leadership skills to enhance patient outcomes. The *Dyad Activation Process*, a facilitated learning process, enabled teams to identify solutions to problems that provide immediate, measurable impact and organizational results. Participants were broken into partnership activation teams by hospital unit consisting of approximately 5-8 clinicians (physicians and nurses) and in some cases non-clinicians as well. Action learning groups were facilitated by an action learning coach and were asked to pick a project that would impact their group in a positive way and would develop their leadership skill set. The groups met formally on a monthly basis over a 4-month period to work on their projects. The approach led participants through a model of the action learning process called the A3 approach for project planning, which utilized the following process:

1. Identify the problem
  - What is the problem to be solved?
  - What is the potential impact on the organization (ideally using metrics, i.e., increase quality, patient experience, staff engagement, etc.)?
  - Who are the key stakeholders involved with (or affected by) this issue and what are their interests?
2. Obstacles/Challenges
  - What solutions have already been tried and what have been the results?
  - What are some potential obstacles and barriers to developing and implementing a solution?
3. Identify desired state
  - What are best-in-class organizations doing to address this issue?
  - What is our vision of success?
  - What critical success factors need to be in place to ensure success?
  - How will we measure success?
4. Determine best solutions/actions
  - What is an effective, implementable solution?
  - What resources are required?
  - What key stakeholders do we need to involve in working toward a solution?
  - How will we identify and deal with resistance?
  - How can we monitor our progress and course correct?
  - How will we assess results?

The Dyad Activation Process also included the Peer Coaching Model, which included reflective listening, active questioning, challenging assumptions, and giving/receiving feedback while taking their projects from concept through to solution and implementation.

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**Action Learning Project Case Example:**  
**No Physician Rounds Alone**

At the start of the Dyad Activation Process, the situation on rounding was described as haphazard and lacking consistency. Historically, physicians and nurses were rounding on different patients at the same time or the same patient at different times; several physicians had the reputation of conducting “stealth” rounds where they would enter the unit, see the patient and leave before nursing staff knew they were on site. This uncoordinated effort resulted in lack of communication between physicians and nurses which had the potential to create:

- Errors
- Delays
- Increased costs
- Poorer outcomes
- Decreased patient satisfaction

The team desired to optimize daily rounding experience from patient, physician, and nurse perspectives and eliminate the negative consequences of physicians and nurses rounding separately.

**Solution**

The team established “No Physician Rounds Alone” protocol to facilitate physicians and nurses rounding together at the patient’s bedside. In total, there were 5 units working on this project. The physician/nurse partnerships worked with their units over a 4-month period to create the ideal state for the rounding process, identify challenges and barriers, identify and engage key stakeholders, and implement the rounding process. Each unit had a different approach and solution designed for their units. The tools and processes they developed were:

- Physician-in-Room button
- Posters to encourage rounding
- Nurse assignment boards
- Huddles in advance of entering room
- “Magic Minute” scripting for physicians and nurses
- Thank-you cards from nurses to physician

**Results**

- On average, dyad members reported significant improvement in alignment compared to one year ago based on these criteria: meeting regularly, trust, communication, use of a dashboard, engagement, and making decisions together.
- The percent of physician/nurse rounding increased dramatically on some floors, by as much as 40% after implementation of the projects.
- The dyad activation process led to a more thoughtful, comprehensive care approach and the alignment of physicians’ and nurses’ schedules.

- 100% of physicians and nurses surveyed responded “YES” to the question, “Did you find rounding beneficial?”
- Nursing leaders and medical leaders reported better alignment in their expectations of one another and improved satisfaction with their relationships.

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### **Coaching**

1:1 executive coaching was offered to all participants to supplement the didactic training sessions throughout the academy. Coaching was delivered by certified executive and physician leadership coaches.

### **Emotional Intelligence Assessment**

Participants were assessed on their emotional intelligence (EI) as measured by the Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT) and engaged in coaching sessions to receive feedback on the MSCEIT as well as create and implement a development plan to address the feedback and enhance their EI skills.

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### **PROGRAM SUCCESS**

The following metrics were chosen to evaluate APLA success:

1. Patient satisfaction scores for “physician overall” rating on Press Ganey survey over the 50th percentile nationally
2. HCAHPS scores for “My physician listens carefully to me” over the 60th percentile nationally
3. More than 50% participation in the Physician Partnership Survey with improved engagement
4. Participants’ qualitative evaluation of program’s value

### **Results**

1. Improved Press Ganey scores
  - Overall Physician ratings increased from the 30<sup>th</sup> to the 66<sup>th</sup> percentile
  - Overall Nursing ratings increased from the 33<sup>rd</sup> to the 82<sup>nd</sup> percentile
  - Overall System ratings increased from the 14<sup>th</sup> to the 76<sup>th</sup> percentile
2. HCAHPS scores on the question “My physician listens carefully to me” increased to the 89th percentile
3. Participation rate in the Physician Partnership Survey was 54%, with dyad members reporting significant improvement in alignment compared to one year prior based on these criteria: meeting regularly, trust, communication, engagement, and making collaborative decisions
4. The program received very positive feedback from participants.
  - Participants indicated that the APLA© program included knowledgeable speakers that kept participants engaged, was educational, and enhanced their self-awareness and communication skills.
  - Participants reported they gained valuable learning competencies including:
    - An understanding of how their emotional intelligence impacts others
    - Knowing their role as a physician leader
    - Having a clear purpose for their dyad relationship(s)
    - Driving patient satisfaction and physician engagement
    - The ability to use active listening and clarifying for understanding
    - The ability to demonstrate empathy
    - The importance of branding and communication in a change process



## **MOVING FORWARD**

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Palomar's first year with the APLA program generated strong momentum that carried into Year 2, which emphasized the progression from dyad to business partners with a focus on business results. Learning modules for Year 2 included:

### **Leading Performance Accountability**

Objectives:

- Define performance accountability for Palomar Health's clinical community both behaviorally and for business metrics.
- Develop leadership skills that support performance accountability, such as appreciative inquiry, influencing without formal authority, constructive conversations, feedback skills.
- Create strategies to realize an impact on performance accountability on themselves, their unit/teams, the hospital and system.
- Create a roadmap for constructive change.

### **Coaching and Mentoring**

Objectives:

- Demonstrate how mentoring and coaching can help build a culture around shared values and how to connect back to Tribal Leadership and what it looks like when successful
- Clarify difference between mentoring and coaching
- Reinforce skillset of coaching conversation – the emotional roadmap (bring back as part of the toolkit) – connect back to EQ, influencing without authority – being open and vulnerable
- Set the stage for the skills clinic during which participants will practice coaching and mentoring skills based on situations related to managing performance accountability

### **Financial Management and Strategy Activation**

Objectives:

- Demonstrate changing landscape
- Demonstrate role in overall performance
- Introduce operational scorecard
- Provide overview on Financial Management
- Share business case process and template
- Commence dyad strategy activation process starting with the development of a business case
- Set the stage for upcoming skills clinics related to business case including budget proposal

Palomar is now in its third year of the APLA program, with a core focus on developing and supporting the senior physician leaders' successful transition into their newly devised Medical Director role. This program is comprised of six short (90 minute) classroom learning sessions aligned to key Medical Director outcomes. These core concepts are further reinforced through supplemental e-learning material provided by The Clinician Effectiveness Project® through its partnership with Practicing Excellence. This APLA program is intended to provide the Medical Directors with skill-based training and leadership development to enable them to execute on their newly designed role with precision and impact.

## TESTIMONIAL

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*“TLD Group’s experience and structure in developing physician leadership academies has played a significant role in making this introductory year such a success by focusing on leadership development and team-based care/collaboration resulting in an improved patient experience. In fact, our overall Press Ganey physician ratings increased from the 30th to the 66th percentile. In reflection, the group work and team projects were brilliant in that they embedded the leadership skills into small groups which helped move the culture of the organization much faster than “just attending class.” As physicians, we often have ideas, but we don’t have the tools to integrate and participate in the organization. This experience was very eye-opening and impactful to our physicians.”*

— Duane Buringrud, MD, Chief Physician Leadership Development Officer

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