

Establishment of a Leadership Development Pathway for University Physician Faculty at a Private Hospital

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Background

The Mission of Children's Hospital Colorado (CHCO) is "To improve the health of children through the provision of high-quality, coordinated programs of patient care, education, research and advocacy."

Physicians play an essential role in each component. The hospital has a vested interest in the leadership performance, resource stewardship, service and guideline compliance of physicians.

Almost all of the physicians are employed by the Medical School Practice, University of Colorado Medicine, not CHCO. CHCO is staffed with physicians through an affiliation agreement.

Because of this affiliation, there are unique challenges in creating desired practice changes among the physicians.

The Challenge

The physicians of CHCO are critically important to achieving the hospital's mission.

Because physicians are not employed by CHCO, the influence of hospital administration upon the medical staff is limited compared to their employees.

Hospital administration is seeking ways to improve physician engagement, performance and compliance with hospital guidelines.

Objectives

Primary: Increase hospital engagement and promote leadership among physician faculty.

Secondary: Increase the pool of qualified internal candidates for leadership positions within academic sections.

Assessment

Primary Objective:

Increase hospital engagement and promote leadership among enrolled physician faculty.

Measurable outcomes:

1. Compliance with guidelines and safety policies.
2. Increased patient satisfaction rating with provider.
3. Decreased reports of dissatisfaction with provider.
4. Increased reports of positive leadership behavior by team members.
5. Decreased complaints or reports of negative leadership behavior by team members.

Secondary Objective:

Increase the pool of qualified internal candidates for leadership positions within academic sections.

Measurable outcomes:

1. Number of qualified internal candidates for next-available leadership positions per Department Chair or Division Head.
2. Applications by internal candidates reviewed by selection committee as eligible to proceed in selection process.
3. Retention of high potential faculty.
4. Reduced faculty turnover.

Methods and Interventions

1. Preparation

- Determine objectives and timeline. Consult with coach.
- Determine eligibility criteria for high potential faculty.
- Define nomination and selection process.

2. Action Steps

- Identify candidates, schedule meeting with coach.
- Meeting #1 determine readiness for coaching process, determine appropriate coach-faculty member fit.

3. Coaching Process

- Identify coaching goals within program objectives.
- Obtain data on current position of faculty member regarding these goals:
 1. 360 degree feedback and faculty self-assessment.
 2. Baseline assessment of program outcomes.
- Determine a learning plan and strategic approach to development.
- Enact approach.
- Reassess and return to step 2&3 as appropriate.

4. Revisit Assessments of program outcomes measured in Coaching Process. **Also measure:**

- Secondary Objective outcome measurements.
- Satisfaction assessment of faculty member, Chair and Hospital administration as appropriate.

Recommended Reading

- Beckam, Dan, Differentiating Physicians for Competitive Advantage. Hospital and Health Networks Daily. June 2014.
- Keogh and Martin, Managing Unmanageable Physicians: Leadership, Stewardship, and Disruptive Behavior. The Physician Executive Sep/Oct 2004.
- McMahon, Graham, The Leadership Case for Investing in Continued Professional Development. Academic Medicine August 2017.
- Riddle, Hoole, Gulette (Eds) The Center for Creative Leadership Handbook of Coaching in Organizations. Chapter 15 Executive Coaching for Onboarding. C2015 Jossey-Bass.
- Schidlow and Siders, Executive Coaching in Academic Medicine. Physician Leadership Journal Nov/Dec 2014.

Implications

Leadership development utilizing leadership coaching has proven successful and is well established in private and public businesses.

Few studies have examined the systematic development of leadership skills among faculty at academic medical centers.

Unique to many academic medical centers, the physician faculty do not work for the hospital administration. This creates a challenge in promoting hospital policy and engaging physician leaders in some aspects of hospital mission.

An investment on the part of the hospital in identifying and further developing physician leaders has been shown, in limited studies, to have benefits to the hospital analogous to leadership development in private and public business.

Applying these principles and studying the outcomes will help further understanding of the utility of leadership coaching for the development of high-potential faculty at academic medical centers, and an assessment of benefit to the hospital and its missions.

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