

Chapter 34

Physician Leadership Development at Tower Health System

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ABSTRACT

Tower Health System (THS) of Reading, PA, USA recognized that physician leadership was needed for any transformation toward value-based care design and delivery. THS worked with The Leadership Development Group (TLD Group) to design the Applied Physician Leadership Academy™ (APLA), which included interactive learning modules, assessment, coaching, and action learning. A needs assessment and interviews with key stakeholders informed content for the learning modules and the action learning projects. A pre- and post-program self-assessment and an emotional intelligence assessment were used for coaching sessions and personal development. Through APLA, THS developed its existing physician leaders to manage change alongside health system executives. This reflective case history illustrates the incorporation of an evidence-based management approach in support of evidence-based organizational development practice.

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INTRODUCTION

Healthcare reform is considered to be one of the most significant challenges facing the United States (Shea & Gresh, 2015). According to Sultz and Young (2017, p. 2), “Consuming more than 17 percent of the nation’s gross domestic product, exceeding \$3 trillion in costs, and employing a workforce of more than 12 million, healthcare occupies a central position in American popular and political discourse.”

Various changes have been tried and implemented over years with mixed results (Sultz & Young, 2017). More recently, practitioners and academics have advocated for a more systematic approach to the healthcare dilemma (Klasko, 2016; Sultz & Young, 2017). Klasko (2016, p. 83) speaks to four areas for future focus in a systems approach:

1. Affordable, accessible healthcare regardless of race, religion, or pre-existing conditions.
2. Training the providers of the future, not the past.
3. Allowing healthcare to join the consumer revolution.
4. Alignment of incentives and creative partnerships between patients and providers based on improvement of health individually and collectively.

This reflective case history focuses on #2, ‘Training the providers of the future, not the past,’ and how Tower Health System (THS) utilized training as part of its transformation.

The Organization

Tower Health System (THS), formerly Reading Health System at the time of program delivery, based in Berks County, PA, is a regional non-profit healthcare system that consisted of five major enterprises: Reading Hospital, a 647-bed acute care hospital; Reading Health Rehabilitation Hospital, which includes a 50-bed skilled nursing unit and 62 acute care beds; Reading Health Physician Network with more than 300 physicians and healthcare providers in both primary and specialty care; Reading Health Partners, a non-profit clinically-integrated organization with over 670 participating physicians; and The Highlands at Wyomissing, a 113-acre lifecare continuing care retirement community offering residential apartments and villas, personal care, and skilled nursing and rehabilitation. THS recently acquired five community hospitals: Brandywine Hospital in Coatesville; Phoenixville Hospital in Phoenixville; Pottstown Memorial Medical Center in Pottstown; Jennersville Regional Hospital in West Grove; and Chestnut Hill Hospital in Philadelphia.

Rationale for the Program

Market forces, such as the push for lowering cost, being increasingly measured on producing quality clinical outcomes, the economic changes toward value-based care and cost transparency, are leading organizations to have to get more involved in trying to figure out how they can deliver care across a care continuum and manage the health of the communities/populations they serve (R. Showers, personal interview, May 31, 2017). In consideration of all these forces and the organization’s desire for clinical integration, the role of the physician leader is paramount as physicians have become central players

in any transformation (Lee & Cosgrove, 2014). Russell Showers, SVP, CHRO at THS, noted that the organization was motivated to develop a mature, clinically-integrated organization, yet THS physicians lacked a sense of ownership and accountability for changes to enhance the system. The driving force behind the academy was the need to develop THS physician leaders to take on the important tasks of growing the network, enhancing THS's system performance, and positioning the organization for the future of value-based care delivery through physician leadership development.

An Evidence-Based Organizational Change and Development Approach

Most organizational change and development (OCD) interventions are carried out by a consultant acting upon the organization (O'Neil & Marsick, 2007). In this instance, however, a multi-faceted, evidence-based OCD approach, that incorporated an evidence-based management (EBMgt) process, was used throughout the THS physician leadership development program. The EBMgt process consisted of making decisions about the development of individual, groups, and organizations through the “conscientious, explicit and judicious use of four sources of information: practitioner expertise and judgment, evidence from local context, a critical evaluation of the best available research evidence, and the perspective of those people who might be affected by the decision” (Briner, Denyer & Rousseau (2009, p. 19). An EBMgt approach influenced the OCD process used throughout the THS physician leadership development program. The following discussion illustrates how the OCD process was used to make various decisions about the design of the program.

THS APPLIED PHYSICIAN LEADERSHIP ACADEMY (APLA) DESIGN

The Leadership Development Group and THS Design Team and Steering Committee

Recognizing the gap of many THS physician leaders between their clinical expertise and the leadership requirements for leading system-wide change, THS partnered with The Leadership Development Group (TLD Group) to customize and deliver the Applied Physician Leadership Academy© (APLA™), a multi-faceted physician leadership development program designed to grow the talent of its existing leaders to manage change alongside THS's health system executives. The academy utilizes multiple learning strategies including learning and application modules, 1:1 assessment and coaching, and Action Learning teams and projects to foster rapid leadership development. The APLA's multi-modality approach is designed to build physician engagement and strengthen physician leadership capability.

TLD Group partnered with THS's Design Team and Steering Committee to co-design and implement the full program curriculum and measures of success. THS's Design Team consisted of human resources and marketing and communications professionals to guide the administrative logistics of the APLA; the Steering Committee was comprised of senior administrative and physician leaders whose role was to ensure program alignment with organizational strategic objectives and direction. The partnership of these three groups made use of both practitioner expertise and local context.

Physician Leadership Competency Model and 70/20/10 Model of Adult Learning

The APLA utilizes TLD Group's empirically-derived physician leadership competency model, which includes four competency clusters comprised of specific behavioral competencies (Frommer-Duberman, T. L., 1998; TLD Group website, 2017):

- **Leading Self:** Understanding, managing, and developing self as leader and in relation to others.
- **Leading Others:** Building, developing, and enhancing team effectiveness.
- **Leading Change:** Building the capacity for resilience and strategies for change management.
- **Leading for Results:** Applying business fundamentals, strategic planning, and value based decision-making for enhanced outcomes (see Figure 1).

The APLA also incorporates best practice methods for developing physician leaders following the 70/20/10 model of adult learning (Lombardo & Eichinger, 1996). Based on a survey asking nearly 200 executives to self-report how they believed they learned, Lombardo and Eichinger (1996) surmised that lessons learned by successful and effective managers are roughly:

- 70% from challenging assignments
- 20% from developmental relationships
- 10% from coursework and training

Figure 1. TLD group's physician leadership success model



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The APLA applied the 70/20/10 model in that:

- 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

Through the use of both the competency model and the model of adult learning, decisions were made about the program design through the use of practitioner expertise as well as the critical evaluation of the best available research evidence.

Learning Modules

Eight interactive learning sessions were designed and delivered over the course of the 18-month program. The modules were aligned to THS's leadership development needs, as determined through TLD Group's Organizational Priorities Assessment (OPA), and designed to support each of TLD Group's physician leadership competency clusters. The program design begins to illustrate how the various elements of EBMgt influenced the program. Details of each module are presented in Table 1.

Assessment and Coaching

TLD Group's physician leadership model contains four main competency clusters, each with several leadership behaviors. Prior to the program, through a competency self-assessment, participants were asked to rate the frequency with which they believed they demonstrated each behavior on a 5-point scale (1 = very rarely; 5 = very frequently). Results were analyzed to uncover the group's composite leadership strengths and opportunities for development. This information was then used to help shape and customize the content of the program for the participants.

The self-assessment was re-administered following the program to assess the degree of change in these key competencies. Participants were also assessed on their emotional intelligence (EI) as measured by the EQ-i 2.0. Both of these assessments helped insure that the perspectives of those people who might be affected by the decisions made to develop the program content were taken into consideration.

Table 1. APLA learning modules

Competency Cluster	Learning Module
Leading Self	What It Means to be a Physician Leader at THS
	Emotional Intelligence and the Impact on Physician Leadership
Leading Change	Clinical Integration and System Thinking
	Leading and Engaging Others Through Change
Leading Others	High-Performing Teams
	Defining, Managing, and Influencing Stakeholders
Leading for Results	Business Fundamentals: Project Management and Basic Finance
	Managing Physician Performance

Action Learning

The largest component of the APLA was Action Learning (AL), a facilitated experiential platform that utilizes application tools to enable teams to identify solutions to problems that provide measurable impact and organizational results (TLD Group website, 2017). AL has a long and rich history beginning in the 1940s in England and has a trail of research evidence from which to make EBMgt decisions (O’Neil & Marsick, 2011). Forms of AL were used in both team project work and in individual personal development.

Action Learning in Team Project Work

The practice of AL can vary depending upon the objectives of the AL program and how the AL practitioner believes learning can take place in the program (O’Neil & Marsick, 2007). In THS’s APLA program, AL is defined as:

an approach to working with and developing people that uses work on an actual project or problem as the way to learn. Participants work in small groups to take action to solve their problem and learn how to learn from that action.... a learning coach works with the group in order to help the participants learn how to balance their work with learning from that work (O’Neil & Marsick, p. 6).

In 1999, O’Neil (author of the current chapter) developed the concept of ‘schools’ of AL to help with the understanding of the different practices in AL. The APLA program fits best into the Experiential school. The Experiential school has Kolb’s (1984) learning cycle as its theoretical base. The learning cycle is comprised of four steps. Starting at the top/beginning of the cycle, a learner has an experience; in the next step, the learner reflects on that experience; in the third step, the learner draws new ideas and concepts from that reflection; and in the fourth step, the learner experiments with the new concept, which creates another experience and so on (Kolb, 1984).

Learning is through action—action because participants take action after reflection with the team; learning because the opportunity to reflect on experience with the support of others, followed by action, means the participants engage in learning from experience in order to change rather than simply repeating previous patterns. AL enables learning in each stage of the experiential learning cycle (O’Neil & Marsick, 2011).

There were four AL teams in the program consisting of 5-8 physician leaders who met formally on a monthly basis over a 6-month period under the guidance of a learning coach. Each team also met, on

Table 2. Action learning projects

Organizational Priority	Project Question
Independent Practice Alignment with RHS Physicians	How do we align incentives between independents and the system?
Reducing Outmigration: Maximizing RHS as the Provider of Choice	How do we reduce leakage from RHS?
Enhancing Innovation and Clinical Excellence	How do we enhance innovation and clinical excellence?
Improving Physician Communication	How do we get physicians communicating in an effective manner?

their own, in-between the formal monthly meetings to continue work together. Participants were placed in one of the four AL teams based on their rankings of a list of organizational projects identified by THS's Organizational Priorities Assessment and chosen by the APLA's Steering Committee. Each project was sponsored by an organizational executive. The four projects and their objectives are shown in Table 2.

Action Learning Conversations for Individual Personal Development

An Action Learning Conversation (ALC) is a structured protocol that focuses several important elements of AL into a form of peer coaching process (Marsick & Maltbia, 2009; O'Neil & Marsick, 2009). Each participant in the AL teams chooses an area for personal development, such as, 'How can I improve my ability to speak to a large group?'; 'How can I improve my listening skills?' In keeping with the focus on OCD influenced by EBMgt, the personal learning goals chosen by participants primarily came from the work they had done during the EI learning module and personal coaching with the EI instructor/executive coach. The action learning coach then helped the team to challenge and support each participant through the ALC process.

In that process, ALCs combine insightful questions and challenging assumptions with reflection and critical reflection to help participants think differently about how they might personally develop. Critical reflection -- reflection that helps identify underlying values, beliefs, and assumptions – is especially powerful in the context of ALCs because it enables participants to see how they can change a situation by changing the way they frame it and act on it (Marsick & Maltbia, 2009).

Action Learning Meetings

The agenda for each AL meeting contained time for project work, time for personal development work, and time for team learning and development. The subjects for the team learning and development portion of each AL session were derived from information drawn from the competency assessment and from the AL coaches' ongoing work with the teams. A sample agenda is shown in Table 3.

Outcomes

Kirkpatrick's (1977, p. 9) model, a common method for assessing the effectiveness of training programs, was used to assess the results of the APLA. The model proposes four levels of evaluation:

Table 3.

7:00-7:30 AM	Breakfast
7:30-8:30	Team check-in Team uses ALCs to work on personal learning goals
8:30-9:30	Teamwork on project
9:30-10:30	Team Learning – Creating a Work Plan: Intro to Project MGMT
10:30-12:00 PM	Team uses ALCs to work on personal learning goals Reflection

1. **Reaction:** Trainees' subjective response to the training
2. **Learning:** Extent of knowledge the trainees gained from the training
3. **Behavior:** Demonstration of behavioral changes resulting from the training
4. **Results:** Effect of training on organizational outcomes

Data was collected through post-APLA assessments, as well as interviews with participants using a method called Critical Incident (CI) technique, a flexible set of procedures for the collection and analysis of instances of actual behavior that constitute either very effective or very ineffective performance with respect to the activity in which one is interested (Flanagan, 1954). The impact of the program on the organization was determined by the results of the AL project work which was assessed through interviews conducted with the teams' executive sponsors and the teams' presentations on the progress of their projects at the AL Capstone session.

Reaction

An assessment form was administered at the conclusion of the APLA to garner participants' perceptions of the program. Participants reported both strengths and suggestions for improvement. For example, participants viewed the speakers from the learning modules as very engaging and thoughtful and the material presented as relevant and genuinely applicable. Suggestions for improvement of these modules included use of video-based pre and post work and more small group work.

Participants also reported that the opportunity to receive 1:1 executive coaching and to work in AL teams on tangible organizational problems were valuable aspects of the program. In one of the CI interviews, one participant noted the following with regard to the AL work:

I think the connection, the forming of mentorship and bonds, and being able to talk with people who I wouldn't ordinarily interact with because in [my department] we're part of our own little unit and don't really interact with a lot of others. And being able to get different perspectives of what's going on in the whole health system -- I think that was invaluable.

Learning

Learning Modules

Following each learning module and AL session, participants were asked to report what they learned from the session and what specific changes they intended to make in their behavior as a result. Some examples of the learning and behavior changes participants reported included:

- Get out of the office and into the care environment to interact with the physicians I influence
- Recognize my own biases and habits in my interactions and work to maximize my strengths
- Improve communication with staff when conflicts arise
- Try to create teams with diverse ideas and personality characteristics
- Create fair and transparent performance measures and targets.

Assessment and Coaching

In the post-APLA assessment, participants noted that the EI assessment and coaching positively impacted their leadership. Examples included:

- Give and receive constructive feedback
- Allow others to shine
- Approach meetings with a win/win mindset
- Work collaboratively with colleagues/team members
- Be aware of and regulate one's emotions
- Effectively resolve conflict.

In the CI interviews, participants also noted that the EI learning module, and the associated assessment and coaching provided by the session facilitator, helped them gain greater insights into their strengths and weaknesses. For example:

I think that the emotional intelligence part really helped me... coaching me to really challenge myself to do things that the people in the room may not be happy with, but to do it in such a way... that you actually can walk away having disagreed and still having everyone say 'Okay, that was the right decision.'

Action Learning

In the CI interviews, the physicians spoke about the learning they gained from their work within their AL team, their AL coach, and the ALCs. For example:

[Our coach] was always very honest with us... just had some really nice way of calling you out with humor... which really did make me think about things and how to approach them and how I could maybe view things differently to proceed in a different direction.

It was good to be reminded... sometimes you're unconsciously doing it, like making up the story, filling in the blanks when you don't know, picking up what other people's intentions are. [It] was so helpful to see how some of these other leaders operate, because I was making up a lot of stories in my head, and they weren't always flattering towards the person... so those kinds of exercises were really good.

Behavior

Competency Development

To assess the development of critical leadership competencies, participants were asked to complete the competency self-assessment that was administered prior to the start of the program at the conclusion as well. The pre-APLA self-assessment results revealed that the group's strengths were in relation to self-management, self-development, and resiliency. Opportunities for development included change management, communicating & inspiring, and business acumen. Post-APLA results demonstrated an increase in the frequency with which the participants reported they exhibit these competencies, as can be seen in Figures 2 and 3.

Figure 2. Competency strengths (group composite)

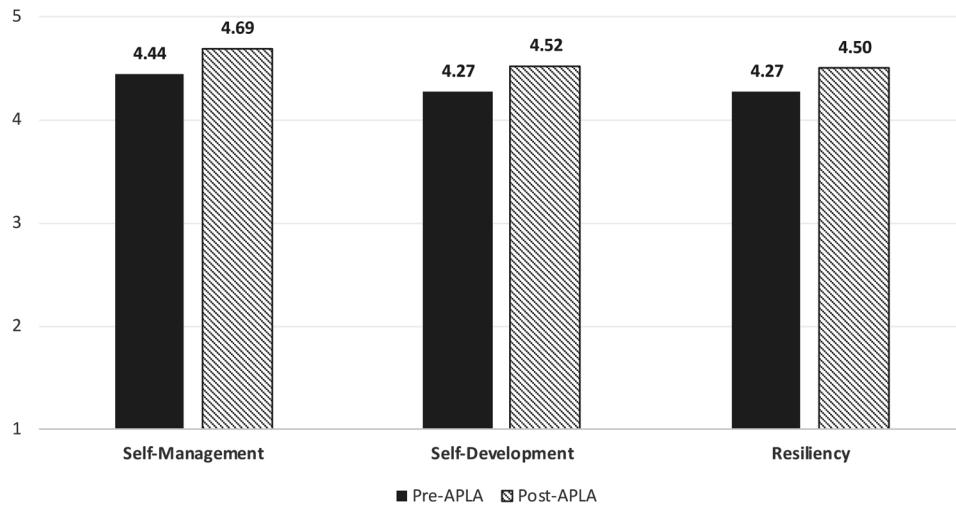
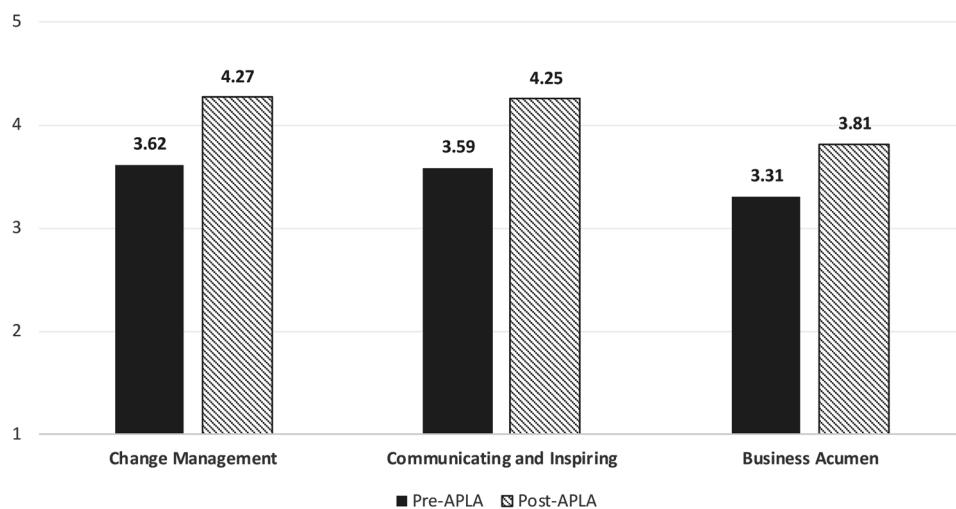


Figure 3. Competency opportunities for development (group composite)



Behavior Change

In the CI interviews, participants noted that the EI learning module, and the associated assessment and coaching provided by the session facilitator, changed the way they approached leadership tasks.

From that emotional intelligence piece, I feel that I approach meetings much differently, and it actually confirmed some of the things that I apparently do well, and guess hadn't quite given myself credit for... I found it to be tremendously helpful.

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Other learning modules were credited for impacting the physicians in their day-to-day work. One expressed renewed self-confidence, while others discussed how they learned new ways to give feedback and the importance of planning as they took on managerial roles.

I'm less afraid to exert my opinion, less like I have to just go along... [and] feel that I can say all of those things in a more positive way, and I feel that I can hold on to myself a little bit better and not second guess myself so much. And I feel like I have a little more compassion for myself and for other people I work with.

(APLA) forced me to really reflect on how I was going to find meaningful feedback to [give to] those physicians with regard to their performance, with regard to their perception of interactions, their dispositions, their whole approach to their position and their commitment to the patient.

I think now I pause more rather than just jumping in, and [having] a game plan rather than just jumping in... I feel pressure to act, to do, and I think that's not uncommon for clinicians, but it really does not work well in management.

Results

Interviews with the AL teams' executive sponsors revealed several important successes of the AL process. The sponsors noted that the opportunity to work on team projects related to organizational topics of interest had a positive impact on the participants' networking and interpersonal relationships and improved trust and collaboration amongst the team members. Furthermore, the physicians were engaged, thoughtful, and held one another accountable for their team's success.

The sponsors indicated that significant progress was made on all four projects. As an illustrative example, Box 1 shows the results of one of the AL projects.

Box 1. Enhancing Innovation and Clinical Excellence

Healthcare financing and delivery is transforming from fee-for-service volume-based to value-based. To make this shift and remain viable in the industry, health systems are compelled to innovate to enhance quality and reduce costs through new clinical programs within their organizations. Turning to best practice examples as well as internal focus groups within Tower Health System, this AL team sought to develop a quality improvement (QI) framework that proactively promotes QI at the microsystem level. The team's idea was to create an environment where every THS employee could be empowered to drive clinical excellence in their work environment. To that end, the team recommended four specific strategies they believed would enhance innovation and clinical excellence:

1. Create a repository for QI efforts
2. Develop an infrastructure to identify and implement transformative ideas
3. Create an environment that promotes high-level QI at the microsystem level
4. Foster development of internal QI talent

CONCLUSION

Both organizational leaders and participant physicians believed the APLA successfully met the needs of the organization. The team sponsors spoke to the positive results of the program and Clint Matthews, President and CEO at THS, stated that, “Our physician leaders worked collaboratively to tackle some of the most pressing issues, and the recommendations they made during their Capstone presentations were among the most innovative ideas I’ve heard all year.” The AL teams have continued to work together to advance their projects into the broader organizational system.

The success of the APLA has generated a reinvigorated sense of organizational connection and physician engagement, and sparked further development of physician-led initiatives including the development of future cohorts of physician leaders at the director level as well as high potentials. In fact, twenty-six emerging physician leaders joined together from across the organization to kick off a second cohort of the APLA in January 2017. Several of the APLA participants from the first cohort served as AL sponsors to provide guidance and mentorship throughout the process. THS has only just begun their journey of developing physician leaders as change agents, but the results of the APLA program suggest great promise for positioning the organization for success in the future of value-based care delivery.

CONCLUDING REFLECTIONS

Having spent close to three years working with THS, first as a single entity as Reading Health System (RHS), and now as a five hospital system, we became intimately involved with the senior leaders who acted as our ongoing design team, the executive and physician leaders who formed the APLA’s steering committee, the cohort participants of emerging and tenured physician leaders, and TLD Group’s faculty of external consultants who delivered components of the program. We realized that many of our initial thoughts about what would work well in the program were reinforced and in some cases we saw how the design could be strengthened even further.

For example, we knew that, based on their own extensive training and expertise, physicians had high expectations of physician faculty and academicians in the program. As a result, we tried to recruit faculty who could live up to those expectations. Post module reviews with our design team and some participants suggested that APLA participants could benefit even more from having a consistent pairing of external faculty with their internal organizational counterpart for each learning module. With this co-teaching design, half of the learning module is theory and the other half is application to the daily experiences of Tower. Ideally, the external expert sets the stage for best practice while the internal counterpart (e.g., CFO, VP of Quality Management) speaks to the ‘real’ state of the organization and plans for minimizing the gap between best practice and current practice.

We also learned new things about the practice of AL and had some previous knowledge reinforced. The literature often shows AL meetings/programs that are much longer in time and length than the meetings in APLA (O’Neil & Marsick, 2007). These teams met for only six ½ day sessions. While more time in AL team meetings would have resulted in more in-depth project outcomes and opportunities for personal development, results shown from follow-up and evaluation demonstrated AL has impact even in a short time period.

One of the most impactful results reinforced an important aspect of AL—that the work in an AL team promotes trust and interpersonal relationships among participants. Thinking back, even though the time for relationships to be built was less than in other programs, two elements helped to establish and build both trust and interpersonal interaction. The first, a short introductory exercise called Critical Incidents, allowed the participants to get to know one another on a deeper level early in the program. Second, the concept of confidentiality was established in each team as a critical aspect of their working agreement, and contributed to building the needed trust to work together. We believe these two elements helped lay a foundation for the work and development accomplished within each team and carried back to the workplace.

Finally, one of the most important aspects in designing a leadership development program is to ensure organizational systems are in place for graduates to continually apply their learnings and that there are opportunities for leadership growth in the form of promotion and career trajectory. Otherwise, future leadership development initiatives are met with apathy and skepticism – creating a sort of why bother if nothing comes out of it? The APLA participants in this program demonstrated a range of continued involvement in working together on their projects once the formal AL component was completed. Teams with sponsors who kept the momentum going tended to continue working on their projects; whereas teams without a ‘push’ from their sponsors, tended to lose steam on their projects. As such, we learned that designing a structured process for AL teams to continue project work post-graduation is crucial to sustaining the learning and momentum of the program.

We also learned that incorporating an EBMgt approach enhanced the efficacy of this program as an overall leadership development intervention. The APLA incorporated many of the steps in the EBMgt process described by Briner, Denyer and Rousseau (2009, p.23):

- “The start of the process is the manager’s problem, question or issue.” Showers (2017) described the problem at the outset of the work as the need to develop physician leadership skills and competencies.
- “...internal organizational evidence or data...would be gathered and examined...” The internal organizational evidence included use of an internal design team and a steering committee for on-going input as well as the information from various participant assessments.
- “External evidence from published research...identified and critically appraised...” The external evidence and resources included models of leadership competency and adult learning as well as the concepts of the practice of Action Learning.
- “The views of stakeholders and those likely to be affected...” Stakeholders had the opportunity to provide their views and input through ongoing evaluation, assessments and participation in the AL teams.

All of the steps taken, as well as the successful program results, illustrate the value of an EBMgt approach to facilitate evidence-based organizational development in practice.

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