Successful Application of Lombardo and Eichinger's Adult Learning Model to Develop Physician Leaders

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Introduction

Healthcare delivery today requires a fundamentally different approach and a new breed of physician leaders that can rally around new requirements resulting from the movement towards value-based healthcare delivery. Today, physician are being measured by the results they achieve; the value or efficiency with which they achieve good outcomes; and, improvements in performance resulting from a focus on teamwork through superior coordination, information sharing and teaming across disciplines. The future of healthcare is integration, which cannot happen without effective physician leadership.

Background

Hypothesis:
We conducted research to demonstrate the efficacy of using the Lombardo & Eichinger adult learning model on physician leadership development.

Our research was designed to demonstrate that a leadership development program designed according to the 70/20/10 rule will result in a high value and high impact experience for physician leaders and their organizations, enabling physician leaders to practice and develop key leadership competencies while working toward tangible business results.

The research was also intended to demonstrate how coaching is an integral part of a larger leadership development program. Coaching principles were integrated into the program as well as developed in the physician leaders through their action learning project work. As a result, the program demonstrated the impact of coaching and coaching conversations which can be cascaded through the health system.
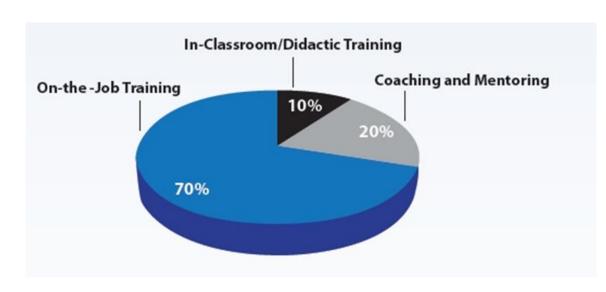
Objectives:
- Demonstrate the impact of the Lombardo and Eichinger model on developing physician leaders in health systems.
- Design and test a physician leadership development program based on Lombardo and Eichinger's corporate best practice learning model (70/20/10 Rule).

Program Description

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

Given the critical need to develop physician leaders' leadership competencies, we designed a 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. This model is a tested and proven best practice learning method in corporate America.

The concept states that development typically begins with realization of a need and motivation to do something about it, and that a blend of different learning approaches "in concert" can provide powerful learning.

The model proposes the following blend of learning approaches:
- About 70 percent of leadership development/organizational learning should take place on the job, 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.

Purpose of Research:
Design and test a physician leadership development program based on Lombardo and Eichinger's corporate best practice learning model (70/20/10 Rule).

Population:
The program was designed to be delivered onsite for a cohort of physician leaders at a healthcare organization, which included CMOs, VPMAs, Chairs, Chiefs of Staff, and Medical Directors. The participants were physicians who have leadership potential, are motivated to grow and learn, and exhibited a passion for and commitment to the organization.

Methodology

We sought to test the application of the 70/20/10 rule to physician leadership development by designing and piloting a customized, multi-faceted physician leadership development program including the following components:

1) Assessment:
The program began with assessments to identify the health system's unique physician leadership needs and organizational priorities to tailor the program accordingly. The organizational priorities were identified through structured 1:1 interviews with Senior Management and the Program Steering Committee. Physician leadership competencies (refer to success model below) were assessed through interviews with each physician leader and their respective manager, the administration of the MSCEIT to all participants, as well as review meetings with senior management.

2) 70% Experiential Component:
Action Learning Projects: Physician leader participants were required to draw upon their leadership skills while driving toward tangible results through the action learning process.

3) 20% Informal Learning, Feedback, and Support:
Coaching and Mentoring: Each physician leader received feedback on their leadership competence, emotional intelligence and demonstrated effectiveness. Coaching was also offered to the physician leaders to enhance leadership performance.

4) 10% Formal Learning:
In-Classroom/Didactic Training: Driven by the system's unique needs, the participants were exposed to group learning through customized case analyses, small group learning exercises, interactive lectures and discussions, and application-based readings delivered in a workshop setting by physician faculty and academics. In some cases, the learning exercises were co-led by system senior executives.

Results

The program was piloted over a period of twelve months with one of the largest and most respected national healthcare systems serving the Metro New York and New Jersey area to a group of 55 physician leaders in a system comprised of more than 2,800 affiliated physicians, over 800,000 outpatient visits, and 1,300 licensed beds across three hospitals.

Survey results demonstrated significant leadership and learning impact for the physician leaders across the entire system.
- 85% of the respondents indicated the overall quality of the program was Very Good or Excellent
- 92% indicated they now have a better understanding of the health system's strategy and future direction
- 92% indicated the physician leadership development program increased their ability to work collaboratively with peers (both physician and administrative)
- 92% indicated the physician leadership development program was applicable to educational and leadership development needs and it is likely they will make changes in their leadership behavior/practice
- All respondents indicated improved ability to assess problems and develop solutions incorporating appropriate stakeholders
- Majority of respondents indicated a useful part of the program was interacting with and learning from peers

In addition, by addressing organizational priorities and leadership development needs simultaneously, the program led to the following results:
- Enabled physician leaders to develop their leadership prowess real-time and create solutions addressing many of the system's most pressing needs.
- The leaders have learned valuable skill sets including how to enhance physician performance in their departments, how to create high performing clinical care teams, how to lead with authenticity, and business fundamentals for physician leaders.

The action learning project work led to system-wide solutions to strategic problems that drove stronger administration/physician leader alignment and clinical integration including the following:

- Creation of a "physician" or "shared governance" practice plan that is facile and able to recruit and incorporate physicians into the organization
- Physician leader alignment
- Redefined physician leaders job descriptions
- Aligned incentives for physician leaders to system and medical center goals
- Structural change
- Obtained support for full-time CMO
- Created new role to lead the employed physicians
- Continued support and evolution of physician leadership training