

Whitepaper

Engaging Physician Leaders through the Action Learning Process

Background

Given the critical need to develop physician leaders to drive the necessary changes across the healthcare industry to reorient toward value-based care delivery, The Leadership Development Group (TLD Group), a leadership development and executive coaching firm that specializes in the healthcare industry, 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. The concept states that development begins with realization of a need and motivation to do something about it, and that a blend of different learning approaches "in concert" provides powerful learning.

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, 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. TLD Group's program, the Applied Physician Leadership Academy™ applies Lombardo and Eichinger's model to physician leadership development.

In this paper, we will demonstrate how action learning is a powerful tool to facilitate the 70% on-the-job training component of leadership development. Action learning is an impactful approach 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 communication driving positive culture change. This paper will demonstrate 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, over 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, and 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 how to learn from that action. Often a learning coach works with the group in order to help the members learn how to balance their work with the learning from that work (O'Neil & Marsick, 2007).

Action Learning is a process that has been in use since the 1970's, beginning in Europe, and since spread throughout the world. GE was one of the pioneers in using action learning in the US. Other organizations and non-profits across industries including healthcare, pharmaceutical, automotive, and financial companies followed suit as the value of action learning became known. The process provides real-world practice and accountability, as well as skill development and insight that help ensure that the practices learned in the larger leadership development program are transferred to the workplace.

Key Components of Action Learning:

According to the World Institute for Action Learning (WIAL), Action Learning projects are comprised of six key components:

- **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 composed of 4-8 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 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. An important part of the process is for group members to reflect on how they listen, reframe the problem, give each other feedback, how they plan and work together, and what assumptions may be shaping their beliefs and actions.

Application of Action Learning in Physician Leadership Development

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 healthcare 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. 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. Instead of sending their leaders off-site to a

learning event, AHS understood the value of developing a tailored on-site physician leadership process, with an initial focus on Division Chairs and Department Heads.

To this end, AHS partnered with The Leadership Development Group (TLD Group) to design and deliver the Applied Physician Leadership Academy© (APLA), a multi-faceted physician leadership development program designed to incorporate the 70/20/10 model of adult learning. The program utilizes multiple learning strategies that target and reinforce leadership development including on-the-job stretch assignments, coaching and mentoring, and in-classroom/didactic training.

With tremendous support and commitment from AHS's senior executives and physician leaders, APLA© 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 comprised of interviews with AHS's senior management team and an assessment 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 APLA©.

The APLA Steering Committee committed 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 who was 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 6-8 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, as well as executing on leadership roles.

Action Learning Team Snapshot:

Background:

One of the problems identified by the APLA 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 role.

A sponsor from the APLA 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 3 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 amongst the team, 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
 - Aligned incentives for physician leaders to system and medical center goals
- Structural change
 - Obtained support for full-time CMO at each medical center site
 - Created role to lead the employed physicians
- Enhance physician development
 - Continued support and evolution of physician leadership training (APLA)

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 intention 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
- Reorganization of care quality-centric efforts to embed follow-up & accountability to measure results
- System-wide 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

Effective 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 Dr. Greg Mulford. Reflecting on the program, Dr. 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 takes a lot of work but is a key element of organizational effectiveness
- The importance of Emotional Intelligence, Coaching and Mentoring for physician leaders cannot be overemphasized

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 to evolving as a leader within an organization)

Summary:

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. The process set the stage to position AHS for continued success with the ability to withstand the significant changes in the healthcare landscape. AHS learned going through the process to redefine problems, identify impactful solutions, and exercise a collaborative approach is key to developing a trusting and effective organization poised for success in delivering value.

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