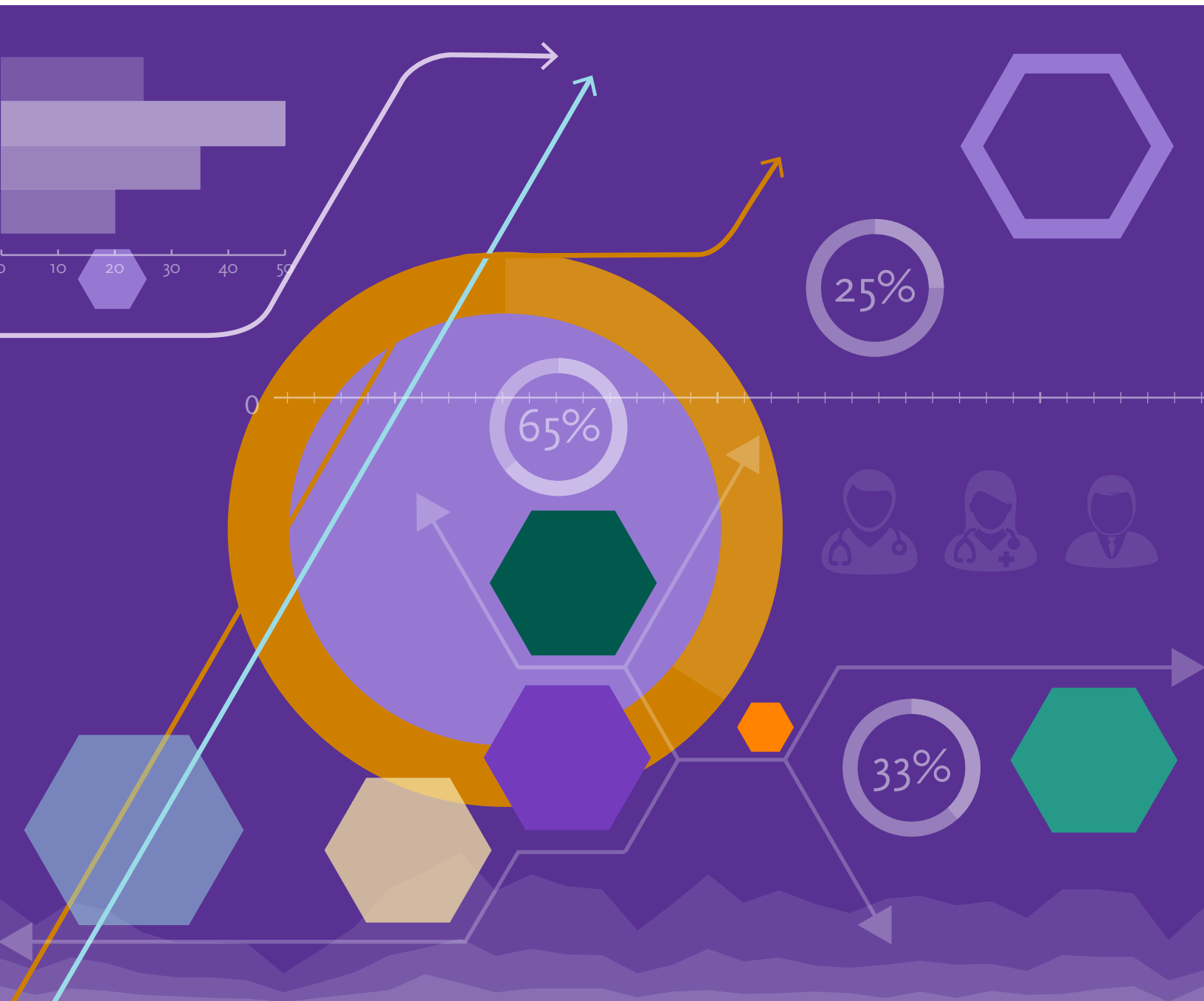


Leadership Skills Are Teachable and Vital

Gary S. Kaplan, MD, FACP, FACMPE, FACPE, Virginia Mason Health System
Stephen Swensen, MD, MMM, FACR, Mayo Clinic



Leadership Skills Are Teachable and Vital



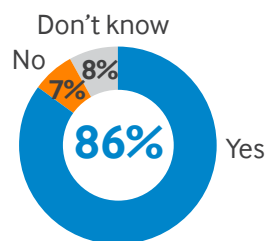
Gary S. Kaplan, MD, FACP, FACMPE, FACPE, Chairman and CEO of Virginia Mason Health System



Stephen Swensen, MD, MMM, FACR, Professor Emeritus, Mayo Clinic College of Medicine; Senior Fellow, Institute for Healthcare Improvement

Leadership is teachable, and leadership development and training are important, according to NEJM Catalyst’s recent Insights Council survey on the topic. Yet the same survey reveals that more than half of respondents think their organization’s efforts to develop and train leaders are lacking in quality and time commitment.

Can leadership be taught?



Base: 736

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Gary Kaplan, MD, Chairman and CEO at Virginia Mason Health System in Seattle, finds these results concerning, especially as the complexity of delivering health care continues to increase. “Leadership doesn’t just happen,” he says. “We need strong leaders for greater focus and to execute improvement work in organizations and the health care industry overall.”

The survey, conducted among a qualified group of U.S. executives, clinical leaders, and clinicians who are directly involved in health care delivery, finds that while 86% of respondents say leadership can be taught, fewer than half have a net positive feeling about the quality of training and development their organization provides.

“*What they don’t see is that coaching, mentoring, and role modeling — all the fundamentals of leadership — are a good investment and there is a solid business case for training and development.*”

Stephen Swensen, MD, MMM, former Medical Director of Leadership and Organization Development at Mayo Clinic and lead advisor for NEJM Catalyst’s Leadership theme, says this disconnect is very problematic. Most organizations “don’t understand the business case for developing leaders or have too short term an outlook because of narrow margins or businesses that operate quarter to quarter.

“What they don’t see is that coaching, mentoring, and role modeling — all the fundamentals of leadership — are a good investment and there is a solid business case for training and development,” he says.

Survey respondents say three particular topics are most important for leadership education and training: collaboration/team-building skills (selected by 53%), change management/process improvement (51%), and communication (44%).

Kaplan is a firm believer that “leaders facilitate the success of the people they lead.” When he took the reins at Virginia Mason 20 years ago, he formalized leadership training, developing “content and a body of knowledge that could be taught and learned,” he says. The approach is heavy on experiential learning rather than didactic learning. Virginia Mason now has a framework for talent development and succession planning at all stages of professional development, including among emerging leaders.

He has found over the years that the key is for leaders, who are often inclined or encouraged to be advocates for their teams, to evolve to become sponsors of change and improvement, and to help the organization achieve its mission and vision. That means bringing them out of department silos and dedicating resources to their development as overall leaders. “If you don’t truly place value on it and instead tell leaders, ‘We want you to be leaders, but we aren’t going to change personal productivity expectations or free up your time,’ then you are not taking action to support the rhetoric,” Kaplan says.

Freeing up time for leadership program participants is the top challenge facing leadership education and training efforts, by a large margin, according to survey respondents (chosen by 40%). The top approach to leadership training is to do it internally (56%).

Swensen and Kaplan both subscribe to the philosophy that leadership is 70% doing, 20% coaching and mentoring, and 10% formal training such as classes.

“ *Successful leaders tend to have greater emotional intelligence, are less likely to get burned out, and elicit a better patient experience, including physical wounds healing faster.* ”

Swensen advocates Action Learning as a way around the difficulty of time constraints. In the Action Learning framework, leaders perform their day-to-day work as usual, alongside a multidisciplinary team of leaders-in-training. “They are not doing simulations or lectures; they

are doing work that needs to be done anyway while building social capital with one another and receiving real-time feedback from senior leaders and improvement experts,” he says.

For those executives who worry about the cost of leadership development programs, Swensen says internal “train the trainer” coaching, in which people attend external training and then bring that expertise in house, can be done at a relatively low cost.

At the organizational level, Swensen says, all clinicians should understand their leadership pathway when they are brought on board. This approach, which is used at Mayo Clinic, motivates people and is a way to avoid the language of “us versus them,” which often afflicts professionals who are left off a leadership trajectory or treated like an “employee,” he says.

Kaplan stresses that leadership cultivation shouldn’t be only for clinicians. “We had a director of finance at Virginia Mason who had never set foot in a lab, but she was a great leader. We gave her experiential opportunities outside of her comfort zone, and she is now the administrative director of pathology and laboratories,” he says. “There are lots of ways that people can play in the leadership domain and not be CMO or Chief of Medicine. You just have to meet people where they are and help them develop their skills.”

Kaplan is also a proponent of seeding leadership training into medical school curricula. “Even if clinicians don’t aspire to become titled leaders, they will be the heads of care teams and other groups and would benefit from leadership skills,” he says.

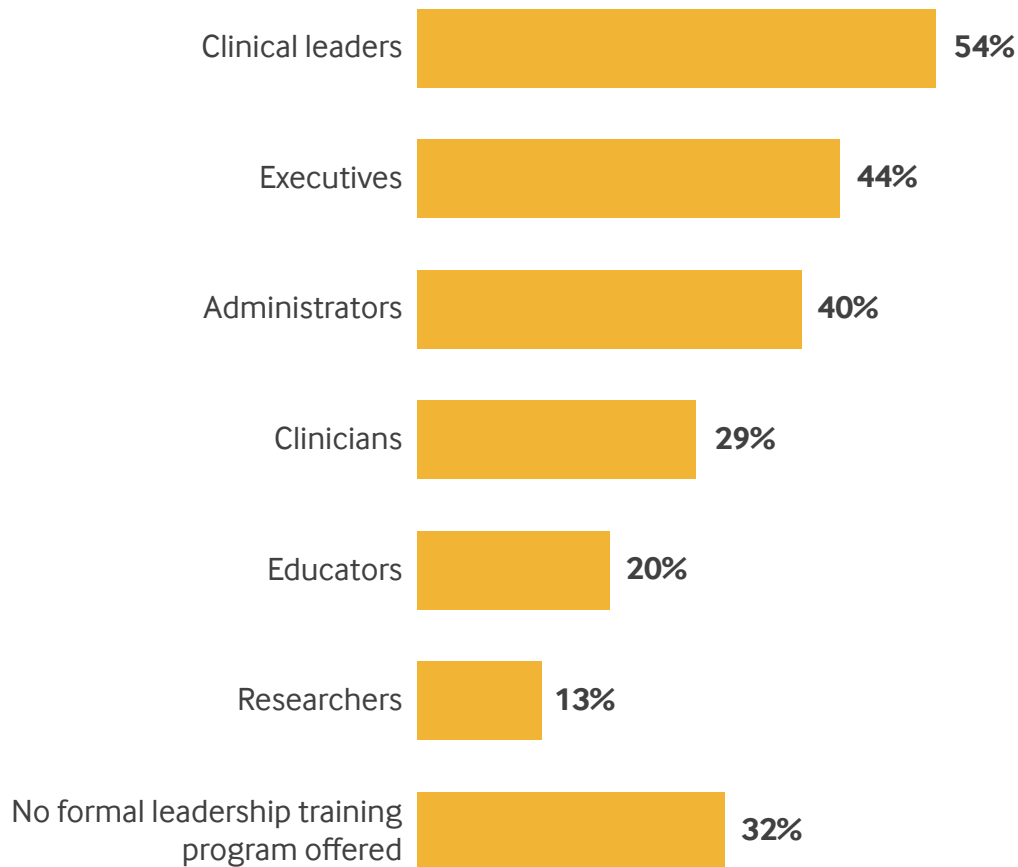
Swensen is bullish on the impact that leadership development can have on organizations when they truly invest in it. “Successful leaders tend to have greater emotional intelligence, are less likely to get burned out, and elicit a better patient experience, including physical wounds healing faster,” he says.

Charts and Commentary

We surveyed members of the NEJM Catalyst Insights Council — who comprise health care executives, clinical leaders, and clinicians — about leadership training and development. The survey explores the existence, importance, and quality of formal leadership training for clinical leaders, executives, administrators, clinicians, educators, and researchers; opportunities for formal coaching, mentoring, or role modeling; the most important areas of development for leadership education and training; the top challenge facing leadership education and training efforts; and whether leadership can be taught. Completed surveys from 736 respondents are included in the analysis.

Limited Offerings of Formal Leadership Training Programs

Does your organization offer a formal leadership training program for any of the following groups?



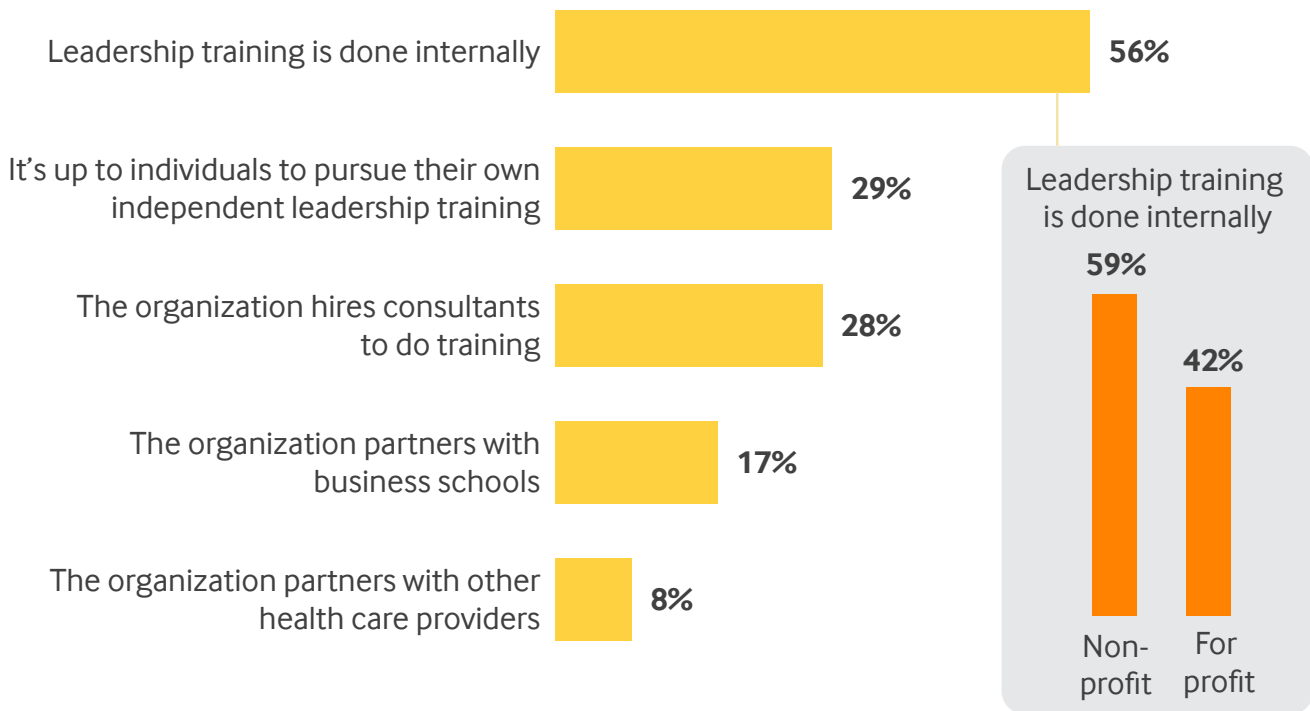
Base: 736 (multiple responses)

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Slightly more than two-thirds of respondents' organizations offer a formal leadership training program (68%). One clinician, who paid out of pocket for third-party training, says opportunities to apply that knowledge within the organization "largely don't exist" and, therefore, plans to move.

Internal Leadership Training Is Most Popular

Which of the following describes the current approach to leadership training at your institution?



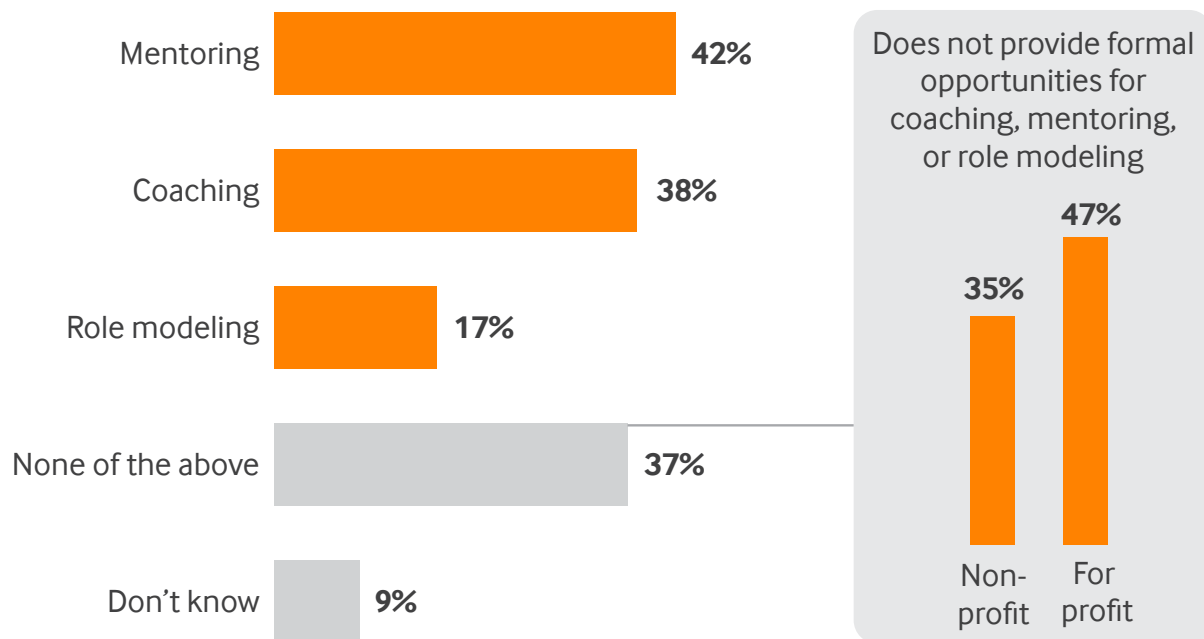
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Internal leadership training programs are the top approach used at Insights Council members' organizations, by a wide margin. One clinical leader says the organization's peer leadership cohort for faculty allows individuals to develop their own leadership skills and create a strong peer network that helps support the success of the group. "Most of the participants are still in our organization at higher-level leadership roles," the respondent says.

Limited Opportunities for Coaching, Mentoring, or Role Modeling

Does your organization provide formal opportunities for coaching, mentoring, or role modeling?



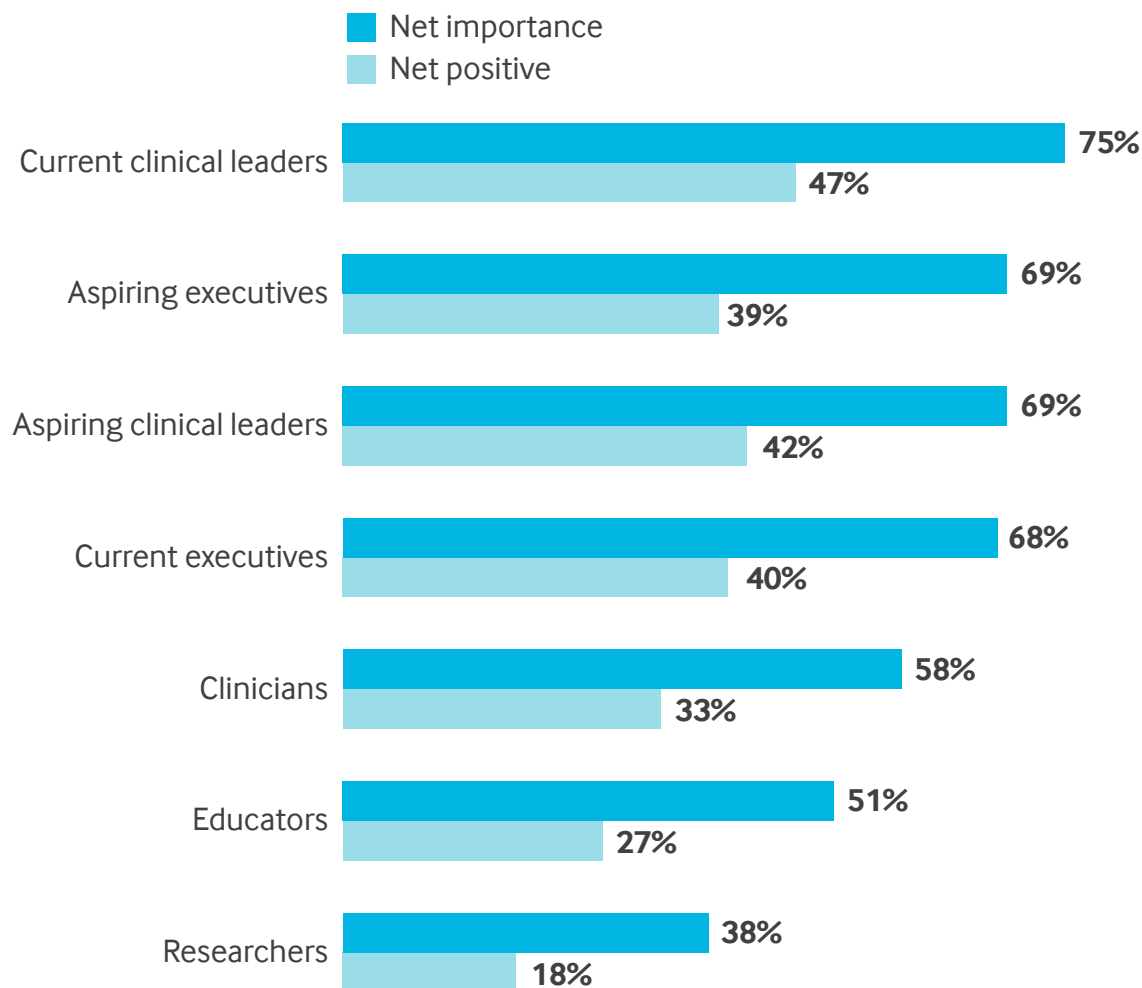
Base: 736 (multiple responses)

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Mentoring and coaching are the top offerings at Insights Council members’ organizations, closely followed by “none of the above.” One executive respondent says, “Other than mentoring, I don’t know of any truly effective leadership education and training initiative.... My own experience suggests mentoring is the most reliable way to transmit the skill.”

Leadership Training Is Important, but Quality Is Lacking

How important to your organization is leadership training for each of the following groups?
How would you rate the quality of leadership training provided to each of these groups at your organization?



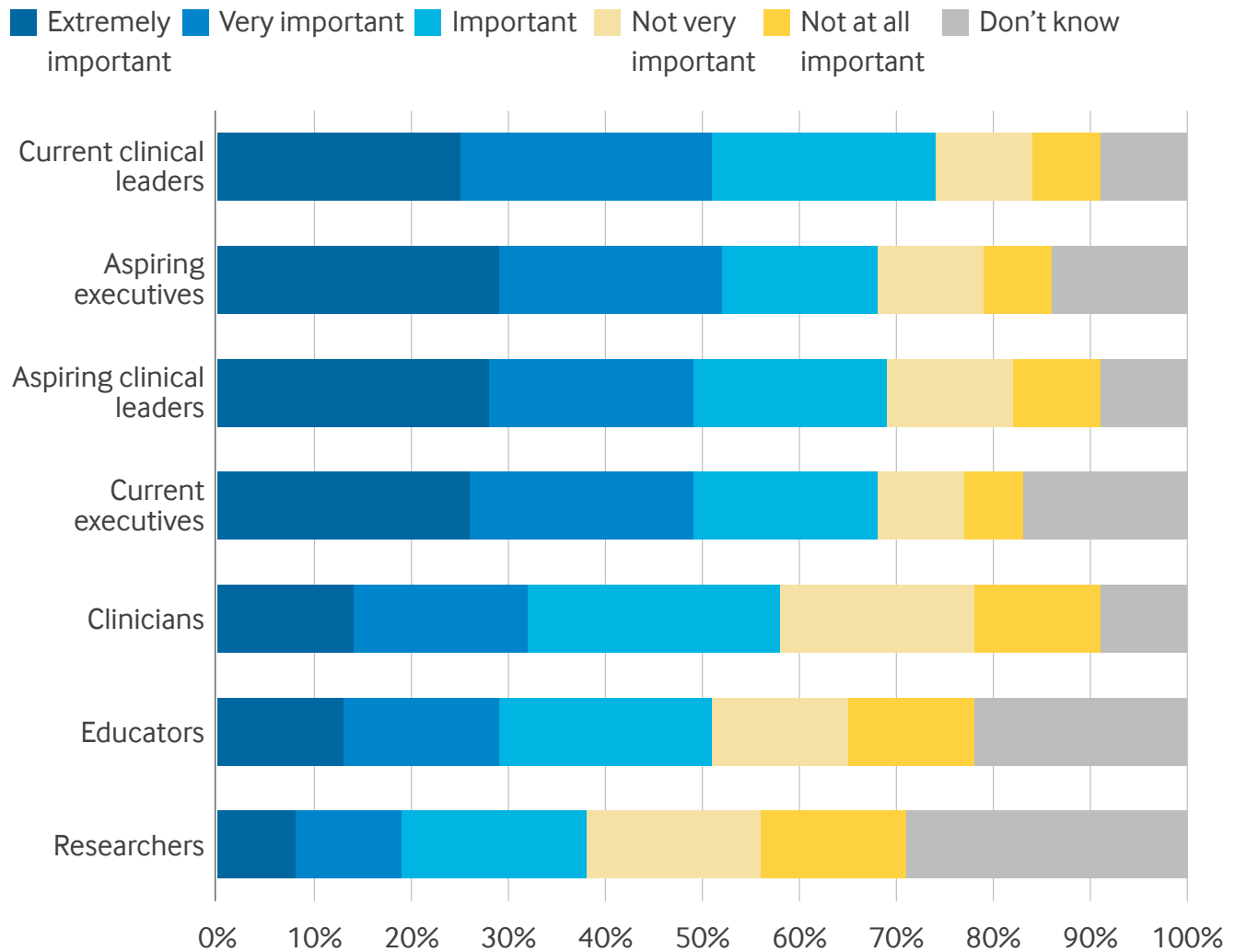
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There is a sizeable gap at respondents' organizations between the importance of leadership training and the quality of the training provided. A majority of respondents deem leadership development important for current and aspiring executives and clinical leaders, as well as clinicians and educators. But the net positive ratings for existing leadership programs are underwhelming.

Many Stakeholders Need Leadership Training

How important to your organization is leadership training for each of the following groups?



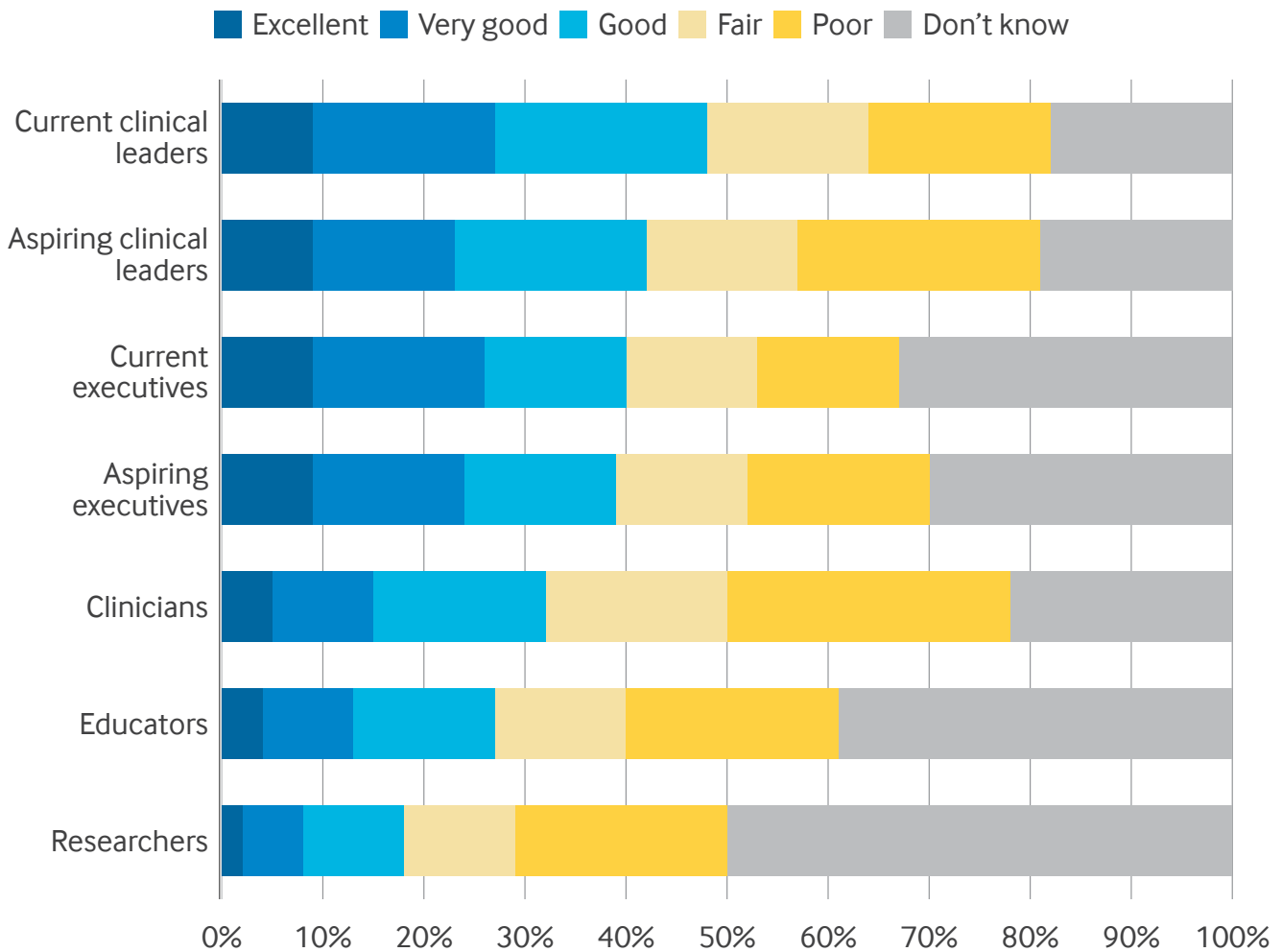
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“It is very important to bring more physicians to the leadership table,” one clinician respondent says. Yet on the whole, clinicians are less likely than executives and clinical leaders to indicate that leadership training is important to their organization for the groups listed.

Current Leadership Training Needs Improvement for All Parties

How would you rate the quality of leadership training provided to each of these groups at your organization?



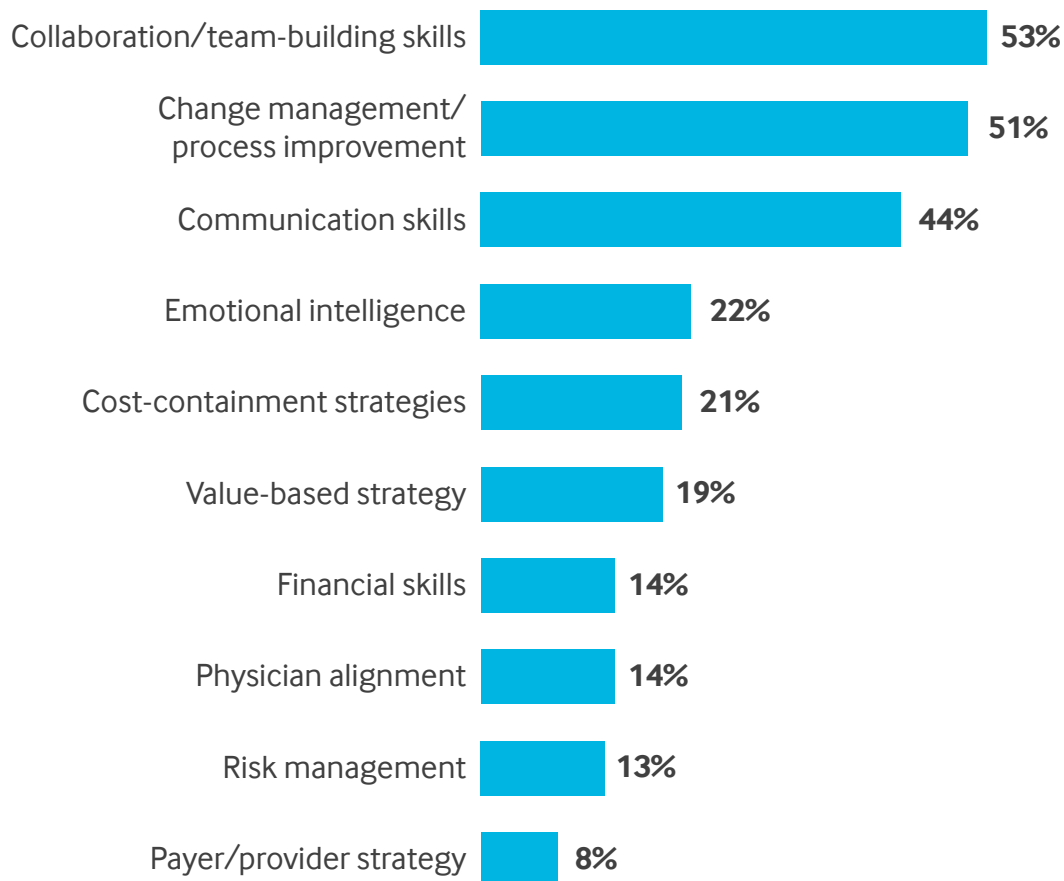
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There is a lower incidence of clinicians than executives and clinical leaders who indicate the quality of leadership training at their organization is good, very good, or excellent in the listed areas. “I like action learning,” one executive respondent says. “It engages leaders and future leaders in real-time, applied learning while allowing leaders to learn about the strengths and limitations of their and their colleagues’ leadership assumptions and behaviors.”

Soft Skills Are the Top Focus of Leadership Programs

What are the top three most important areas of development on which your organization focuses its leadership education and training?



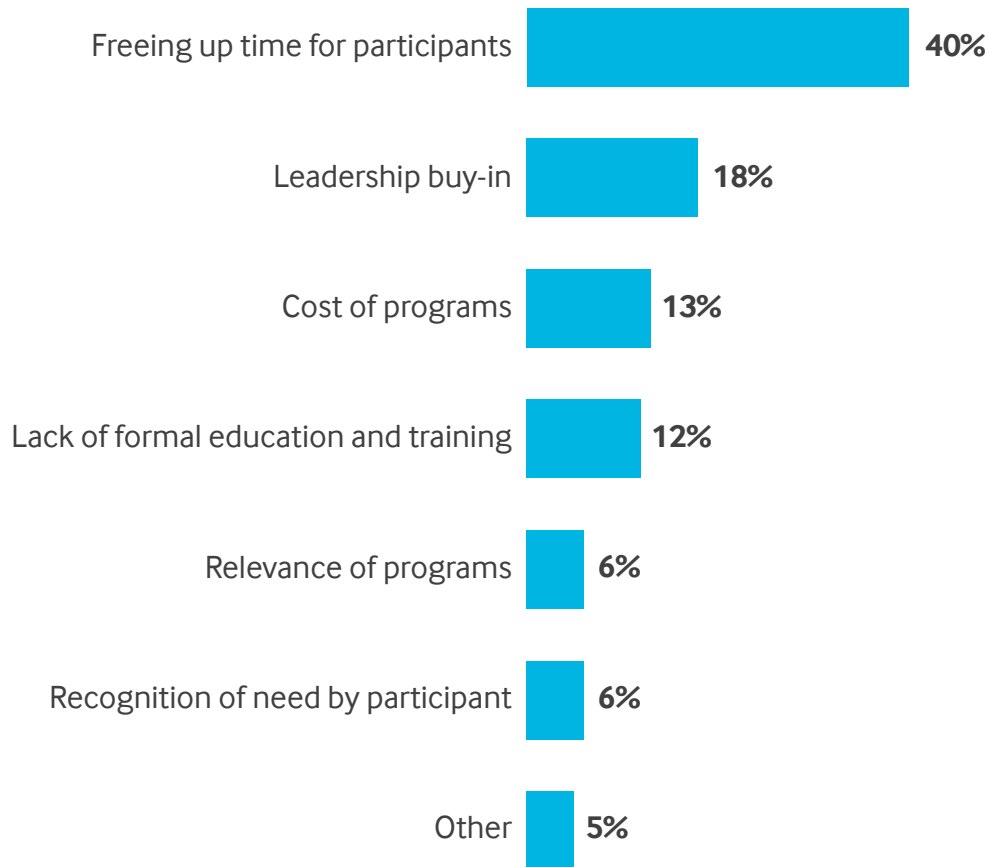
Base: 736 (multiple responses)

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Respondents say the most important areas of leadership development are all soft skills. One clinical leader says intense off-site coaching with an expert leadership trainer is the best way to develop collaboration/team-building skills. “This approach is effective because we have been able to hardwire changes in attitude and reinforce critical skills. Teams that attend build long-term bonds that contribute to success,” the respondent says.

Time Is the Top Challenge for Leadership Programs

What is the top challenge facing leadership education and training efforts at your organization?



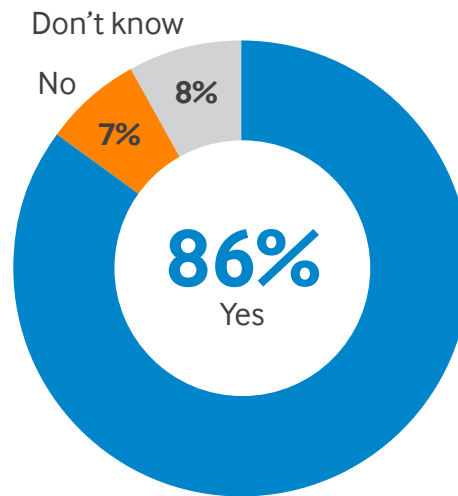
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Time is the top challenge for leadership programs, as experienced by one clinical leader respondent, who says that “despite having been a clinical leader for many years in my institution, I have never been given any formal leadership training, and when I requested to do a master’s program, it was not supported financially nor in protected time.”

People Believe Strongly that Leadership Can Be Taught

Can leadership be taught?



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Executives, clinical leaders, and clinicians share a widespread belief that leadership can be taught. However, one executive adds this caveat: “The practical can be taught but relationship skills are hard to train if a leader does not have the needed self-awareness and openness.”

Verbatim Comments from Survey Respondents

What is the most effective leadership education and training initiative you know of?

Why is it effective?

What: *Anything is better than nothing. It's an ongoing process. I am currently undergoing training to become a certified executive coach and can see the value of gaining insight to your own personality and then others and understanding that there are theories and principles of good leadership, team management, and communication. Physicians are trained technically and it does not prepare people well for leadership or functioning well in a more complex organization.*

Why: *You gain insight into your personality and learn about different personality types and understand how that can influence interaction, implementation, etc.*

— Clinician at a small for-profit clinic in the West

What: *Anything that is provided by an outside source (not internal or company driven).*

Why: *It is extremely effective due to our company building a bubble around us. They've hired inept people to make clinical and procedural decisions affecting the more clinically trained, intelligent, and experienced personnel. Our company does not recognize this as a problem. The company continues to turn a blind eye to this fact, encouraging this practice to continue and accusing their underlings of being difficult employees. This is the very first thing I noticed when I stepped foot on our "campus."*

— Clinical leader at a large nonprofit health system in the Northeast

What: *Certificate in leadership for health care transformation...a mini MBA, which gives you insight into some of the aspects of health care leadership from multiple lenses.*

Why: *Short 1-day sessions, for a defined time, with leaders in field and other physicians in an atmosphere of mutual learning. Allows for networking and also understanding other points of view while working thru real life examples.*

— Director of a mid-sized nonprofit physician organization in the West

What: *Clinician feedback.*

Why: *Duh!...So people can learn from their decision-making!*

— Clinician at a small nonprofit health system in the Northeast

What: *Coaching while working on a significant project.*

Why: *Learn on the job immediate support/feedback accelerates learning in leadership and accelerates completion of the work/project/initiative.*

— Service line director of a large nonprofit health system in the West

What: *Communication.*

Why: *Greatest failure at a management level.*

— Executive at a nonprofit health system in the South

What: *Don't know of any...however, I'm outside the loop of leadership decision-making.*

— Clinician at a large nonprofit teaching hospital in the Midwest

What: *For my division we hired a leadership coach which I have found more valuable than internal training.*

Why: *Enabling the individual division members to understand team concept with the division team and being part of the institutional team.*

— Service line chief of a large nonprofit teaching hospital in the Northeast

What: *Having a strong mentor who teaches and coaches.*

Why: *It's 1:1.*

— Vice President at a large health system in the Midwest

What: *Honestly? Any disciplined & true leadership program (whether through business school, consultancy, or otherwise) that is matched to corporate needs is helpful to develop important behavior and soft skills, create awareness. So, while I was coached in a graduate program — there's no need for one.*

Why: *A) evidence-based content. B) disciplined execution (e.g., NOT 3 Power Point lectures and a user's guide). C) accountability.*

— Clinician at a small nonprofit health system in the West

What: *Internal apprenticeship.*

Why: *The examples are identical to what will be seen in the future.*

— Chief Medical Officer at a health organization in the Northeast

What: *Lean.*

Why: *Daily management and continuous improvement skills.*

— Director of a midsized nonprofit government organization in the Midwest

What: *MBA.*

Why: *Provides framework for future success in health care administration and innovation.*

— Clinician at a small nonprofit community hospital in the West

What: *Mentoring.*

Why: *Based on actual circumstances.*

— Service line vice president of large nonprofit health system in the Northeast

What: *Recently developed new immersive leadership program for new and newly hired leaders. Very well received by participants and their supervisors.*

Why: *Immersive, combines a number of different types of training approaches (lecture, small group, team-based, etc.). Also uses senior leaders from organization to teach sessions and share their leadership journeys. All focused on newly developed organizational values and culture...what we expect from leaders in our organization going forward.*

— Vice President of a large nonprofit health system in the Midwest

Methodology

- The *Leadership Training and Development* survey was conducted by NEJM Catalyst, powered by the NEJM Catalyst Insights Council.
- The NEJM Catalyst Insights Council is a qualified group of U.S. executives, clinical leaders, and clinicians at organizations directly involved in health care delivery, who bring an expert perspective and set of experiences to the conversation about health care transformation. They are change agents who are both influential and knowledgeable.
- In July 2019, an online survey was sent to the NEJM Catalyst Insights Council.
- A total of 736 completed surveys are included in the analysis. The margin of error for a base of 736 is +/- 3.6% at the 95% confidence interval.

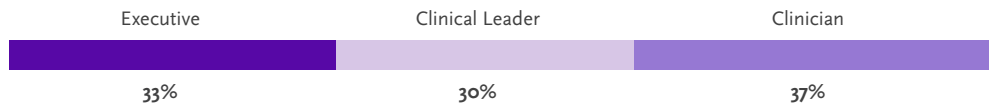
NEJM Catalyst Insights Council

We'd like to acknowledge the NEJM Catalyst Insights Council. Insights Council members participate in monthly surveys with specific topics on health care delivery. These results are published as NEJM Catalyst Insights Reports, such as this one, including summary findings, key takeaways from NEJM Catalyst leaders, expert analysis, and commentary.

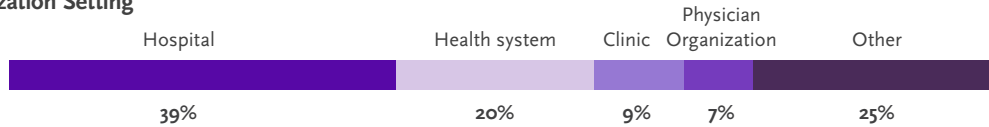
It is through the Insights Council's participation and commitment to the transformation of health care delivery that we are able to provide actionable data that can help move the industry forward. To join your peers in the conversation, visit join.catalyst.nejm.org/insights-council.

Respondent Profile

Audience Segment



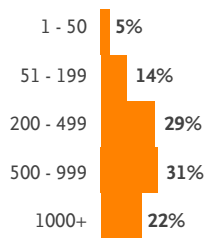
Organization Setting



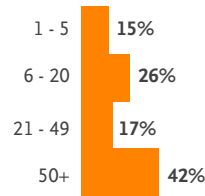
Type of Organization



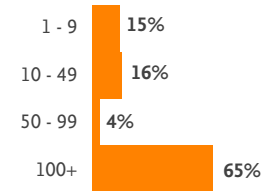
Number of Beds (Among hospitals)



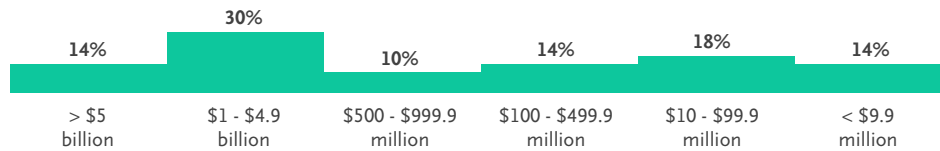
Number of Sites (Among health systems)



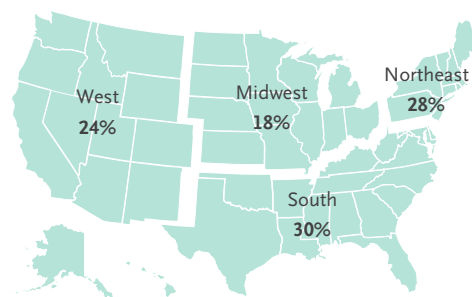
Number of Physicians (Among physician organizations)



Net Patient Revenue



Region



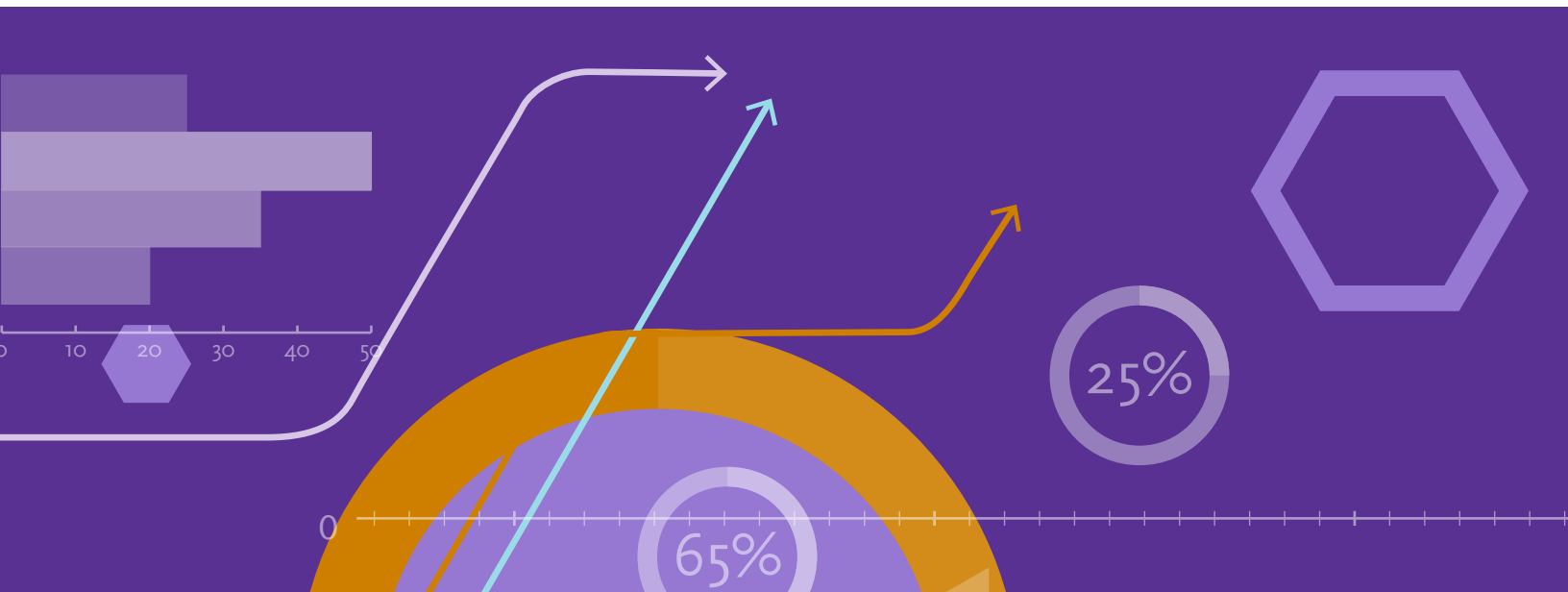
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About Us

NEJM Catalyst brings health care executives, clinical leaders, and clinicians together to share innovative ideas and practical applications for enhancing the value of health care delivery. From a network of top thought leaders, experts, and advisors, our digital publication, quarterly events, and qualified Insights Council provide real-life examples and actionable solutions to help organizations address urgent challenges affecting health care.



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