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NCHL Physician Leadership Development Council Members

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NCHL also expresses its sincere appreciation to the following individuals who shared their perspectives and experiences to inform the white paper.

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And a special thank you to Christina Jack, whose leadership made the PLD survey and this white paper possible.
EXECUTIVE SUMMARY

In 2013, the National Center for Healthcare Leadership’s (NCHL) Physician Leadership Development (PLD) Council focused its efforts on deepening its understanding of current hospital and healthcare system internal PLD programs. Many of these organizations have already agreed that it is important to:

Equip current and future physician leaders with the skills, experiences, insights and connections required to effectively manage and lead to achieve the organization’s strategic vision in a challenging healthcare environment and advance the health of their communities.

The intent of this paper is to inform administrative and physician leaders as they make plans for the future; this paper will hopefully challenge their thinking about best practices and effective elements of how to develop physician leaders for future roles in the organization.

The American Hospital Association’s Physician Leadership Forum’s recently presented the rationale for securing strong and effective physician leadership development as they are called “upon to bring their expertise to bear on the management of the clinical enterprise” in its January 2014 white paper, Physician Leadership Education.1

To this end, the PLD Council of NCHL developed a survey that was sent to selective group of hospitals and health systems that were identified as employing physician leadership development within their organizations. 25 hospitals or healthcare systems responded.

NCHL’s PLD Program survey found that PLD participant size averaged 30 physicians per year, with the range between 12 to 100 physicians. Most of the organizations reported programs that run between six to 12 months; however, four organizations reported programs that were 24 or more months in length. Overall it was found that PLD programs are still evolving and much variation exists, in part reflecting the size and type of the organization, the organizational strategic goals, and the resources available to support PLD programs.

Although there is great variability in programs, NCHL’s Physician Leadership Development Council collectively supports 10 recommendations for PLD programs. This paper outlines the Council’s collective recommendations, including highlighting action learning as a critical component of any PLD programs, and notes program challenges and opportunities. The paper concludes with final considerations for those starting PLD programs or for those reviewing modifications to their existing programs.

Recommendations for Implementing Effective Physician Leadership Development Programs

1. Ensure organization’s executive leaders actively support the PLD program
2. Directly link PLD program with organization’s strategic priorities
3. Use the PLD program to build and expand physician and inter-professional relationships
4. Align and integrate, PLD program with existing learning and leadership programs
5. Hold ongoing conversations with existing and emerging physician leaders
6. Design curriculum to support organization’s desired competencies/capabilities
7. Use both internal and external faculty
8. Employ effective learning methods
9. Provide coaching, mentoring and other support when possible
10. Evaluate and refine the program using metrics tied to the organizational performance
The PLD program survey can be found in the appendix along with PLD program resources and supplemental readings. We hope that the thoughts and connections shared in this paper help you enhance the value that physician leadership development brings to your organizations, and in turn, to the communities that your organizations serve.
I. RECOMMENDATIONS FOR IMPLEMENTING EFFECTIVE PHYSICIAN LEADERSHIP DEVELOPMENT PROGRAMS

Health systems have a large, vested interest in ensuring that physicians have access to high-quality physician leadership development (PLD) programs, as strong physician leadership is critical to their success, both today and in the future.

In many cases, health system leaders choose to create their own PLD program, thus allowing them to tailor the content and components to the unique characteristics of the organization. To be effective, health system-sponsored PLD programs should be oriented toward physicians at all stages of their career who are preparing to assume managerial and/or leadership roles within the organization. The goal is to equip these physicians with the skills and experiences required to be successful. Health systems that succeed in this endeavor stand to reap many rewards, including:

- A larger talent pool of potential leaders
- Better relations with and among physicians, and across disciplines
- Enhanced physician recruitment
- Increased staff engagement and retention
- Enhanced productivity of physician-led teams
- Higher quality, better coordinated care
- Increased organizational agility and growth
- Stronger connections between current and future leaders

Various organizations offer PLD programs, including health systems, universities, consultants, associations, and state medical societies. A list of programs is provided in Appendix B. Programs vary significantly in terms of the time commitment required by participants. Some programs may entail only a single class or a weekend or weeklong seminar. More comprehensive programs can last between 6 and 18 months and include both online and in-person components. Some programs may even be full-time commitments, such as with an MBA program. Courses also vary in terms of the comprehensiveness of the skills and competencies covered and the learning methods employed.

With regard to internally developed and run PLD programs, although there is great variability amongst current programs, NCHL’s Physician Leadership Development Council collectively supports 10 recommendations for PLD programs, which are discussed below and include:

1. Ensure organization’s executive leaders actively support the PLD program
2. Directly link PLD program with organization’s strategic priorities
3. Use the PLD program to build and expand physician and inter-professional relationships
4. Align and integrate, PLD program with existing learning and leadership programs
5. Hold ongoing conversations with existing and emerging physician leaders
6. Design curriculum to support organization’s desired competencies/capabilities
7. Use both internal and external faculty
8. Employ effective learning methods
9. Provide coaching, mentoring and other support when possible
10. Evaluate and refine the program using metrics tied to the organizational performance

These recommendations are based on the survey results, as well as information gleaned from interviews of hospital and healthcare system executives about their PLD Programs and interviews of
physicians who have participated in PLD programs about their experiences. Supportive quotes from the interviews are shown below in italics.

**Recommendation 1: Ensure organization’s executive leaders actively support the PLD program**

The NCHL’s 2013 PLD Program Survey results showed that the CMO, and then the CEO, were the most active organizational executives who contributed to the design, development, implementation, and evaluation of the organization’s PLD program. Their ongoing commitment to physician leadership may be demonstrated by the way they articulate the value of leadership development in the organization, sustain funding of PLD even during difficult economic times, and by their participation in the program as faculty, coach, mentor, or sponsor.

*Physician Participant:* “A highlight includes immediate access to the medical group leadership – including direct evidence of their personal contribution to the program and seeing/meeting the leaders and getting to know them personally.”

*Physician Participant:* “Coming out of the program and working with administration you get a sense as a physician that administration is really interested in our input.”

**Recommendation 2: Directly link PLD program with organization’s strategic priorities**

The NCHL PLD Survey results found the following as the top four of five objectives of the PLD programs that directly link with the organization’s strategic priorities:

- To strengthen physician engagement and retention
- To strengthen leadership and talent development/succession planning
- To improving quality of care/patient safety
- To align physicians with organizational objectives

*Physician Participant:* “Don’t leave it to randomness; engage in problems of the day in a front row seat.”

*Healthcare System Executive:* “I have a physician advisory group that I meet with a couple times a year and they give a lot of guidance on where we should put our priorities.”

**Recommendation 3: Use PLD program to build and expand physician and inter-professional relationships**

Building and expanding physician and inter-professional relationships was actually the second top organizational objective of PLD programs in the NCHL survey and was noted by all physicians interviewed as one of the top, if not the top, differentiators of the PLD program. Included in this objective was the use of dyad or triad inter-professional learning to build effective working relationships among physicians, administration, and nursing from myriad clinical disciplines and from across hospitals, physician groups, and health plans.

*Healthcare System Executive:* “Clinical leaders and people from all parts of the organization come together to collaborate through regular activities, brainstorming, and they learn about each other, hear from each other, and they learn they are all the same page. This was not a random act; it was very intentionally and clearly constructed.”
Healthcare System Executive: “The number one thing we need from physician leaders is the ability to lead teams of people in delivery of care because medicine is now a team-based sport—“Team Medicine.”

Physician Participant: “Another benefit was networking with other physicians to get a bigger picture of the healthcare system; key advantage of being a part of the program was developing inter-professional relationships.”

Physician Participant: “I now have a relationship with new people who are leaders that I didn’t have relationships with before. We start way ahead of where we would have started if we hadn’t ... learned together. I run into administrators or physician leaders and know I can go to them because we learned together. We’re building a leadership learning network here.”

Interestingly, the World Economic Forum’s Global Agenda Council on New Models of Leadership (2012-2014) has striking similarities to leadership in the transforming healthcare provider sector. The Council suggests that society, in general, is experiencing a change in leadership dynamics and, therefore, what it takes to flourish as a leader is being redefined. Complex multi-stakeholder issues, resource scarcity, and fundamental technological advances (e.g., all challenging the healthcare sector) contribute to this context and are revealing a leadership style that is shaped by leaders’ profound sense of purpose. This sense of purpose can be described through “the emotional capacity of leaders (values, courage, self-awareness, authenticity); their intellectual and cognitive development (creativity, innovation, world view, systems thinking); and the extent and depth of their social relationships and networks (community building, alliances, collaboration, virtual worlds).”

**Recommendation 4: Align and integrate PLD program with existing learning and leadership programs**

The best PLD programs do not begin with the creation or commissioning of a training course. Instead of presenting a PLD program as yet another new organizational initiative, it should be integrated into existing tiered suite of management and leadership programs. They come into existence only after organizational leaders first define what skills and attitudes they want from their clinical leaders, the degree to which those skills and attitudes exist, and hence where the development needs are greatest; by using this approach, leadership development programs can be tailored to focus on organizational needs.

Examples of how physician leadership development is integrated into a more robust organizational learning strategy are North Shore-LIJ Health System’s Physician Leadership Institute, which is part of their Center for Learning and Innovation (Figure 1), and Henry Ford Health System’s Physician Leadership Institute and New Physician Leaders Workshop (Figure 2), which exist as part of its HFHS University.
Figure 1. North Shore-LIJ Health System’s Physician Leadership Institute

Figure 2. Henry Ford Health System’s Leadership Development Model
Recommendation 5: Hold ongoing conversations with existing and emerging physicians

Leaders in the organization can have conversations with existing and emerging physician leaders about the value of participating in the program and how it will impact their existing knowledge, skills, behaviors and their effectiveness in the organization.

During the conversations, organizational leaders should discuss with physicians how the use their technical, interpersonal, and conceptual skills will change over time as they assume greater enterprise responsibility. In general, as a physician moves to higher levels of leadership, the relative importance of technical skills and knowledge (the traditional strength of most physicians) diminishes and conceptual skills become much more important. This evolution is depicted in Figure 3, which lays out three levels of physician leadership: single, multiple, and organization wide.

- **Single Domain**: These physicians head up a single unit or project, typically overseeing one or a few individual contributors representing the same general stakeholder (e.g., fellow clinicians). Consequently, the physician leader need only speak one “language,” and success still depends largely on technical skills and some interpersonal skills.
- **Multiple Domains**: These physicians head up several units, committees, and/or projects, and are typically responsible for overseeing managers and individual contributors from multiple stakeholders. Consequently, these physicians need to be able to speak in several different languages in order to effectively communicate with varying audiences. Success depends relatively less on technical skills, and more on interpersonal skills and, to a lesser extent, conceptual skills.
- **Organization-wide Domain**: These physicians lead entire organizations, such as hospitals and/or medical groups, overseeing executives, managers, and individual contributors from all stakeholder groups. To be effective, these leaders must speak many different languages. Success depends much more heavily on conceptual skills and knowledge, with interpersonal skills also remaining important (although relatively less so). However, the traditional strength...
of many physicians—the technical skills and knowledge—although unique and important, but tend to be a minor driver of success.

Some healthcare system executives completing the PLD Survey described talent planning sessions that were held pre, during, and post the PLD program. These sessions brought the physician, his/her direct manager, and healthcare system administrative and clinical leaders together to discuss the physician’s leadership assessments in depth and to plan for how the physician can best provide value to the healthcare system.

**Recommendation 6: Design curriculum to support organization’s desired competencies and capabilities**

Many organizations have identified key competencies or capabilities that are critical for their leaders. In the NCHL PLD Program Survey, 84 percent of the respondents reported using a competency model to guide the development of the PLD program. Some organizations further enhance the curriculum based on consultations with executive and physicians leaders. Just over half of the organizations use the same set of competencies for leadership programs with other clinicians and half use the same set of competencies for leadership programs with non-clinicians.

Hospital and healthcare system leaders have noted that soft skills and business skills are particularly essential to PLD programs. All organizations in the survey addressed change leadership, communications skills, team leadership, and interpersonal understanding and 92 percent addressed strategic orientation and organizational awareness. Also addressed by most were financial skills, quality/patient safety, and innovation.

*Healthcare System Executive: “When we put this program together at the core we want to emphasize the soft elements of leadership because that is where people were faultier—the situational handling of how they move themselves and others around. A good component is the soft skills.”*

*Physician Participant: “Docs know the clinical piece but are not formally trained on the business school side; these courses give a common language to dialogue with executives—as opposed to emotive arguments; they help us define expectations and ROI—this is not taught in medical school and it is the most critical piece.”*

**Recommendation 7: Use both internal and external faculty**

The NCHL PLD Program Survey indicated that faculty (e.g., teachers, trainers, content experts, coaches, mentors) for leadership programs typically included a mix of individuals from inside and outside of the organization. Concepts may be taught by outside faculty and the application may be reinforced with internal faculty.

*Physician Participant: “We have a lot of great leadership and yet I think we would have done ourselves a disservice to not have people from the outside. I was appreciative of what leaders from the outside brought as faculty to the program—this balance is important—outside/in.”*

*Physician Participant: “I think whether it was the influencer strategy (which is simplistic) or some other structure, it’s the study of how a great idea doesn’t always work in practice and how you
can make a great idea work despite people that say no. A couple of guest lecturers presented on this, but application of it was with our organization’s faculty.”

**Recommendation 8: Employ effective learning methods**

The most effective leadership development programs build on key lessons related to how adults learn best with a heavy emphasis on reflection, interaction, and application of concepts in real situations. Figure 4 illustrates how to build competencies with learning frameworks that first introduce the competency and then allow for deeper understanding, assessment, and practice of the skills required.

![Figure 4. How Do We Acquire Competency?](source: Spencer and Spencer “Competence at Work”)

Learning is more likely to be retained and is more impactful when the participant is engaged in the activity. Participants will only retain a small amount of what is taught in lectures; the best learning is by doing or performing and teaching others.

Effective learning methods include those that are experiential, action-based, inter-professional, and team based. See more on PLD program action learning in the next section.

*Outside Healthcare: From the education sector, a K-12 and post-secondary education model gaining attention is called ‘flipped learning.’ In this model, some lessons are delivered outside of the group learning space using video or other modes of delivery. Class time then is available for students to engage in hands-on learning, collaborate with their peers, and evaluate their progress, and for teachers to provide one-on-one assistance, guidance, and inspiration. The Institute for Healthcare Improvement (IHI) has recently employed this model to encourage the spread of best practices.*

**Recommendation 9: Provide coaching, mentoring, and other support when possible**

Assessment and feedback should be accompanied by ongoing coaching and mentoring. Even at the conclusion of the program coaching, mentoring, and feedback should continue.

92 percent of organizations completing NCHL’s PLD Program survey reported that participants were always or sometimes offered an executive coach. 84 percent of organizations reported that
participants were always or sometimes offered a mentor. Over half of the organizations offered a sponsor—often for an action-learning project or business plan. Only one organization did not offer a coach, mentor or sponsor.

Physician Participant: “We were paired with professional coaches who took information from assessments and worked with us to see how we could apply this to our current situation and where we needed to go if we wanted to pursue a leadership path, and so coaching was very helpful.”

Physician Participant: “Another benefit was that the process highlighted that there were successful leaders with very different backgrounds and leadership styles—this was an eye opener.”

**Recommendation 10: Evaluate and refine the program using metrics tied to organizational performance**

The most successful leadership programs develop formal mechanisms and processes to evaluate the degree to which the program is achieving its objectives and then it uses this information to continually refine and improve the program. Three quarters of the organizations reported that an organizational team evaluates the effectiveness of the PLD program, including alignment with the organization, engagement/satisfaction, and promotions.

The survey respondents reported:

- Participants more aligned with organization’s vision mission and strategy
- Great number of physician leader promotions from those in the program
- Enhanced physician engagement
- Increased physician satisfaction
- Greater number of physician leadership positions filled internally

Often, participants themselves assess the value of the PLD program components including the instructor-led courses, coaches, simulations, team projects, knowledge exchange sessions mentors, executive forums. For half the organizations, participants assess changes in knowledge, skills, behaviors, or performance for instructor led courses, simulations, and team projects at the end only and only a few organizations do it before, during, and after. It was uncommon for PLD program faculty, coaches, and mentors to assess changes in knowledge skills, behaviors, or performance for each component.

In terms of behavior change, almost half the time the participant’s direct manager is asked to provide feedback on the participant’s work and progress. However, in terms of more robust evaluation that would measure organizational outcomes, the NCHL survey found that it is uncommon for the department chair or division manager to provide feedback on changes in the department/division metrics or outcomes based on the contribution of physicians who have participated in the PLD program. This is an area of evaluation that the committee thought was important to recommend as a best practice.
II. PHYSICIAN LEADERSHIP MATTERS

Meeting the challenges facing healthcare organizations today requires not just great leaders, but great physician leaders. The most successful organizations are fundamentally re-thinking and redesigning care delivery at the front lines of medicine. They are rapidly transitioning from a volume-based, fee-for-service system characterized by episodic, sometimes unnecessary care, to one focused on managing the health of populations through proactive care management and adherence to evidence-based guidelines and protocols, facilitated by cutting-edge information technology and clinical-decision support. Physician leaders can be the catalyst for organizations to navigate the transition and achieve the “efficient use of scarce resources while maintaining strong clinical quality and patient focus.”

For example, in the late 1990s Kaiser Permanente Colorado found itself suffering from declining financial performance and deteriorating clinical outcomes. At the same time, some of its best doctors were leaving for other organizations. A new executive medical director took over and began focusing on improving outcomes; as part of this effort, he revamped the organization’s leadership development programs for physicians. Within five years, Kaiser Permanente Colorado became one of the best-performing Kaiser plans in terms of clinical outcomes; over the same time period, patient satisfaction increased markedly, staff turnover fell significantly, and financial performance improved markedly, with net income rising from $0 to $87 million.

The same sort of transformation occurred within the Veterans Health Administration, which transitioned from a poorly performing organization in the mid-1990s to a leader in clinical quality a decade later, due in large part to the leadership of a new CEO, a physician who invested in clinical leadership development, created accountability for clinical outcomes among physician leaders, and gave those leaders tools (e.g., information systems) and incentives to help them achieve top-notch performance. In addition to anecdotes that highlight the value of strong physician leadership, most systematic studies also support the notion that effective clinical leaders drive organizational performance. A joint McKinsey-London School of Economics study found that hospitals with the greatest clinician participation in management scored roughly 50 percent higher on important drivers of performance than did hospitals with low levels of clinician leadership.

Today, in many cases, physicians who end up becoming leaders get to this position based on their clinical skills and distinction rather than their leadership and management experience. Few medical schools or residency programs make a significant effort to prepare physicians to take on leadership roles.

A recent paper highlighted four factors underscoring the need to systematically develop physician leaders, including the perception are more likely to value autonomy versus collaboration; the inherently challenging environments within healthcare organizations (e.g., silo-based structures) that make it difficult to lead; the tendency for advancement criteria within medicine to focus on clinical and/or academic skills rather than leadership competencies; and the failure to pay adequate attention to training physicians on leadership competencies. With respect to this latter factor, interviews and workshops conducted by McKinsey & Company with nearly 100 clinical professionals identified the failure to invest in programs that nurture clinical leadership capabilities as one of three major barriers. The other two related barriers included skepticism among clinicians of the value of spending time on leadership—exacerbated by the inherent difficulty of proving the value of clinical leadership—and a lack of clinicians to take on leadership roles.
Approximately 14 percent of U.S. healthcare systems are led by medical doctors and about 5 percent of U.S. hospital CEOs are physicians. In a Health Leaders Media Survey in 2012, 36 percent of hospital and healthcare system CEOs said that there were no physicians on the senior leadership team – although this percentage is changing rapidly. In most hospitals and healthcare systems there are more employed physicians than ever before. A recent American Medical Association (AMA) report showed that in 2012, 29 percent of physicians worked either directly for a hospital or for a practice that was at least partially owned by a hospital.

Physicians’ education and training include a university undergraduate degree, (typically) four years of medical school (with a rigorous curriculum that covers medical principles, clinical diagnosis, and disease development), three to five years in a residency program, and some physicians also complete a fellowship. Acceptance into medical school, residencies, and fellowships is highly competitive and selective. Practicing physicians participate in continuing medical education to keep up with the rapid pace of change in medicine. Physicians emerge from their education and training as respected scientists and experts.

There are currently few opportunities for medical students and residents to participate in business, economics, or legal courses due to the intensive nature of their education and training. In addition, even while in practice, their demanding schedules do not afford them opportunities to participate in ongoing organizational leadership development activities such as understanding the business of healthcare, negotiation and conflict management exercises, self-assessments and reflection, and collaborative team projects. When the Institute for Healthcare Improvement (IHI) started its Open School in 2009 that offered free online courses in system skills like outcome measurement, quality improvement and leadership, it hoped that a few medical students would enroll. Instead 45,000 medical students enrolled demonstrating a pent up demand for learning outside the medical training realm.12

It is critical that physician leaders are available to lead complex change initiatives, facilitate collaboration among physicians, and champion evidence-based quality/safety programs. Healthcare systems offer physician leadership development opportunities to prepare and support physicians as they move into leadership positions. Often a formal physician leadership development program is one of the offerings for and the overall goal of these physician leadership development programs is to equip current and future physician with the skills, experiences, insights, and connections required to effectively manage and lead to achieve the organization’s strategic vision in a challenging healthcare environment and advance the health of individuals.

In recent years, a growing number of hospitals, physicians groups, and healthcare systems offer physician leadership development opportunities to prepare and support physicians as they move into leadership positions. Often a formal physician leadership development program is one of the offerings. The National Center for Healthcare Leadership’s Physician Leadership Development (PLD) Council in 2013 focused its efforts on deepening its understanding about current hospital and healthcare system PLD Programs. The case had already been made within their organizations about the importance of developing physician leaders and they believed that a comprehensive goal of PLD programs is to:
Equip current and future physician leaders with the skills, experiences, insights and connections required to effectively manage and lead to achieve the organization’s strategic vision in a challenging healthcare environment and advance the health of their communities.

To this end the Council and NCHL:

- Developed a PLD Program Survey and 25 hospitals/health care systems completed it
- Shared their PLD programs with each other
- Invited other healthcare organizations to share their PLD programs with the Council
- Interviewed hospital and healthcare system executives about their PLD Programs
- Interviewed physicians who had participated in PLD programs about their experiences
- Summarized the combined learning to inform this PLD white paper

Overall, it was found that PLD programs are still evolving and much variation exists. This, in part, reflects the size and type of healthcare organizations, the vision of the CEO, the organizations’ strategic goals, and the resources available to support a PLD program. NCHL’s PLD Program survey found that PLD program size averaged 30 physicians per year, with the range between 12 to 100 physicians. Most of the organizations reported programs that run between 6 to 12 months, but four organizations reported programs that were 24 or more months in length.

Most organizations’ PLD programs prepare physicians for management, executive leadership or service line roles, although a few include academia and the health plan. The full PLD program survey results can be found in the appendix along PLD program resources and supplemental readings.

To revisit NCHL’s 2010 white paper, Best Practices in Healthcare Leadership Academies, which identified best practices that drove the success of leadership academies, the PLD survey aggregate results found the following aligned with those best practices:

Visible, ongoing senior-level support and commitment
By far, the CMO, and then the CEO, were cited as the most active organizational executives who contributed to the design, development, implementation and evaluation of the organization’s PLD program. Their ongoing commitment to physician leadership may be demonstrated by the way they articulate the value of leadership development in the organization; sustained funding of PLD even during difficult economic times; and by their participation in the program as faculty, coach or mentor.

An example of CEO commitment to funding physician leadership can be found at the Cleveland Clinic. Its Leading in Healthcare program is internally funded and the cost is immense because it includes taking 40 physicians offline for 10 days out of the year. However, Dr. Cosgrove, CEO, said that the cost of not having the program would be too great.

Mechanisms to ensure alignment with organizational mission and priorities
All organizations reported that the organizational objectives of the PLD program were directly linked with the organization’s strategic objectives.
Integration with strategic human resource functions/processes
Organizational leadership programs should be closely aligned and integrated with strategic human resource functions including recruitment/selection, job design, learning and skills development, performance management, compensation and total rewards, and talent management. 88 percent of the survey respondents reported that the PLD program was designed to integrate with existing levels of learning and leadership programs. Many organizations offered tiered suites of management and leadership programs.

Some healthcare systems completing the PLD Survey described talent planning sessions that were held pre, during and post PLD program. These sessions brought the physician and his/her direct manager, healthcare system administrative and clinical leaders together to discuss the physician’s leadership assessments in depth and to plan for how they can best provide value to the healthcare system.

Self, peer, and expert assessments based on competencies
Organizations reported that an array of physicians participate in the PLD program including physicians already in leadership roles, physicians in high-potential programs, employed physicians, physician faculty and private practice physicians. Physicians most often are nominated by the department chair, CEO or CMO, have made substantial leadership contributions, or have been identified in the organizations talent review process. Most frequently used assessments include 360s, emotional intelligence, and leadership styles.
III. DEVELOPING PHYSICIAN LEADERS

The PLD survey found that physician leadership programs run the gamut, but there are some fundamental elements that surfaced and provide a guiding framework.

The Physician Leadership Development Table of Elements® (Figure 5) represents the PLD Council’s recommendations for PLD programs and was informed by the PLD survey results as well as interviews conducted with healthcare executives and physicians who participated in PLD programs at various organizations. The table includes a breakdown of:

- The foundational knowledge taught in PLD programs
- The PLD program objectives
- Capabilities, or competencies, of increasing complexity organized by execution, people and transformation that are included in PLD programs
- Learning methods listed by increasing return on investment

The table also incorporates the 10 “best practice” recommendations that help to maximize the effectiveness of any PLD program; as with the learning methods and competencies, the most sophisticated programs tend to adopt more of these best practices.

Many of the surveyed healthcare organizations deploy these best practices to varying degrees. Over time, PLD programs mature by integrating new, more effective learning methods, and expanding to target less intuitive competencies that are critical to success in today’s rapidly changing healthcare environment. At the same time, these programs turn to other best practices not always employed during the start-up period.

To illustrate, Figures 6, 7, and 8 are examples of best practice physician leadership programs.
Figure 5. Physician Leadership Development Table of Elements®

<table>
<thead>
<tr>
<th>Foundational Knowledge</th>
<th>LEADERSHIP CAPABILITIES/COMPETENCIES</th>
<th>Learning Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Execution</td>
<td></td>
</tr>
<tr>
<td>Business of Healthcare</td>
<td>Communication</td>
<td>Onsite &amp; Online Classes</td>
</tr>
<tr>
<td>Healthcare Economics</td>
<td></td>
<td>Leadership Assessments &amp; Feedback</td>
</tr>
<tr>
<td>Legal &amp; Policy Issues</td>
<td>Interpersonal Understanding</td>
<td>Leadership Development Plans</td>
</tr>
<tr>
<td>Regulatory &amp; Compliance Issues</td>
<td>Informatics</td>
<td>Executive Coaching &amp; Mentoring</td>
</tr>
<tr>
<td>Science of Quality &amp; Safety</td>
<td>Negotiation/Conflict Management</td>
<td>Ongoing Self-Reflection &amp; Peer Feedback</td>
</tr>
<tr>
<td>Systems-Based Practice</td>
<td>Impact &amp; Influence</td>
<td>Case Studies</td>
</tr>
<tr>
<td>Program Objectives</td>
<td>Project Management &amp; Robust Process Improvement</td>
<td>Knowledge Exchange Sessions</td>
</tr>
<tr>
<td>Leadership/Talent Development</td>
<td>Financial Acumen</td>
<td>Business Simulations</td>
</tr>
<tr>
<td>Build &amp; expand relationships &amp; networks</td>
<td>Business Acumen</td>
<td>Individual Action Learning Projects</td>
</tr>
<tr>
<td>Align physicians with organizational objectives</td>
<td>Change Management</td>
<td>Team-based Action Learning Projects</td>
</tr>
<tr>
<td>Improve quality of care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Engagement &amp; Retention</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommendations</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Directly link PLD program with organization’s strategic priorities</td>
<td>Align/integrate PLD program with existing learning/leadership programs</td>
</tr>
<tr>
<td>Ensure organization’s leaders actively support PLD program</td>
<td>Provide coaching, mentoring and other support when possible</td>
</tr>
<tr>
<td>Hold ongoing conversations with existing &amp; emerging physician leaders</td>
<td>Use both internal &amp; external faculty</td>
</tr>
<tr>
<td>Design curriculum to support organization’s desired competencies/capabilities</td>
<td>Use the PLD program to build &amp; expand physician &amp; interprofessional relationships</td>
</tr>
<tr>
<td>Employ effective learning methods</td>
<td>Ensure the PLD program actively support PLD program</td>
</tr>
</tbody>
</table>

Evaluate and refine the PLD program using metrics tied to the organization’s performance.
Figure 6. Sentara pAdvance Program Description

The Sentara Advance Programs provide a unique opportunity for leadership development using a variety of learning modalities.

What Makes the Program Unique?
Sentara Healthcare’s pAdvance program provides reality-based, hands-on leadership experiences. The components of the curriculum are designed to give attendees the ability to effect change in their organizations and the tools to manage and execute long-term leadership goals.

Program Description
The pAdvance® program is designed to help physician leaders develop foundational skills that will serve them in any leadership capacity. This six-month program includes the following components:

Six Interactive Classroom Sessions that will focus on these key areas:
- Leadership
- Strategic focus
- Finance
- Operations
- Teamwork

These four-hour classroom sessions may be supplemented with additional reading, podcasts, and other resources to enhance learning on key topics.

Assessment
Each participant will complete a series of assessments (360° assessment, Myers Briggs Type Indicator, Thomas Kilman Conflict Resolution) which will include a one-on-one coaching session, and the creation of an Individual Development Plan (IDP) to support the participant in developing in a few key areas of interest.

Shadowing Assignment
The physician will work with the program leader to identify an area of interest (either a role or activity) to observe and learn from.

Project
Participants will work on a project with a partner or small team on an area of interest and value to their hospital or practice. This project may be one that has already been identified by the organization to accomplish its strategic objectives.

Mentor
Each participant will have a mentor throughout the experience who will support them in accomplishing the IDP objectives, completing their project, and getting maximum value out of the pAdvance experience.

© Sentara Healthcare. Used with permission.
A voluntary, comprehensive, competency-based physician leader initiative, begun in 2004, to equip physician leaders with skills, insights, and connections required to lead Packard to achieve its strategic Vision and, in turn, advance the health of children and pregnant women.

More than 300 physicians, from chief residents to physician executives, have participated in one or more of the following: 5-month modules, one-day skills labs, physician mentoring dinner series, individual coaching, a virtual job rotation with peers, leadership forums, “Conversations with Our Board,” and outsight visits with executive teams of other hospitals.

Modules and skills labs include physicians, often their management partners, administrators related to their areas, and invited guests from the Hospital’s Board and associations and hospitals in the United States.

Participation is by referral of a physician or administrative leader.

Over a 3-year period, 95% of physician learners’ leadership behaviors increased using the Leadership Practices Inventory, and 76% of them were successful to completely successful in achieving their individual learning goals.

Participants have referred over 100 peers to the initiative.

Examples of Fortune-500 faculty include Barry Posner, Dianna Booher.

Executive sponsors are the chief executive officer and chief medical officer of LPCH.
Hospital and healthcare system executives as well as physicians who have participated in PLD programs have noted that action learning is one of the most critical PLD program components because it allows participants to directly test and practice new concepts in their everyday work. In the NCHL PLD Program Survey, 84 percent of the organizations answered that their PLD program participants are required to complete a project to apply the skills they’re learning. There is variety as to how projects link to organizational goals and whether the projects are individual or team-based or inter-professional—but it appears there are at least three types of action learning used including:

1. Action learning application
2. Mini action learning projects
3. Enterprise and capstone projects

Action Learning
In small group sessions, PLD program participants are given the opportunity to use real or simulated scenarios in the form of case studies, business simulations, or healthcare learning maps, and then prepare, present and discuss action plans and anticipated results. Physicians are asked to examine how they may play out in their own workplaces.

Program Participant: “It’s been a long time since I was with a bunch of doctors in a non-interprofessional way and saw how they (i.e., other surgeons and physicians) dealt with the world/day-to-day issues.”

Healthcare System Example: One case presented the scenario of a patient that was transferred inappropriately including ethical violations and neglect of good patient care practices (e.g., confidentiality was breached through Facebook posts). The class debriefed on all issues including the legal and disciplinary actions to be taken. They discussed how there was not a real continuity of care due to various “silos” and identified where it happens within their facilities and how they handled those situations to break down barriers. Significant differences were found between orthopedics and cardiology and pursuant discussions helped the group to understand what each area did to obtain optimal outcomes.

Other Examples: Outside faculty partnered with healthcare organization using real internal data and other persuasive facts to create business case about the need for intensivists to turn over cases to the eICU. In another organization, groups of physicians collaborated to understand and provide feedback into the business behind marketing services outside their current market area. Innovation in Practice: A unique way to apply action learning across the PLD program was implemented at North Shore LIJ Health System. The Director of the Physician Leadership Institute is actually embedded in each course in order to make critical links and applications in the subject matter. For example, during finance courses, she is able to make the link to strategy and in leadership courses she can link to issues from the conflict management course.

Mini Action Learning Projects
The second level of action learning increases the amount of time invested by both the participants and faculty but the added investment begins to return value to the organization due to the solutions implemented. Physicians have explained that action learning projects are especially valuable when constructed in such a way as to allow the application of the business and financial concepts learned.
during the program to situations they are currently facing. Often, mini projects provide physicians with the opportunity to select a project they have a strong interest in and can exercise their leadership skills in advancing it. This often involves convincing the organization’s leadership team of their projects’ value proposition. Other times, mini projects are initiated by an executive sponsor and physicians are asked to take a leadership role in the project.

Physician Participant: “This is participation in a unique leadership network of physicians and understanding issues from all perspectives and coming to different solutions with different perspectives.”

Examples: Healthcare organizations provide physicians with tools on clinical excellence, change management and improvement and expect the physicians to lead and report out on projects that have included intra and inter-organizational hand-offs, ICD 10 implementation, or EPIC roll-out.

Healthcare System Executive: “We have been identifying our future leaders and have been including them in more things. One example is when we looked at our (inter-professional) advanced leadership academy because we needed extra leadership help with EPIC and we made all of our projects around EPIC so that we could get them involved. We’re in the infancy stages.”

Enterprise and Capstone Projects
Depending on the length of a PLD program, physicians may work on a mini-action learning project before engaging in an enterprise or capstone project or may use the learnings to date to engage in a final project. Healthcare leaders explain that business plans, recommendations and/or solutions developed by physicians during the enterprise/capstone projects often provide the ROI for the PLD program as the outcomes are designed to directly impact the bottom line. Even if organizations do not experience immediate ROI, they focus on building relationships and improving communications to ensure high quality patient outcomes. Considerable time is often invested in the enterprise/capstone projects so often an executive sponsor and/or mentor is made available to help monitor the time and open doors to others within the organization who can contribute to the project outcomes.

Physician Participant: “I worked on creating a model for a palliative care program we wanted and now we have it up and running. We involved a wide range of clinical areas and will even be implementing a palliative care rotation for our residents in the Spring. Our system is clearly overburdened with the expense of end of life care and we need to get the public to understand that continuing life without quality is a huge burden of cost.”

Physician Participant: “At the end of the day we needed to communicate the business plan to a committee. The project gave us a 360 degree perspective while most physicians only see one part in their daily lives. We saw every aspect of the issue in developing the business plan.”

Physician Participant: “Cost-benefit is not esoteric; I stepped outside of my comfort zone to articulate issues.”

Healthcare System Executive: “The PLD Program really does have to have a business project so that you can have an ROI – and therefore a deliverable.”
Healthcare System Executive: “In our Leadership Academy, participants are nominated by executive sponsors and work very intensely for 10 months. Physicians are 1/3 of the group. Small groups of five participants rotate and all get to work with each other. Participants must report out in five minutes to mimic real work – and then provide recommendations and respond to rapid fire questions.”

Healthcare System Executive: “Capstone is done by the whole class. The various components are broken up into different groups. By the time you pick your capstone project you start to see people’s natural strengths – you also see the people who will step up as natural leaders of groups.”

Figure 9 is an illustration of how the University of Pennsylvania Health System employs action learning in its leadership programs.

**Figure 9. University of Pennsylvania Health System Leadership Development Framework**

<table>
<thead>
<tr>
<th>Leading at the Next Level for Clinical Leaders</th>
<th>Choosing Wisely Initiative: Changing Provider Behavior</th>
<th>Systems Thinking Fostering environment of rapid experimentation—deploying solutions to the benefit of Penn Medicine</th>
<th>Increasing Organizational Agility Accelerating the capacity of the organization to respond to changing environment</th>
<th>Team Science: Inter-Professional Collaboration Effective in building high performing teams to manage populations of patients over traditional boundaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action Learning</td>
<td>Lead Complex Performance Improvement Teams across Multiple Departments/Entities</td>
<td>OR</td>
<td>Lead Penn Medicine Team via IHI Open School Modules</td>
<td></td>
</tr>
<tr>
<td>Leading System-wide Complex PI Teams</td>
<td>Performance Improvement Ambassadors Advancing PI Team Leadership Skills</td>
<td>Crucial Conversations</td>
<td>Team Facilitation Skills Project Management</td>
<td>Flawless Consulting</td>
</tr>
<tr>
<td>Action Learning</td>
<td>Penn Medicine Leadership Forums</td>
<td>Performance Improvement in Action Team Experience</td>
<td>Four session forum that focuses on addressing a specific organizational challenge followed by rapid experimentation phase for testing new approaches to key improvement opportunities (e.g., lowering avoidable readmissions, decreasing bloodstream infection)</td>
<td></td>
</tr>
</tbody>
</table>
SECTION IV. PHYSICIAN LEADERSHIP DEVELOPMENT PROGRAM SURVEY RESULTS

In 2013, the National Center for Healthcare Leadership (NCHL) Physician Leadership Development (PLD) Council designed a survey to learn more about the characteristics of current PLD programs in healthcare organizations. Initially, the survey was to be used to benchmark practices across Council members. But, there was great interest in the field to participate and learn from others. In the end, 25 healthcare organizations completed the survey.

Advocate Health Care   Mayo Clinic
Banner Health          Memorial Hermann Healthcare
Beth Israel Deaconess Medical Center North Shore-LIJ Health System
Bon Secours Health System OhioHealth
Carolinas HealthCare System Rush University Medical Center
Catholic Health Initiatives Sentara Healthcare
Christiana Care Health System Spectrum Health
Cincinnati Children’s Hospital Medical Center Stanford Hospital & Clinics
Cleveland Clinic       Sutter Health
Cone Health            UnityPoint Health
Emory Healthcare        University of Pennsylvania Health System
Henry Ford Health System University of Wisconsin Medical Foundation
Lucile Packard Children’s Hospital at Stanford

Overall, it was clear that PLD programs are still evolving and much variation exists, in part reflecting the healthcare organization’s communities served, culture, and overall goals. Organizations reported that PLD program size averaged 30 physicians per year, with the range between 12 to 100 physicians. Most of the organizations reported programs that run between 6 to 12 months, but four organizations reported programs that were 24 or more months in length. Figure 10 provides an summary of these and other survey results.

Organizations were asked to provide up to three objectives. Two organizations did not respond. The remaining twenty-three organizations provided from one to three objectives. The most frequently cited organizational objective, by far, was talent development specifically characterized by the following:

- Create physician leadership gene pool
- Develop a pipeline of leaders for the organization
- Identify and cultivate talented physicians to become excellent physician leaders
- Prepare succession plan to provide bench strength
- Develop physician competencies of physician partners across the entire enterprise
- Develop physician leaders for the future with the right capabilities
- Build a sustainable pipeline of talent for physician leadership roles
The second most frequently cited organizational objective was building and expanding physician and inter-professional relationships and networks as characterized by the following:

- Increased leadership through influence, stronger team relationships, and increased team collaboration
- Develop skills that will help lead and participate in collaborations
- Increase collaboration among multi-disciplinary teams (e.g., clinical, QI and other)
- Create a network for physicians, across departments, for leadership interaction and cooperation
- To expand networks and promote cross-disciplinary relationships

The third most frequently cited organizational objective was alignment and empowerment (e.g., through change leadership) of physicians with organizational objectives to meet/impact organizational goals/outcomes/results. It was characterized by the following:

- Collaborative leadership of physician and senior administrative leaders to achieve the organization’s strategic vision of sustainability and pre-eminence
- Better prepare physician leaders to meet organizational strategic objectives
- Engage and align physicians with organizational objectives
- Support efforts to strategically align with the mission

Three organizations noted that the top organizational objective of the PLD program was to improve the quality of care and patient safety.

Organizations that used a competency model to guide the development of their PLD programs cited the following external sources that guided their work: ACGME, ACPE, CCL Leadership by Design Library, Lominger, NCHL Health Leadership Competency Model, Hybrid model of NCHL and Advisory Board. Four organization’s said they use an internal leadership competency model. Fifty six percent (14) of the organizations said that their PLD program uses the same set of competencies that the organization uses for other leadership programs. A range of competencies were reported from critical thinking, decision-making, organizational awareness, emotional intelligence, financial acumen, change management and strategic leadership.

Of the 25 organizations who responded, the following groups participate in the organization’s PLD program:

- Physicians already in leadership roles 92 percent
- Physicians in high-potential programs 88 percent
- Employed physicians 88 percent
- Physician faculty 76 percent
- Private practice physicians 72 percent

If the hospital or health system is providing leadership development opportunities to private practice physicians there may be issues with regard to the Stark anti-kickback laws [42 U.S.C. § 1320a-7b(b)]. The more the training is offered in terms of leadership development for the organization’s benefit, the less risk there is to the hospital should it want to provide the education for free. The more the training is offered for the benefit of the physician or his/her practice, the more the hospital needs to
consider whether the education could be “remuneration” to the physician. Hospitals and health systems will want to seek legal counsel and proceed with caution to ensure they do not overstep anti-kickback provisions.

Organizations identified others that may participate in the PLD program, including:

- Future Division Director or those interested in quality work
- Nursing directors, managers, executive team members as dyads for physicians
- Physicians in strategic critical roles around key imperatives are especially targeted
- Chief residents, physicians designated as high-potential by supervisors, physician leaders in organizations in strategic network in western U.S.
- Physicians employed by the school, not the hospital. Also include “rising stars” not in current leadership roles
- Organization is in a corporate bar of medicine state so cannot employ physicians same ways others can

Organizations use a variety of methods to select physicians to participate in PLD programs. Of the 25 respondents, the following methods were used most frequently:

<table>
<thead>
<tr>
<th>Method</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nominated by department chair</td>
<td>80 percent</td>
</tr>
<tr>
<td>Physicians who have made substantial leadership contributions</td>
<td>76 percent</td>
</tr>
<tr>
<td>Nominated by hospital CEO or CMO</td>
<td>76 percent</td>
</tr>
<tr>
<td>Organizational talent review process</td>
<td>52 percent</td>
</tr>
<tr>
<td>Physicians who made substantial improvements in organization</td>
<td>48 percent</td>
</tr>
<tr>
<td>Self-selected</td>
<td>44 percent</td>
</tr>
<tr>
<td>Nominated by manager/superior</td>
<td>40 percent</td>
</tr>
<tr>
<td>Nominated by peers</td>
<td>20 percent</td>
</tr>
</tbody>
</table>

Responding organizations also use a variety of assessment tools as part of their PLD program. Most frequently used are 360s (88 percent) and Emotional Intelligence (42 percent), Leadership Styles (42 percent), and MBTI (37 percent).

In terms of faculty, five organizations said that they use all or mostly internal faculty to teach in the PLD program. In fact, about half of the time organizational awareness, interpersonal understanding and physician executive partnership are taught by the organizations’ internal faculty. External programs/resources/organizations that were named included:

<table>
<thead>
<tr>
<th>Type of Organization / Individual</th>
<th>Name of Organization / Individual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Membership Organizations</td>
<td>American College of Physician Executives, UHC</td>
</tr>
<tr>
<td></td>
<td>Harvard Business School, Harvard School of Public Health, Stanford Graduate School of Business, Dartmouth Medical School, University of Colorado, Boston University, University of Pittsburgh Medical School, Santa Clara University Levy School of Management, UCLA Anderson School of Management, Queens College of Business,</td>
</tr>
</tbody>
</table>
Although projects are often seen as a best practice in adult learning and leadership development, it was surprising to learn that only 25 percent of the programs require the participant to complete a project to apply the skills that they are learning. On the other hand, 36 percent always use an executive coach and 56 percent use an executive coach sometimes as part of their PLD program. Of these, 48 percent used an internal coach.

For 18 organizations that always or sometimes offer a mentor, it was reported that approximately 76 percent provide the mentor internally. For 15 organizations that always or sometimes offer a sponsor, it was reported that approximately 88 percent provide the sponsor internally. There was one organization that did not offer a coach, mentor or sponsor.

In terms simulations, 52 percent of the organizations say they use business simulations in their PLD programs. These include: Harvard cases and simulations; small group problem solving scenarios; active use of non-physician leaders to supplement courses; case studies courses and simulated leadership situations, PDI business simulation, healthcare learning map into one on-site session, and a business simulation activity.

Nearly 70 percent of the organizations responded that they provide a forum to showcase participants’ successes and achievements. These included various formats:

- Each participant gives a final presentation followed by graduation
- Achievements are recognized on the Website, quarterly newsletter, annual project presentations for university community
- Online learning platform allows reporting of outcomes and applied learning projects
- Projects are reported out to senior leaders and chairs.
- Graduation retreat showcases successes and achievements
- Physicians who lead performance improvement teams debrief to senior executive teams.
- CEO and CMO sponsor leadership forum twice a year, which updates on all progress and showcases leadership results
In terms of evaluating the effectiveness of the PLD program, although 76 percent responded that they evaluate a range of outcomes. From most common to least common, those outcomes include:

- Participants more aligned with organization’s vision mission and strategy
- Great number of physician leader promotions from those in the program
- Enhanced physician engagement
- Increased physician satisfaction
- Greater number of physician leadership positions filled internally
- Increased physician to physician collaboration across the system
- Participants demonstrated enhanced performance/productivity
- Return on investment
- Improved quality metrics
- Increased physician to administrator collaboration across the system
- Effectiveness retaining physicians
- Effectiveness recruiting physicians
- Increased physician satisfaction
- Greater number of physician leadership positions filled internally
- Increased physician to physician collaboration across the system
- Participants demonstrated enhanced performance/productivity
- Return on investment
- Improved quality metrics
- Increased physician to administrator collaboration across the system
- Effectiveness retaining physicians
- Effectiveness recruiting physicians
Figure 10. Summary of Physician Leadership Development Survey

Program Objectives

- 100% reported program objectives are directly linked to strategic objectives of the organization including:
  - Talent Development
  - Build & Expand Physician & inter-professional relationships
  - Align & Empower physicians with organizational objectives
  - Improve Quality of Care

Participating Physicians

- High Potential
- Current Leaders
- Faculty
- Employed
- Private Practice

Physician Selection

- Nominated by department chair: 80%
- Nominated by CEO or CMO: 76%
- Talent Review Process: 52%
- Self-selected: 11%

25 Healthcare Organizations

- Overall, it is clear that PLD programs are still evolving and much variation exists, in part reflecting the healthcare organization’s communities served, culture, and overall goals.

Survey Results of Physician Leadership Development Programs

- Average # of Physicians Each Year
  - 52% Offer a co-leadership program for administrators/physicians
  - 56% of organizations reported that physicians often participate in inter-professional teams
  - 28% Offer compensation for participating

- 6-12 Months
  - Most common length of program

- 84%
  - Use 360 assessments
    - Other Assessments Used: Emotional Intelligence, Leadership Styles, MBTI, Business Simulations, DISC, StrengthsFinder

- 48%
  - Require participants to complete a project to apply skills

- 84%
  - Used a competency model to guide development
    - Critical thinking, decision making, organizational awareness, emotional intelligence, financial acumen, change management, and strategic leadership

Other Learning Opportunities

- Executive shadowing
- Business simulations
- Courses to accelerate development
- External relations

Most Common Subjects Taught:

- Courses are taught by both internal and external faculty

- Change leadership, communication, team leadership, interpersonal understanding
- Strategic orientation, organizational awareness, finance, quality & safety
- Innovation, physician-executive partnership
- Talent development, negotiating, professionalism, project management, legal issues
V. CHALLENGES & OPPORTUNITIES

According to the hospitals and healthcare systems that completed the NCHL PLD Program Survey, the biggest challenge, by far, in developing physician leaders is getting the physicians’ time to participate in the program. This was described in several ways including:

- Time away from patients
- Time away from administrative duties (e.g., budgets)
- Time that competes with other required training (physicians may want to learn from physicians within their own professional organizations)
- Time for non-employed physicians (i.e., determining the “what’s in it for me” for the physicians)
- Release time to consistently engage in the program

Other challenges included:

- Need to develop skills different from those on which physicians have traditionally been trained
- Leadership not highly weighted in appointments and promotions
- Compensation structure does not adequately reward leadership
- Lack of clear objectives for leaders and assessment of performance

Other obstacles identified included identification of leaders, spread of programs across a large system, and money to enhance the program.

Physician Participant: “You must include active clinicians, educators, and administrative physicians because all of us see things from a different perspective and it’s important to have all of these perspectives. There would be a credibility issue if practicing clinicians were not in the program - they know what’s happening in the field. You also need to include people from multiple disciplines and at multiple levels or you will miss a huge piece of the puzzle.”

Healthcare Executive: “Most of our physician leaders have four roles: research, teaching, care, and advocacy. These roles take up much of their lives. Our program is totally voluntary and our physicians participate because they perceive it grows them and they see results from this growth for themselves, their domains, and the organization. Our program needs to be very efficient and high-impact to capture their time and attention.”

According to the hospitals and healthcare systems that completed the NCHL PLD Program Survey, the following opportunities were being explored to support the ongoing PLD Program efforts:

- Securing a well-supported and innovative internal program
- Working with a Physician Leadership Development Advisory Group comprised of senior physician executive leaders from across the system
- Undertaking a review of leadership compensation, job descriptions, objectives, performance metrics, and regular meetings with supervisors
- Expanding collaborative leadership structures
In addition, organizations explained that they were examining how PLD program would be even better able to support their organization’s strategic priorities and the necessary collaborative leadership that will be required by physician and senior administrative leaders to reach these priorities. To that end, organizations are building time into physician schedules and work incentive plans and reviewing more accessible meal-time programs, enhanced peer learning, and expanded internal leadership coaching.

Almost all physicians and healthcare system executives interviewed by NCHL said that ongoing opportunities to learn and stay connected and even make new connections are invaluable. These may include:

- Inviting alumni back to join new PLD program class for new guest speakers/new sessions
- Inviting alumni to lead or participate on enterprise projects
- Inviting alumni to serve as PLD program faculty, coaches, or mentors

**Physician Participant:** “I am a mentor for a team of five physicians on a telemedicine project for the 2013 PLI Class. As mentor I can control my time better – the where and when. I help set expectations for the team and they run their presentations by me.”

**Healthcare System Executive:** “When there is, for example, a project on an open access model we recruit physicians that have done the leadership training and put them on the project.”

**Healthcare System Executive:** We have many forums that go beyond the (PLD) Academy and meet on a regular basis. The forums provide a deep dive into leadership and collaboration. The forums are especially valuable because, unlike during my medical education when I trained to be a gladiator, the next generation of physicians needs to emerge as team players and team leaders.”
VI. FINAL CONSIDERATIONS
Below are some final thoughts and considerations:

❖ Create PLD Programs based on the carefully researched and articulated needs of your organization

*Healthcare System Executive*: “Customize based on what your needs are and what your constituents need. Don’t read the book and do what it says.”

❖ Consider preparing currently uninvolved organizational leaders to teach, mentor, sponsor, or coach in the PLD Program, as appropriate, so they can contribute and experience the value first hand

❖ Consider the PLD Program a launching pad for ongoing PLD initiatives and keep PLD Program alumni actively involved and connected in continuing learning sessions and projects

❖ Nurture the crucial foundational relationships built during the program

*Physician Participant*: “Must invest in people and the structure for the future; need broad representation from all specialties and demographics at the system level to attack and solve real life problems.”

❖ Just because physicians complete PLD Programs does not mean they’re ready for leadership positions

*Healthcare System Executive*: “Some physicians automatically think they should be given a leadership role because they completed an MBA program. It’s not an automatic.”

*Healthcare System Executive*: “All authority comes from earning and virtually nothing from being given a particular position in our organization. If you are given a leadership role, but, in fact, fail to lead and someone else leads, they will get the recognition for the authority that they were never officially given. When given leadership roles physicians wanted exact authority and that’s opposite of this culture.”

❖ Celebrate the successes of PLD Program participants, including graduation dinner/social event, capstone project presentations and reception, and alumni reunion socials
APPENDIX A. PHYSICIAN LEADERSHIP DEVELOPMENT PROGRAM SURVEY QUESTIONS

1) Does your organization currently offer a leadership development program for physicians?
2) What are the top organizational objectives of the PLD program?
3) Are the organizational objectives of the PLD program directly linked with the organization’s strategic objectives?
4) Is the organization’s PLD program designed to integrate with existing levels of learning and leadership programs?
5) Does the organization offer customized PLD programs designed to prepare physicians for the following specific roles? Management, Executive leadership, service line, academia, health plan
6) Which senior leaders actively contribute to the design, development, implementation, and evaluation of the organization’s PLD program?
7) Did the organization use a competency model to guide the development of the PLD program?
8) Does the organization’s PLD program use the same set of competencies that the organization’s other leadership programs use for clinicians?
9) Does the organization’s PLD program use the same set of competencies that the organization’s other leadership programs use for non-clinicians?
10) Have the competencies in the organization’s PLD program been cross-walked to compare alignment with ACGME’s competencies?
11) Organizations were asked to briefly describe the specific competencies addressed in the organization’s PLD program.
12) Please check all the groups below who may participate in the organization’s PLD program.
13) Please check all the groups below who may participate in the organization’s PLD program and those groups the organization especially targets.
14) How are physicians selected for participation?
15) Which assessments are used in the organization’s PLD program?
16) What subjects, from the list of 16 below, are addressed in the PLD program?
17) What subjects, from the list of 16, are addressed in a group, individually or both ways?
18) What subjects, from the list of 16, are addressed by the organization’s internal faculty/resources?
19) Which external organizations (or individuals) are engaged to teach courses in the PLD program?
20) Are PLD program participants required to complete a project to apply the skills they are learning?
21) How frequently do physicians in the PLD program participate in inter-professional teams?
22) Are PLD program participants offered an executive coach?
23) Are PLD program participants offered a mentor?
24) Are PLD program participants offered a sponsor?
25) Are PLD program participants offered business simulations?
26) Are PLD program participants offered courses to accelerate development?
27) Are PLD program participants offered executive shadowing experiences?
28) Are PLD program participants offered external rotation experiences?
29) Are PLD program participants offered executive forums (i.e., structured discussion groups with senior leaders) as a group learning experience as part of the PLD program?
30) Are PLD program participants offered community tours as a group learning experience as part of the PLD program?
31) Are participants offered knowledge exchange sessions as a group learning experience as part of the PLD program?
32) Approximately how many physicians complete the organization’s PLD program each year?
33) How long is the organization’s PLD program?
34) Do the physicians receive release time for participating?
35) Do the physicians receive financial compensation for participating?
36) Do the physicians receive a non-monetary reward for participating?
37) Does the organization’s PLD program have a customized portal (i.e., for program updates, resources, blogs)?
38) Does the organization’s PLD program have a forum to showcase participants’ successes and achievements?
39) Does an organizational team evaluate the effectiveness of the organization’s PLD program?
40) Indicate the areas evaluated by an organizational team.
41) Is the department chair/division manager asked to provide feedback on changes in the department/division metrics or outcomes based on the contribution of physicians who have participated in the PLD program?
42) Indicate the areas evaluated by department chairs/division managers.
43) Is the participant’s direct manager asked to provide feedback on the participant’s work and progress?
44) Do the participants assess the value of the following PLD program components?
45) How do the participants assess changes in knowledge, skills, behaviors, or performance for each component? (At End Only, Before & After, Before, During & After)
46) How do the PLD program faculty coaches, mentors, etc. assess changes in knowledge, skills, behaviors, or performance for each component? (At End Only, Before & After, Before, During & After)
47) Does the organization offer a co-leadership (or dyad) academy/learning program for administrators/physicians?
48) Does the organization offer a co-leadership (or dyad) academy/learning program for physicians/nurses?
49) What are the biggest challenges the organization faces in developing physician leaders?
50) Are there opportunities the organization is evaluating to support the physician leadership development efforts?
51) Are there opportunities the organization is evaluating to support the physician leadership development efforts?
APPENDIX B. PHYSICIAN LEADERSHIP DEVELOPMENT PROGRAMS

Although this is not an exhaustive list, it does provide, in alphabetical order, a wide range of physician leadership development programs offered by associations/medical societies, universities, and consultants that were cited by organizations that participated in the survey and via internet searches. These programs could be used to supplement internal PLD programs.

Associations and Medical Societies

American College of Osteopathic Family Physicians (ACOFP) Physician Leadership Institute
(in partnership with the Institute for Leadership in Medicine)
The ACOFP Physician Leadership Institute is a 12-month program that includes three in-person sessions, and monthly 90-minute webcasts. Participants choose to do a concentration in one of three areas: advocacy/political leadership, administration/organizational leadership, or academic/academic leadership. Participants are assigned an experienced leadership coach and concentration mentor. At the last in-person session, participants present their final project and receive a certificate of course completion. Eligible applicants must be a current ACOFP member, be a practicing physician with at least two years post-graduate training and be interested in advancing their careers in the medical profession and assume leadership positions within the ACOFP.
http://www.acofp.org/physicians_leadership_institute.aspx

American College of Physician Executives (ACPE)
ACPE offers a customizable physician leadership development program. Courses are available on-site (in-house), online, as webinars or a combination. Courses are taught by faculty from universities including Harvard, Tulane, University of Pennsylvania, University of Massachusetts at Amherst, and The Citadel. Courses can range from one day to three years. Popular topics include: building effective work teams, turning conflict into productivity, utilizing evidence-based medicine, health care finance, and transitioning from clinician to administrator.
http://www.acpe.org/education/leadership/index.aspx

American Hospital Association Physician Leadership Forum
The AHA's PLF is collaboration between hospitals and physicians. The AHA PLF offers free webinars on issues related to quality, safety, and physician leadership development. The AHA PLF also partners with Speakers Express to bring in speakers with relevant expertise in topics including healthcare reform, care coordination, accountable care, and health IT.
http://www.ahaphysicianforum.org/

American Medical Association Physician Leadership Webcasts
AMA offers a series of webcasts related to physician leadership. Past webcasts include: Physician Leadership During Challenging Times, Leadership and the AMA Code of Medical Ethics, Future of the Medical Staff Organization, Leadership in Health Care Change: If Not Physicians, then Who. Webcasts are free for AMA members.
Association of American Medical Colleges (AAMC) MedEdPORTAL
A collection of peer-reviewed leadership education materials meant to be a resource to help with leadership development teaching, curriculum development, and assessment/evaluation. Access is free with an AAMC account. Submission must be peer reviewed.
https://www.mededportal.org/about/initiatives/leadership/

Florida Medical Association Foundation Physician Leadership Academy
FMA has launched a "Leadership 2015" project to develop the next generation of physician leaders for Florida. It plans to train 50 physicians over a five-year span (10 physicians per annual cohort.) The FMA Physician Leadership Academy is a 10-month program consisting of five one-day sessions. Topics include: leadership fundamentals, setting direction: thinking and leading strategically, execution: leading and driving institutional change, building culture and talent for sustainable advantage, self and relationship mastery, and effective presentation skills. The program was developed in conjunction with the Leadership Development Institute at the University of Florida.
http://www.flmedical.org/FMA_Leadership_Academy.aspx

Institute for Healthcare Improvement Open School
The IHI Open School is an online, educational community that provides students and professionals in medicine, nursing, public health, pharmacy, health administration, dentistry, and other allied health professions with the opportunity to learn about quality improvement and patient safety. It features a growing catalog of online courses, extensive content and resources, and a network of local chapters that organize events and activities on campuses around the world. The IHI Open School was created in 2008 to advance healthcare improvement and patient safety competencies in the next generation of health professionals worldwide.

The IHI Open School offers courses on Managing Health Care Operations, Patient- and Family-Centered Care, Leadership, Patient Safety, Quality Improvement and Population Health. Courses are broken down into several 15-30 minute segments. Courses incorporate readings, video and audio, forum discussions, and real-life case studies. At the end of each segment, participants must complete a quiz on the material and receive a passing score. Participants who complete 22 hours of specified coursework receive the IHI Open School Basic Certificate in recognition of their achievement.
http://www.ihi.org/offerings/IHIOpenSchool/overview/Pages/default.aspx

Physician Leadership Institute of Ohio
Ohio’s first and only statewide physician leadership development program, the PLIO develops cultures of team leadership in hospitals and health systems that include skilled physician leaders. The Institute is a collaboration between the Ohio State Medical Association (OSMA) and the Ohio Hospital Association (OHA). These two organizations partnered with The Physician Leadership Institute affiliated with the University of South Florida on the design, structure, curriculum, and faculty. The program teaches physicians to lead with strategy by working with their teams to identify and implement strategic clinically integrated, population health initiatives.
http://www.osma.org/education/physician-leadership-institute-of-ohio

Medical Society of Virginia Foundation Claude Moore Physician Leadership Institute
The Claude Moore Physician Leadership Institute is a yearlong program. Participants participate in quarterly in-person educational sessions. Program participants also are required to complete a
leadership project, create a leadership action plan, and attend a specialized leadership training workshop (on executive management, health systems improvement, or legislative advocacy). Participants have access to the Institute’s extranet (with articles, tools and resources), and the program has an ongoing alumni program, that encourages continued peer learning and provides web-based resources and live educational forums. Participants must be a licensed physician working in Virginia and a member of the Medical Society of Virginia.


**Consultants and Vendors**

**Advisory Board Leadership Development**
The Advisory Board offers customized leadership development programs that can be tailored to clinicians. Advisory Board offers on-site classes, as well as web-based resources and courses include: Instilling Accountability, Coaching to Full Potential, Managing Organizational Conflict, Managing Diversity, Breakthrough Negotiation, Facilitating Effective Teamwork, Strategic Goal Alignment, Developing Growth Strategies, Data-Driven Leadership, Optimizing Unit Staff, The Quest for Quality, and Analyzing Capital Investments.

http://www.advisory.com/Talent-Development/Leader-Development/Members/Workshop-Resources

**Center for Creative Leadership Leading for Organizational Impact: The Looking Glass Experience**
The Looking Glass Experience is a five-day program designed to help senior leaders better balance pressures and priorities at a strategic level by using real-world situations. The program breaks open key challenges faced by senior leaders through a comprehensive, global, day-in-the-life business simulation. The program covers two main areas that are critical at senior levels: thinking and acting strategically and working across boundaries. Delivered by highly qualified faculty and coaches, the program allows the participants to receive an honest assessment of their leadership skills and encourages them in how to grow. A comprehensive suite of assessments is done three months after the program to create deep self awareness. This program is not physician specific.

http://www.ccl.org/leadership/programs/LOIOverview.aspx

**Center for Transformation and Innovation (CTI) Leadership Institutes**
CTI works with your organization to develop a customized leadership institute program that transforms physician leadership at all levels and builds the next generation of physicians who can successfully lead healthcare transformation. The program meets monthly for 12 months. Program content is tailored to meet the organization’s needs. Sessions include interactive lectures, small group discussions, case analyses, and application-based reading and related assignments. Simulation-based, active learning models are used that place participants in real-life scenarios where they are responsible for the changes that occur as a result of their decisions. Examples include an equine-assisted learning experience, an executive challenge ropes course, and financial and business simulations. Participants create personal development plans, and receive a coach. Participants also work in small groups to create strategic action plans for the organization, with the help of a mentor and a sponsor.

http://ctileadership.com/leadership-institutes-and-academies
Development Dimensions International (DDI)
DDI works with organizations as a collaborative business partner to assist in customizing the PLD program structure. DDI will design options or course objectives and assist with peer-to-peer coaching, skill practice (including feedback), mentoring, action learning and executive coaches. Classes can be facilitated by DDI trainers or the organization may certify personnel to facilitate courses.
www.ddi.com

Hanley Center Physician Executive Leadership Institute (PELI) Foundational Course and Advanced Course
Hanley Center’s Physician Executive Leadership Institute (PELI) includes two distinct programs designed to develop leadership skills at the foundational and advanced levels. The Advanced Course will be offered each year (beginning in May 2012) for a five-year period. The course is approximately one year in duration. It is presented in six two-day sessions from May through the following March. Each class will include approximately 30-35 physician leaders from a wide array of settings, specialties, and locations throughout Maine. The PELI Foundational Course is aimed at physicians who are beginning to take on roles that require management and leadership skills. Through highly experienced on-site facilitators and an extensive online resource developed with Harvard Business School Publishing, this program introduces and develops basic leadership skills and concepts. It includes topic-focused modules offered on site at hospitals, practices, and health centers to 10 to 30 individuals in two to three-hour sessions monthly for six months or bi-monthly over a 12-month period of time.
http://www.hanleyleadership.org/leadership-programs/physicians-executive-leadership/

Levinson Institute Leadership for Physician Executives
A five-day seminar, co-sponsored by Harvard Medical School’s Department of Continuing Education and The Levinson Institute, where physician-leaders examine the implications of new and different kinds of power and recognition, changes in ethics and values, and changes in relations with colleagues and others. Participants confront problems in motivation, decision making, conflict resolution, stress, change, and the leadership dilemma of being accountable for others. Participants are asked to prepare a short “live” case. They discuss these real-life cases during the seminar week in groups of six or seven, applying a powerful problem-solving model based on the concepts presented in the morning lectures. The Leadership for Physician Executives has been helping physicians succeed in their challenging leadership roles since 1984. Over 2,000 physicians from around the world have found this inspired program to be one of the most valuable and rewarding seminars they have ever attended.
http://levinsonandco.com/physician-exec-leadership/

The Leadership Development Group and Group Practice Forum Applied Physician Leadership Academy
The Applied Physician Leadership Academy (APLA) is a customizable physician leadership program that is offered on-site at your healthcare organization and can be customized to organizational priorities. It can be a six or 12-month program, and typically incorporates classroom learning, on-the-job training, and coaching. Aimed at physician leaders (CMOs, VPMAs, Chairs, Chiefs of Staff, Medical Directors), as well as physicians with leadership potential. It includes classroom learning (including case studies, small group exercises, interactive lectures/discussions, application-based readings and web-based learning), on-the-job training, and executive coaching.
http://grouppracticeforum.com/introducing-the-applied-physician-leadership-academy/
Universities

Duke University School of Medicine Master of Health Sciences in Clinical Leadership Program
The Master of Health Sciences in Clinical Leadership Program prepares clinicians to become division chiefs, leaders of healthcare systems, directors of health plans, and heads of large group practices. The program is a part-time, 44-credit hour professional degree program awarded by the Duke University School of Medicine. Participants can continue working while in the program. Students are encouraged to immediately apply the skills learned in the program to their current profession. The program provides individualized mentoring experiences, seminars, group projects, and a longitudinal policy project where students interact with a client to analyze a real-world problem.
http://clinical-leadership.mc.duke.edu/

Harvard Medical School Leadership Development for Physicians and Scientists
This four-day course is designed to develop leaders in academic medicine. It is intended for HMS and HSDM instructors, assistant professors, and associate professors who are responsible for a research grant, laboratory, educational course, or clinical program that are in an early stage of their career. The program includes lectures and breakout sessions on institutional organization, finance, legal and regulatory issues, and communication skills. The course is limited to 60 participants and there are experiential prerequisites.
http://www.fa.hms.harvard.edu/faculty-resources/faculty-development/leadership-program/

Harvard University School of Public Health Leadership Development for Physicians in Academic Health Centers
The program brings together physicians who are in administrative positions in academic health centers, who are not chairs of clinical departments, and an interdisciplinary faculty for two weeks of intensive and systematic study of some of the critical leadership and management issues which face physicians in administrative positions and academic health centers. Physicians must apply through Harvard and are selected with an interview. Course work includes assigned readings, guest lectures, and case studies.
https://ccpe.sph.harvard.edu/programs.cfm?CSID=LDP1013

The Physician Leadership Institute affiliated with the University of South Florida (USF)
The Physician Leadership Institute (PLI) is a division of the Center for Transformation and Innovation based in Tampa. PLI maximizes physician engagement and alignment so that physicians and organizations can realize their full potential together. PLI partners with a number of healthcare organizations and is focused on improving quality initiatives to achieve change management toward the coming era of value-based care.
http://www.physicianleadership.org/about.shtml

Stanford School of Medicine Leadership Development Program
Participants in the Stanford Leadership Development Program, jointly sponsored by the School of Medicine and Stanford Hospital & Clinics, learn the skills required to lead small divisions, sections or teams within an academic medical center. The program goal is to develop the leaders needed to implement institutional strategies and meet future challenges in academic medicine. Initial course work is six days and then, with the help of a coach, participants design and implement a three-month team project to improve operations or create programs in the school or the hospital. The program is open to all faculty nominated by a senior leader who are interested. Candidates are ranked on their
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demonstrated commitment to building diversity, current leadership activities, and potential for growth as a leader.
http://med.stanford.edu/diversity/leaders/development.html

University of California-San Francisco Center for the Health Professions Institute for Physician Leadership
The UCSF Institute for Physician Leadership (IPL) program is an immersive experience that teaches tangible skills to lead and manage change, work with and through others, and execute on project implementation. The program also fosters a network of physician leaders that promotes ongoing collaboration and a sense of community across the healthcare system and includes four in-person seminars, professional development coaching with a certified executive coach, and an organizationally aligned change project. Successful completion of the program, including all of the elements, awards approximately 80 CME credits.
http://futurehealth.ucsf.edu/ipl

University of St. Thomas Physician Leadership College
Physician Leadership College is a collaborative executive education program of the University of St. Thomas and the Minnesota Medical Association designed for physicians who have had significant leadership experience and who anticipate an increasing interest and commitment within their organizations. Every cohort is composed of ten modules, three to five days in length, meeting over an 18-month period of time. Physician Leadership College utilizes a dynamic curriculum with a participatory approach to learning coupled with academic presentations of critical subject matter.
http://exed.stthomas.edu/physicianleadership/Overview-449KH-2752CH.html

University of Tennessee Physician Executive MBA (PEMBA)
The University of Tennessee offers an MBA program for physicians seeking leadership, management, and business skills. The program is a combination of distance learning (24 hours a week for class/assignments) with four one-week on campus classes. Participants receive an MBA within one year. Participants complete 360-degree evaluations, create personalized Leadership Development Plans, and are assigned a leadership coach that they can continue to work with after graduation. Participants also develop an Organizational Action Plan.
http://exced.utk.edu/executive_level_mbas/physician_executive_mba.aspx

Wharton School of the University of Pennsylvania Aresty Institute of Executive Education
Wharton offers programs for healthcare leaders, but does not target physicians for development. Participants share experience and compare across industries to find best practices and challenge the current approach to the delivery of medicine. Participants receive a certificate of professional development for completion of four courses. Wharton also offers customized programs for organizations.
http://executiveeducation.wharton.upenn.edu/custom-programs/industry-practices/health-care/Individual-Learning-Health-Care.cfm

Wright State University Boonshoft School of Medicine Physician Leadership Development Program
The Physician Leadership Development Program (PLDP) offers medical students an innovative program through which they can obtain a master’s degree (MBA or MPH) while pursuing their medical degree over five years. Additionally, PLDP students attend leadership-themed electives and
special programs that build leadership skills and introduce them to experts in the field. All PLDP students participate in the PLDP Council.

http://www.med.wright.edu/pldp

Yale School of Management Physician Leadership Program
This Physician Leadership Program is a collaboration between the Connecticut State Medical Society and the Yale School of Management. It is a weekend-long program held on the Yale campus and taught by Yale School of Management Faculty. Members of the Connecticut State Medical Society are eligible to enroll. The program provides practical, hands-on business information.

https://www.csms.org/index.php?option=com_content&task=view&id=3340&Itemid=270
APPENDIX C. PHYSICIAN LEADERSHIP DEVELOPMENT PROGRAM SUPPLEMENTAL READINGS

This is not an exhaustive list of readings on the subject, but the below provides a number of supplemental readings regarding physician leadership development that an executive audience might find useful.


*Building a Pipeline of Effective Clinician Leaders*. The Advisory Board Company, 2012


REFERENCES


4. IBID


6. IBID


