White Paper
Best Practices in Healthcare Leadership Academies
# Best Practices in Healthcare Leadership Academies

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The Growing Need for Dedicated Leadership Development Programs in Healthcare

Strong leadership is likely the single most important driver of overall organizational performance, and well-constructed leadership development programs are critical to developing strong leaders. Nowhere is the need for effective leadership more pronounced than in the dynamic, complex healthcare industry, where leaders face unprecedented pressure to transform their organizations so as to meet growing demands for high quality, cost-effective care. In fact, to meet the ambitious expectations of health reform (to reduce costs and simultaneously assure high quality) and to meet the goals laid out by the Institute of Medicine—that is, to develop a safe, effective, patient-centered, timely, efficient, and equitable care system—leaders need to better prepare men and women to manage the complex organizations that provide and finance care. Yet healthcare organizations seem to be systematically under-investing in leadership development today. In an effort to stimulate greater and more focused investment going forward, this paper lays out the argument for creating dedicated, strategically aligned programs focused on leadership development (sometimes referred to as “leadership academies”), describes the best practices in developing and implementing such programs, and provides an appendix of case studies of organizations that have used these best practices to create successful, high-impact leadership academies.

Leadership Drives Performance

Perhaps more than any other single factor, the quality of leadership drives an organization’s long-term performance. Numerous studies have found leadership to be critical to sustained success, both inside and outside of healthcare. Examples from outside the healthcare arena include the following:

- Leadership is a critical differentiator among companies able to successfully execute strategy. In a recent survey conducted by McKinsey & Co., the majority of respondents reported believing that leadership skill represents the single most important factor driving overall organizational performance.
- Organizations that win the Malcolm Baldrige National Quality Award generally share two common characteristics—a well-developed leadership succession plan and team-oriented leadership.
- In his recent book How the Mighty Fall, author Jim Collins identified five stages of decline, and indicated that continuous learning and succession planning is critical to avoiding such decline.

Within the U.S. healthcare system, strong hospital leadership has been shown to be positively associated with greater clinical involvement in quality improvement and improved clinical outcomes. Other studies have shown that the quality of nursing leadership has a powerful impact on nurse satisfaction, group cohesiveness, job stress, and turnover. As will be discussed in more detail later, many participants in the National Center for Healthcare Leadership (NCHL) Leadership Excellence Networks (LENS) have put in place cutting-edge leadership development programs that have contributed significantly to strong overall organizational performance. In fact, a comparison of leadership development activities among LENS participants, Fortune 100 benchmark companies, and other hospitals/health systems suggests that LENS participants have adopted many of the critical elements outlined later in this paper to a much greater degree than have their peers (with performance in the 90th percentile with respect to adoption of evidence-based leadership development models and outcomes), including better succession planning and talent management systems, better measurement systems to gauge performance with respect to leadership development and talent management/succession planning, better performance management systems, greater focus on diversity and cultural competency, and better learning and development programs. This focused investment in leadership development has led to better overall performance among LENS participants than among their peer hospitals/health systems. For example:

- Higher patient and employee engagement: LENS organizations score in the 95th percentile with respect to patient and employee engagement
- Higher quality, safer care: LENS organizations also score in the 95th percentile with respect to a variety of measures related to quality and patient safety
- Strong financial performance: LENS participants are consistently ranked above the industry average by credit rating agencies, with bond ratings of AA and above; LENS partici-

Many participants in the National Center for Healthcare Leadership (NCHL) Leadership Excellence Networks (LENS) have put in place cutting-edge leadership development programs that have contributed significantly to strong overall organizational performance.
pants also consistently produce well-above-average revenue growth and operating margins.

Studies from outside the U.S. confirm the importance of strong leadership within healthcare organizations, finding that it can have a considerable positive impact on the work environment and quality of care, and mitigate the negative effects of increased financial pressure.¹²

**Well-Constructed Leadership Development Programs Work**

Effective leadership is generally a learned skill that develops over time. While clearly some individuals have “innate” leadership skills, companies do not develop a broad, deep bench of high-performing leaders by accident. Rather, success comes from having effective leadership development systems that systematically recruit the right talent into the organization, proactively identify those with strong potential for leadership, develop those individuals’ leadership skills and competencies, and retain those individuals over time. Leadership development programs have been shown to be effective in developing leaders across multiple industries, with the best systems being tailored to support the organization’s mission and strategic objectives.¹³ For example, a meta-analysis of managerial leadership development programs found that such programs can significantly improve knowledge and skills.¹⁴ Not surprisingly, given the aforementioned link between the quality of leadership and organizational performance, it comes as no surprise that an extensive analysis of the empirical literature has also concluded that leadership development, when done well, not only enhances leadership performance, but also improves overall organizational performance.¹⁵

Healthcare is no different than other industries when it comes to the benefits of leadership development programs. Healthcare organizations that invest in talent management and leadership development will be better positioned to “do more with less,” prevent talent from migrating elsewhere when the economy recovers, preserve quality, and control costs.¹⁶ In fact, a review of three qualitative studies identified four potential benefits from such programs in the healthcare arena—improving the caliber and quality of the workforce, improving efficiency in organizational education and development, reducing employee turnover and related expenses, and focusing the organization’s attention on strategic priorities.¹⁷

By contrast, organizations that fail to develop potential leaders often have to hire externally to fill key leadership positions, a strategy that commonly leads to suboptimal results. For example, studies have found that chief executive officers (CEOs) hired from outside an organization are more likely to leave prematurely or be forced out by the board of directors; cost more to hire; and achieve less consistent performance and revenue growth for their organizations.¹⁸

**Many Organizations, Especially Those in Healthcare, Under-Invest in Leadership Development**

Most industries have been increasing their investments in leadership development. A 2007 survey of human resource (HR) managers in major corporations across multiple industries identified leadership development and succession planning as the most important priorities for improvement, with 36 percent of respondents rating them as their top area of focus going forward.¹⁹ Some major corporations dedicate very large sums of money to leadership development—General Electric (GE), for example, spends roughly $1 billion a year on training, with leadership development representing one of three areas within GE Global Learning (GE’s “umbrella” approach to corporate learning).²⁰ That said, a recent McKinsey survey suggests even though the leaders of large corporations understand the importance of leadership development, many do not adequately invest in it. For example, while respondents generally believe that leadership skills represent the single most important factor driving overall organizational performance, only 35 percent of respondents focus on developing such skills, and only 36 percent believe that their organization is better than their competitors at leadership development. In addition, nearly 60 percent of respondents say that building organizational capabilities such as lean operations or talent management represents a top-three priority for their companies, yet only a third of companies actually focus their training programs on building these capabilities.²¹

The need for leadership development may be even greater in the healthcare industry, which faces shortages of clinical and nursing leaders, significant demographic changes in the workforce, high staff turnover rates, a large number of impending
executive retirements, and growing difficulties in attracting management talent from other industries. In fact, healthcare organizations seem to be experiencing a crisis in their leadership pipelines, with 18 percent turnover rates among CEOs in 2009 (up significantly from previous years) and high turnover among chief nursing officers as well (with 25 percent having left their job in the past five years and 62 percent planning to do so in the next five).

This leadership deficit, moreover, could not come at a worse time for the industry, which must execute massive changes in the coming years in response to the recently enacted health-care reform legislation and other public and private sector pressures to curb rapidly growing costs and improve subpar quality of care. In fact, in response to growing evidence that the current healthcare system is fraught with waste and other inefficiencies, government leaders and public and private purchasers are demanding that healthcare organizations revamp themselves to focus on the following:

• Utilize electronic health records, which will become a necessary component for delivery systems to provide coordinated, cost-effective care.

• Create transparency and accountability through investments in performance measurement and reporting.

• Increase investment in community benefits.

• Develop and implement systems to promote and ensure adherence to evidence-based medicine.

• Develop patient-centered medical homes and accountable care organizations able to deliver high-quality, cost-effective care under fixed fee or global payment reimbursement.

Success will require strong, innovative leadership capable of aligning and integrating with physicians and providing seamless coordination of care across healthcare settings. As Moody’s Investors Service recently noted, the passage of healthcare reform creates the need for large-scale changes in operating and capital strategies. Hospitals that can effectively change their business models and position their organizations for payment reform will be most prepared and best able to adapt, and a well-versed management team with forward-looking governance needs to guide the hospital or health system during these changes.

Unfortunately, however, the industry seems ill-prepared to execute this transformation. In fact, healthcare organizations remain behind their peers in other industries in terms of human resources and organizational development practices, and many remain reluctant to adopt best practices in leadership development from other industries. A recent survey of 104 health systems found that only about half (53 percent) had an established executive leadership development program, with another 11.5 percent having a system under development. The overwhelming majority of these programs were relatively new, having been launched within the past 10 years.

For those organizations that do invest in leadership development, the commitments tend to be rare and insufficient, with many organizations not freeing up adequate time for high-potential individuals to participate. In addition, some healthcare organizations face technical challenges in bringing leadership development activities, such as web-based training, to all those who should take advantage of them. For many, financial constraints become a key challenge in sustaining such programs, as thin margins and other financial challenges make leadership development one of the first programs to be cut when money is tight. As a recent article points out, “one area at risk of getting put on the back burner is leadership development; evaluated alongside such sharply defined, easily understood initiatives as expanding the emergency department or making information technology (IT) upgrades, directing limited resources toward developing the so-called ‘soft skills’ of business leadership, talent development, and employee management can appear less strategic.”

A SUCCESSFUL SOLUTION: THE LEADERSHIP “ACADEMY”

Creating a dedicated leadership development program or “leadership academy” can effectively address the systematic under-investment in leadership development in healthcare. The mission of a leadership academy is to create outcome-oriented learning experiences and programs for those at all levels of the organizational hierarchy who exhibit strong leadership potential; these experiences should be structured so as to cultivate their leadership excellence while simultaneously supporting the organization’s strategic goals, in close collaboration with strategic HR, including talent management and succession planning.
Leadership academies come in many different forms and structures. Very large organizations both inside and outside of the healthcare arena have set up separate, off-site facilities, often as part of broader programs that offer training and development to all employees. GE pioneered this approach more than 50 years ago, and today its training facility (the John F. Welch Leadership Development Center at Crotonville) provides comprehensive training and development programs to both rank-and-file employees and those with strong leadership potential. IBM does much the same at its learning institute in Armonk, NY, which focuses primarily but not exclusively on leadership development. Sometimes leadership academies reside within a larger “corporate university” that houses other, related training and development programs for employees.13

Within healthcare, a number of well-known organizations have set up dedicated leadership academies, including North Shore-LIJ Health System (NSLJ), Catholic Healthcare Partners (CHP), Catholic Healthcare West (CHW), Henry Ford Health System (HFHS), Trinity Health, and others. When financially practical, leadership academies may consist of dedicated, standalone facilities, typically located close to (but not within) an organization’s main facilities. The nearby, off-site location is convenient, but allows participants to avoid being distracted by the work environment. For example, NSLJ’s Center for Learning and Innovation (CLI) is located in a separate facility close to the system’s two main hospitals.14 Most organizations, however, choose to create leadership academies that make use of existing structures and facilities, and/or that take advantage of the numerous technologies that allow for “virtual” learning and leadership development. The key is not “bricks and mortar,” but rather to make sure that the program proactively identifies those with strong leadership potential, and provides these individuals with a comprehensive, ongoing set of development and learning experiences (both on-the-job and “off-line”) that allow them to hone individual and team skills and competencies that drive organizational performance.

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THE POTENTIAL IMPACT: BETTER ORGANIZATIONAL PERFORMANCE

Leadership academies have yielded positive results for the organizations that sponsor them, both inside and outside of healthcare industry. For example, outside of healthcare, the Manitoba Lotteries Corporation (MLC) Dimension in Leadership (DIL) program, described in more detail later in this paper, led to measurable improvements in self-reported scores for all 11 targeted competency areas. More importantly, the program contributed to significant reductions in absenteeism (more than 60 percent), employee turnover (nearly 30 percent), workers’ compensation claims (roughly 25 percent), and employee grievances (roughly 55 percent), and to a 10-percent increase in customer satisfaction.15

Within the healthcare arena, the benefits of leadership academies can be seen in the results from specific organizations that have been at the forefront of developing them. Summary findings from a sample of these organizations appear below; more detailed information on the results achieved by these organizations and others can be found in the case studies in Appendix 2:

• NSLJ: The revamped leadership development program has enhanced the organization’s ability to fill positions internally, reduced nurse turnover and use of outside agencies, and led to high levels of retention and satisfaction. These programs are credited with helping NSLJ save roughly $7.7 million due to lower turnover and have contributed to the improved financial health of the organization, including a $25 million increase in overall operating margin.

• CHP: Since program implementation in 2001, 75 percent of graduates have remained at CHP and 35 percent have been promoted to senior executive positions. A longitudinal analysis, found that graduates demonstrated meaningful improvement in 18 competencies important to leadership.

• HFHS: HFHS leadership development programs have led to lower turnover, high promotion rates, greater engagement, and better performance among participants.

• Trinity Health: Trinity can document improvements in effectiveness and growth in leadership capabilities, high retention and promotion rates, and significant improvements in knowledge and confidence across targeted skills and competencies as a result of its leadership development programs.

• CHW: Nine years ago CHW filled 80 percent of executive-level positions from outside the organization; today, 83 per-
cent are filled by internal promotions. In addition, the focus on leadership development proved to be a central component of the organization’s turnaround, with significant improvements being realized in patient satisfaction, outcomes, and overall finances.

• Moses Cone Health System: Moses Cone developed a comprehensive leadership development program within nursing that has led to the following: a higher percentage of nurse management positions being filled internally, less time needed to fill nurse leadership positions, and more promotions among high-potential employees. Moses Cone has lost only one high-potential employee since the program began, thus enabling the system to develop a deep bench of strong nursing leaders across all levels of the organization. For more information on Moses Cone, see the NCHL Leadership Case Study entitled Best Practices in Talent Management and Succession Planning: A Focus on Nursing Leadership at Moses Cone Health System.

**BEST PRACTICES IN DEVELOPING AND OPERATING A SUCCESSFUL LEADERSHIP ACADEMY**

Through a literature review and interviews with representatives of organizations with highly regarded leadership academies both inside and outside of healthcare, a set of best practices has been identified that appear to drive the success of these academies (Table 1). The remainder of this section discusses these practices, and, as appropriate, provides examples of them from inside and outside the healthcare arena. The practices are organized into five distinct phases—the initial set-up and structure of the academy, the curriculum/content of program offerings, ongoing support of participants, integration with other aspects of the organization (e.g., HR systems and processes), and ongoing evaluation and refinement of the program.

Both the phases and the specific practices outlined in this section share many similarities to the criteria used by the

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| **Phase 1:** Initial set-up and structure | 1. A compelling, well-articulated case for support, and visible, ongoing senior-level support and commitment  
2. Sustained funding, even in difficult economic times  
3. Dedicated, well-respected academy leadership, with programs for those at all levels of the organization |
| **Phase 2:** Initial ongoing assessment, feedback, coaching | 4. Self, peer, and expert assessments, based on competencies  
5. Ongoing coaching, mentoring, and other support |
| **Phase 3:** Academy curriculum and content | 6. Curriculum guided by behavior-based competencies  
7. Experiential, action-based, real-world learning  
8. Cross-professional, team-based learning, led by faculty from inside and outside the organization  
9. Blended learning that leverages technology, uses “embedded” and “away-from-job” learning as appropriate |
| **Phase 4:** Integration with other aspects of the organization | 10. Mechanisms to ensure alignment with organizational mission and priorities  
11. Integration with strategic human resource functions |
| **Phase 5:** Program evaluation and refinement | 12. Ongoing evaluation and refinement, using metrics tied to organizational performance |

Table 1. Summary of Best Practices
Best Practices in Healthcare Leadership Academies

Corporate University Xchange to judge applications for its leadership development award; these criteria emphasize the importance of the following: 

- A strategic, organization-wide, systematic approach that supports corporate strategic initiatives and organizational transformation
- Processes to identify organization, industry, and marketplace conditions to be addressed
- Processes to identify and analyze leadership innovations to be integrated into the curriculum
- Links to actual challenges that leaders face
- Processes to help leaders develop external perspectives
- Direct, personal involvement of senior executives in the development of their direct reports and other managers
- Defined criteria for evaluating the effectiveness of leadership development programs, including the impact on overall organizational performance

PHASE 1: INITIAL SET-UP AND STRUCTURE

The success of any leadership academy begins with how it is initially set up and structured. Best practices that can drive success are discussed below.

Practice #1: A Compelling, Well-Articulated Case for Support, and Visible, Ongoing Senior-Level Support and Commitment

Experience would suggest that a compelling, well-articulated “burning platform” or case demonstrating the need to support leadership development, combined with senior-level support and commitment, represent the most important factors that drive the success of any leadership development program. For example, the success of Heineken University, a corporate training and leadership development program opened in 1998, has been largely attributed to strong senior management buy-in, support, and input on the vision, objective, and strategy of the university’s programs. 

Senior leaders, including but not limited to the CEO and the board, need to visibly champion the program, both before its launch and on a regular basis thereafter. This support needs to be demonstrated in a variety of ways. First, senior leaders must “talk the talk” by regularly communicating about the importance of leadership and leadership development in speeches, presentations, and other oral and written communications. Second, senior leaders must “walk the walk” by demonstrating support in key resource allocation and policy decisions they make, including allocating funds to the program, developing policies that make it easier for employees to participate, and participating directly in leadership development activities (e.g., by serving as faculty, particularly for those at the highest level of the organization). At IBM, GE, Capital One, and other leadership development programs run by major corporations, the CEO and his or her direct reports often serve as faculty members, mentors, and coaches for those that have the potential to one day replace them.

This type of senior-level commitment can go a long way toward creating a “development culture” within the organization. The more an organization’s senior leaders value learning and growth for individual employees and the organization as a whole, the more likely they are to provide sustained, consistent support to leadership development. The goal should be for leaders to say “we would never shut this program down.” However, the decision to support leadership development requires a significant paradigm shift in the thinking of leaders, who need to view the workforce as human capital and think of leadership development as an investment rather than an expense.

Sometimes leaders need to champion greater investment in leadership development in the face of strong objections from internal stakeholders. At CHW, for example, a new CEO faced significant skepticism and resistance when he called for significantly greater commitment to leadership development in the midst of organizational and financial turmoil. With the system literally fighting for its economic survival, this CEO used strong, bold language to emphasize the non-negotiable nature of CHW’s commitment to leadership development, challenging those who disagreed to either “get on the bus” or leave the organization.

If senior leaders within an organization seem to be skeptical about the value of leadership development, HR executives and other proponents of such programs should likely not attempt to launch comprehensive programs on their own. Rather, the best approach would likely be to execute a small pilot program focused on development of a small group of high-potential individuals, and to be sure that the planning allows for the collection and evaluation of data on the program’s impact. By doc-
umenting the positive benefits from this small pilot, proponents may be able to convince senior leaders of the merits of a more significant investment in leadership development.

“The trying to do any meaningful leadership development without serious involvement from senior executives is a fool’s mission.”
—Richard DeSerio, Manager of the Global Design Team within IBM Leadership Development Programs at the IBM Learning Center

Practice #2: Sustained Funding, Even in Difficult Economic Times

The most effective leadership academies receive significant levels of sustained funding, even during difficult economic times. GE, for example, continues to spend $1 billion a year on corporate learning, even though the company has faced severe business challenges and experienced a 50-percent decline in its market capitalization. HFHS is in the process of expanding its leadership development programs to include new populations of high-potential individuals, including those new to management/leadership positions, physician leaders, and executive-level leaders.

While such programs are expected to tap into money-saving technologies (e.g., web-based programs) as appropriate, senior administrators need to make sure that leadership academies receive adequate resources to function effectively. Various mechanisms can be used to ensure that adequate funding exists, including allocations from the corporate budget, payments for services provided from the business units served by the academy, or a combination of the two. The right approach depends on the organization’s culture. Many organizations have chosen to fund leadership development primarily out of corporate headquarters, with minimal outlays being required of regional or local facilities, which may find paying for such programs difficult (e.g., many programs require local/regional facilities to pay only for travel expenses for participants). Some organizations, however, find that charging local units a fee to cover a portion of the costs of leadership development programs makes unit leaders take the programs more seriously. Regardless of the approach taken, the most successful programs continue to receive funding even in the leanest of economic times.

This commitment generally flows naturally out of leadership’s strong belief in the value of such programs. At NSLU, for example, leaders recognized the upfront and ongoing expenses necessary to operate CLI, but nevertheless continue to fund it fully because they see it as critically important to improving the quality of care and service and to boosting employee morale and retention. As noted, earlier, CHW increased its investment in leadership development at a time when the organization faced financial turmoil. At Trinity Health, budgets for leadership development have remained stable to slightly increasing for many years; when corporate headquarters decided to impose a ban on travel during a difficult economic period, an exception was made to allow travel for leadership development activities.

The examples cited above, however, represent the exception rather than the rule. Most healthcare organizations do not exhibit such a staunch commitment to funding leadership development. As a general rule, those who oversee leadership development programs within healthcare report believing that their programs are “perpetually at risk” and often feel that their own jobs may be in jeopardy. This feeling seems to be more pronounced in standalone facilities than in healthcare systems.

Practice #3: Dedicated, Well-Respected Academy Leadership, with Programs for Those at All Levels of the Organization

The most successful leadership academies designate a well-respected executive to oversee the various leadership development programs, which are typically offered to high-potential individuals at all levels of the organization.

Academy Leadership

Often designated as a chief learning officer or CLO, the person in this highly-visible position oversees all aspects of the academy; creation of this high-profile position provides a tangible demonstration of the organization’s commitment to leadership development. Ideally, this individual should have expertise in learning and leadership development—the IBM Learning Center, for example, is run by someone with significant experience and a strong reputation within the learning industry. However, such a background is not an absolute requirement.

At NSLU, for example, a well-respected nurse leader took on the newly created position of CLO; lacking experience in learning and leadership development, she reached out to top institutions and to thought leaders to learn what she needed to know.
Programs for All Levels of the Organization

To the extent possible, leadership academies should provide support to those throughout all levels of the organization who exhibit strong potential for leadership, with separate programs designed to meet the needs of front-line managers and leaders, mid-level leaders, senior leaders, and high-level executives within the organization. That said, organizational priorities and/or resource constraints may at times necessitate limiting offerings to a subset of these groups, and/or staggering offerings over time. (CHW took this staggered approach; for more details, see the case study write-up in Appendix 2.)

Many companies sponsor leadership development programs for those at all levels of the organization. GE, for example, employs approximately 150,000 professionals (along with a similar number of non-professionals, such as factory workers). GE offers corporate learning and leadership development programs to all of these professionals, including a suite of on-demand, online courses, 13 programs to teach essential leadership skills, cornerstone courses for those with high potential early in their career, and executive-level courses for those at higher levels. In a given year, 50,000 to 60,000 professionals use the on-demand programs, 35,000 individuals access the essential-skills programs, and roughly 9,000 people go through the cornerstone and executive-level programs.

Within the healthcare arena, AtlantiCare, a health system in Atlantic City, NJ, provides a rigorous leadership development curriculum for all senior managers, who receive personal coaching and classroom training and undergo annual 360-degree performance reviews. An annual fellowship program provides more intensive leadership training for the six most promising managers, with a leadership academy program available to middle managers and a physician leadership academy available to physicians that focuses on promoting quality and safety. Moses Cone Health System, which began its leadership development efforts within nursing, identifies and develops pools of high-potential individuals within each level of its nursing organization; the system is now taking the same approach in other key units and departments. Additional examples of how leadership academies in other healthcare systems serve high-potential individuals from all levels of the organization can be found in the case studies in Appendix 2.

Even though they offer programs to high-potential individuals throughout the organization, the most effective academies remain selective in choosing which individuals qualify for participation. Most develop strict criteria and use formal methodologies to identify those with the most potential to become effective leaders. For example, CHP’s program for top-level leaders is open to only 28 leaders each year. Using a 9-box grid, system leaders evaluate all 747 individuals at the director level and above, focusing on identifying those with the most “learning agility,” including the ability to see things that others cannot see, to communicate a vision and get others to follow, to take risks and be on the cutting edge, to accept responsibility if things do not work out, and to deliver results. Using an instrument known as CHOICES, these leaders identify those who score in the top three boxes of the grid, usually about 10 percent of all those evaluated. CHP leaders then choose from among these high-potential, high-performing individuals by focusing on those in critical positions, with efforts made to create a diverse group with respect to age, gender, and race/ethnicity. Within its nursing leadership development program, Moses Cone uses a highly selective application and screening process to identify those who demonstrate significant potential for leadership. NSLIJ also uses a rigorous screening process to identify those with the potential to become effective leaders; more details on this process can be found in the NSLIJ case study in Appendix 2.

PHASE 2: INITIAL AND ONGOING ASSESSMENT, FEEDBACK, COACHING

The most effective leadership academies provide individual participants with initial and ongoing assessments of their leadership potential and current performance; these assessments are used to create tailored development plans.

Effective leadership academies also provide feedback, coaching, and other support outside of the classroom and after “graduation” from the program.

Effective leadership academies also provide feedback, coaching, and other support outside of the classroom and after “graduation” from the program. Best practices in this area are described below.

Practice #4 Self, Peer, and Expert Assessments, Based on Competencies

Initial and ongoing assessment and feedback of participants represent critical components of any leadership academy. Such feedback should tie directly to the individual’s progress in achieving the specific competencies desired from the organization’s leaders. Roughly four in five health systems with executive leadership development programs routinely use the organization’s regular performance evaluation process as part of the evaluation of program participants; two thirds use participant self-assessments; and half use a 360-degree assess-
ment process that allows for feedback from those who work most closely with the individual—i.e., supervisors, peers, and direct reports. This approach to assessment and feedback is based on well-established theories that emphasize the importance of both experiential learning and of engaging learners in the learning process through self-assessment, self-reflection, and real-time mentoring and feedback that does the following:

- Assesses learning and training needs
- Fosters individual and career development
- Supports cultural change
- Enables individuals and the organization to set priorities for improvement
- Facilitates open communication between and among staff
- Enhances teamwork and team effectiveness
- Provides an understanding of how the individual is perceived from different perspectives
- Allows individual participants to redirect their focus as necessary and take responsibility for their own learning and growth.

Moses Cone Health System’s nursing leadership development program provides a good example of how such assessments and feedback can be structured. The program regularly captures and shares evidence-based data and feedback on current performance and future potential from a variety of sources, including multiple individuals who have worked with each manager. A panel of senior leaders who know the individual’s work discusses his or her strengths, weaknesses, and potential, with panel members sharing first-hand examples to support any positive or negative comments they may have.

A small but growing number of healthcare organizations have developed “learning portfolios” to assist with this assessment and reflection process. Examples of how other healthcare organizations provide competency-based assessments can be found in Appendix 2.

Practice #5: Ongoing Coaching, Mentoring, and Other Support

Assessment and feedback should be accompanied by ongoing coaching and mentoring of those who participate in leadership academy programs. The use of coaches appears to be widespread, with a recent survey of executive leadership development programs finding that 86 percent have coaches, that use of such coaches is increasing, and that coaches are nearly universally perceived as meeting or exceeding expectations.

For senior-level executives, use of external coaches appears to be most common. For lower-level individuals, senior executives often serve as mentors and coaches. For example, each individual going through CHP’s leadership academy is assigned a senior executive project sponsor who provides guidance and coaching as participants complete their action-learning projects.

The evidence suggests that high-quality coaching can make a difference, both for the individuals who receive it and for the organization that sponsors it. CEOs and other top-level healthcare executives report that coaches have helped them improve their performance. A four-year study of 100 individuals found that executive coaching had a significant impact on productivity, quality, organizational strength, and customer service, yielding an average return on investment that equaled 5.7 times the cost of the coaching.

Coaching, mentoring, and feedback should continue even after an individual completes his or her formal participation in leadership academy programs. A CDC study found that the most effective leadership development programs continue to support participants after formal training ends by creating opportunities for networking with other participants and through additional support and advice.

The aforementioned Moses Cone leadership development program within nursing represents a good example of how to provide ongoing, customized support to high-potential individuals. In addition to using 360-degree, competency-based assessments and coaching/mentoring, Moses Cone expects all its managers to constantly strive to develop the talent of those who report to them on a daily basis as a routine part of their responsibilities. This support includes providing regular feedback and enhancing their professional development by allowing them to attend training courses and by offering challenging assignments that help promote development of additional competencies and career advancement. The ability to develop one’s direct reports has been made an integral part of the evaluation process for all supervisors. Examples of how other healthcare organizations provide ongoing coaching, mentoring, and other support can be found in Appendix 2.
PHASE 3: ACADEMY CURRICULUM AND CONTENT

Once the leadership academy has been funded and organized, the next phase involves developing the curriculum and content for the program. This section reviews best practices in this area.

Practice #6: Curriculum Guided by Behavior-Based Competencies

The best leadership development programs set up a centralized, organized, and systematic curriculum explicitly designed to develop behavior-based competencies and skills required to be a successful, effective leader. Across industries, this competency-based approach has been shown to improve organizational performance by increasing revenue growth and profitability.66

Multiple competency models exist within the field of healthcare management and leadership, including those developed by NCHL, the Healthcare Leadership Alliance, Saint Louis University, the University of Alabama at Birmingham, a Virginia Commonwealth University/University of Minnesota collaboration, and Yale University.67 A competency framework should not only be based on valid and reliable measures of the competencies, widely accepted standards of attainment to enable benchmarking, and valid and reliable measures of job performance, but also should be closely linked to desired leadership behaviors and to organizational performance, since a manager’s professional goal is to improve organizational performance.68 The NCHL model, which includes 26 behavior-based competencies organized into three overarching domains,69 meets this “gold standard,” as it can be linked empirically to organizational performance with data from both inside and outside of the healthcare arena.70

Whatever competency model is used, the key is to identify the necessary behavior-based competencies for leaders within an organization and to develop a curriculum within the leadership academy specifically designed to promote the acquisition of these competencies. For example, those who oversee the aforementioned the Manitoba Lotteries Corporation Dimension in Leadership program, which is responsible for developing the leadership skills of the company’s managers and supervisors, identified 11 specific competency areas deemed necessary for great leadership, and then designed the curriculum to build skills within each of these competencies. Key competencies include: teamwork and cooperation, building strategic performance, self-development and initiative, achieving quality results, coaching and developing competency (in others), communication, valuing diversity, customer service, integrity and building trust, technical/professional knowledge, and leadership.

Participants develop specific action plans designed to help them develop these competencies, with each plan focusing on three high-priority competencies. Within each competency, participants work with mentors to identify key behaviors to be learned and to develop indicators that suggest achievement of the competencies/behaviors, and then meet with their manager after 6 and 12 months to assess their progress.71

GE, which has been running its leadership development institute for 50 years, revamped its program several years ago to focus more on matching the curriculum and learning experiences to the competencies and skills needed by individual participants at different stages of their careers. To that end, GE identified three distinct stages of leadership development based on the number of years of experience one has as a leader, and then customized the curriculum to the skills and competencies required at each stage. Competencies do not relate to specific functional areas, but rather to what it takes to be an effective leader, such as running a business or a project, managing and motivating others, building relationships, and the like. The three stages, along with the corresponding leadership development needs and curriculum changes, are outlined below:72

• **Stage one (first five years on the job, age 22-28):** During this stage, leaders need customized technical assistance in their particular discipline, stretch job assignments in which new competencies can be developed and self-confidence strengthened, and substantive on-the-job leadership experience. To better meet these needs, GE’s leadership institute began training everyone in six-sigma methodologies and provided team projects for new leaders.

• **Stage two (next five to 10 years on the job, age 28-38):** During this stage, leaders need to manage formal teams of individuals and develop project leadership skills, become involved broadly in the business enterprise, and be exposed to significant role models. To that end, GE’s leadership institute developed clear and detailed training focused on project and people management; engaged in career discussions with managers; enhanced training related to forecasting and managing budgets, strategic management, and understanding the business cycle and how to make money; offered simulations and project management opportunities based on real-world problems and situations; engaged mentors to help participants translate learning into action; and brought in practice leaders from GE’s core businesses to teach certain modules and serve as role models to those participants who do not have such role models in the business units in which they work.

• **Stage three (remaining years):** During this stage, leaders need to do the following: recognize that their job matters
and has a major impact on the business, take total responsibility for an assignment (with no superior watching over them), and develop a wide network of personal contacts. To assist them in doing this, GE’s leadership institute created executive-level courses focused on learning a business. Courses allow participants to engage in a one-week simulation where they run a business; investigate a problem company, analyze alternatives for fixing it, and make a recommendation to the company chairman; and focus on strategic issues. To help individuals expand their networks, GE brought in representatives from multiple functions, businesses, and geographies to participate in these activities.

Virtually without exception, successful leadership academies within healthcare have either adopted their own competency models, and/or customized existing models to serve as the basis for their leadership development curriculum. Sometimes external resources can be brought in to assist with initial design of the curriculum. For example, CHP partnered with the Center for Creative Leadership (CCL) in Greensboro, NC on the design and delivery of the curriculum for its leadership academy, a two-year program of learning and professional growth experiences for high-potential executives. More details on the competency-based curriculum of CHP and other organizations, including CHW, Trinity Health, Henry Ford Health System, and NSLIJ, can be found in the case examples in Appendix 2.

**Practice #7: Experiential, Action-Based, Real-World Learning**

The most effective leadership development programs build on key lessons related to how adults learn, with a heavy emphasis on interaction (e.g., through case studies, out-of-class networking), reflection, and application of theoretical knowledge in real-world situations through action-learning activities. This approach contrasts markedly with the traditional learning model—which focused on lectures and classroom discussion—used by many corporate universities early in their development. Many of these corporate universities have now retooled so as to better integrate activities with the rest of the organization and to move away from classroom-based lectures to action-based learning focused on content highly relevant to an individual’s job and development needs.

**BOX 1. ACTION LEARNING IN THE REAL WORLD: CATHOLIC HEALTHCARE PARTNERS**

CHP emphasizes “action learning” within its leadership academy, with a focus on providing hands-on learning experiences that force participants to develop and use critical leadership competencies to address real-world, complex business problems throughout the two-year program. For example, the first class of 28 high-potential individuals divided into three teams, with each team addressing a real-world problem faced by CHP identified by the system’s executive management, including the following: develop strategies designed to enhance ethnic diversity within system-wide leadership team; apply internal and external best practices to reduce nurse vacancy rates in two at-risk regions within the system; and create strategies to enhance market share within a highly competitive region. This approach not only makes the experiences within the leadership academy highly relevant to participant’s everyday work, but it also ensures that time spent on leadership development activities proves to be highly productive for CHP as a whole, since the analysis and recommendations that come out of the teams have immediate value in addressing system-wide priority areas.

Recent reports from the Institute of Medicine and the Josiah Macy, Jr. Foundation note the ineffectiveness of many didactic learning approaches still used in healthcare, calling instead for systems to promote lifelong reflection and experiential, practice-based learning and improvement. Action or experiential learning provides participants with hands-on experiences in solving real-world problems and performing real-world tasks important to the organization’s success.

Examples of leadership academies that have made action-based learning based on real-world problems a central aspect of their curriculum can be found in Box 1 and in the case studies presented in Appendix 2.
Practice #8: Cross-Professional, Team-Based Learning, Led by Faculty from Inside and Outside the Organization

Those who run leadership development programs within healthcare face pressures to segregate different professional groups from each other, due to perceived conflicts between these groups. Such segregation, however, can undermine the effectiveness of the programs. In addition, healthcare remains a “team sport,” with quality of care largely dependent upon the ability of teams of professionals from different disciplines to work together and communicate effectively with each other.

Such teamwork will not exist on the front lines of medicine unless the same type of teamwork is applied by leaders across the various disciplines, including nurse and physician leaders. To promote cross-professional teamwork, the most successful leadership academies emphasize team-based rather than individual participation, encourage the sharing of knowledge and skills across disciplines, and reinforce the development of communication, relationship-building, and management skills.

Examples of how successful healthcare leadership academies have incorporated cross-professional, team-based learning can be found in the case studies in Appendix 2.

The faculty (e.g., trainers, teachers, content experts, mentors) within a leadership academy typically includes a mix of individuals from inside and outside of the organization, with significant involvement from internal leaders. Insular thinking, which limits the ability of organizations to improve management and leadership, must be avoided. A survey of executive leadership development programs within health systems found that, on average, 57 percent of faculty came from within the sponsoring organizations, with smaller systems (i.e., those with three or fewer hospitals) tending to rely more on external instructors. Internal faculty tends to be used most frequently for programs oriented at senior-level leaders.

Whatever mix is used, however, the most successful programs tend to rely heavily on internal leaders to teach high-potential individuals. For example, at Henry Ford Health System, 80 percent or more of the faculty consists of senior leaders within the organization, who have been given a financial incentive to serve as both faculty and mentors to participants. Another example comes from Capital One University, run by Capital One, which emphasizes a “leaders-as-teachers” approach so as to ensure that the knowledge and skills of senior leaders are used to develop those around them. Internal leaders serve as teachers in a variety of ways, including an executive-speaker series, business-leader workshops, short sessions with senior leaders, and having leaders delivering entire training programs on specific topics (e.g., change management).

Practice #9: Blended Learning that Leverages Technology, Uses “Embedded” and “Away-from-Job” Learning as Appropriate

The most effective leadership academies provide a mix of program offerings that allow participants to learn in a variety of ways and venues, including “virtually,” on the job, and in face-to-face settings. The goal is to use precious time wisely. The IBM Learning Center, for example, uses a four-tier model that offers a variety of settings in which to learn, with most learning occurring “on the job.”

- **Transferring information (tier one):** This set of programs focus on transferring information to individuals through written and online materials that can be studied on one’s own time.
- **Trying something out (tier two):** This set of programs allows participants to try something out through web-based simulations of real-world experiences, such as how to have a difficult conversation with an employee.
- **Learning from peers (tier three):** This set of web-based and face-to-face programs brings together peers to learn from and coach each other.
- **Learning in groups (tier four):** This set of face-to-face programs brings together participants in person and through the web to spend time practicing real-life situations and experiences.

Within the healthcare arena, leadership academy programs typically involve a mix of face-to-face “intensives” (relatively short but intense programs, often conducted offsite or at cor-
corporate headquarters), e-learning modules, and individual or team-based project work that is embedded within the job. More details can be found in the case studies in Appendix 2.

PHASE 4: INTEGRATION WITH OTHER ASPECTS OF THE ORGANIZATION

Leadership development cannot occur in a vacuum, but rather needs to be closely aligned with other aspects of the organization, most notably its overall mission, vision, and priorities. In addition, for participants to take leadership development seriously and for the organization to get the most out of its investment, the programs must tie into other human resource systems and processes, such as performance reviews, succession planning/talent management, and incentive compensation.

Practice #10: Mechanisms to Ensure Alignment with Organizational Mission and Priorities

Leadership development programs should align with the organization’s mission, vision, and strategic goals and objectives. Most existing programs within the healthcare arena purport to create such alignment; in fact, a recent survey found that 88 percent of health systems with executive leadership development programs tie the program directly to the strategic goals of the sponsoring health system. Making such alignment a reality requires the development of concrete mechanisms that keep the programs focused on organizational priorities. Options to ensure such alignment include the following:

- **Leadership covenants**: At AtlantiCare, leaders commit to a “leadership covenant”—an explicit, written document based on organizational priorities lays out the values to which all leaders agree to be accountable; values include listening, practicing a blame-free culture, honesty, openness to learning, and providing teaching and coaching to other staff as possible. This covenant sets expectations as to how leaders should behave and interact with others.

- **Mission and vision statements**: Leadership development programs can have their own mission and vision statements that tie directly to organization-wide objectives. As Karen E. Gould of the May Institute, Inc. and Northeastern University notes, “the first task of the corporate university is to study the agency business plan, the employee characteristics, and the policy and planning documents of the entities that support or consume agency services. This study will allow the managers to devise mission and vision statements and to develop goals and objectives that will complement the agency’s strategic plan. It will enable them to develop employee work competencies that can be incorporated into performance standards.”

- **Learning agendas that support business objectives**: Capital One’s corporate university, known as Capital One University, partners with leaders across the company to create customized learning strategies, known as “learning agendas,” designed to support specific initiatives within individual business units.

- **Steering committees/advisory boards**: Organizations can set up steering committees and/or advisory boards that provide guidance to the leadership development program, making sure that its activities support organization-wide objectives. For example, CHP created a steering committee for its leadership academy that included the president/CEO, board chair, and other top-level executives within the system. This steering committee identified five critical leadership factors to guide the curriculum and hence make sure it tied to organizational priorities. The five identified factors were: passion for mission and values, servant leadership, utilization of complex mental processes, bias for action, and skills in developing others. Another example comes from Alcatel-Lucent, a communication services company with operations in more than 130 countries that operates its own corporate university. To ensure close alignment between the university’s offerings and company strategy, the university has an advisory board made up of a select group of senior leaders from regional, business group, and corporate functions. The team meets on a quarterly basis to ensure that the company’s learning programs remain consistent with organizational priorities.

- **In-program reminders**: Faculty members within the leadership academy can regularly remind participants how academy programs relate to organization-wide goals and priorities, and how the skills learned will increase participants’ effectiveness as leaders. The faculty member can also emphasize the need to apply learned skills on the job as a way to help the organization achieve its goals and fulfill its mission.

Practice #11: Integration with Strategic Human Resource Functions

Leadership academy activities should be closely aligned or integrated with strategic human resources functions within the organization, including recruitment/selection, job design/work systems, learning and skills development, per-
formance management, compensation/rewards/recognition, and talent management/succession planning. This approach ensures that the organization targets the right individuals for hiring (i.e., those with strong leadership potential) and that the progress that these individual participants make in improving their leadership skills through academy programs are recognized in the organization’s regular performance review, employee development, and compensation/promotion processes. This integrated approach also reinforces the learning that takes place in the academy by ensuring that leadership development is seen as integral to one’s career advancement, rather than as an “off-line” activity that has little or no relationship to it.

Close integration and alignment between leadership development and strategic human resource functions can be accomplished in a number of ways. Some organizations put both under the same departmental umbrella. At IBM, for example, the CLO oversees has ultimate responsibility for both leadership development and strategic human resources. This approach allows IBM to bring together all the relevant resources necessary to effectively manage talent in a way that meets company-wide priorities. For example, when an analysis recently identified an internal shortage of talent to serve as country general managers, teams of individuals from human resources, line management, and the IBM Learning Center worked together to determine the programs, organizations, and projects necessary for those with the potential to become country general managers to hone the requisite skills and competencies. IBM also developed a General Management Development Guide to support these individuals.95

At Becton Dickinson, while the corporate university and human resource functions remain separate, leadership development is closely tied to the human resource system and its efforts to develop individual leaders. Assignment-based development lies at the heart of the system, with an annual analysis of each manager’s development needs and the assignment of experiences intended to help in developing those needs.96 As part of this process, Becton Dickinson expects managers to help develop the people they lead, and hence encourages participation in BD University as teachers and coaches to help prepare them for this role.97

One effective way to ensure that leadership development remains top of mind is to incorporate relevant metrics into the incentive compensation system. For example, CHW leadership tied 20 percent of overall incentive compensation to managers’ and directors’ ability to get their direct reports to complete appropriate leadership development activities. Within a few years, the vast majority of targeted individuals had completed the programs, after which CHW adjusted the metrics to focus more on retention and promotion rates.98 Examples of how other healthcare organizations integrate leadership development with key strategic human resources functions can be found in Appendix 2.

PHASE 5: PROGRAM EVALUATION AND REFINEMENT

The final phase in implementing a successful leadership academy involves setting up systems to continually evaluate and refine the program. NCHL identified one best practice in this area, described below.

Practice #12: Ongoing Evaluation and Refinement, Using Metrics Tied to Organizational Performance

A recent study suggests that measuring the impact of corporate learning and development functions is more important than ever.99 To that end, the most successful leadership academies develop formal mechanisms and processes to evaluate the degree to which the program is achieving its objectives, and then use this information to continually refine and improve the program.100

The most innovative programs have moved beyond “process” metrics to key outcomes indicators. Rather than look at traditionally popular metrics such as program attendance, employee satisfaction with the programs, or credit hours accumulated, these organizations instead measure the impact of the leadership academy in allowing the organization to achieve key strategic goals related to leadership development, including better recruitment; higher retention/lower turnover among key individuals; higher levels of employee, physician, and patient satisfaction; higher rates of internal promotions for key positions (rather than external hiring); quality improvement; cost savings; market share gains; and improvements in overall financial performance.101,102

Several organizations outside of the healthcare arena serve as useful examples of the importance of systematic program evaluation and refinement based on the right metrics. For example, since 2002, JetBlue Airways has operated JetBlue University

The most successful leadership academies develop formal mechanisms and processes to evaluate the degree to which the program is achieving its objectives, and then use this information to continually refine and improve the program.
(JBU), a centralized learning function within the organization. An analytics team (known as the assessment, measurement, and evaluation or AME team) regularly measures the impact of JBU on the organization’s performance, and provides guidance on how to refine and improve the program over time. By contrast, Capital One still tends to rely on process measures to evaluate the impact of its corporate university, including overall associate satisfaction, use of the university library, the number of associates taking part in training, the number of classes completed by participants, and use of job-specific e-learning courses. While these process-oriented metrics demonstrate that use of university programs has increased and that satisfaction with such programs is high, they do not speak directly to the impact of the university on organizational performance or on outcomes related to leadership development, such as employee turnover.

Measurement and evaluation efforts, however, need not drill down to the level of a specific return on investment (ROI), which can often be difficult if not impossible to measure. GE’s leadership team strongly believes that investing in leadership development is the right thing to do and will provide a significant payback. As a result, the evaluation efforts at GE focus on more specific metrics intended to help to refine the program over time. For example, GE spends significant effort conducting pre- and post-participation tests with those who attend leadership development programs so as to gauge their impact and refine them accordingly. GE also makes sure that the direct managers of participants know what to expect of them after they complete a program.

Leadership academies within the healthcare industry use a variety of outcomes-oriented metrics to gauge the impact of their programs, including tracking of turnover rates, retention rates, and promotion rates among academy participants; and tracking the percentage of key leadership positions filled internally over time. More details can be found in the case studies in Appendix 2. Evaluation of learning program outcomes as shown in Appendix 1 include pre- and post-session tests to gauge participant knowledge acquisition and improvement in demonstrating desired competencies and behaviors; surveys of the managers of participants to gauge their impressions of the program’s impact on job performance and leadership skills/competencies; impact on organizational performance; and impact on long-term health and wellness needs at the community, industry or national level.

**Conclusion**

We are fortunate to have role model organizations, both inside and outside of healthcare, that have applied these best practices, which have demonstrated the value of developing leadership capacity. This has occurred at all levels of management and is an essential strategy for achieving transformation in the organization and financing of healthcare with sustainable improvements in quality and patient safety. We celebrate these organizations and hope they provide a beacon for others who pursue excellence in healthcare. NCHL is committed to advancing leadership and organizational excellence by identifying best practices and next practices through our research and demonstration projects. We welcome you to the journey.
Appendix 1: NCHL Evidence-based Evaluation Protocol for Leadership Development Programs

Program evaluation is a critical component in NCHL’s effort to initiate and sustain major clinical and organizational improvements. A consistent evaluation framework that uses the “best” evidence-based evaluation practices and tools enables continuous improvement and assessment of the relative impact that learning and development programs have on healthcare leaders, their organization(s) and communities, and the health status of the entire country. The NCHL evaluation model was derived largely from the seminal work of Donald Kirkpatrick. However, it also includes an additional level (5) to reflect our interest in assessing the impact our efforts may be having on the larger healthcare community. In addition, it incorporates the Success Case Method (SCM) approach developed by Robert Brinkerhoff.

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| 1     | Reaction        | • Determine whether or not a program should be continued  
          • Improve the program  
          • Assess participant satisfaction (i.e., the attainment of the program's objectives, the topic(s), speaker(s), educational methods and activities, length of session(s), facilities, materials, readings)  
          • Assess participants views regarding whether or not the program can help them in their role back on the job | • Use of a “smile” sheet or a survey completed at the end of a program, and, perhaps, at the end of each program segment. This survey typically includes a combination of quantitative and qualitative questions  
          • One-on-one interviews with participants and/or focus groups, which can be particularly helpful after a pilot |
| 2     | Learning        | • Assess attitudes that were changed  
          • Assess knowledge, principles, facts, processes acquired  
          • Assess behavioral skills and proficiency levels | • The learning of each participant should be measured so that quantitative results can be determined; a pre-post assessment could be used to determine if learning was related to the program  
          • If feasible, use a control group to compare participants attending the program to those who did not  
          • When possible, analyze the results statistically so that learning can be proven in terms of correlation or levels of confidence  
          • “Classroom” performance: used to measure behavioral skill acquisition and proficiency and may include presentations, role-plays, simulations, action-learning projects, small and large group discussions, the completion of flow charts, tools, etc. Individual and team performance can be assessed (by facilitators, coaches or other participants). The use of quantitative and qualitative rating forms should be used to enhance measurement accuracy and the quality of the feedback provide  
          • Customized tests: used to measure knowledge, principles, facts, algorithms, etc. taught in the program  
          • Standardized tests: used with caution because they may not cover all of the material presented in the program |
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| 3A    | Transference   | • Assess the extent to which participants have changed or have applied the knowledge, skills and attitudes gained in a training context back to their job  
• Demonstrate the value of training for the program | • If feasible, use a control group similar demographically to the participants, and who have not yet gone through the learning experience  
• Ideally a pre-post assessment should be done of each participant. For example, a complete 360-degree competency assessments could be re-administered to assess behavioral change or competency improvement. This post-training 360 competency assessment should be done no sooner than 12 months after the learning experience so that participants have an opportunity to practice and improve  
An appraisal (through one-on-one interviews, a customize survey, or a combination of the two) of participants' on-the-job behavior could also be done, including one or more of the following groups: participants, manager or superiors, direct reports (if any), any peers or others familiar with each participant, and coach; this appraisal could be done effectively about 6 months after the learning experience |
| 3B    | The Organizations Impact on the Transference of Learning | • Identify how to leverage the transference of learning to the job or to enhance the organization’s learning capability  
• Determine how effectively the organization is using learning programs to enhance performance on the job  
• Determine what the organization is doing and not doing to facilitate the improvement of performance from learning programs and what needs to change | • Identify potential and likely success cases—individuals or teams—who have been most successful and least successful in leveraging the learnings of a program; this could be done through a survey, reviewing outcome measures or performance data, or by asking various constituent groups  
• Conduct in-depth interviews with a small sample of the most successful and least successful learners, where the interviewer is seeking to document the business value attained from the learning, clarify what each individual did, and identify what factors in the organization's performance management system or practices (e.g., supportive managers, buddy systems, coaching, application opportunities) enabled or blocked the transference of learning  
• Identify the factors that seem to be associated with successful applications and compare those with the factors that seemed to impede the transference of learning |
| 4     | Impact on the Organization | • Determine what impact the program had on key organizational or business unit outcome measures | • Identify and collect key “baseline” performance outcome measures (financial, productivity, quality, safety, engagement, climate, turnover, etc.) that are relevant to each participant attending the program, and, ideally, for a control group that is similar demographically to the participants attending the program; for example, one low-cost, effective way to measure impact is to have each individual (or team), develop and present an impact report (including baseline data and outcomes data) as a part of their action-learning project; these individual and collective reports can be used as a basis for assessing organizational impact  
• Collect the same outcome measures (allowing an appropriate amount of time for the results to be achieved) for a control group  
• Conduct a statistical analysis to compare pre-post differences and to relate changes to the training |
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<td>5</td>
<td>The Impact on the Community, Industry, Nation</td>
<td>• Determine what impact a program has had (or may be having) on the long-term health and wellness needs at the community, industry or national level</td>
<td>• Same as level 4, except outcome data would include health and wellness metrics that enable individuals, teams or healthcare organizations assess what impact, if any, their action learning improvement initiative or project is having or has had on the world outside of their organization</td>
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Sources:
Appendix 2: Best Practice Case Studies

This appendix includes eight brief case studies (seven from within healthcare and one from outside the industry) of organizations with successful leadership academies that incorporate many of the best practices described in this report.

CASE STUDY #1: CATHOLIC HEALTHCARE PARTNERS

Background

Catholic Healthcare Partners (CHP) is the largest health system and fourth largest employer in Ohio, and one of the largest nonprofit health systems in the United States. With over $5.0 billion in assets, CHP employs more than 38,000 associates across more than 100 organizations that span the entire continuum of care (including 34 hospitals), serving residents of Ohio, Tennessee, Kentucky, Pennsylvania, and Indiana. CHP was recognized as one of the top ten health systems in the U.S. for quality and efficiency in a 2009 study that compared 252 health systems, and ranked fifth out of 73 hospitals systems on quality of care in a study published in June 2008. Five Catholic organizations co-sponsor CHP, including the Sisters of Mercy, South Central Community; the Sisters of Mercy, Mid-Atlantic Community; the Sisters of the Humility of Mary; the Franciscan Sisters of the Poor; and Covenant Health Systems.

CHP emerged as a system during the 1990s through a series of mergers of local hospitals and regional health systems. As a result of this process, Catholic Health Partners needed to build a new mental model that would enhance a spirit of "systemness" that would leverage the organizational expertise, skills, and knowledge of the newly formed entity. While significant leadership talent existed at local levels, these local leaders did not have the requisite strategic vision or familiarity with this new form of organization to enhance operational effectiveness and efficiency. At the corporate level, moreover, senior-level executives did not know enough about leadership talent at the local level, and the organization lacked the knowledge and systems to systematically move talent within the organization. Promotions tended to occur within a facility, not across boundaries. To address this issue, CHP’s leaders decided to build a leadership academy dedicated to bringing together high-potential leaders so as to develop their skills and broaden their vision to a system-wide perspective.

Key Elements of CHP’s Leadership Academy

The key elements of CHP’s leadership academy include the following:

- **Dedicated, sustained funding:** All academy expenses are funded out of the CHP corporate office, with no charge-backs to individual institutions (as these organizations might find paying for the programs to be prohibitively expensive). The regions pay for the time off the job and the travel associated with coming to events. The cost to deliver program components to each 28-person class is roughly $1,000,000, or more than $35,000 per participant.

- **Rigorous selection of a few high-potential leaders:** CHP’s leadership academy is open to only 28 leaders each year. Using a nine-box grid, system leaders evaluate all 747 individuals at the director level and above. The evaluation process focuses on assessing “learning agility,” including the ability to see things that others cannot see, to communicate a vision and get others to follow, to take risks and be on the cutting edge, to accept responsibility if things do not work out, and to deliver results. Using an instrument known as CHOICES, these leaders identify those who score in the top three boxes of the grid, usually about 10 percent of all those evaluated (around 75 individuals). CHP leaders then choose academy participants from among these high-potential, high-performing individuals by focusing on those in critical positions, with efforts made to create a diverse group with respect to age, gender, and race/ethnicity.

- **Competency-based curriculum:** CHP partnered with the Center for Creative Leadership (CCL) to help in assessing the critical skills and competencies that would be needed by the organization’s leaders over the next five to ten years. Using a Leadership Development Assessment Impact, CCL and CHP spent two days in a facilitated process to analyze the critical factors unfolding in the marketplace (e.g., with respect to technology, payers, etc.) and to develop five critical competencies that would form the basis of the leadership academy curriculum—critical thinking and problem-solving (e.g., the ability to use complex mental processes), bias for action (e.g., the ability to make decisions and act, even in the absence of full information), passion for the mission of the organization, being a servant leader (e.g., opening the door for others to deliver their unique gifts), and development of others to ensure a competent workforce and develop capacity for the future. Working with CCL in design teams, CHP and CCL jointly developed an 18-month curriculum to enhance these competencies.

- **Focus on real-world, action-learning projects:** The curriculum allows participants to engage in real-world, action-learning projects (Table 2). After a one-day “intensive” that orients them to the organization and the general environment in
healthcare, the 28 participants break into four seven-person teams, working periodically over the course of the next 18 months on an action-learning project. Projects focus on real-world projects facing CHP, such as how to redefine use of hospitalists, how to revise employment contracts with emergency medicine physicians so as to promote good outcomes, and how to increase diversity in the workforce. Several of these projects have led to tangible improvements. For example, in 2002, only three percent of strategic leadership team members were minorities; today that figure is eight percent.

• Periodic face-to-face “intensives”: Throughout the 18-month program, participants come together periodically for “intensive” face-to-face learning sessions, including a session at the Greensboro, NC campus of CCL that focuses on leadership development (using 14 different assessments tied to the competencies), a week-long program in July at corporate headquarters, and a week-long program in Colorado springs led by CCL. The last intensive involves having the teams present their projects to the system’s executive management team, and includes a graduation ceremony attended by the system board of trustees.

• Post-graduation support: The program allows a diverse group of individuals that span geographic boundaries to become close to each other. As of April 2010, more than 100 individuals have graduated from the program; CHP supports these graduates by providing opportunities for them to connect to each other.

• Tie in to performance review, talent management, and compensation systems: The CHP Leadership Academy has been integrated into CHPs performance review and talent management systems in multiple ways. First, during the inaugural year, senior executives were held accountable to support the academy by being a mentor and resource for high-potential leaders, and to be a thought leader that participated in the curriculum design of this unique program. As part of the CHP Balanced Scorecard, these responsibilities were evaluated by the system CEO and included as part of incentive compensation. Hence, the degree to which regional leaders support the academy has an impact on their performance reviews and compensation. The second relates to those who participate in the academy. As part of CHP’s online, enterprise-wide talent management system (known as Success Factors), individual profiles of academy graduates include information on their experiences at the academy, including the action-learning project. This information helps to inform the individual development plan. Graduates also frequently are included on a “hot list” of leaders in critical positions when it comes time to fill vacancies in the leadership ranks.

**IMPACT TO DATE**

Since the program’s implementation in 2001, 75 percent of graduates have remained at CHP and 35 percent have been promoted to senior executive positions, including many already in such positions who moved up even further within the organization. A longitudinal analysis, moreover, found that graduates demonstrated meaningful improvement in 18 competencies important to leadership. Finally, a Gallup survey of the direct reports of leadership academy graduates found higher levels of engagement than among the average CHP employee (although it is not clear what role the leadership academy played in achieving these higher levels of engagement, since academy graduates had already been singled out as strong leaders).
CASE STUDY #2: TRINITY HEALTH

Background

Sponsored by the Catholic Health Ministries, Trinity Health is the fourth-largest Catholic health system in the United States (based on operating revenues) and has more than 47,000 full-time equivalent employees and over 8,000 active staff physicians. With revenues of $7.0 billion, Trinity includes 19 ministry organizations that operate 47 hospitals (35 owned, 12 managed), 379 outpatient clinics/facilities, 29 long-term care facilities, numerous home health and hospice programs, and senior housing communities in nine states. Several years ago, Trinity’s leaders decided to promote culture change within the organization, with a focus on identifying and developing the leadership behaviors needed to make such a culture change a reality. To that end, Trinity developed and has periodically refined a set of development programs targeted at various levels of leadership throughout the organization.

Key Elements of Trinity’s Leadership Development Program

Key elements of Trinity’s leadership development programs are outlined below:

- **Strong senior executive commitment:** Trinity’s top leaders constantly emphasize the important of leadership development in their communications with key stakeholders, and demonstrate their commitment by participating in leadership development programs, particularly for those targeted at senior-level executives. They also demonstrate their commitment through generous funding of the program.

- **Dedicated funding from corporate office:** Trinity’s corporate office funds all leadership development programs, with local ministries being responsible only for travel-related expenses (which tend to be limited, since most programs are conducted onsite at the local/regional level). Trinity’s leaders have consistently supported funding of leadership development, even during difficult economic periods. For example, several years ago, travel to and from leadership development programs received an exemption from an organization-wide freeze on travel. The overall budget for leadership development has remained steady, even when budgets for other “administrative” programs have been cut significantly.

- **Competency-based curriculum, focused on desired behaviors:** Roughly a decade ago, Trinity worked with PriceWaterhouseCoopers to develop a set of 10 leadership competencies that served as the basis for the leadership development curriculum at that time. Several years ago, Trinity CEOs and COOs partnered with an outside organization to define the kinds of behaviors that Trinity needed to successfully change its culture going forward. This process led to the identification of six behaviors, which overlapped to some degree with the original set of 10 leadership competencies. Over the past year, Trinity has been working to integrate these two initiatives into a single set of six guiding behaviors and four competencies that are expected of all leaders. Within each of these 10 areas, four or five additional statements have been developed that further clarify and describe more specific behaviors that demonstrate that overarching competency/guiding behavior. All current Trinity leadership development programs have been developed and/or refined based on these competencies and guiding behaviors.

- **Periodic review of desired behaviors and competencies:** As the program’s evolution suggests, Trinity periodically revisits the list of behaviors and competencies required of leaders to ensure they remain consistent with organizational priorities going forward.

- **Specific programs for leaders at every level:** The Trinity Health Leadership Series is shown in Figure 1, which was developed for leaders throughout the organization. The six major leadership development programs are as outlined below:

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![Figure 1. Trinity Health Leadership Series](image-url)

> **Essential Skills for New Leaders:** This program serves “new leaders” within Trinity, including clinical and administrative personnel who have been promoted or hired and now have direct reports. The year-long program includes 12 four-hour facilitated sessions and 18...
20-minute electronic learning modules. During the facilitated sessions, participants work with other new leaders to learn about a variety of topics, including mission-centered leadership (e.g., what it means to be a Trinity leader), performance management, creative problem-solving, and the like.

**Physician Leadership Academy:** Trinity leaders worked with the Healthcare Advisory Board (HCAB) to customize their physician leadership program to Trinity. This program consists of two facilitated four-hour sessions offered twice a year—i.e., 16 hours of content each year. As of April 2010, eight different groups of 30 physician leaders were going through this program. These physicians are not Trinity employees and hence take time out of their own practices to participate. Participants tend to be medical directors, group practice leaders, or clinical function leaders within a ministry. CEOs of local hospitals identify physicians who could benefit from the program, with a focus on those with the potential to influence their peers and to be a leader within Trinity capable of partnering with the organization going forward. Senior administrative staff members, including CEOs, COOs, and chief nursing officers, frequently participate with the physicians.

**Foundations in Leadership:** This year-long program serves managers and less-experienced directors. Through a series of four eight-hour sessions over the course of a year, participants learn LEAN and other process improvement methodologies, which they use to engage in an individual or team-based action-learning project that must address a real-world operational problem that individual or team is presently facing. Sessions also focus on performance management, effective communication and conflict resolution, managing teams, accountability and commitment, labor relations, finance, and other areas. At the conclusion of the program, participants present their projects to senior executives. A mentor supports each individual in completing the project. To date, 700 individuals have graduated from this program, which runs in cohorts of 25 to 30 people, with five to six cohorts completing the program each year.

**Executive Orientation:** Anyone hired or promoted to the level of vice president or above attends a day-and-a-half executive orientation session taught by senior system leaders (local CEOs can also send newly hired or promoted directors to this program, since the number of vice presidents may be limited.) This program serves to acquaint the individual with the organizational mission and strategies, including a focus on what it means to be a Trinity leader. The program is taught by senior executives within Trinity, including the system CEO and many of his direct reports.

**Strategic Leadership Program:** Also done in partnership with HCAB, this 18-month program includes a two-day session each quarter that focuses on a different priority area. One session focuses generally on leadership, covering issues such as what makes for an effective leader, what competencies leaders need (using Trinity’s internally developed competencies), and how to conduct 360-degree assessments. Each participant has a coach/mentor who advises on the completion of an action-learning project, usually (but not always) team-based. These projects tend to be more strategic in nature than those tackled by Foundations in Leadership participants.

**Advanced Leadership Program:** This 18-month program, currently under development, serves very senior system leaders who are or will be leading at the highest levels of the organization going forward, bringing them together on a quarterly basis for a few days at corporate headquarters. Currently, 16 individuals participate, including two at the executive vice president level. Sessions focus on what it means to be a leader in Catholic healthcare, including dealing with ethical issues and decision-making.

- **Focus on real-world, action learning:** As the descriptions above suggest, most programs provide opportunities for individuals to participate in real-world, action learning projects, with limited time allocated to didactic education.
- **Strong manager/mentor support:** All Trinity programs use an approach called high-impact learning that emphasizes the importance of providing support before, during, and after the learning experience so as to maximize its impact. To that end, participants in any program are enrolled by their manager, who works with the individual upfront (before the program begins) to create an “impact map” that lays out what they are expected to learn, what the manager expects to see on the job going forward, and the expected impact on the department and the organization. In addition, as described above, many of the programs feature coaches and mentors to support individuals and teams during and after the program, including assistance with action-learning projects. Some programs also use “pre-tests” that help faculty to focus the learning on those areas most in need of development.
• **Integration into performance review:** Using an online system known as Success Factors, Trinity integrates the expected competencies and behaviors into its performance review system. Leaders are rated against these competencies and behaviors using a 360-degree review process.

### IMPACT TO DATE

Trinity tracks a variety of metrics to gauge the performance of its leadership development programs; evidence to date suggests that the programs have been effective, as outlined below:

- A survey of managers of those participating in the Strategic Leadership Program found that all of them felt that the program had increased participants' effectiveness on the job and led to a growth in their leadership capabilities. Four out of five managers believe that participants regularly apply learning from the program on the job. All responding managers indicated that they would recommend the program to others.

- Among the first group of 36 Strategic Leadership Program graduates (in 2008), over 90 percent remain at Trinity and more than one quarter have been promoted. Among the second group of 41 who graduated in September 2009, all remain with Trinity and nearly 10 percent have already been promoted.

- Pre- and post-participation tests suggest that the Foundation in Leadership program has led to significant improvements in knowledge and confidence across the many skill and competency areas targeted by that program. Tests administered before and after each eight-hour session consistently demonstrate the values of such sessions in developing skills and competencies.
CASE STUDY #3: CATHOLIC HEALTHCARE WEST™

Background

Catholic Healthcare West (CHW) is the eighth largest hospital provider in the nation and the largest not-for-profit hospital system in California. Founded in 1986 and headquartered in San Francisco, CHW’s 65,000 caregivers and staff serve diverse communities across Arizona, California, and Nevada. CHW operates 40+ hospitals along with urgent care centers, ambulatory clinics/surgery centers, home health agencies, imaging centers, laboratory facilities, and other specialty centers (e.g., for cancer care, women’s health, wound care).

Nearly 10 years ago, CHW began to invest significantly in leadership development as part of a larger effort to turn the organization around operationally and financially. Fighting for its economic survival, CHW, under the leadership of a new CEO and executive team, embarked on an effort to re-engineer the entire organization, transitioning from a holding company to an operating company model that would execute more effectively.

The goal was to drive behavior change by restructuring fiduciary boards, realigning organizational structure, and modifying operational policies and practices. Rather than having 40 or more different ways of doing things (including leadership development), the reorganized CHW would operate with more centralized control while still allowing for modification and customization of the “CHW baseline” at the local/regional level. A strong, centralized leadership development program was seen by the CEO as being essential to successfully making this transition.

Key Elements of Leadership Development Program

Key elements of CHW’s leadership development program include the following:

• Unwavering CEO and senior leadership support: CHW’s new CEO saw increased investment in leadership development as an integral part of the turnaround strategy. He regularly campaigned on the value of leadership development, making it clear that moving from a dispersed “holding company” model to an integrated operating company model required aligned leadership competencies and development goals. The CEO used clear, bold language, challenging existing leadership to take part in the new development program once it was completed. Relatively quickly, several senior leaders became champions of the cause of leadership development, including the chief financial officer (CFO), who became an unwavering supporter ( unlike many CFOs who can be skeptical of leadership development’s economic returns).

• A centralized program, with dedicated leadership: In 2002, CHW launched the CHW Learning Institute, which houses all leadership development activities, along with separate learning programs oriented to clinical services, governance, and workforce issues. The Institute is overseen by the vice president of workforce and organization development, with the assistance of several directors.

• A broad, deep focus: Rather than launch a leadership development program to a relatively narrow set of high-potential, high-level individuals, CHW chose to go both “broad and deep” within the organization. Facing pressure to increase care quality and build patient and employee satisfaction, CHW’s initial leadership development modules focused on front-line managers in nursing and other functional areas. One hundred certified employee trainers facilitated the program, known as Foundations for Leadership. Within a few years, several thousand CHW front-line leaders had completed it. A few years into its organizational turnaround, CHW launched its Senior Leadership Series, in partnership with the Healthcare Advisory Board, targeted at system directors and hospital vice presidents. In 2007, CHW launched the Executive Series, initially targeted at the top 100 leaders and later expanded to those completing the Senior Leadership Series. The Executive Series focuses on what it means to be a leader at CHW, with an emphasis on interpersonal and leadership skills.

• Link to incentive compensation: CHW initially tied 20 percent of the incentive compensation pool for managers and executives to having their direct reports complete appropriate leadership development programs. The approach worked; and the vast majority of eligible individuals completed the program within five years of its launch. Over time, the incentive compensation system changed, moving away from process metrics ( e.g., program completion) to outcomes-oriented measures, including promotion and retention rates. These metrics remain a part of the long-term incentive compensation system for senior leaders.

• Competency-based curriculum tied to desired behaviors: All CHW leadership development programs are based on a set of behavior-based core competencies developed internally in 2002 in conjunction with an outside consultant. Training modules within all programs tie explicitly back to these competencies.

• Slow roll-out over time: Following the dictum “provide no remedy before its time,” leadership of the CHW Learning Institute rolled out the leadership development programs
only after the modules had been thoroughly developed, reviewed, and piloted. Once completed, the modules were phased in so target audiences would not be overwhelmed with the curricula, and to allow them to “organically” grow their skill sets. As described above, the effort began with front-line leaders and then evolved over time to include programs for more senior and executive-level leaders.

The CHW experience highlights the importance of senior leadership support to the successful launch of any leadership development effort. Target audiences may not always understand how the programs connect to their everyday jobs and desired competencies. While the connection may seem intuitive to experts in learning, those who participate in the program need to be constantly reminded by organizational leaders of the value of these development programs, and of how they fit together and tie into workforce issues, including staffing and succession planning.

**IMPACT TO DATE**

Over the past nine years, the organization has dramatically reduced its reliance on outside hires to fill executive-level positions, including presidents/service area leaders, corporate vice presidents, and executive vice presidents. Nine years ago CHW filled 80 percent of these top-100 positions from outside the organization; today, 83 percent are filled by internal promotions. In addition, the focus on leadership development proved to be an important contributor to the organization’s turnaround, including significant improvements in patient/employee satisfaction, quality outcomes, and financial strength.
CASE STUDY #4: HENRY FORD HEALTH SYSTEM

Background

Founded in 1915 by auto pioneer Henry Ford, the Henry Ford Health System (HFHS) is a non-profit organization headquartered in Detroit that offers a broad array of acute, primary, tertiary, quaternary, and preventive care. The system, governed by a 24-member board of trustees from the community, has more than 23,000 employees, including approximately 1,200 employed physicians. HFHS handles more than 93,000 patient admissions annually at the 903-bed Henry Ford Hospital and five community hospitals that are part of the system.

Henry Ford’s focus on leadership development began in earnest roughly 10 years ago, during a period in which the system was struggling financially. At this time, HFHS leaders felt that the organization needed to change its culture to focus more on learning and development. To that end, the leadership team brought in an outside consultant to help in recreating and recapturing a clear view on the organization’s mission, vision, and values. As part of this effort, HFHS launched its Renewal program, a two-day, workshop for all employees that focuses on the core values, systems, and behaviors necessary to succeed at HFHS. Around the same time, HFHS launched its initial Leadership Academy, an annual program that presently serves 50 to 60 high-potential leaders each year. Several years later, HFHS launched a more formal corporate university that offers a broad array of education and training for employees at all levels of the organization. (The Leadership Academy became a part of the corporate university at that time.) Based on the success of the initial Leadership Academy, HFHS has decided to significantly expand its leadership development offerings, adding a program for new leaders, physician leaders, and “advanced” leaders, as described in more detail below.

Leadership Development Programs in Brief

As noted, HFHS began with one leadership development program for high-potential mid-level leaders, and is now in the process of expanding these offerings to leaders at all levels of the organization, as outlined below:

- **Leadership Academy:** This flagship program, launched roughly 10 years ago, provides 10 full-days of training over a 10-month period to a cohort of roughly 50 to 60 high-potential, mid-level leaders each year, with participants being nominated by senior leaders in the organization as part of the performance management/succession planning process. These sessions, typically held at a centralized facility at corporate headquarters, focus on the major performance pillars for HFHS, including people, quality/safety, finance, service, and community. The program includes an action-learning project that allows participants to tackle a real-world problem at the business unit level. Participants are also matched with and receive support from a mentor throughout the program.

- **Advanced Leadership Academy:** This new program, launched in September 2010, serves individuals who have the potential to become one of HFHS’ most senior leaders within three to five years. It consists of 13 full-day sessions delivered over a course of 15 months, along with an action-oriented learning project that focuses on a real-world problem at the system level. The program serves roughly 30 individuals each year, with participants being nominated by senior leaders and have completed the mid-level program described above.

- **New Leader Academy:** This new program, also scheduled to launch in the second half of 2010, will serve any person at HFHS who is new to a managerial/leadership position (e.g., a new nurse or housekeeping manager), including those promoted internally and those hired from outside the organization. The program will include five full-day sessions held over a three-month period, focusing on topics critical to those taking on managerial positions for the first time, such as leadership and development, accountability for results and execution, strategic planning, ethics, appreciating diversity, aligning goals, clinical excellence in serving patients, employee engagement, empowering teams, rewards and recognition, and quality improvement models. Roughly 250 to 300 individuals will complete the program each year as part of three or four separate cohorts.

- **Physician Leadership Academy:** HFHS is currently in the planning stages of a new leadership development program for physician leaders. Over time, physician leaders will also likely begin participating in the other leadership development programs as well.

Key Elements of Henry Ford’s Leadership Academies

The key elements of Henry Ford’s various leadership development programs include the following:

- **Senior leadership support and commitment:** The CEO of HFHS, along with her direct reports, champions leadership development within the organization, believing it to be critical to the organization’s long-term success. Through countless speeches, articles, podcasts, and other forms of commu-
niciation, HFHS’ leadership team constantly emphasizes the importance of learning and development. Beyond just words, however, HFHS invests significant resources in leadership development. In fact, even during these difficult economic times, HFHS has increased its investment through the addition of the aforementioned new programs for new leaders, physician leaders, and “advanced” leaders. One signal of how seriously HFHS’ top leaders take leadership development is the fact that roughly 10 percent of the incentive compensation for executive-level leaders is tied to participating in the various leadership academies as mentors and/or faculty members.

**Dedicated funding, low costs:** HFHS includes all leadership development activities as a part of a corporate overhead cost that gets charged to the various business units. HFHS makes every effort to keep the fees charged as low as possible (reflecting the true costs to the organization) by using internal faculty and by leveraging online resources and other technology whenever possible. As a result, the costs of leadership development remain well below what many organizations pay. For example, the new Advanced Leadership Academy will cost only about $2,500 per participant, significantly below the cost of programs offered by other organizations.

**Explicit link to talent management and succession planning:** As noted, participants in the original Leadership Academy and the new Advanced Leadership Academy must be nominated to participate by a senior leader within the organization. To maximize the program’s impact on retention and the ability to promote internally, this nomination process is explicitly linked to HFHS’ annual performance review, talent management, and succession planning processes. During the spring, business units engage in talent reviews and discuss any positions they anticipate needing to fill going forward. In June, business unit leaders nominate individuals to participate in the Leadership Academy, typically those they believe have an opportunity to fill one of the anticipated openings. At the corporate level, senior leaders nominate candidates for the Advanced Leadership Academy who they believe have the potential to fill a senior executive position within the next three to five years. All nominees must meet certain performance criteria, such as having an overall performance rating of 3.5 (on a 5-point scale). In July, nominees learn that they have the opportunity to participate in the programs, and those who accept then can enroll, with programs typically launching in the fall.

**Primarily internal faculty, with strong encouragement to participate:** Senior leaders within HFHS account for at least 80 percent of the faculty for the various programs. As noted, senior leaders have a strong incentive to participate, as their performance as faculty members and mentors ties into incentive compensation. In addition, HFHS has developed a Teach It Forward program to help train senior leaders on how to serve as faculty and mentors. Having internal faculty helps to keep costs low and allows programs to be better customized to the needs of the organization and individual participants.

**Competency-based curriculum:** The content of each program ties directly to leadership competencies developed and adopted by HFHS. These competencies draw on competency models developed by NCHL and on the framework used by the Malcolm Baldrige National Quality Award.

**Real-world, action-learning, not didactic education:** In all programs, day-long sessions rely heavily on role-playing and case studies, with opportunities for reflection, work between sessions, and post-session debriefings, and relatively little use of lectures and other forms of didactic education. In addition, both the Leadership Academy and Advanced Leadership Academy include an action-learning project based on a real-world problem at either the business unit or system level. As a result, participants and their managers do not view the projects as “busy work,” but rather as an efficient, effective way to tackle real-world problems, challenges, and opportunities they presently face.

**Mentoring throughout the process:** Both the Leadership Academy and Advanced Leadership Academy have a strong mentoring component, with each participant being matched with a senior-level mentor for at least six months. The mentoring process includes formal checkpoints, although each mentor-mentee pair has significant latitude in developing a process that works effectively.

**Ongoing evaluation to demonstrate program’s impact:** HFHS has set up and tracks a variety of metrics to evaluate the program’s impact, both on the performance of individual participants (e.g., pre- and post-implementation scores on overall performance, level of engagement, turnover rates among direct reports, etc.) and on key department- and organization-wide metrics, such as turnover, retention, patient satisfaction, and safety. This evaluation remains critical to keeping senior leaders at both the system and business unit level supportive of the program.
IMPACT TO DATE

Henry Ford’s leadership development programs have had a positive impact on retention, promotion, engagement levels, and performance, as outlined below:

• Reduced turnover: Approximately seven percent of those who participated in the original Leadership Academy between 2004 and 2008 have left HFHS, well below the 10.1 percent turnover rate among those not participating in the program. These results have been achieved in a market where turnover tends to be quite high.

• High promotion rates: Twenty percent of graduates of the HFHS Leadership Academy have been promoted within one to two years of graduation, and 40 percent have been promoted within two to five years.

• Greater engagement: Graduates of the HFHS 2010 Leadership Academy have higher average (mean) scores than do other HFHS leaders on key measures of engagement, including overall satisfaction, commitment to quality, and willingness to speak up. The same is true of graduates of HFHS’ OptimEyes Leadership Charge, a customized leadership development program designed to meet the unique needs of leaders in HFHS’ retail ophthalmology product line.

• Better performance: Pre- and post-implementation tests show that HFHS’ Just Culture Leadership Training has improved participant knowledge with respect to fair practices related to managing behaviors that promote a continuous learning culture.
CASE STUDY #5: NORTH SHORE-LIJ HEALTH SYSTEM

Background

North Shore-LIJ Health System (NSLIJ) is an integrated health system serving residents of Long Island, Manhattan, Queens, and Staten Island with 15 hospitals, a mental health facility, 17 long-term care facilities, rehabilitation programs, outpatient surgery centers, home care and hospice programs, and a world-renowned research institute. The system is a product of a 1997 merger between North Shore Health System and Long Island Jewish Medical Center. The two hospitals operated fairly independently until 2002, when a new CEO called for major organizational changes designed to create an integrated system with a high-performing workforce.

The bulk of the changes implemented at NSLIJ focused on ending the “silo” mentality within the organization to create an integrated system aligned with an overall mission and strategic vision. Specific goals included:

• Forming an organizational structure that facilitated the sharing of talent and knowledge, and the execution of core programs and processes.
• Creating a workforce that could execute the new strategic direction and change management activities.
• Establishing strong programs and processes to support the new organizational structure.

Key Elements of NSLIJ’s Leadership Development Program

As part of the transformation effort described above, NSLIJ revamped its leadership development system; key elements of the new approach include the following:

• Centralized learning facility and talent management functions: Like GE and other leading organizations, NSLIJ created a centralized facility for learning and development, the NSLIJ Center for Learning and Innovation (CLI). Developed in 2002 in partnership with GE Medical Systems and the Harvard School of Public Health, CLI represents the largest “corporate university” in healthcare dedicated to fostering growth and lifelong learning among employees. The CLI places all budget, decision-making, and operational staff in a central group, using shared services and outreach programs to service the needs of business units. Because it is a physical facility located outside of NSLIJ care locations, CLI allows employees to focus on learning.

• Chief learning officer/senior executive involvement: A new CLO position, was created to oversee CLI, human resources, and recruiting. The recruiting function was centralized to ensure consistency in the kinds and levels of employees filling positions. CLI runs all orientation programs, including having the CEO and CLO meet with all new employees every Monday morning.

• Reorganized human resources to focus on development: NSLIJ reorganized the human resources function to move away from a “transactions” orientation to a service center designed to help employees develop skills and capabilities. To fulfill this function, a new caliber of employee was brought into the department, including those with skills in influencing others, change management, and strategic thinking.

• Early identification (through rigorous screening) and support of “high-potential” employees: NSLIJ created new mechanisms to identify and develop “high potentials” from all levels of the organization, providing them with broad exposure to various experiences and development opportunities. The overall process consists of the following four steps: identification of program candidates by executive directors and human resources staff at various sites; selection of program participants using rigorous, formal selection criteria; and assessment using 360-degree feedback, Myers-Briggs Type Indicator (MBTI), emotional intelligence assessments, and team interviews. High potentials are developed through the following activities:
  – Rigorous and repeated assessments and efforts to retain them, including continuous dialogue between the CEO and the executive staff about each candidate’s potential and strategies for retaining them.
  – “Stretch” assignments (on the job) designed explicitly to create new skills and perspectives linked to organizational strategy and business priorities.
  – Highly customized, flexible professional development plans emphasizing on-the-job experience, supplemented by 360-degree reviews, mentoring, and other programs.

• Creation and nurturing of multiple talent pools at various levels of the organization: Again consistent with best practices identified by NCHL, NSLIJ develops and nurtures multiple talent pools at various levels of the organization from which to draw candidates when a new position becomes available. At present, NSLIJ draws from the following talent pools:
  ➢ Executive director pool: Managed separately from the high-potential pool, these strategic leaders receive system-wide developmental assignments.
 ➢ **Associate director pool:** Managed by the executive directors, this group includes those in the High Potential Program and other potential future leaders.

 ➢ **Black Belt pool:** Nominated by an executive or associate director, these individuals are expected to work on various departmental or cross-functional improvement projects.

 ➢ **High potential pool:** Those in the previously described High Potential Program are divided into four groups when being considered for vacant positions (although most fall into one of the first three categories): emerging leaders, team leaders, operational leaders, and strategic leaders. Each sub-group receives developmental support appropriate for their position, as outlined below:

   - **Emerging leaders:** These individuals will eventually become leaders, but are not yet in formal leadership positions. Members of this group may be charged with leading teams or special projects.

   - **Team leaders:** These leaders spend a great deal of time coaching, training, developing, and influencing small groups and individuals. Primarily tasked with day-to-day tactical activities, this group acts as the medium through which the organization communicates to its employees.

   - **Operational leaders:** Leaders who manage managers, these individuals are responsible for optimizing processes and performance within their unit.

   - **Strategic leaders:** These leaders drive execution by connecting the dots between strategy, organizational capabilities, and culture. In the past year, a handful of participants in the High Potential Program have taken on strategic leadership roles.

   - **Cross-functional/organizational, real-world assignments:** A key component of the talent development strategy involves assigning members of all talent pools to real-world improvement projects that cross department and functional boundaries, and/or to new roles in a different hospital or functional area. Consistent with NCHL-identified best practices, these on-the-job experiences serve to further develop skills, broaden perspectives and knowledge, and prepare individuals for larger roles within the organization. Projects typically target specific developmental needs aligned with business strategies.

   - **Coaching and mentoring:** Every individual who participates in leadership development has access to coaching and mentoring, including those identified as high-potential individuals and those transitioning to a new role or larger assignment.

   - **Competency-based assessment and feedback:** NSLIJ uses the NCHL Health Leadership Competency Model to regularly assess and provide useful feedback on leadership competencies.
The revamped leadership development system has paid large dividends at NSLIJ, as suggested by the following:

- **High employee satisfaction**: Better goal management, performance reviews, and other talent management practices have led to high levels of employee satisfaction. Satisfaction levels have reached as high as 85 percent at some NSLIJ facilities, well above the industry norm of 59 percent. Satisfaction rates related to employee engagement and focus average 98 percent or higher at NSLIJ, again above the 88-percent industry average. These high levels of engagement are due largely to the focus on internal promotions, since employees become more engaged when they believe they have the opportunity to advance within the organization.

- **Enhanced ability to fill positions internally**: Five years before implementation of these changes, NSLIJ filled almost every key position from outside the organization. Today, that is rarely the case. Since implementing the changes, NSLIJ has had to go outside the organization to fill an executive leadership position at a system hospital only twice, even though the vast majority of the 15 hospitals has experienced senior executive turnover during this time period.

- **Retention of high-potential employees**: NSLIJ has found many attractive positions for high-potential employees, leading to a 74-percent retention rate for these individuals over a four-year period.

- **Lower turnover, associated cost savings**: Improved talent acquisition and performance management processes have saved NSLIJ roughly $7.7 million—equivalent to the operating margin of one of its small hospitals. Much of that savings has been due to lower nurse recruiting costs, which has been driven by declines in nurse turnover rates. In fact, the turnover rate for new nurses has fallen from 65 percent to 13 percent due to better hiring, development, and performance practices. In addition, within the executive ranks, the ability to make major promotions out of the high-potential talent pool saved NSLIJ more than $500,000 in 2009, with the savings being driven by reductions in the use of external search firms and lower costs associated with acclimating new talent to the organization.

- **A driver of improvement in overall financial performance**: NSLIJ’s leadership development and talent management programs have helped to improve the overall financial health of the organization, contributing to a $25 million improvement in overall operating margin.

- **External recognition**: NSLIJ received the Taleo Customer Innovation Award in 2009 in recognition of the program’s contribution to the organization’s improved financial health. Past winners include highly innovative organizations such as Deloitte, Dell, and Toyota. NSLIJ has also presented the business case for its talent management program to organizations throughout the nation, including to the Human Capital Institute. NSLIJ leaders have also been invited to present the program as a “best practice” to the Conference Board and have hosted best-practice sessions that describe the program to other executives within and outside the healthcare industry.
CASE STUDY #6: WOODRUFF LEADERSHIP ACADEMY

Background

In 2001, senior leaders at Emory University’s Woodruff Health Sciences Center (WHSC) created the Woodruff Leadership Academy (WLA) to develop leaders throughout WHSC with the requisite skills relevant to an academic medical center (AMC). The impetus for WLA came out of the organization’s 2001 strategic plan (known as Vision 2012), which identified financial strength, innovation, people and the workplace, knowledge management, and leadership as critical areas of focus, with effective leadership being deemed necessary to achieving success in the other four areas.

Why a Centralized Academy?

Similar to the experience at many AMCs, WHSC executives found leadership development to be challenging, given the wide range of professional roles and diverse centers of operation within the organization. While many professionals within WHSC and other AMCs are highly competent in their respective fields, they often lack the skills needed to be an effective leader. In fact, the number of existing and rising leaders within WHSC was insufficient to fill the number of available leadership spots envisioned in the strategic plan, and those leaders and potential leaders that did exist lacked adequate preparation for leadership roles of the future. As a result, WHSC administrators felt that an in-house, dedicated leadership academy, modeled in part after successful corporate programs, represented the most effective and efficient strategy for developing leaders. The goal was to develop 100 new leaders by 2007.

Key Elements of the Academy

After conducting site visits and getting advice from the John F. Welch Leadership Center at GE and others, WHSC administrators worked with the executive education group at the Emory Goizueta Business School to create a program tailored to the needs of academic medicine. Key elements of the program, which served 70 individuals in the first three years (including 29 physicians), include the following:

- **Competency-based curriculum**: Five three-day sessions between January and May focus on key competencies related to governance and organization in an AMC, managing polarities in healthcare, negotiating in the managed care arena, interpersonal and communication skills, conflict resolution, strategic planning, and business plan development. Courses were tailored to the specific challenges facing an academic health center.

- **Explicit tie to strategic plan, organizational objectives**: The aforementioned Vision 2012 strategic plan ties directly into the leadership academy. The plan focuses on the need to break down silos between professions and operational facilities and calls on leaders to embrace change and join with others to improve organizational performance.

- **Mix of internal and external faculty**: Faculty included in-house personnel (e.g., administrators, deans, directors at WHSC) along with outside experts from corporate America (e.g., GE, Waffle House).

- **Individual assessment of competencies and one-on-one coaching**: Various tools, including anonymous 360-degree reviews, along with individual counseling sessions helped to support the development of competencies in individual participants.

- **Team-based project tied to organizational priority**: Each participant worked as a member of a five- or six-person team to address a pertinent, real-world health sciences topic deemed to be critical to the future success of the organization. Project results were presented at the final seminar.

- **Ongoing mentoring**: A senior WHSC or university leader served as a mentor for each participant, helping him or her to develop relationships, gain expertise, and grow professionally.

IMPACT

Surveys suggest that the program has helped participants to: gain a better understanding of the organization’s mission and vision, enhance their commitment to that mission and vision, become more effective in their roles as leaders, and enhance teamwork and relationship-building. In addition, roughly 15 percent of participants have been promoted, and a substantial majority has taken on additional leadership responsibilities. The vast majority (96 percent) have indicated they are more likely to stay at Emory and more likely to aspire to a leadership role as a result of their participation.
CASE STUDY #7: THE BRITISH COLUMBIA NURSING LEADERSHIP INSTITUTE

Background

Chief nursing officers in British Columbia joined with the Ministry of Health Nursing Directorate and the University of British Columbia School of Nursing to develop the Nursing Administrative Leadership Institute for First-Line Nurse Leaders.

Key Elements of the Leadership Institute

Key elements of the program include the following:

- **Competency-based curriculum:** A consultant conducted an extensive assessment to identify the critical competencies that need to be mastered by nurse leaders. Based on this information, program developers identified the core competencies to serve as the basis for the program curriculum, and organized them into a conceptual framework that includes five domains, as outlined below:

  - **Developing the leader:** Competencies include self-assessment, understanding and using the power of influence, developing a power base, effective leadership styles, leading from the middle (as a first-line nurse leader), and being a change agent and innovator.

  - **Leading others:** Competencies include empowering others, team-building, conflict management, influence strategies, and healthy work environments.

  - **Leading through effective planning:** Competencies include change management, project planning, innovation strategies, fiscal budgeting, resource allocation, and developing work-related projects.

  - **The mentee-mentor relationship:** Key competencies include roles and responsibilities; developing a mutual understanding; identifying the mentee’s leadership learning objectives in relation to the project; and developing project descriptions, goals, and objectives.

  - **Evaluative responsibilities:** Key competencies include completing an evaluation form; completing project descriptions, updates, and project reports; career tracking; and completing a portfolio (considered optional).

- **Emphasis on mentor-mentee relationship:** As suggested by the inclusion of this relationship as a core competency, this program places a high degree of importance on facilitating an ongoing relationship between the mentor and the mentee. Each mentor-mentee pair receives guidelines on how to develop and maintain their relationship and a contract that details the terms of their professional commitments to each other.

- **Real-world projects:** Working with their mentors after the initial residential program, participants embark on a year-long project that allow first-line nurse leaders to practice change management skills, acquire systems-level knowledge about their organization, and generally develop leadership skills. Projects focus on real-world issues within work environments, such as recruiting and retaining new nurses, assimilating a staff of internationally educated nurses, adapting to unit mergers, implementing changes to care delivery models, self-scheduling, practice council development, and introducing new technology.

- **Appropriate leveraging of technology:** The program leverages technology to create online knowledge communities that serve as venues for continuing professional development, social support, and mechanisms for sharing and spreading innovations. The website also provides a variety of other resources, including facilitating communication between mentor and mentee.

- **Use of learning portfolios to track progress:** Participants receive portfolio templates for organizing project materials, and are encouraged to use a portfolio to showcase their work. These portfolios track each participant's professional growth and development, and identify ongoing learning and developmental needs.

- **Ongoing evaluation, program refinement:** Program developers routinely get feedback from program participants via written evaluations, project progress reports, and interviews, and then revise the program’s content and delivery mechanisms based on this feedback. For example, over time, the program has incorporated more interactive sessions and allocated more time for informal networking among participants and faculty.

**IMPACT**

A four-year study will evaluate the impact of the program on key outcomes related to leadership and succession planning; results are not yet available.
CASE STUDY #8: IBM CORPORATION

Background

IBM Corporation offers leadership development programs for all managers and “emerging” leaders in the organization. These individuals, who collectively account for roughly 60,000 out of the company’s 400,000 total employees, participate in a variety of initiatives offered under the LEADing at IBM program (with LEAD standing for “leadership enablement and development”). Many programs are run out of the U.S.-based IBM Learning Center, a campus that includes 180 bedrooms, learning facilities, classrooms, and other infrastructure (although not all programs take place onsite at this center, as discussed below). Opened in 1980 and located near the company’s headquarters in Armonk, NY, the IBM Learning Center oversees a variety of development and training programs, roughly 90 percent of which focus on leadership development. Outside the U.S., IBM used to have dedicated facilities as well, but several years ago the company sold them off, deciding instead to lease space as needed.

Key Elements of the LEADing at IBM Program

Key elements of IBM’s leadership development programs include the following:

• Unwavering leadership support: For the past several decades, IBM’s senior executives have been staunch supporters and advocates of leadership development, viewing it as a way to create a competitive advantage through the creation of a strong leadership pipeline. Through words and actions (e.g., constant communications, allocation of ample funding, and the creation of systems and processes), IBM’s leaders have made leadership development a top priority that has become engrained in the company’s culture.

• Significant, sustained funding, even during difficult economic times: While IBM makes every effort to spend money wisely (e.g., by promoting movement to lower-cost “virtual” programs), the company has consistently allocated ample funding to leadership development, even during difficult economic times. IBM funds its programs through a combination of corporate earmarks and business unit payments for the services used. This approach also helps to ensure that the programs meet the needs of the end users, who are viewed as “customers” of the programs.

• Learning expert to oversee programs: The IBM Learning Center is overseen by a CLO who is well known and respected in the learning industry. The CLO’s responsibilities extend beyond leadership development to encompass all aspects of learning and training at IBM. The CLO has several deputies in charge of specific functional areas, including a vice president who runs the leadership development programs on a day-to-day basis.

• Competency-based curriculum: IBM has developed its own in-house leadership competencies that focus on what it takes to be a successful leader in a global enterprise. The company periodically reviews and refines these competencies, with a new set having been released during the first half of 2010.

• Early identification of high potentials, with programs for all levels: IBM has created leadership development programs for high-potential individuals at all levels of the organization. Early on, high-potential individuals enroll in the Succeeding at IBM program, which provides various support and touch points over a two-year period, including teaching the company’s values and leadership competencies. Any individual identified by line management as having strong leadership potential will be entered into a “pipeline tool” that tracks their activities and progress on an ongoing basis, thus ensuring that they participate in appropriate leadership development programs and receive short- and long-term assignments designed to fully develop their potential.

• Mix of internal and external faculty: Most faculty members come from within IBM, although the company has worked with external partners as well, particularly for lower-level programs. Senior executives within IBM play a central role in training and developing higher-level leaders, although some external partnerships exist at this level as well.

• Highly integrated with talent management and succession planning: IBM’s leadership development programs tie closely to its talent management and succession planning processes. Using a variety of communication and information management tools, human resource personnel work closely with line management to evaluate critical roles needed within the company and to identify gaps—i.e., areas where the current leadership pipeline is not large enough. After identifying these gaps, the various departments work closely together to put in place specific learning and development plans for high-potential individuals who have the potential to fill those gaps. For example, for someone with the potential to be a country general manager, this group will determine what that individual needs, not only in terms of participation in leadership development programs, but also with respect to on-the-job experiences (e.g., an international assignment, greater exposure to financial or project management). IBM’s General Management Development Guide assists with this process by laying out the skills and experiences needed to succeed as a general manager at IBM.
• **Ongoing assessment, feedback, and mentoring/coaching:** IBM regularly uses 360-degree assessments that evaluate performance with respect to the established leadership competencies. Such assessments are a part of all core leadership development programs. IBM also uses internal leaders to serve as coaches and mentors to high-potential individuals. Using the notion of “leaders developing leaders,” IBM has recently re-energized its commitment to teaching line managers how to identify and develop talent. To that end, IBM teaches mid-level leaders how to provide coaching, feedback, rewards and recognition, and other support to high-potential individuals, with the goal of improving the talent management/succession planning process.

• **Blended approach that leverages technology, emphasizes “on-the-job,” real-world learning:** As noted earlier, IBM uses a four-tier model that offers a variety of settings in which to learn, with most learning occurring “on the job”; the four tiers include the following: programs that focus on transferring information to individuals through written and online materials that can be studied on one’s own time; programs that allow participants to try something out through web-based simulations of real-world experiences, such as how to have a difficult conversation with an employee; programs that offer web-based and face-to-face interactions that bring together peers to learn from and coach each other; and face-to-face programs that bring together participants in person and through the web to spend time practicing real-life situations and experiences. The higher one goes up in the organization, the more programs emphasize face-to-face learning, which is viewed as critical for senior executives.

**IMPACT**

IBM engages in a variety of activities designed to measure the impact of its leadership development programs, although the company has not yet found a “magic bullet” that allows for a precise determination of the value the programs bring to the company. That said, the “non-debatable assumption” within IBM is that leadership behavior has a significant impact on the climate and culture within the company, which directly affects the level of engagement and motivation among employees, which in turn has a significant impact on organizational performance and financial results. Specific, anecdotal results that highlight the positive impact of IBM’s leadership development programs include the following:

• **Higher employee satisfaction, which drives performance:** IBM has documented increases in employee satisfaction as a result of its leadership development programs. IBM’s Global Pulse Survey has shown clearly that higher employee satisfaction leads to improved business results.

• **Better performance on competencies:** IBM regularly uses 360-degree assessments to gauge performance on established leadership competencies; these surveys clearly demonstrate that performance on these competencies improves after participation in various leadership development programs.

• **High “self-reported” ROI:** Surveys consistently show that participation in specific leadership development programs has enabled individuals to improve their performance and hence bring additional business to the company.

• **Renewed emphasis on turnover and retention:** IBM recently renewed its efforts to evaluate the impact of leadership development programs on turnover and retention rates, particularly in growth markets such as India and China, where retaining talent can be difficult.

• **Positive anecdotal feedback from recent hires:** IBM’s focus on outsourcing and acquisitions over the past decade has meant that many high-level employees have been recruited from outside the organization, with many having been with IBM for five years or less. Feedback from these individuals makes it clear that IBM’s leadership development programs are both effective and well-received. In fact, after initially being skeptical that they had anything more to learn about leadership, many high-level new hires have expressed appreciation for the programs, finding them to be “eye-opening” experiences and noting that they had “never gone through anything like that before.”
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This case study is based on an interview with Jon Abeles, senior vice president, Catholic Healthcare Partners, conducted on April 14, 2010.
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