Leadership

A Successful Model of Leadership Development for Community Practice Physicians

By Joan Murdock, PhD, MHSA, and Craig Brammer, MA

In this article...

Learn how a physician leadership program is meeting the need for informed and prepared physician leaders.

The dynamic and rapidly changing health care environment has led to the convergence of business and medicine. As a result, clinicians and administrators can no longer operate separately, particularly when the role of many physicians has shifted from that of caregivers to leaders.

To that end, the University of Cincinnati has provided the educational and developmental opportunity for physicians to undergo the professional and personal changes necessary to develop and perform as effective leaders.

The program was funded by Humana, Inc., for a five-year period and was offered to community practice physicians in the Greater Cincinnati area and included Northern Kentucky and part of Indiana.

More than 100 physicians, five cohorts of 20 or more physicians, completed the 20-week program. There was a fall series of 10 weeks from early October to mid-December and a winter series from early January to mid-March.

The sessions were held on Wednesday evenings from 6 p.m. to 9 p.m. at a hotel/conference center on the university campus. The physicians represented a diverse group in terms of medical specialty, size of practice, geographic practice location, gender, and cultural background.

The program addressed a community and national need for physician leaders. As stated in Physicians as Leaders Who, How, and Why Now by McKenna and Pugno, “there is an increasingly urgent call for physician leaders . . . . clinically trained administrators who govern the human and financial resources within health care organizations . . . . physicians must be integrally involved in leading the way to improve the health care system.”

Program characteristics

The program was directed by faculty members of the university’s academic health center. The program director’s area of expertise is health care administration and health care leadership development, the program co-director’s area of expertise is quality improvement and patient safety, and the physician advisor’s area of expertise is health policy and physician leadership development.

In addition, the program staff was joined by over 20 distinguished faculty, local, regional and national medical and health care professionals with areas of expertise in every component of the health care sector.

Many of the faculty presented yearly to each cohort over the five-year period. The program was accredited by the American Medical Association and the American Academy of Family Physicians.

Objectives

The program objectives were to:

- Gain an in-depth understanding of the changing dynamics of the health care sector and its impact on the delivery of services in the present and in the future.
- Achieve skills and competencies in the areas of leadership, executive management, organizational responsibility, and accountability.
- Determine effective strategies within one’s practice and health care systems for quality improvement and patient safety.
- Become appropriately empowered as leaders through dialogue, communication, and engagement in a secure, cohort, learning environment.
- Experience multi-level transformation leading to positive, sustainable, professional, and personal growth and change that is validated by evidence-based outcomes.
• Assimilate the knowledge that precipitates small changes that can lead to a large impact.

• Develop interaction, networking, and effective group dynamics among a cohort of physician colleagues on a short-term and long-term basis.

**Domains**

The program domains included:

1. **The business of medicine**—This domain included topics about health policy concerns, health law, health informatics and new technology, market trends, macroeconomics, legal and ethical issues, and financial and personnel management.

2. **Quality improvement**—This domain covered topics about the national quality agenda, pay-for-performance strategies, purchase/payer-driven methods for improvement and redesign, patient safety, and evidence-based outcomes.

3. **Transformational leadership**—This domain focused on organizational and cultural change, systems thinking, leading in complex organizations, effective communication, team building, individual styles of leadership, and emotional intelligence.

There was an emphasis on understanding and managing specific problems in relation to the larger and more complex macro health care environment and its systems. Being able to transition from macro to micro problems to become an effective medical leader was a primary focus of the program.

**Methods**

Entry and exit assessments were developed and completed by physician participants of each cohort during the initial and final sessions of

<table>
<thead>
<tr>
<th>NCHL Competencies</th>
<th>Entry Ranking Average</th>
<th>Exit Ranking Average</th>
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<tbody>
<tr>
<td>Achievement Orientation</td>
<td>3.4</td>
<td>4.1</td>
</tr>
<tr>
<td>Analytical Thinking</td>
<td>2.7</td>
<td>4.0</td>
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<tr>
<td>Community Orientation</td>
<td>2.9</td>
<td>4.1</td>
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<tr>
<td>Financial Skills</td>
<td>3.3</td>
<td>4.0</td>
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<tr>
<td>Information Seeking</td>
<td>3.0</td>
<td>3.8</td>
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<tr>
<td>Innovative Thinking</td>
<td>3.2</td>
<td>4.2</td>
</tr>
<tr>
<td>Strategic Orientation</td>
<td>3.1</td>
<td>4.2</td>
</tr>
<tr>
<td>Accountability</td>
<td>3.1</td>
<td>4.2</td>
</tr>
<tr>
<td>Change Leadership</td>
<td>2.8</td>
<td>4.2</td>
</tr>
<tr>
<td>Collaboration</td>
<td>2.7</td>
<td>3.7</td>
</tr>
<tr>
<td>Communication Skills</td>
<td>2.5</td>
<td>3.3</td>
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<tr>
<td>Impact and Influence</td>
<td>2.9</td>
<td>3.7</td>
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<tr>
<td>Initiative</td>
<td>3.3</td>
<td>3.9</td>
</tr>
<tr>
<td>Information Technology Management</td>
<td>3.1</td>
<td>3.8</td>
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<tr>
<td>Organizational Awareness</td>
<td>3.0</td>
<td>3.7</td>
</tr>
<tr>
<td>Performance Measurement</td>
<td>3.4</td>
<td>4.3</td>
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<tr>
<td>Process Management/Organizational Design</td>
<td>3.1</td>
<td>4.0</td>
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<tr>
<td>Project Management</td>
<td>3.0</td>
<td>4.0</td>
</tr>
<tr>
<td>Human Resource Mgmt.</td>
<td>2.8</td>
<td>3.9</td>
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<tr>
<td>Interpersonal Understanding</td>
<td>3.0</td>
<td>4.1</td>
</tr>
<tr>
<td>Professionalism</td>
<td>3.3</td>
<td>4.2</td>
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<tr>
<td>Relationship Building</td>
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<tr>
<td>Self-Confidence</td>
<td>3.1</td>
<td>4.1</td>
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<tr>
<td>Self-Development</td>
<td>3.1</td>
<td>4.1</td>
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<tr>
<td>Talent Development</td>
<td>2.7</td>
<td>3.5</td>
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<tr>
<td>Team Leadership</td>
<td>2.8</td>
<td>4.1</td>
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Physicians self-assessed their levels of skills and competencies using the 26 characteristics of the National Center for Healthcare Leadership’s (NCHL) Health Leadership Competency Model.²

The NCHL Health Leadership Competency Model was created through research by the Hay Group with practicing health leaders and managers across administrative, nursing, and medical professions, in their early, mid-, and advanced career stages. The 26 competency areas are grouped under three domains: execution, transformation and people. The assessments utilized a ranking of 1 (low) to 5 (high). Five years of entry and exit assessment data were collected. At the end of year four, a program survey was sent to physicians who had participated in cohorts to help determine the short-and long-term impact of the program.

Results
A total of 100 physicians participated in the assessments over the five-year period. There was an increase in self-assessed competencies in all 26 NCHL categories each year of the program. The five-year cumulative averages for competencies at entry and exit are listed in Table 1.

The results of the program survey distributed at the end of year four is shown in Table 2.

Discussion
Physicians have not typically had available sustained, community leadership development and management training resources specifically designed and offered to their professional group. Nor do most physicians receive this type of development and training through the traditional medical education process.

During their years in medical practice, physicians rarely receive leadership development and management programming of any significant length

<table>
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<tr>
<th>Questions</th>
<th>Responses</th>
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| As a result of my participation in the UC Physician Leadership Program, I have accepted a medical or health care leadership role or position. | Yes = 68%  
No = 32% |
| I held medical or health care leadership positions prior to participating in the UC Physician Leadership Program. | Yes = 56%  
No = 44% |
| I was contemplating serving in a medical or health care leadership role prior to entering the UC Physician Leadership Program. | Yes = 81%  
No = 19% |
| I considered serving in a medical or health care leadership role following my participation in the UC Physician Leadership Program. | Yes = 91%  
No = 9% |
| I am/will be serving in a medical or health care leadership role in Medical Practice = 34%  
Hospital = 30%  
Health Center = 2%  
Professional Association = 16%  
Medical Association = 14%  
Other = 4% |

Note: There were 50 responses. Physicians may serve in leadership roles in multiple settings.
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Credit: 40 CME; Graduate degree/CPE elective credit

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      $150 non-members (per credit hour)

Capstone class: $800 members / $1200 non-members

Accreditation
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The American College of Physician Executives (ACPE) designates this educational activity for a maximum of 40 AMA PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity.
and content within their communities and utilizing a cohort model.

The University of Cincinnati physician leadership program provided an in-depth development course for community practice physicians. Physicians expressed initially and throughout the program their need for knowledge, skills and competencies in multiple areas to become effective health care leaders and managers.

Members of each physician cohort were motivated to immerse themselves in the learning process, and attendance was consistently at the 85 percent level throughout the program.

The increases in self-assessed competencies from the beginning to the end of each year indicate the participants’ interest, commitment, and achievement for this type of learning. Commentaries on weekly evaluations as well as the assessments revealed a high degree of satisfaction and an increasing level of empowerment in their leadership roles or their desire for selection to leadership roles.

The program survey indicates a direct relationship between participation in the program and increased consideration and participation of serving in medical leadership roles.

While a cumulative average ranking of 1 (low) to 5 (high) was calculated and presented in Table 1 for the five-year program period, it is interesting to report that there were some similarities and differences in the rankings of each cohort as compared year to year.

Some possible explanations include:

1. There was self-selection, i.e., those in leadership roles and/or inclined to accept those roles would be most interested in the program.
2. As time progressed and knowledge transfer increased, physicians may realize they know less about leadership and management than they prefer to know.

3. The demands for effective medical leadership and medical practice in general have increased and physicians are concerned about their effectiveness and ongoing success in a rapidly changing health care environment.

4. Each cohort included participants with different levels of motivation and skills.

Conclusions

The University of Cincinnati physician leadership program served for five years as an effective community resource for physician leadership development. Self-assessment of health care leadership competencies at entry and exit provided the reporting of participants’ perceptions resulting in an understanding of the program’s impact.

Increases in rankings from the beginning to the end of the program were 35 percent and above in several competency areas. Those categories were:

- Analytical thinking
- Community orientation
- Strategic orientation
- Accountability
- Change leadership
- Collaboration
- Human resource management
- Team leadership

This successful program model may be attributed to the following characteristics:

- Exposure to new learning by diverse health care experts and thought leaders
- Increased awareness of topics and actions relevant to effective medical leadership and management
- Review of articles, books and other materials that increased knowledge and understanding of key issues and topics important in health care leadership
- Group dynamics and interaction, the sharing of professional and personal ideals, values, perspectives and experiences in a conducive and supportive environment.

At a time when it is essential for physicians to be equipped with the competencies, increased skills and knowledge of a complex and changing health care environment, a community-based physician leadership program can provide a valuable learning experience to facilitate the development of physician leaders and emerging physician leaders in the community.

Joan Murdock, PhD, MHSA, is director of the Division of Health Care Administration at the University of Cincinnati College of Allied Health Sciences.

murdocjn@ucmail.uc.edu

Craig Brammer, MA, is senior research associate at the University of Cincinnati College of Medicine in the Department of Public Health Studies

References

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—Cynthia S. Sherry MD, MMM, FACR, CPE, FACPE
Chair, Department of Radiology
Texas Health Dallas, Dallas, TX
ACPE Fellow since 2002

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