

Developing Healthcare Leaders

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LEARNING OBJECTIVES

By the end of this chapter, the student will be able to:

- Explain the importance of leadership development in health care.
- Discuss key components of a talent management system.
- Identify competencies critical to leadership success.
- Describe two distinct paths to healthcare leadership positions (clinical and administrative).
- Describe models and development methods used for training healthcare leaders.

KEY TERMS

360 evaluation	Leadership pipeline
Accountable Care Organization (ACO)	Shadowing
Bench strength	Stretch assignment
Executive coaching	Succession planning
High potentials	Talent management

INTRODUCTION

Healthcare organizations today are facing unprecedented challenges. The rapid evolution of technology; the constant changes in regulations, policies, and laws; and the shifting demographics of the workforce

and patients placing ever-greater pressures on healthcare leaders to excel. However, there is a notable shortage of outstanding leaders who are qualified to meet and address these challenges. And the healthcare industry is not alone in this dilemma, which is exacerbated by increasing rates of retirement among Baby Boomers and earlier generations.

Development of Business Leaders

The lack of effective leaders with the necessary skills and expertise has become one of the greatest business perils in these early decades of the 21st century. Approximately 70% of the 62 companies surveyed in 2005 reported moderate to major leadership shortages (Executive Development Associates, 2005). James Bolt, author of the book *Executive Development* (1991), states, “It has become obvious that an organization’s executive and leadership talent is its greatest and most sustainable source of competitive advantage Cultivating the next generation of business leaders is imperative.”

A prominent McKinsey & Co. study entitled “The War for Talent” (Michaels, Handfield-Jones, & Axelrod, 2001) discovered that the highest performing companies in a breadth of industries had better **talent management** strategies (i.e., methods to identify, train, and develop leaders) than lower performing organizations. A disturbing statistic from this report is that “while 72% of all managers surveyed say that winning the war for talent is critical to their company’s success, only 9% are confident that their current actions will lead to a stronger talent pool” (p. 3).

In another major study, “Increasing bench strength” and “Accelerating development of high-potentials” were listed as the #1 and #2 top workforce development priorities, respectively (Executive Development Associates, 2009). “Increasing **bench strength**” is a term commonly used in organizations today to refer to the growth of new leaders who can provide backup and eventually replace the current leaders in charge. A company is said to have a “deep bench” if several other leaders within the organization are considered fully capable of assuming the positions of key leaders who vacate their posts. General Electric was a recent well-known example of the deep bench. Following the retirement of its iconic CEO Jack Welch, GE had already groomed at least three internal leaders who could immediately take over the executive reins.

A common way to increase bench strength is to focus on the development of **high potentials**. Often called “HiPos,” these are individuals who

have been identified as possessing above average potential (and interest) to take on greater and greater levels of responsibility. Some organizations begin identifying these employees at entry level positions. Once identified, organizations then focus additional development efforts on these individuals early in their careers, giving them **stretch assignments**, coaching and mentoring, and even sending them to graduate school.

Leadership Development in Health Care

The leadership drought has been recently exacerbated in health care due to negative economic conditions and increases in government oversight (McAlearney, 2006). The leadership development challenge in health care is considered to be in a “state of crisis” today. Many healthcare organizations (HCO) are nonprofit operations that face crippling budget pressures. At the same time, HCO structures may include professional staff such as doctors as well as subsidiary organizations that are not directly under the authority of the parent HCO’s leadership.

When compared to other business sectors, the healthcare industry has historically been slow to respond to changing trends (Beinecke, Daniels, Peters, & Silvestri, 2009; McAlearney, 2006). McAlearney (2010) sent surveys to 355 U.S. healthcare executives in July 2007 and collected 104 responses (29% of the sample). Survey results indicated that about half (53) of the respondents’ healthcare systems reported having a formal leadership development program in place and that most of those programs had been established after 2003. The driving force to create these programs was HCO dissatisfaction with how prepared executives were when promoted to positions of senior leadership. Charan, Drotter, and Noel (2011) suggest addressing these challenges by developing “a framework shared by all leaders to ensure consistency of judgment and application on the human side of the business so that a cumulative leadership effect results” (p. xvi). These authors propose a structure to codify this framework, which they label the **leadership pipeline**.

This chapter uses the leadership pipeline framework to describe how leaders are selected and groomed within a healthcare organization. First, we will cover guiding principles for building bench strength—that is, the critical components of a talent management system. Second, we will identify two distinct professional career paths for leaders in health care. Third, we will describe competencies and methods used in training and development. The chapter concludes with a sample case study on how coaching can be conducted in a healthcare organization.

GUIDING PRINCIPLES FOR DEVELOPING LEADERS

Conger and Fulmer (2003) suggest five guiding principles of best practice for building an organizational leadership pipeline:

1. Actively focus on developing talent.
2. Identify key assignments and positions that move talent through the pipeline.
3. Maintain transparency.
4. Implement assessment on a regular basis.
5. Engage in continual improvement.

These five principles will be discussed with a focus on their applications in healthcare settings.

#1: A Development Focus

A focus on developing management talent involves integrating traditional activities such as workshops and seminars closely and directly with an individual's assigned roles and responsibilities. "On-the-job" learning and practice should be promoted and linked to any formal training that is offered. A common missed development opportunity occurs when an employee attends a class session to learn a new management skill but then has no opportunity to apply and practice the new skills in the workplace. The valuable time and cost of the training can be wasted. Additionally, monitoring employees for implementation of new skills and demonstration of learned behaviors as they work can show that training has been successful.

Let's take the case of Jaclyn Smith, a nurse practitioner working at a community clinic. She has demonstrated excellent clinical skills and knowledge, strong interpersonal and communications skills, and is a proactive problem solver. The clinic director has identified her as a potential leader who might fill his position in the future. However, to be effective in this new arena, Ms. Smith would need to learn additional management skills and develop a systems perspective rather than a one-on-one approach. To achieve this goal, the clinic director decides to send Jaclyn to a strategic planning training session that one of his old college classmates is facilitating. The director believes that he will be rewarding Jaclyn with an educational perk as well as supporting this friend's seminar series. He assumes Ms. Smith will be grateful for the opportunity to learn new skills at the clinic's time and expense.

Unfortunately, the outcome is just the opposite. Jaclyn's current responsibilities do not involve strategic planning, so the seminar content seems unrelated and irrelevant to her duties and responsibilities. In fact, she experiences the training as a distraction from her enjoyable "real work" of patient

care and becomes stressed because her day away from the clinic has left her with a pileup of tasks and paperwork. She also worries that her patients will be disappointed that their appointments will be rescheduled and that her overburdened colleagues will need to cover her patient care duties.

The clinic director had not planned strategically for the necessary training to promote Jaclyn's leadership skills nor had he done the necessary preparation to give her the background to fully understand the relevance of the training to her professional development. As a result, the training decreased Jaclyn's morale and undermined her confidence in the director as an effective leader.

Jaclyn's story is an example of what not to do with respect to employee development. Supervisors commonly make a variety of mistakes in talent management. Exploring the next principle suggested by Conger and Fulmer (2003), "key assignments," provides positive examples of how to effectively develop leadership talent.

#2: Identify Key Assignments and Positions That Move Talent Through the Pipeline (On-the-Job Training)

To avoid unproductive employee development efforts, a wise leader can incorporate best practices such as those proposed by Garman and Dye (2009). They suggest that an individual's ability to learn in the workplace is positively influenced by the following conditions: (1) awareness of learning needs, (2) characteristics of work assignments, and (3) attitudes about learning. In Jaclyn's case, these conditions hadn't been effectively addressed.

Garman and Dye describe the awareness of one's learning needs as a continuum, moving through a series of four phases:

- A complete lack of awareness of need to learn (unconscious development need)
- Understanding and identifying specifics for knowledge or skills that can be addressed with a learning plan (conscious development need)
- Thoughtful practice and application of a new skill, improving performance (conscious proficiency)
- Skill mastery, wherein the skill has become a natural, effective, and consistent behavior across a variety of circumstances (unconscious proficiency)

In the aforementioned example, the clinic director's plan for Jaclyn fell short in Phase 1. Jaclyn did not have awareness of the "need" to learn strategic planning. If the director had discussed her potential career path within the organization and shared his vision for her future development in

advance of the seminar, Jaclyn may have had a greater awareness of need and been better able to appreciate the learning opportunity. Additionally, such a preliminary meeting and discussion would have allowed her to express her professional goals and ambitions to the director, so that they could have created a professional development plan for Jaclyn together. The director's plan also neglected to implement Phase 3, "practice." After taking the seminar, Jaclyn was not given specific on-the-job assignments to use the new skills. Without the aforementioned steps to promote effective learning, Jaclyn understandably perceived the seminar as a waste of her time.

Garman and Dye (2009) attest that characteristics of a job assignment can impact the level of engagement and professional growth of an employee. These authors cite the work of McCauley and Brutus (1998), which lists the following four types of experiences that facilitate on-the-job learning:

1. Assignment of new roles and responsibilities
2. Implementation of necessary changes
3. Granting of expanded responsibility
4. Learning from new and diverse experiences and from success and failure

Giving an employee new duties that embody one or more of these four characteristics is termed a "stretch" assignment. Organizations facilitate leadership development by tasking trainees to perform duties that will challenge, motivate, and enhance their leadership abilities. For example, such stretch assignments are a component of leadership development programs at Gundersen Lutheran Health System in La Crosse, Wisconsin. Gunderson Health is an integrated healthcare delivery system composed of a medical center with 325 beds, 41 affiliated clinics and offices, and a multispecialty medical clinic. Gunderson's successful talent management program consists of five steps (Noelke, 2009):

1. Define leadership competency
2. Identify high-potential talent
3. Assess talent
4. Develop individual plans
5. Track progress

In this model, tasking trainees with stretch assignments corresponds with Step 4, developing individual plans. Nancy Noelke, leadership coach at Gundersen, will assess the identified high-potential talent, Step 2, by compiling and analyzing employee evaluations into a summary of strengths and weaknesses. In Step 5, she collaborates with a designated review team to develop strategic interventions that will "close the gap between where

the candidates are and where they would like to be from a leadership standpoint” (2009, p. 36). These strategies are then discussed with the candidates’ supervisors and fine-tuned as needed. The resulting development plan will focus on meeting the needs of the organization as well as motivating the candidate to learn and grow, and will include stretch assignments and other growth activities such as coaching, mentoring, committee participation, role expansion, cross-functional duties, and job rotation.

This multistep approach to leadership development is widely used and has been shown to increase successful outcomes. Miller, Umble, Frederick, and Dinkin (2007) evaluated a multimethod program aimed at developing leaders in the public health sector. Their study compared the self-reported effectiveness of a variety of interventions such as assessment tools and coaching, learning projects, skill-building seminars, textbooks and reading, and distance-learning conference calls. And then, 6 months after graduating from the program, participants were asked to rate the utility of each of the training methods. The “learning project” received the highest rating, and the “assessment tools and coaching” gained the top scorers. The learning project required participants to tackle a community health challenge or address a public health infrastructure issue. Project components included an assessment of the problem and development of a problem statement and action plan. The assessment tools administered to the public health leaders were the Myers-Briggs Type Indicator (MBTI), Change Style Indicator (Discovery Learning, Inc. in Greensboro, NC) and a 360 (multirater) feedback survey. The 360 survey and in-depth personal coaching were facilitated by the Center for Creative Leadership (Greensboro, NC). The results were not surprising: the more specific and focused the learning methodology, the more likely the learner will find value in the activity and succeed in achieving the desired skills and outcomes.

#3: Transparency

Traditionally, succession plans had been developed behind a veil of secrecy. However, Conger and Fulmer’s (2003) research on best practices in leadership development showed that transparent talent management systems produce the best results.

Two critical components of transparency are clarity of process and ease of use. The clarity of the process involves employees’ ability to assess their own potential for advancement as well as managers’ ability to identify a list of potential candidates for the leadership positions. However, the optimum level of information provided to an employee might vary based on operational considerations. For example, at a base level, employees simply know

that they have been identified as having a high potential. A higher level of transparency would allow an employee to see exactly where he or she stands in a rank order when compared to others in the company. Whereas in some cases this knowledge could be motivating, in other cases knowing one's ranking among colleagues could have a negative impact on morale and instigate unproductive internal competition.

Another aspect of transparency, from an employee's perspective, is the availability of clear and precise information about how one can progress through the system, what potential professional opportunities can promote advancement, and what skills or expertise are needed to grow as a leader. To implement a transparent talent management system, managers should be able to obtain customizable searches of available opportunities and match them with each employee's past experience, current skill level, ability gaps, and development plans.

Therefore, to support transparency for "high potentials" as well as managers, a system that is easy to access and navigate is critical. The best practice companies in the Conger and Fulmer study (2003) make judicious use of the Internet to provide a user-friendly interface for their talent management systems. They cite Lilly's "1-click model," a web-based application tool on the desktop of employee's computers. With one click, employees can obtain access to information about their personal skills and explore potential compatible job opportunities.

Research studies indicate that a lack of information regarding one's task and responsibilities can inhibit learning (Kyndt, Dochy, Struyven, & Cascallar, 2011) and that role ambiguity and role conflict inhibit on-the-job learning effectiveness (Lin, 2010). Therefore, having a transparent talent management system with the necessary components can promote successful employee development and advancement, and prevent unfortunate and demotivating experiences such as the one that Jaclyn and her manager shared.

#4: Assessment of Quantity and Quality of the Pipeline on a Regular Basis

Transparency also requires the presence of a system that can monitor the population and strength of the leadership pipeline and succession plan on an ongoing basis at consistent intervals and in real time; this is a key component of best practices for healthcare organizations (Conger & Fulmer, 2003). For example, succession plan measurements should reveal how many

qualified candidates are in the pipeline for each leadership position at any point in time. Automatic triggers should be in place that notify the HR department when the ratio of potentials to incumbents dips below a minimum threshold. Each management position should have an explicit ratio of internal employees that could be ready to step into that position in case of a vacancy. For example, a 2:1 ratio for a mid-level management position would mean that for every incumbent currently in that position, two internal employees should be capable of serving as replacements if needed.

In addition to tracking the number of individuals in the pipeline, other valuable metrics can be used to assess the quality and effectiveness of a talent management system. These include:

- The time taken to fill vacant positions
- Demographic diversity of high potentials
- Satisfaction of coworkers regarding performance of internal hires
- Self-reported satisfaction by promoted employees at 3 months and 6 months on the job
- Measures that assess the employee's performance of newly assigned duties
- Employee turnover and high potential retention rates
- Ratio of internal versus external hires (see further discussion on this issue later in this chapter)

Using technology to quickly and easily access data can promote the success of a talent management system and allows programs to be designed and administered with accuracy, transparency, and flexibility. Ongoing assessment can monitor the effectiveness of the program, suggest revisions for continuous improvement, and encourage flexibility and favorable adaptation in a changing healthcare environment.

#5: Continual Improvement—Flexibility to Adapt to Improve the Strength of the Pipeline

Conger and Fulmer's (2003) best practices underscore that talent management systems can be effective only if they are used, trusted, and flexible. A sociotechnical system, such as a leadership pipeline, must be responsive to forces of constant and rapid change in order to maintain its relevance. Elasticity to adjust to internal pressures for continuous quality improvement, as well as to external forces such as economic conditions or regulatory changes, allows the effective implementation of the principles above.

The focus on talent can be manifested by aligning development opportunities with an individual's needs and career trajectory as well as with organizational goals. Organizational goals are driven by continuous quality improvement efforts, personnel changes, and strategic planning to address impending growth or recession. An effective pipeline must adjust accordingly as different competencies become prominent and necessary.

The field of information technology (IT) is a good example of a former support function that has become an integral part of an organization's foundational structure. Health IT is now a critical element in the internal coordination and provision of care among clinician colleagues and administrators (e.g., via practice management systems and electronic health records) as well as across entities such as **Accountable Care Organizations (ACOs)**. The result is an increased need for skilled information technology workers, knowledgeable and effective IT managers, and senior leaders with vision who can guide strategic planning and decision making regarding health information technology. Leaders and managers will need to stay abreast of emerging health service technologies such as radio frequency identification (RFID), global positioning systems (GPS), and nanotechnology to make informed decisions about capital investments and future service lines (McGrady, Conger, Blanke, Landry, & Zalucki, 2010).

Information technology also plays an integral role in the internal operations of healthcare organizations as well as for the provision of services and education. Multifunctional, easy to use and secure information systems can manage not only leadership pipelines, but also other human resource functions. The new role of IT has mandated adjustments in talent management focus. Key development assignments and job positions must adapt to this new environment; some former assignments will become obsolete and new roles and responsibilities will emerge, requiring different skills and revised training and assessment initiatives. These shifts will aid the organization in responding to the rapid pace of change, successfully guiding strategic planning, staff, and leadership development in effective directions.

LEADERSHIP PATHWAYS

Healthcare leaders can move into their positions from a variety of disciplines, including medicine, nursing, business, health administration, and public health. For example, the American College of Healthcare Executives (ACHE, 2010) reported a membership of just over 33,000 in January 2011. The 2011 ACHE demographic profile of Members and Fellows showed that 51% of membership held their highest degree in hospital/health administration services, 24% in business, and 13.6% in clinical/allied health administration. Approximately 21% of ACHE members either earned a doctorate

or two master's degrees, 63% have one master's degree, and 15.7% have up to a bachelor's degree.

There are typically two distinct paths through which healthcare leaders can begin their careers: as clinicians trained in a healthcare delivery discipline, and as nonclinicians trained in management or another administrative discipline such as finance, marketing, economics, or information technology. Leaders on the first path start off in health care as clinically trained direct service providers (e.g., doctors, nurses, radiologic technologists) and are promoted up the organizational hierarchy into roles with increasing leadership responsibility. The second route is traveled by individuals who begin their careers in an administrative or support area (e.g., accounting, management, law, human resources, marketing, or information technology) and receive promotions in their original discipline and cross-training in relevant and related fields.

Each pathway to the executive suite provides healthcare leaders with strong skills, but also with potential gaps in expertise and blind spots in perspective. Leaders who emerge from a clinical background are usually adept at understanding patient and clinician needs, but may lack business knowledge in the areas of finance, marketing, operations, systems thinking, collaboration, and management. Leaders who emerge from a business discipline, such as finance, administration, marketing, or operations, often lack the perceptual framework to understand the needs, values, and expectations of clinicians and patients. If we accept the premise that a good leader needs to be able to relate to and engage the attention, loyalty, and motivation of a wide range of followers, then a leader in health care must be able to view any given situation from multiple perspectives and listen to and understand the various stakeholders who can provide valuable input with respect to specific issues (Freshman, 2010). Leaders must actively “learn on the job” to fill in the gaps in their training and expertise; for example, clinicians may take courses in business and management, and administrative specialists may rely on mentors, professional allies, and champions in relevant fields as well as immersion in industry professional groups to gain information and knowledge.

The following stories of Sam Kapur (clinician), and Lily Rodriguez (administrator) provide examples of each path to successful healthcare leadership.

Clinical Path to Leadership

Sam Kapur

Sam Kapur was trained as a family physician in Northern India. At the age of 32, he and his family moved to the United States so that he could

accept a primary care position with a large medical group practice in Boston, Massachusetts. Dr. Kapur displayed an excellent bedside manner and developed good rapport with his practice's patients. Through referrals, his roster of patients grew rather quickly. Sam consistently demonstrated that he was an active learner; the medical group leadership noted he was proactive in making changes and adopting technology that enhanced the practice's productivity and increased quality of care. The CEO of the group took notice of Sam's outstanding performance and invited him to sit in on key meetings in which important decisions would be made. After 2 years of working in the medical group, Dr. Kapur was asked to join the Continuous Quality Improvement (CQI) Team, through which he continued to display excellent performance. Dr. Kapur realized that CQI was one of his professional strengths. Therefore, he requested, and was granted, tuition support to attend additional training in this arena. This training allowed him to become a CQI team leader in addition to his clinical duties. Dr. Kapur also embraced a high visibility role as an educator and networker, building his reputation in the local community by attending and speaking at professional association events. The medical group's executives saw him as a "high potential" employee and continued to nurture his professional development with stretch assignments. In time, the Human Resources (HR) Director offered him the opportunity to get Masters in Healthcare Administration (MHA) degree to expand his administrative competencies and refine his management and leadership skills. After Dr. Kapur had been working with the medical group for a little over 8 years, the Chief Medical Executive retired, and Dr. Kapur was offered and accepted the position. With excellent preparation, Dr. Kapur brought a strong skillset to this position and successfully continued to promote high morale and increase quality and profitability for the practice.

Administrative Path to Leadership

Lily Rodriguez

Shortly after graduating with a bachelor's degree in health services, Lily Rodriguez began her career as a receptionist and file clerk at an outpatient surgery center. This facility was part of larger health system that included two hospitals, several medical offices, and two other outpatient surgery centers in Los Angeles County. Ms. Rodriguez was noted for being outgoing, organized, and having a good rapport with the office staff and the center's clients. The office manager appreciated her work ethic and "people skills" and began to enlist Ms. Rodriguez' assistance on various HR projects. As a quick learner and hard worker, Ms. Rodriguez was promoted to assistant office manager and

coordinated compensation and benefits administration for several years. The office manager identified Ms. Rodriguez as a high-potential employee and suggested she take advantage of the organization's tuition reimbursement program to obtain a master's degree in human resource management. During her graduate studies, Ms. Rodriguez volunteered to intern in the health system's HR department to further develop her skills and expand her professional network. Shortly after graduation, she accepted a position in the system's HR department as a compensation and benefits specialist.

The office manager was sad to have her high-potential employee leave the surgery center but was very proud of Lily and pleased to see her professionally advance and succeed. Lily herself was grateful to her mentor and continued to stay in touch and provide professional support when needed.

The system's HR Director also identified Ms. Rodriguez as a high-potential employee, and over the next few years provided her with stretch assignments and cross-training in other HR areas such as recruitment and leadership development and training. Subsequently, she was promoted to VP of Organization Development and developed and enhanced new initiatives and challenged herself and her staff with stretch assignments. Supported by her supervisor, she received and provided formal and informal coaching and mentoring, attended professional seminars and conferences, and lectured to others within and beyond the organization on a regular basis. When the HR Director retired, Lily Rodriguez was offered the position. Confident and well prepared, she accepted the senior leadership post.

Figure 2.1 illustrates examples of a leadership pipeline and key assignments for both clinical and administrative pathways.

FILLING AND MAINTAINING THE LEADERSHIP PIPELINE

An organization's Human Resources department performs many key functions involved in developing and maintaining a leadership pipeline. Data management, performance evaluations, and **succession planning** are all critical components of a talent management system and are typically handled by HR. Optimally, the HR Department of an organization will track each employee's work history, performance appraisals, skills strengths, weaknesses, and development plans, and provide critical input to the managers utilizing the pipeline.

Performance appraisals play a critical role in helping to identify high-potential employees and track their progress and professional development. Many performance evaluations are designed and administered by HR. An employee and his or her supervisor will fill out an annual performance

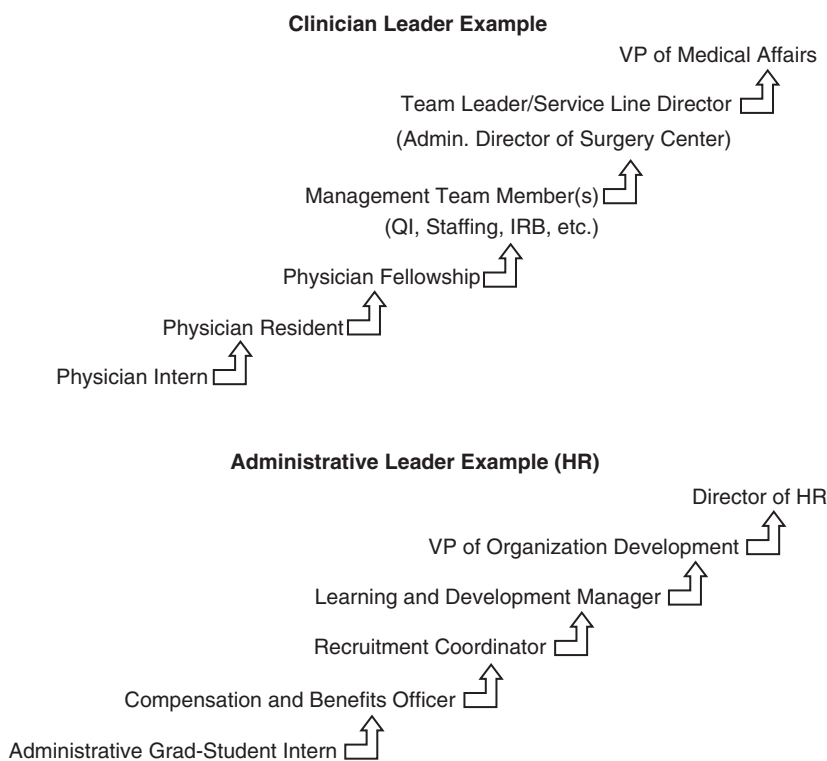


Figure 2.1 Clinician and Administrative Leader Pipeline Example

assessment, which will be collected and stored by HR. Broader assessments are also common, wherein other stakeholders such as peers, direct reports, patients, and vendors are asked to rate and comment on an individual employee's performance. The term, "360," as in 360 degrees, is used to describe the collection of feedback from multiple sources regarding an employee's performance and can provide insight to employees as to how others perceive their skills and function in the professional setting. These **360 evaluations** are most successful when used in a nonjudgmental fashion by coaches and employees to identify areas of strength and opportunities for improvement. The 360 process and its role in staff development and mentoring are described in more detail in the case study at the end of this chapter.

HR departments can use the collected evaluation data to help managers project the numbers and levels of potential leaders needed in a pipeline. Executives must also decide on whether specific positions can be filled by current employees of an organization (internal strategy) or by recruitment of qualified candidates from outside the organization (external strategy). Each option has its benefits and drawbacks, and both are used in healthcare

organizations. The talent management system (leadership pipeline) is an internal structure and process for developing and nurturing leaders within an organization. Kathy Klock, VP of Operations and Human Resources at Gundersen Lutheran Health System, explains the value of an internal development strategy: “It ensures continuity, sends a positive message throughout the organization and provides better odds of a good cultural fit” (Noelke, 2009, p. 35). Increased motivation, higher morale, and improved retention rates are also potential benefits of internal recruitment. However, there are a few potential disadvantages associated with exclusively looking inside the organization for new talent. Internal competition could instigate resentment among those not chosen for advancement, and morale could suffer. Concerns about the influence of office politics, favoritism, and discrimination could undermine morale and productivity, and opportunities to bring fresh perspectives into an organization may be lost. These potential drawbacks to exclusive internal recruitment could damage employee relations and negatively impact quality of care.

Therefore, leadership candidates are also sought from outside the enterprise. External strategies to locate qualified applicants to fill open positions (recruitment) include advertisements in trade journals, job fairs, online job postings, social media, and employee referrals. The search for external talent can also be outsourced to employment agencies and executive search firms. The benefits of external recruitment are an increased potential for fresh perspective/new ideas, reduced training expenses if a new hiree comes on board with needed expertise, and fewer risks of dysfunctional relationships and political associations within the organization. Disadvantages of external recruitment, however, can include hiring an individual who might not fit with organizational culture. Morale might also decrease among those within the organization who were passed over for the position. Furthermore, orientation training will be needed for the newly hired employee, as well as time for his or her socialization and adjustment. Ultimately, an organization’s leaders and HR decision makers will weigh the risks and benefits of internal versus external recruitment and determine when external recruitment is needed. The more accurate and comprehensive their talent management system, the more informed their decision will be.

Leadership Competencies

What knowledge, skills, and behaviors do “high potentials” need to demonstrate and/or learn to be effective leaders in health care? These skillsets have been well documented thanks to professional associations such as the National Center for Healthcare Leadership (NCHL, 2012), the Healthcare Leadership Alliance (HLA, 2010), and the American College of Healthcare

Executives (2010), which have conducted collaborative research across the industry to develop competency models on which to base evaluation and training. Because the healthcare industry is constantly changing, these organizations continually review and update their models to adapt accordingly. **Figure 2.2** depicts the NCHL's version 2.1, which is composed of 3 domains and 26 competencies.

This summary version of the model provides background on the behavioral and technical competencies identified by the research. The full model contains levels for each competency that distinguish outstanding leadership at each career stage (entry, mid and advanced) and by the disciplines of administration, nursing, and medicine (National Center for Healthcare Leadership, 2005–2010).



Figure 2.2 NCHL Health Leadership Competency Model™

Source: Reprinted with permission from the National Center for Health Leadership (www.nchl.org), Chicago, IL.

Health management researchers Garman and Dye (2009) reviewed seven distinct competency models developed specifically for application to the healthcare industry. These models range in complexity and scope from the Healthcare Leadership Alliance model, which identifies 300 competencies in 5 clusters, to Dye and Garman's (2006) "Exceptional Leadership Competency Model," which lists 16 competencies across 4 clusters (cornerstones). Practitioners working in the field might find a concise model more applicable for their training purposes while researchers and academic institutions might prefer to use a more complex model that lists a greater number of specific competencies. When selecting a model, the form should fit the function. An organization could also develop its own model for talent management, adding in specific components related to its mission, goals, and demographics. Regardless of the version chosen, the strategic use of a vetted competency model can provide evidence-based direction for recruiting, training, development, and promotion in a health-care environment.

Development Methods

Leadership skills can be nurtured and honed in a variety of ways: through degree and certificate programs, seminars, on-the-job training, mentoring, modeling, **shadowing**, and coaching. These approaches can be included in an employee's development plan and tracked through a well-designed talent management system. Many organizations will offer tuition reimbursement as a benefit to employees seeking to enhance their professional development. This perk pays off for both the organization and the employee; studies indicate that employees who are offered the opportunity to grow and learn are more satisfied with their work environments and are less likely to leave the facility for a position elsewhere (Campbell, 2001; Nelson, Sassaman, & Phillips, 2008). The organization benefits as well by supporting its rising stars and preparing those individuals to take over for retiring personnel (succession planning).

Degree and Certificate Formal Education Programs

Undergraduate programs in healthcare management and administration can prepare baccalaureate students for entry level positions in health care. Current healthcare workforce members can also enroll in a university to obtain a bachelor's or master's degree to further their career aspirations. Baccalaureate level programs offer training in the basics of management and leadership, develop skillsets and competencies, and provide students with guidance on potential career paths in the healthcare industry. According to

the Association of University Programs in Health Administration (AUPHA, 2011), there are hundreds of schools advertising undergraduate healthcare management degree programs, however, only 44 are currently certified by the association. AUPHA certification is a quality assessment similar to an accreditation. Review committees are composed of program directors and faculty members from undergraduate health administration programs who are familiar with curriculum development, program management, and evaluation. Students completing a bachelor's degree program may not yet be prepared for leadership positions, but do graduate with an understanding of the healthcare industry and with skillsets that provide a solid foundation for further training and career building. For upper management positions, several years of field experience in increasingly more responsible roles is typically required.

A master's degree in healthcare management can be the next step needed to move up the career ladder to greater responsibility for professionals already in the healthcare workforce. The Commission on Accreditation of Healthcare Management Education 2009–2010 profile lists 83 accredited master's level programs at 71 universities (CAHME, 2010). Although there are many unaccredited programs in health management and related disciplines, the designation of accreditation indicates that a program has participated in a quality review and formal evaluation of adherence to high standards. Accredited programs are required to engage in continual improvement through self-studies as well as formal reviews by the Commission.

Executive Education Formats Formal educational institutions such as colleges and universities have embraced the market opportunity to train and retrain working adults. Programs available to suit the executive or the full-time employed are offered by many educational institutions in onsite, hybrid, and online formats. Campus courses are often offered at night or on the weekends to accommodate students with full-time jobs. Several years of work experience in the healthcare industry or related fields are often a prerequisite for these programs; experienced students will bring to the classroom a higher level of knowledge and skills and a greater understanding of healthcare management issues and allow the program to provide a correspondingly increased level of student engagement through discussions, interactions, and networking with seasoned peers.

Seminars, Webinars, and Conferences

Seminars, webinars, and conference retreats can also provide formal training on specific topics and broader industry challenges. Delivery formats include week-long retreats in resort locations, 2–3-hour workshops in a

conference facility, or online via webinars. Healthcare professional associations frequently offer seminars, conferences, and webinars on current trends and industry challenges. Training is readily available on topics such as general management skills, including conflict resolution, employee motivation, strategic planning, and time management.

However, these stand-alone outsourced training opportunities offer many benefits as well as a few drawbacks. Many of these programs are led by external subject-matter experts who can bring fresh, up-to-date perspectives and provide greater understanding of current issues and concerns. In a setting away from their daily workplace, attendees might feel more comfortable asking questions and seeking further knowledge, allowing for a deeper “stretch” in the learning activity. Additionally, by bringing together participants from many organizations, these gatherings provide excellent networking opportunities.

However, a drawback of these stand-alone trainings are that they are often “one-shot” experiences. If the skillsets learned are not used on the job, employees may not effectively institutionalize new behaviors and approaches. Another drawback is that the vendor controls the precise content and scheduling of the training; employees will need to attend when sessions are available, not when it is most convenient for them and their organization. To promote maximum effectiveness when external training seminars are recommended as part of an employee’s development plan, it is critical that managers and employees have a clear understanding of what the learning objectives are and how they relate to an individual’s current and future work.

Table 2.1 provides examples of healthcare professional organizations’ training programs.

On-the-Job Leadership Training

As mentioned earlier in this chapter, stretch assignments can provide excellent professional development opportunities, and should be an on-the-job assignment that is just beyond an employee’s current level of confidence in that particular area and include the four types of experiences valuable to facilitating learning (McCauley & Brutus, 1998):

1. New roles and responsibilities
2. Implementing needed change
3. Expanded responsibility
4. Learning from failure and diversity

Upper-level managers should also seek out occasions in which high potentials (HiPos) can exercise skills identified in their personal development

Table 2.1 Healthcare Professional Organization Seminars, Webinars, and Conferences

Name of Organization	Organization Website	Examples of Training Programs Provided
American College of Health Executives	www.ache.org	<ol style="list-style-type: none"> 1. Executive Workshop 2. Strategic Planning That Works: Integrating Strategy with Performance 3. Superior Productivity in Healthcare Organizations
American College of Physician Executives	www.acpe.org	<ol style="list-style-type: none"> 1. Financial Decision Making 2. Science of High Reliability 3. Physician in Management
American Health Information Management Association	www.ahima.org	<ol style="list-style-type: none"> 1. Interventional Cardiovascular Coding
American Society for Healthcare Human Resources Association	www.ashhra.org	<ol style="list-style-type: none"> 1. ASHHRA Wellness Webinar: Use Stress to Your Advantage 2. The Chapter Leadership Workshop 3. ASHHRA 48th Annual Conference Call for Presentations
America's Health Insurance Plans	www.ahip.org	<ol style="list-style-type: none"> 1. D109: ICD-10 and Administrative Simplification—Exploring the Dual Impact 2. Enabling Consumerism Through People, Process, and Technology: Best Practices for Healthcare Payers 3. Effective Strategies to Promote Influenza Vaccine Uptake Among Culturally Diverse Populations
Healthcare Financial Management Association	www.hfma.org	<ol style="list-style-type: none"> 1. Constructing Financial Forecasting Models: Modeling for Reform 2. Creating an ICD-10 Transition Plan on the Fast Track 3. Show Me Chapter Medicare Workshops
Health Care Executives of Southern California	http://hce-socal.org	<ol style="list-style-type: none"> 1. Managing Conflict—Avoiding the Pitfalls of Control 2. A Medicare and Medicaid Update

Table 2.1 (continued)

Name of Organization	Organization Website	Examples of Training Programs Provided
Medical Group Management Association	www.mgma.com	<ol style="list-style-type: none"> 1. Mastering Business Operations and Staffing in Your Medical Practice 2. Train Your Office for Success: Mastering Patient Flow 3. Administrators in Transition: Skills for Administrators During and After Integration
National Association of Health Services Executives	www.nahse.org	<ol style="list-style-type: none"> 1. Board Meeting 2. Educational Meeting 3. Membership Meeting
Southern California Association for Healthcare Risk Management	www.scahrm.org	<ol style="list-style-type: none"> 1. Ostensible Agency: Tag, You're It! 2. The Circle of Innovation
Women in Health Administration of Southern California	http://whasocal.org	<ol style="list-style-type: none"> 1. A.D.D.R.E.S.S.I.N.G. Diversity 2. Early Careerist Panel 3. Accountable Care Organizations

plan. As far as the individual development plan, before assigning a stretch goal or task, the manager and HiPos should review and discuss the HiPos' current and future goals, the benefits the new assignment can offer, and the manager's expectations for achievement. Optimally, all of these elements should be in alignment with the HiPos' individual goals as well as the organization's mission.

Mentoring

Successful people often express gratitude for the assistance they have received along their career path from valued mentors and suggest that they might not have achieved their current level of accomplishment if not for the mentors who were influential in their developing careers. A mentor is an individual who has knowledge, skills, and experience, that, when shared, can be of benefit to another. In addition, a good mentor possesses a genuine desire to be of service to others and strong interpersonal communication skills.

Mentoring relationships can be formal or informal. A formal mentor is intentionally paired with a protégé for the purpose of assisting the mentee in career advancement. In formal mentoring, the objectives, communication

methods, frequency, and timeline for the relationship should be clarified, preferably in writing. A written mentor agreement can assist both parties in staying on track with their responsibilities and will allow goal achievement to be more easily assessed.

In an informal mentoring relationship, the parties involved might not even use the terms *mentor* or *mentee*. Instead, a professional relationship develops between two colleagues that includes the sharing of career advice, frank discussions, coaching, and counseling. Informal mentors often share a feeling of kinship and great respect for each other and may acknowledge the existence and quality of the professional relationship in hindsight.

Formal or informal, mentors are a valuable resource for employees, and such professional associations should be encouraged by supervisors and included in development planning discussions.

Modeling and Shadowing

Executives in every industry must remain aware that they are role models for their employees—that is, their behaviors in the workplace may inspire or facilitate the behaviors of their staff. This finding is utilized in training future leaders via two methods: modeling and shadowing. Constructive modeling occurs when people in positions of authority understand that their behavior provides an example to others and therefore act intentionally and consciously in ways that support and promote the desired organizational culture. For example, many organizations express the values of respect and integrity; their organizational leaders should demonstrate respect and integrity in all actions in the workplace. Unfortunately, destructive modeling (a negative effect) can result if leaders violate espoused values and principles. Not “walking the talk” can be damaging to employee morale and can send the wrong message to future leaders.

Shadowing is a formal technique that invites a high-potential employee to follow (or shadow) a leader for a designated period of time, witnessing and learning about his or her daily worklife. The HiPos might follow the leader around the office, sit in on meetings, listen to phone conversations, meet with clients, and observe negotiations and decision making. A conversation between the parties should occur in advance of the shadowing activity to clarify goals and expectations. At appropriate points, debriefing discussions should also take place, identifying lessons learned as well as next steps and followup that will enhance the HiPos’ training.

Coaching

Executive coaching, used regularly in many industries, has gained popularity in the healthcare field in recent years. In the past, coaching was used only for those leaders who were struggling and possibly on their way out

the organization's door. Today, coaching is used primarily to aid the growth of leaders in whom the organization wants to invest. Executive coaching is the "one-to-one development of an organizational leader" (Underhill, McAnally, & Koriath, 2007), a confidential set of consultations between a qualified coach and an executive, which focuses on improving the executive's leadership skills.

Coaching is considered one of the most effective methods of developing leaders because it has great "stickiness." Coaching resembles partnering with a personal trainer—not only does the employee learn proper exercises, but also has a partner to reinforce the new skills and ensure new exercises are practiced regularly. Areas that are often addressed through coaching include motivating others, treating people with respect, creating and communicating a vision, implementing accountability, and improving time management.

After a coach is selected, the process begins with an assessment of the executive's strengths and weaknesses as well as his or her personality traits that impact leadership effectiveness. The coach creates a summary of these findings and then collaborates with the executive to select an area or two for development. An action plan is created, indicating all the key steps required to improve in the selected area(s). Coaching then proceeds with ongoing meetings aimed at helping to implement the plan. After a period of time, the outcomes of the coaching are assessed, often via a 360 evaluation. Coaching usually continues for 6–9 months, but can extend from a couple of sessions to as long as a year.

Executive coaches are often former business executives themselves or come from backgrounds in business consulting or psychology. Coaches will usually possess an advanced academic degree, such as a master's in business administration or a doctorate in organizational psychology, and some may possess a certification in coaching. Coaches are experienced in the use of skill and personality assessments, such as 360 feedback tools, Myers-Briggs Indicators, Hogan Assessments, or Fundamental Interpersonal Relations Orientation (FIRO-B).

A number of studies have demonstrated the value of executive coaching. In one study, participants who had completed a training program increased their productivity by 22%. However, if coaching was paired with the same training program, productivity increased by 88% (Olivero, Bane, & Kopelman, 1997). Another study reported significant improvement in leadership effectiveness among those being coached who engaged in regular followup during the coaching process (Goldsmith & Morgan, 2004). While studies linking coaching to actual business results (e.g., increased revenue, higher stock prices) are less reliable, we do know that coaching has a demonstrable impact on leadership effectiveness.

CALL OUT BOX: CLOGS IN THE PIPELINE

Now that we have described the motivation, methodologies, and frameworks for leadership development, we might ask why some organizations develop internal leaders more effectively than others. Through their experience assisting over 100 international companies in developing leadership succession plans, Charan et al. (2011) identified four common “deep-seated, development errors” (p. ix):

1. Lack of skills required to select high-potential employees.
2. Human Resources focuses too much on “input” (identifying employees with high potential) and not enough on “output” (identifying what type of work should be done and what position level and how to measure success).
3. Lack of a consistent, integrated system for talent management by executives and/or human resources.
4. Leaders are not updating their skills rapidly enough to keep up with industry changes, requiring shifts in leadership roles and responsibilities.

SUMMARY

The Center for Creative Leadership conducted research on how successful leaders develop and report that the bulk of professional learning (70%) takes place on the job through real-world experiences, completing tasks and solving problems while at work. Feedback and observation account for 20% of workplace learning, and formal training accounts for 10% (Lombardo & Eichinger, 2000). The leadership pipeline provides a framework by which organizations can structure and track the effectiveness of these three development opportunities.

With a leadership crisis in the healthcare industry looming, organizations need to implement reliable and effective strategies to train and retain high potentials. Health care has traditionally lagged behind other industries in the area of leadership development. Healthcare organizations that embrace successful talent management strategies will not only increase their chances of survival in a changing and challenging environment, but will also be better equipped to provide cost-effective, high-quality services and products.

This chapter has provided a picture of leadership development within the healthcare environment. First, using the framework provided by Conger and Fulmer (2003), we introduced the five basic principles by which organizations can build their bench strength. The “leadership pipeline” was presented as a logical pathway for employee advancement from frontline

manager to enterprise leader. The recruitment of high-potential future leaders was discussed and the key competencies expected of healthcare leaders identified. Finally, we described specific methods on how high-potential employees can be developed into outstanding leaders through training, mentoring, modeling, and coaching.

Discussion Questions

1. What are the key competencies for a successful healthcare leader?
2. What are the two primary career paths to healthcare leadership?
3. Name and discuss various methods for developing leaders.
4. List and describe the five key guiding principles for building a leadership pipeline.
5. How does a leader progress through the pipeline? What are the steps he or she must go through?
6. From the case study that follows, what were Kevin's strengths and areas needing development? What did he do to improve his knowledge and skillsets?

Case Study: Leadership in Practice

While fictitious in nature, this is a typical case study for how leadership development looks when 360 feedback and executive coaching is used to develop a healthcare leader.

Kevin is the Chief Operating Officer (COO) of a tertiary-care hospital, one of many in a large chain in the Northeastern United States. At 48 years of age, he has moved into this position much more rapidly than anyone (including he himself) expected. An unplanned vacancy had occurred in the COO position only 6 months before, and the CEO and Board of Directors chose not to recruit externally. As the director of administration for the hospital in the previous 4 years, Kevin was considered the only qualified internal candidate and was offered the position.

As COO, Kevin is responsible for all day-to-day operations of the hospital. The directors of nursing, administration, human resources, government affairs, and quality now report to him, but the doctors are part of a contracted medical group that is instead coordinated by the Medical Chief of Staff.

The CEO and the Board of Directors of the system view Kevin as a "high potential" leader who could one day become the CEO. They also recognize that Kevin's promotion might have been premature, but believe that with some further coaching and training, he could develop the needed skills to be a successful leader. To support and promote Kevin's professional

development, they have hired an outside consultant to serve as a leadership coach and mentor.

The executive coach was hired to work with Kevin for 6 months. The coach first began with an assessment of Kevin's strengths and weaknesses through a 360 feedback process. A survey of approximately 75 questions was sent electronically to those who worked most closely with Kevin—his boss, his direct reports, and his peers who also worked for Kevin's boss. These raters completed the survey anonymously, and their scores were combined in the final report and analysis.

Kevin's highest and lowest scores were then identified (see **Table 2.2**). The highest score a rater can provide is 5.0, the lowest score is 1.0.

The executive coach also gave Kevin a Myers-Briggs Type Indicator (MBTI) assessment, a survey that Kevin completed himself. The result identified Kevin as fitting into 1 of 16 different personality types and helped him to better understand how he perceives, communicates, and functions in the workplace. The coach also reviewed any past performance reviews Kevin received from his supervisors, along with any other assessments he may have taken earlier in his career. Finally, the coach interviewed Kevin's boss, the hospital CEO.

Following the assessment, the coach and Kevin met for a feedback debriefing. In this confidential meeting, which lasted for several hours, the coach presented a summary report that highlighted Kevin's key strengths and areas for development.

In this meeting, Kevin learned the information laid out in **Table 2.3**.

Kevin agreed that he is a person of high integrity and of solid execution, and was pleasantly surprised that people felt he treated them with such respect. Kevin was also very surprised that people felt he did not have much of a vision, and struggled with the feedback that he was "too nice to say no to anyone." After further discussion with the coach, Kevin eventually came to terms with the less positive feedback, recognizing that this input was influenced by the perceptions of those around him, which may not be entirely on target.

In the next meeting, Kevin and his coach conducted action planning. In this session, Kevin first selected the area for development in which he planned to improve. After some thought and consideration, Kevin decided he needed to improve his ability to *create and communicate a vision* for his organization.

For his action plan, Kevin and his coach came up with a variety of action steps designed to help him create and communicate a vision. During this brainstorming session, Kevin, inspired by key questions posed by his coach, generated ideas based on his knowledge and experience with his job responsibilities. The coach also offered suggestions based on his experiences working with other leaders with similar areas needing development.

A sample action plan is provided for Kevin in **Table 2.4**.

Table 2.2 Kevin's Highest and Lowest Scores

Highest-Rated Items	Average Score (from all raters)
1. Ensures that the highest standards for ethical behavior are established and maintained (throughout the organization)	5.0
2. Genuinely listens to others	4.9
3. Demonstrates honest, ethical behavior in all personal and business transactions	4.9
4. Consistently treats people with respect and dignity	4.8
5. Is a role model for the organization's values (leads by example)	4.8
6. Appreciates the value of diversity (avoids discrimination based upon race, gender, age, or background)	4.6
7. Builds people's confidence	4.6
8. Discourages destructive comments about other people or groups	4.6
9. Consistently meets or exceeds customer expectations	4.5
10. Effectively recognizes team members for teamwork and team performance	4.4
Lowest-Rated Items	
75. Creates and communicates a clear vision for his/her organization	2.4
74. Is willing to take risks in letting others make decisions	2.5
73. Effectively anticipates future opportunities	2.5
72. Communicates a clear strategy on how to achieve the vision	2.7
71. Gives people the freedom they need to do their work	2.7
70. Effectively involves co-workers in determining how to achieve the vision	2.9
69. Looks beyond "the way we do things now" in considering future opportunities	2.9
68. Trusts people enough to "let go" (avoids overcontrolling or micromanagement)	3.2
67. Clearly identifies priorities (focuses on the "vital few")	3.3
66. Encourages active participation in strategy development and decision making	3.4

Table 2.3 Feedback Debrief Summary Report

Strengths	Supporting Data
Cares for People	360 items 2, 4, 6, 7, 8, 10: MBTI reveals he is more of a “feeler” and an “extrovert”; i.e., he is able to tune in to others and empathize with them.
High Integrity	360 items 1, 3, 5: Performance review gives him a perfect score in “Integrity.”
Executes—Gets the Job Done	360 item 9: Past performance review data; Boss’ interview: “It doesn’t matter what you give Kevin, he will always get the job done flawlessly.”
Areas of Development	Supporting Data
Lack of Vision	360 items 75, 73, 72, 70, 69, 66: MBTI reveals he is more of a “sensing” (works with immediate data, rather than thinking about future options) and “judging” (likes to move to closure, not leave things open for future possibility). Boss’ interview: “Kevin has his head down working, he does not seem to have or communicate a vision of where his organization is going.”
Micromanagement	360 items 74, 71, 68: Boss’ interview: “Kevin’s direct reports indicate he is doing their jobs rather than letting them do their jobs. His standards are so high, he feels he is the only one who can do things correctly.”
Time Management	360 item 68: Past performance reviews say Kevin is such a nice guy, he never says no to any request. Boss’ interview: “Kevin has difficulty figuring out what to work on first. He is so busy doing everyone’s jobs, he just can’t keep up. He is not working at the level of a COO, but at the level of those working under him.”

Table 2.4 Action Plan Worksheet for Kevin**Area for Development:**

Create and Communicate a Vision for his Organization

Action Step	Support Required	Timeline	Completed?
Create a Vision			
Meet with CEO regarding her vision	CEO meeting	Within 2 weeks	
Review industry journals for latest industry trends	Obtain journals	Within 2 weeks	
Attend industry conference for ideas	Funding for conference	April 17–20	
Draft vision statement; share with boss and others	CEO support, review of others	May 1	

Table 2.4 (continued)

Action Step	Support Required	Timeline	Completed?
Communicate the Vision			
Make sure vision is clear, compelling, easy to remember	Review with coach	May 14	
Host team offsite to unveil the vision	Funds for offsite expenses	May 14/15 (tentative)	
Internal website to promote vision	Marketing/Web staff to design	May 21	
Distribute t-shirts with graphic promoting new vision to all staff	Marketing/design team	June 1	
Begin each staff meeting with a review of vision		Each month	
Ensure each staff members' goals directly relate to the organization vision		During June performance reviews	
Survey everyone in 6 months to see if they can remember vision	Survey design team	December	

Preliminary Case Study Discussion Questions

1. What are Kevin's strengths as noted in the evaluation? Can you combine these strengths into a few main "themes"?
2. What are Kevin's areas of development? What themes do you identify?
3. Given your analysis of these test results, would you choose to work for Kevin?

Once the action plan was created, Kevin could begin to accomplish his objectives. His first step was to meet with his boss to gain her acceptance of the action plan and to gather her ideas and those of other stakeholders. In the ongoing coaching phase, Kevin and his coach will meet approximately every 1–2 weeks by phone, videochat, or in person. During each meeting, the coach will review the action plan to see which key steps have been accomplished and which steps still remain incomplete. As is often the case, Kevin may find himself falling behind or possibly losing focus in his areas of development. Like a personal trainer,

the coach will refocus him toward his objectives and help him stay on task. Barriers and obstacles that arise are also analyzed and addressed through the coaching process.

During ongoing coaching, Kevin has informed all those who provided input about his plan so that they can be aware and supportive of his upcoming changes. He will also check in with them every other month to ask them whether or not they have noticed improvements. Research shows that the more often Kevin follows up with these key people, the more likely they are to notice improvement in his follow-up survey. The coach will also follow up with these key colleagues independently to ask if they have also noticed any improvement. The coach will also check in with Kevin's supervisor, the CEO, and Kevin's HR representative to gain their input on his improvement.

At the end of the coaching term, a results measurement, a brief follow-up survey, is sent to all the previous raters. Each person indicates whether or not he or she has observed improvement in Kevin's ability to create and communicate a vision for the organization over the past 6 months. Once again, the follow-up survey is anonymous, with the answers being combined so that individual input cannot be identified. The results are then depicted in **Table 2.5**.

A total of 12 raters working with Kevin answered the anonymous survey. In question #1, 1 rater saw no change in his overall leadership effectiveness, but 11 saw improvement on a +1, +2, +3 level. In question #2, he also showed improvement in his area of development "creates and communicates a clear vision for his/her organization." Of 12 raters, a total of 10 felt that he had improved in this area.

Table 2.5 Mini Survey for Kevin

1. Did Kevin become more (or less) effective as a leader over the past 6 months?

-3 Less Effective	-2	-1	0 No Change	+1	+2	+3 More Effective
			1	6	4	1

2. Over the past 6 months, did this leader become more (or less) effective in the following area for development: Creates and communicates a clear vision for his/her organization?

-3 Less Effective	-2	-1	0 No Change	+1	+2	+3 More Effective
			2	7	2	1

Following successful improvement as demonstrated by this survey, coaching was effectively concluded. However, Kevin continues to check in with his key raters every 6 months to see if they are still clear on his vision. He also continues to practice each of his action steps as he moves forward with his responsibilities. The CEO and Board have noticed great improvement in his leadership capabilities and are now contemplating renewing coaching for an additional 6 months to help him address one of his other two development objectives.

Concluding Case Study Discussion Questions

1. What other action steps would you recommend for Kevin to consider in creating or communicating the vision?
2. If Kevin had not followed up regularly with those working with him regarding his developmental opportunities, do you think he would have improved as much as he did? Why or why not?
3. Would you promote Kevin now to CEO of this hospital? If so, why? If not now, why not?

RELATED WEBSITES

Assessment Plus: www.assessmentplus.com/SERVICES/ots_360s.htm#LOF
 Association of University Programs in Health Administration: www.aupha.org
 Commission on Accreditation of Healthcare Management Education: www.cahme.org
 Healthcare Leadership Alliance: www.healthcareleadershipalliance.org/
 National Center for Healthcare Leadership: www.nchl.org/

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