

A Faculty Leadership Development Program at the Medical College of Wisconsin

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Abstract

A faculty leadership development program has been initiated at the Medical College of Wisconsin in collaboration with faculty from the University of Wisconsin, Milwaukee, School of Business Administration. The program's goal is to impart business-related knowledge and develop leadership skills among the senior and selected junior faculty members. The course is given over nine days in segments of three days over a five-month period. So far it has been given three times. Course evaluations by attendees indicate that the course is highly regarded and they consider it very useful in developing their managerial and leadership skills. This article describes how a free-standing medical school can collaborate with a business school to develop and offer a program customized to meet the management and leadership training needs of its faculty.

Introduction

The administrative and organizational skills necessary for physician leaders are not typically developed in medical schools or during graduate medical education. In fact, some

of the very attributes and cultural processes associated with a skilled clinician such as the autonomy of decision-making and the emphasis on singularity of the physician-patient relationship inherent to the profession of medicine may be antithetical to the team approach and are possibly counterproductive in administrative and leadership roles.¹

In years past, when there were virtually unlimited sources of funding from indemnity insurers and the government, the level of management knowledge and skill required of medical leaders was low.² Today, it is increasingly clear that administrators in medical management need to possess at least a working knowledge of accounting, finance, marketing, organizational behavior, and computer informatics. In addition, competency and practical experience in strategic planning, persuasive communication, conflict resolution, negotiating and team building are essential for leadership.³ Management skills can be used in the pursuit of the goal of excellence in patient care, medical education, and clinical and basic research with the protection of the organization's economic interest and important means for achieving this goal.⁴

The need to educate physician scholars for leadership in the health care system has also been an identified priority for "stakeholders" in traditional medical education.⁵ This shift towards physician leadership has been attributed to four devel-

opments in health care delivery during the late 20th century—the increase in institutions that deliver complex medical care, a fundamental restructuring of health care finances, a progressive change from inpatient to ambulatory care, and the introduction of a series of leadership and management skills known collectively as total quality management.⁶ Increasingly, physicians are opting to enroll in master's degree programs in medical management, health administration, or business administration. Some institutions now offer local, physician-led programs to train their own physicians.⁷

Program Development

The schedules of those in academic medicine are increasingly time-challenged due to clinical, teaching, and research obligations making prolonged absences from one's responsibilities largely untenable. Information from the Medical College of Wisconsin (MCW) documented a significant decrease in requests for sabbaticals with only 23 approved over the last year in an institution with over 1000 full-time faculty members. These factors, as well as the cost associated with a graduate degree in business or management, made the pursuit of a traditional education in these fields an unlikely prospect for full-time faculty members. With this in mind, and the fact that other institutions⁸ have introduced programs that have been interwoven with the demands placed

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on full-time faculty members, an assessment of the prospects for doing so at MCW was undertaken through a joint effort led by the University of Wisconsin-Milwaukee School of Business (UWMSB) and MCW management.

In 1998, a questionnaire was developed and sent to 829 faculty members with a cover letter from the MCW Dean. Of these, 315 (38%) completed and returned the survey; a large majority expressed interest in receiving training in management and leadership, preferably on MCW's campus. A course outline was developed and presented to a focus group comprised of nine MCW faculty members who had expressed interest in the course's development. Based on the group's discussion, it was decided that the most acceptable format would be a nine-day course in three segments of three days each given in October 2000 and January and March 2001. The outline was presented to the MCW Executive Committee, which appointed an Ad Hoc Committee to examine the proposed course further. After deliberating, the Ad Hoc Committee endorsed the proposal and it was approved by the Executive Committee. A tuition of \$4500 per participant to be paid equally by the MCW faculty participant, his/her department, and MCW's Dean was agreed upon. Faculty members were allowed to use their education allowance if they so wished. Announcements including a course outline were sent to the faculty members from the Dean's Office. Interested faculty members were asked to discuss their participation with their respective chairs. Forty-two faculty applied; 30 were selected by the Ad Hoc Committee, mostly full and associate professors. The course was to be directed by the Associate Dean for Executive Programs at the UWMSB. Planning took more than a year and involved the medical school administration, department chairs, and faculty. We

considered several other formats, but the MCW faculty preferred classes spread over three sessions in five months.

The Program

The Program was launched in October 2000. The Dean and President of MCW and the Chancellor of UWM welcomed the first cohort of 30 full-time faculty members. Key topics included:

- Managing people
- Health care finance and accounting
- Leadership
- Marketing
- Health care informatics and information technology
- Health care quality
- Health care economics
- Time management

Table 1 includes the various subtopics under each of the above topics. Table 2 provides a sampling of the learning objectives for some of the subtopics. Depending on the level of perceived need as expressed by MCW faculty, and based on benchmarks from other medical school and business school collaboratives, 2 to 5 hours were devoted to each topic in each of the 3-day sessions (Table 3). An extensive evaluation was undertaken at the end of each of the three sessions. The participants were also encouraged to provide informal verbal feedback to the course director. Based on the feedback and evaluation, the next 3-day session was modified and delivered. At the end of the last session, the participants evaluated the last 3-day session as well as the entire course. Of the 30 who began the program, 29 completed the first program in April 2001. (One dropped out because of a scheduling conflict.) A detailed analysis of the answers to the evaluation questionnaire was carried out. Several participants offered excellent suggestions that were incorporated in the next course delivered during the

Table 1. Program topics and subtopics

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| <ol style="list-style-type: none"> 1. Managing People <ol style="list-style-type: none"> A. Career Development and Succession Planning B. Effective Communication Skills C. Goal Setting and Establishing Expectations D. Effective Negotiations and Conflict Resolution E. Leading Effective Teams F. Coaching and Counseling for Performance G. Dealing with Difficult People H. Effective Decision Making 2. Health Care Finance & Accounting <ol style="list-style-type: none"> A. Understanding Balance Sheets B. Income Statement Interpretation C. Budgeting D. Cash Flow Analysis and Projection E. How Financials Operate 3. Leadership <ol style="list-style-type: none"> A. Assessing Your Leadership Style B. Creating a Positive Work Environment for Improved Interpersonal Relations C. Strategic Thinking and Implementation Through Policies and Structures D. Effective Leadership for Managing Change 4. Marketing <ol style="list-style-type: none"> A. Marketing Strategy B. Health Care Branding 5. Health Care Informatics and Information Technology <ol style="list-style-type: none"> A. Information Systems and the Transformation of Health Care B. Changing Role of Technology in Health Care C. Health Care Informatics 6. Health Care Quality <ol style="list-style-type: none"> A. Advancing Clinical Performance Through Quality B. Health Care Quality Tools and Processes C. Best Practices and Frameworks in Quality Management D. Metrics for Measuring Quality in Health Care 7. Health Care Economics <ol style="list-style-type: none"> A. Reimbursement Issues B. Insurance and Managed Care Trends C. Understanding General Health Care Economics Issues 8. Time Management <ol style="list-style-type: none"> A. Balancing Work, Family, and Personal Time B. Effective Time Management Through Technology C. Establishing Personal Priorities |
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Table 2. Course objectives for selected subtopics

Following is a sampling of course objectives for specific course modules. These examples are taken from the Physician Faculty Leadership Development Program that the University of Wisconsin-Milwaukee Executive Programs has developed and delivered in conjunction with the Medical College of Wisconsin.

Effective Decision-Making

- Understand when individual vs. group decision-making is useful
- Identify attributes of effective and ineffective team decision-making
- Recognize the value of utilizing decision-making procedures
- Be able to lead your team to more effective decision-making using the nominal group technique or vigilant decision-making procedure
- Recognize the advantages and disadvantages of these decision-making procedures

Effective Meetings

- Understand the advantages and disadvantages of the meeting format
- Recognize when a meeting is an appropriate venue
- Be able to identify the various functions of meetings
- Know how to successfully prepare for a meeting
- Understand how to successfully facilitate a meeting
- Know how to effectively follow up meeting activities and decision
- Develop strategies for handling "communicatively-challenged" meeting participants

Decision-Making and Conflict Resolution

- Understand the advantages and disadvantages of having "difficult conversations," particularly around difficult decisions such as strategic direction, budgeting, planning, etc.
- Recognize the impact of conversational perspectives on how to construct and process difficult messages at the individual and team level
- Identify specific skills that contribute to listening authentically
- Appreciate the conversational skills of reframing, inquiry and acknowledgment
- Develop strategies for initiating and conducting a "learning" conversation

Work/Life Balance

- Know that the ability to balance work and family is the top priority of workers
- Know and understand the factors that make it difficult for workers to balance work and family
- Know and be able to implement individual strategies to balance work and family (i.e., strategies they as individuals can use to balance work and family)
- Know and be able to implement organization's strategies to balance work and family to help their coworkers and subordinates balance work and family

Employee Development: Coaching and Counseling

- Explore each of our own coaching and performance management styles, using a situational leadership model
- Understand the importance of good coaching and counseling
- Learn how to structure the before, during and after stages of reviews in terms of setting, content and accountability
- Understand the perceptual errors and biases that all of us fall victim to when assessing others' performance (or our own)
- Understand the 12 "Keys to Coaching"
- Examine motivational models so managers can tailor their coaching styles on a case-by-case basis

Employee Development: Establishing Expectations & Delegation

- Understand what performance management means to you and where it begins
- Explore characteristics of contemporary high performance organizations
- Know the characteristics of effective goal setting
- Understand the three-stage performance management model, especially for key managers

Leadership and Managing Change

- Examine how participants can understand their roles as leaders
- Learn how to improve leadership effectiveness with an array of established leadership concepts, skills, and techniques
- Identify behaviors and characteristics of effective leaders
- Learn skills to better manage change and realize objectives

Finance and Accounting

- Understand balance sheets
- Learn how to interpret income statements
- Understand the budgeting process
- Explore cash flow analysis and projection
- Learn how company-specific financials operate

academic year 2001-2002. Although most of those who teach in the course are full-time UWMSB faculty, a few individuals such as the MCW Senior Vice-President for Finance also lecture in the course. Health care consultants were invited to speak on topics such as health care strategy and medical economics. The 72-hour course is approved for 50 hours of category 1 credit towards the AMA's physician recognition award. Accreditation guidelines prevent UWM from awarding credit towards a graduate degree for this undertaking.

Evaluation and Outcome

The course was evaluated for content, instructor effectiveness, relevance, and organization on a scale of 1 to 5, 5 being the best possible. Each course and instructor in each program session was evaluated on 12 different dimensions. Written comments were solicited in answer to "What did you like best about the session?" and "How can we improve this session?"

Evaluations indicated that the overall average instructor and course performance improved over each successive session. At the end of the third session, the final evaluations averaged 4.4 (range 4.2 to 4.9) on a 5.0 scale for all sessions, increasing from the overall average during the first session of approximately 4.2 (range 4.1 to 4.8) on a 5.0 scale. The second year of the program resulted in each 3-day session being rated higher than the previous year and an overall higher ending average of 4.6 on a 5.0 scale.

Discussion

The improvement from the first year to the second year stems from at least four different areas. First, instructors teaching the same thing now know more about how to deliver their material to an audience of medical school academicians (i.e., the natural learning curve associated with repeated teaching of simi-

Table 3. Distribution of instructional hours

	Monday 11/13	Tuesday 11/14	Wednesday 11/15	Monday 1/29	Tuesday 1/30	Wednesday 1/31	Monday 3/12	Tuesday 3/13	Wednesday 3/14
8:00 a.m.	Program Launch	Time Management	Finance & Accounting	People Management	Finance & Accounting	Health Care Quality	Leadership	Health Care Quality	Finance & Accounting
9:00 a.m.	People Management		Health Care Quality	Health Care Economics	People Management	Finance & Accounting	Health Care Economics	People Management	
10:00 a.m.									Information Technology
11:00 a.m.	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	
12 noon	Marketing	Information Technology	Health Care Economics	Finance & Accounting	Marketing	Information Technology	People Management	Time Management	People Management
1:00 p.m.	Finance & Accounting	Leadership	People Management	People Management	Leadership	People Management	Finance & Accounting	Marketing	Leadership
2:00 p.m.									
3:00 p.m.									
4:00 p.m.									

70 total instructional hours

19 People Management
15 Finance & Accounting
8 Leadership
6 Marketing

5 Information Technology
6 Health Care Quality
6 Health Care Economics
5 Time Management
2 Program Launch & Close

lar material); likewise, many of the faculty have now spent more time working with health care audiences, which gives them both credibility and more intimate knowledge. Second, some faculty who were not delivering at the highest levels were replaced with faculty with subject matter expertise and strong teaching skills. Third, several additional health care industry faculty were included, thereby allowing a more customized, MCW-specified program to be developed. Finally, improved communication internal to MCW regarding the expectations of the program helped improve the program's outcomes. The communication of the program between the two academic institutions has been greatly facilitated by two administrative coordinators, one at each institution.

The third course began in October 2002. We plan to conduct a

360-degree evaluation of the course's impact by the attendees, the chairs, faculty colleagues, and the subordinates after completion of the course in the spring of 2003.

As suggested by the numerical scores, written comments, and anecdotal feedback from participants, the program is meeting, and in many instances, exceeding participant expectations. Difficult to measure, but nonetheless important, are the cross disciplinary relationships that develop due to the attendees' diverse clinical and scientific backgrounds. Several examples of cross-departmental collaboration have emerged from the first two offerings. With a cadre of 100 senior physician administrators completing the program by April 2003, it is anticipated that cross-departmental communication and programs will increase.

We have found several substantial benefits for the participants and the

sponsoring institution. For the attendees, the program represents an investment that MCW is making in them, from which both personal development and career enhancement possibilities may be of value. As one example, the program provides skills for leadership development and increased time management through delegation. For MCW, the operational capabilities of the organization can be increased through this program. Beginning with faculty administrators who have improved communication, budgeting, and people management skills, individual departments may achieve greater operating efficiencies. Likewise, with greater management skills, organizational succession planning increases the likelihood that vacancies can be filled internally—or at least a pool of talent is being developed to increase the possibility of managerial depth. Because

the program is customized to address specific skills needed by physician administrators, the approach yields tools and skills that can be applied immediately. Compared to master's degrees covering similar content, the so-called "payback" comes relatively quickly. Finally, because the faculty delivering the program work with diverse audiences, the participants are exposed frequently to examples and effective practices from different industries (e.g., financial services, manufacturing, information technology, etc.).

Conclusion

The goal of the faculty leadership development program at the Medical College of Wisconsin is to increase the business acumen of the faculty leaders by providing a working knowledge of key business areas such as finance, leadership, negotia-

tions, quality improvement, marketing, etc. The program is application-based and customized for a medical environment. The faculty is expected to immediately apply concepts learned in the course to their MCW work where appropriate.

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