

# NOTES FROM THE ASSOCIATION OF MEDICAL SCHOOL PEDIATRIC DEPARTMENT CHAIRS, INC.



### Faculty Members' Self-Awareness, Leadership Confidence, and Leadership Skills Improve after an Evidence-Based Leadership Training Program

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reparing academic faculty for leadership roles has become increasingly important given the challenges created by new healthcare delivery systems and payment structures, a deeper focus on quality and patient safety, higher standards for medical education, and greater competition for research funding.<sup>1,2</sup> However, many faculty leaders have not had the opportunity to develop the confidence or skills they need to lead others through the challenges facing academic medical centers today. A limited number of studies have been published evaluating programs designed to address the specific leadership development needs of academic faculty.3 These programs are often regional or national and may be costly; are cost-prohibitive for training cohorts of faculty leaders in one institution; are not necessarily tailored to the institution's vision, mission, and culture; and do not foster networking across an institution.

To address this gap, the Office of Academic Affairs and Career Development (OAACD), in collaboration with our hospital's Department of Learning and Development, developed the Core Leadership Program (CLP). The overarching goals of this program were to develop a cadre of outstanding faculty leaders across the career continuum, foster peer mentorship and coaching among participants, and encourage faculty leaders to create a culture of service, appreciation, inclusion, teamwork, and collaboration.

#### **Program Development**

The impetus for program development was a needs assessment conducted by the OAACD that identified an urgent need for faculty leadership development, as well as the institutional strategic plan that identified a need to invest in structured leadership development at all levels. Our approach was to design a program based on best practices nationally, identified through a literature review, 4-12 that drew on the staff's previous experience in developing leadership programs. The program was also designed to address both core leadership skills and organizational priorities. In addition, several leadership development theories provided a framework for program design, especially those focused on authentic leadership and increasing self-awareness. 13-20 The primary objective of this component of the curriculum was to facilitate an increase in participants' self-awareness of strengths, limitations, motivations, and behaviors, to foster transformative leadership skills.

The premise of the program was that improvement in faculty members' leadership self-awareness, confidence, and skills would be facilitated by participation in programs that blend theory with practice. The program was designed to (1) provide opportunities for self-reflection, peer support, and practice over an extended period; (2) use multiple learning formats, including onsite and offsite learning settings, 360° feedback, small groups, experiential learning, and guest speakers, to maintain energy and excitement; (3) initially focus on helping participants discover their personal strengths, limitations, and values before focusing on leadership competencies and core skills; (4) connect to participants' experiences with leadership at work as well as in their homes and communities; and (5) help participants acknowledge how personal viewpoints can positively or negatively impact their leadership influence.

The structure of the program included 68 hours of learning activities occurring over a 10-month time frame: (1) two 1-day onsite seminars with experiential activities, presentations, videos, case studies, small group cohort discussions (exploration teams), learning triads, and 360° feedback on emotional intelligence; (2) a 2-day offsite session with experiential activities (eg, high ropes course), team-building activities to practice new leadership behaviors, "life stories" sharing, and personal strengths feedback; (3) 7 monthly 4-hour meetings with presentations on core skills by senior faculty leadership team members and exploration team breakout sessions to discuss leadership foundational skills and lessons learned from assigned readings and practice; (4) reading assignments based on Discover Your True North20 and How Full is Your Bucket?<sup>21</sup>; and (5) a half-day for "leadership profile" presentations by each participant.

#### **Program Participants**

Participants were faculty members with supervisory or team leader responsibility who were identified by their division directors as having high leadership potential. The participants were multidisciplinary, including physicians, psychologists, biostatisticians, basic scientists, and others, and represented all departments and almost all divisions within the medical center. A total of 99 faculty leaders participated in the first 4 cohorts of the program.

From the Cincinnati Children's Hospital Medical Center, Cincinnati, OH The authors declare no conflicts of interest.

0022-3476/\$ - see front matter. © 2018 Elsevier Inc. All rights reserved https://doi.org10.1016/j.jpeds.2018.05.007

#### **Program Evaluation**

The mixed-methods program evaluation was designed to align closely with program objectives. Participants and their division directors completed surveys at planned timed intervals over the course of the program to assess program content, experience, and impact. Four cohorts of program participants received a preprogram survey on the first day of class, postsession surveys following each classroom session, and a postprogram survey immediately after program completion. Participants' division directors (cohorts 1, 2, and 3) also received a preprogram survey at the beginning of the program and a postprogram survey on completion of the program. Preprogram and postprogram surveys assessed leadership confidence, leadership self-awareness, and strategic, operational, and leadership skills. Postsession surveys measured program satisfaction, application, and impact. Quantitative survey items were measured using a 7-point Likert-type scale (from 1, strongly disagree to 7, strongly agree). Qualitative items were open-ended. The comparison of differences in mean scores from preprogram to postprogram was analyzed using the Mann-Whitney U test. Qualitative data were analyzed using content analysis, organizing responses into representative themes.

#### **Results**

Participant preprogram and postprogram surveys that assessed perceptions of leadership confidence, leadership self-awareness, and attainment of strategic, operational and leadership skills demonstrated statistically significant improvement in all 26 comparisons (**Table I**; available at www.jpeds.com). Likewise, manager preprogram and postprogram surveys that assessed observations of leadership confidence, leadership self-awareness, and strategic, operational, and leadership skills demonstrated improvement in all 16 comparisons (**Table II**; available at www.jpeds.com). These changes were statistically significant (P < .05) for 10 of the 16 comparisons and marginally statistically significant (P < .10) for an additional 4 of the 16 comparisons.

Participant surveys assessing program experience, impact, and application after each session and at the end of the program were highly rated. The mean scores for all 4 cohorts combined for the items assessed were as follows: "Overall, I was satisfied with the quality of this educational program," 6.5; "This training program will significantly enhance leadership and/ or management capabilities at my organization," 6.6; "I will be able to apply the knowledge and skills learned from this training to my job," 6.5; "I learned new knowledge and skills from this training," 6.5; and "This training was a worthwhile investment for my career development," 6.7. When asked if they would recommend the program to others, 94% responded yes, 6% not sure, and 0% no.

Analysis of qualitative survey data provided by CLP participants indicated that they found the experience satisfying and had successfully applied skills acquired through the program. Participants reported that the most valued opportunities included developing relationships with their peers and

networking with colleagues, sharing stories with others and learning from those shared by others, focusing on personal development that fostered the development of leadership skills over the course of the program, and gaining exposure to senior hospital leaders, which offered opportunities to learn from leadership role models, strengthen their connections to the medical center, and enable them to learn first-hand how the medical center operates. Participants also reported that the program increased their awareness of the impact of their leadership behaviors on others, increasing their utilization of positive leadership styles and behaviors; increased their ability to engage and empower members of their clinical/research teams; increased self-confidence in their leadership skills and better prepared them for future leadership roles; enhanced their emotional intelligence (eg, self-awareness and self-regulation); and increased their awareness of the importance of directly acknowledging others' accomplishments and contributions. Analysis of qualitative survey data provided by division directors indicated that on completion of the CLP, participants demonstrated improvements in leadership ability, confidence as a leader, listening skills, conflict management skills, and cross-disciplinary collaboration.

#### **Discussion**

Participation in the CLP led to increases in faculty members' leadership confidence and self-awareness; enhanced strategic, operational, and relational skills; and successful development of supportive peer networks. In a systematic review of articles on physician leadership development programs, Frisch et al demonstrated that most programs exclusively enrolled physicians and focused on implementing and evaluating skills training and technical knowledge (vs personal growth and selfawareness), and that evaluations were largely limited to measurement of participant satisfaction and self-assessed changes in knowledge and behaviors.3 In contrast, the CLP was designed for all faculty, including research faculty as well as physicians, psychologists, and other clinicians. Moreover, the program addressed the fundamental principles of outstanding leadership and core skills, and the program's impact was evaluated comprehensively by participants and their division directors.

CLP participants demonstrated significantly increased confidence in their leadership skills. These increases in self-confidence and self-efficacy experienced by participants are critical because these leader cognitions are vital underpinnings of leadership success.<sup>22,23</sup> Participants also reported an increase in their ability to articulate the values and principles that guide their leadership, as well as awareness of the skills required for the next level of leadership. Furthermore, participants reported improvement in skills related to emotional intelligence, including self-awareness, self-management, social awareness, and relationship management.<sup>24</sup> This was facilitated by a 360° assessment, which has been implemented in other physician leadership programs.<sup>10,25</sup> The authors of a recent systematic review of the literature on emotional intelligence and physician leadership development concluded that

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