



## Interprofessional Academic Health Center Leadership Development: The Case of the University of Alabama at Birmingham's Healthcare Leadership Academy



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### ARTICLE INFO

#### Article history:

Received 22 May 2013

Accepted 13 July 2013

#### Keywords:

Interprofessional training

Leadership

Networks

Organizational development

### ABSTRACT

**Aim:** The study describes the genesis of the University of Alabama at Birmingham's Healthcare Leadership Academy (HLA), highlights the HLA's outcomes, discloses how the HLA has changed, and delineates future directions for academic health center (AHC) interprofessional leadership training.

**Background:** While interprofessional training is recognized as an important component of the professional education for health professionals, AHCs have not focused on interprofessional leadership training to prepare future AHC leaders. As professional bureaucracies, AHCs require leadership distributed across different professions; these leaders not only should be technical experts, but also skilled at interprofessional teamwork and collaborative governance.

**Methods:** The HLA is examined using the case method, which is supplemented with a descriptive analysis of program evaluation data and outcomes.

**Results:** The HLA has created a networked community of AHC leaders; the HLA's interprofessional team projects foster innovative problem solving.

**Conclusions:** Interprofessional leadership training expands individuals' networks and has multiple organizational benefits.

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On one hand, there is widespread recognition that health care often occurs through interprofessional teams and that health care professionals must be trained to work collaboratively in teams to achieve optimal patient outcomes (Interprofessional Education Collaborative Expert Panel, 2011). Dedicated interprofessional team-based training programs are proliferating, with increasing attention to the role that interprofessional training may play in preparing health care students to work and lead these types of teams (Clifton, Dale, & Bradshaw, 2007; Price et al., 2009; Thistlethwaite & Moron, 2010; Zorek & Raehl, 2012).

On the other hand, there is growing recognition that the complexity of scientific issues require that biomedical researchers abandon the model that supports and celebrates the successful individual and substitute a model that encourages collaborative research (Bindler, Richardson, Dratha, & Wordell, 2012; Kimberly,

2011). Such collaborative research requires effective interprofessional, interdisciplinary, and, increasingly, transdisciplinary teams (Stokols et al., 2003). Moreover, leadership of these interprofessional and transdisciplinary research teams has been identified as a key element for their success (Stokols, Misra, Moser, Hall, & Taylor, 2008).

Ironically, many of the efforts to draw attention to the need for effective teamwork come from academic health centers (AHCs). As institutions that train health professionals, engage in biomedical research, and provide primary to quaternary health services, AHCs include a range of professional schools that, until recently, have paid little attention to preparing their own faculty and administrators for work in interprofessional teams. Indeed, only a few institutions have considered the need for preparing leaders to work in interprofessional teams that span an AHC.

Traditionally, AHCs have been characterized as professional bureaucracies (Mintzberg, 1983) that rely on a diverse set of healthcare professionals with considerable autonomy in executing their jobs in relatively independent organizational units. More accurately, AHCs comprise loosely coupled systems (Weick & Sutcliffe,

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2011; Feldman, 2010; Orton & Weick, 1990) where actions in one part of the system can have little effect on other parts of the system, or the same actions may unpredictably trigger greatly exaggerated consequences. In these types of organizations, leadership must be distributed; ideally it should be shared across different professions (Carson, Tesluk, & Marrone, 2007). Having technical experts share leadership requires not only good teamwork (Edmondson, 2003; Schulte, Cohen, & Klein, 2012) but also a model of collaborative governance and networked leadership (Barsade et al., Forthcoming). Hence, AHC leaders who are able to collaborate and work effectively in interprofessional teams will be best prepared to meet the daunting challenges facing AHCs (Feldman, 2010; Kohn, 2004).

The senior leaders of the UAB School of Medicine recognized the need to train emerging AHC leaders. They approached the school of business and proposed a partnership to create a leadership development program for emerging health care leaders in the university. The initial model that motivated this program was the Woodruff Leadership Academy at Emory University (Korschun, Redding, Teal, & Johns, 2007). The overarching goal of the UAB Health Leadership Academy (HLA) was to develop essential skills for leaders in the 21st century academic medical center (Aaron, 2001). The HLA was purposely designed to include faculty and staff leaders in the clinical and research enterprise and extended to all of those UAB Schools involved in health care. The purpose of this case study is to describe the genesis of the HLA, to highlight some of the outcomes associated with the program, to indicate how it has changed since its inception, and to delineate future directions for AHC interprofessional leadership training programs.

## 1. Case study: healthcare leadership academy

### 1.1. Genesis

Established in 2009, the healthcare leadership academy (HLA) at the University of Alabama at Birmingham (UAB) is a certificate granting, formal training program co-sponsored by the school of medicine and the school of business. Facing declining resources and limited funding, the senior associate dean of faculty development in the medical school was asked to explore ways to initiate a leadership academy. In the early spring 2008, the dean of the business school identified a potential funding source for the joint program, and a prominent business leader contributed the funds needed for the start-up of the UAB Healthcare Leadership Academy (HLA).

Co-directors from the medical and business schools were named, and a retired business faculty member with experience in leadership development was retained to assist in the initial start-up of the leadership academy. To begin the curriculum planning, senior leaders in the school of medicine were asked to identify 10 individuals within the academic medical center that currently held positions similar to the ones future graduates of the leadership academy would be expected to fill. Each of these individuals were interviewed and asked, among other things, what types of things they wished they had known before being appointed to their positions. The results were then tabulated, recycled to the interviewees to check for accuracy, and used to develop the initial curriculum of the leadership academy. In addition, curricula from other AHC-sponsored leadership programs were reviewed and an advisory committee of institutional leaders was recruited to review the final curriculum. Based on these results, the four major programmatic goals of HLA were to

1. teach participants about the history and operations of the health system and AHCs;
2. enhance and develop the leadership abilities of the participants;
3. facilitate the development of strategic thinking skills, focusing on opportunities and challenges facing AHCs; and

4. activate participants' evaluation of their own individual aspirations, strengths, weaknesses, and commitment to leadership.

In part, this is and has been accomplished by providing present and future leaders with a broad understanding of their own characteristics and their responsibilities as leaders, a new perspective on the critical leadership and managerial issues they face, and a deeper understanding and awareness of concepts and techniques relevant to management.

Selection of the faculty for the inaugural class was based on the following criteria:

1. An equal emphasis on academic foundations and practical applications of each topic discussed in the academy.
2. Where possible, preference would be given to staffing the leadership academy with the faculty from across the entire university community. Where expertise did not exist locally, efforts would be made to recruit the needed faculty from universities, professional associations, and other agencies across the nation.
3. To ensure that practical applications were a part of each session, administrators and other personnel throughout the UAB community were invited to carefully coordinate with their academic counterparts and apply the academic foundations to the actual operations at UAB.

All prospective instructional personnel were interviewed and presented with a formal list of expectations for faculty participating in the leadership academy.

### 1.2. Current program and purpose

The HLA is designed for 24 participants at the mid- or early senior faculty and administrative levels who hold or will assume significant administrative responsibility within the academic medical center/health system. Selection is considered an honor, and faculty and staff members are excused from their usual duties during the meeting times of the didactic program. Eligible candidates include individuals who hold or will assume significant administrative responsibility in the schools of medicine, dentistry, nursing, optometry, health professions and public health, as well as the UAB Health System, the Kirklin Clinic, university hospital, and the faculty practice plan. Nominations are sought from the deans of each of the health profession schools; department chairs and center directors of joint health sciences in the school of medicine, including branch campuses; and administrative leaders from across the health system. Participants are reviewed and selected by an advisory board, with careful consideration given to ensure overall diversity. There is no tuition, but the supervisors must find alternative faculty and staff to cover for the HLA participants during their program-related absences.

The curriculum consists of an opening weekend retreat (1.5 days) followed by 6, day long sessions held at an off-campus retreat facility. There are approximately 80 hours of classroom sessions that occur during these seven sessions. The themes for the 6 day-long monthly sessions are (1) know yourself and teamwork; (2) building on a vision; (3) leadership and strategic planning; (4) academic medical center finance and operations; (5) communication and negotiation; and (6) leadership perspectives and skills. Participants must also complete a group project over the course of the program, and present their project reports a month after their final didactic session.

The twenty-four participants are divided into four teams that serve as their project groups. Nominations for team projects are elicited from AHC leadership and program alumni. Participants are also asked to suggest project ideas that are relevant to their own work units and teams. The HLA co-directors and program coordinator make the final decision regarding projects guided by the following criteria: (1) accomplishable in allotted time period (~6 months); (2) importance

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