

# Leaders Growing Leaders: Designing a Tier-Based Leadership Program for Surgeons

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**BACKGROUND:** Leadership has emerged as a crucial component of professional development for physicians in academic medicine. Most leadership skills can be learned and therefore best practices of delivering leadership development are in high demand. For practicing surgeons, specific strategies to teach leadership have been lacking.

**OBJECTIVE:** The purpose of this paper is to describe the structure of a tier-based leadership development program called Leaders Growing Leaders, to identify the major curricular components to each tier including measures and outcomes, and to share lessons learned for those who may want to begin a similar leadership development program. (J Surg Ed ■■■■-■■■. © 2018 Association of Program Directors in Surgery. Published by Elsevier Inc. All rights reserved.)

**KEY WORDS:** leadership, surgery, faculty development, tier-based

**COMPETENCIES:** Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism

## INTRODUCTION

The value of leadership in the academic setting is well documented and the growing complexity of the health care system underscores the need for well-trained physician leaders.<sup>1-7</sup> The most common reasons physicians seek leadership positions now include a passion for leadership, a desire for new challenges, or a classic career change of becoming a physician executive.<sup>2,8</sup> In the past, and still largely the case today, leadership training was not part of the formal medical school curriculum<sup>4</sup> and unfortunately, physicians and scientists who currently have leadership roles in academic medicine, while highly knowledgeable in their specialties, had very little leadership education, executive

coaching, or systematic management training.<sup>3</sup> Most leadership skills can be learned and thus there is high enthusiasm for leadership development in health care.<sup>2,6</sup>

As Zaher<sup>2</sup> states, “Becoming a leader is an active and arduous process that can no longer be approached haphazardly.” Traditional models of leadership development in academic medical centers have utilized a combination of faculty development workshops, courses, programs, and coaching offered by academic departments and faculty development offices in the school of medicine. This approach offers a menu of leadership development activities available for the full range of faculty from new academic physicians to tenured professors and department leaders.<sup>1,3,5,6,9-11</sup> For practicing surgeons, specific strategies to teach leadership have been lacking.<sup>6</sup> Although surgery faculty may have access to various leadership training venues, the course design, content focus, or timing to achieve consistent attendance may result in a skill set that falls short of the necessary elements to lead in the academic setting. Alternatively, advanced degrees such as a Master in Business Administration enhance the surgeon’s skill set, but the time and cost of obtaining the degree while balancing a home life and busy clinical practice present challenges. Hence, these programs, although valuable, fall short of being a reliable avenue through which to train the vast numbers of needed faculty leaders.

Considering the need to train academic surgeons as leaders, we recognized the following gaps in the process: (1) early identification of potential leaders aimed at the surgeon’s current academic level and role; (2) incorporation of leadership materials from the business sector; and (3) implementation of a venue that would allow the future leader to learn from a senior surgeon the “deep smarts” or wisdom that took years to develop. To that end, the Department of Surgery at Indiana University devised a method for developing administrative leadership with a tiered approach based upon years on the faculty, interest and passion for leadership development, and recognition of leadership skill by mentors. The purpose of this paper is to describe the structure of our *Leaders Growing Leaders* tier-based leadership development program, identify the major curricular components to each tier including

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measures and outcomes, and share lessons learned for those who may want to begin a similar leadership development program.

## HOW LEADERS GROWING LEADERS CAME TO BE

In the fall of 2015, senior leadership consisting of the chairman, associate chair, and vice chair for professional development met on 3 occasions to strategize how to devise the leadership portion of our professional development program within the department of surgery for the 2016 to 2017 calendar year. We aspired to develop a different kind of leadership program that included 4 unique aspects: (1) using a tier-based approach for “just in time leadership development,” (2) using the framework of “knowledge transfer” and having internal, senior surgeon leaders be the ones to pass on leadership wisdom, (3) forming small groups and utilizing a form of “action learning,” and (4) exposing participants to broad based leadership resources, including those from the business or corporate environment. The primary objective for our program was to cultivate an interest in leadership education and to enhance faculty members’ capabilities as leaders, especially as it pertains to their administrative skills. “*Leaders Growing*

*Leaders*” became the name of our leadership development program comprised of 4 tiers (Table 1). For the cohort-based faculty learning communities in Tiers II and III, the leadership team (department chair, associate chair, and vice chair) carefully selected potential faculty participants and requested that they submit a brief declaration of their interest and commitment in the program. The leadership team selected topics for the program which were reviewed by the Department’s Surgical Council (our department senior leadership group) to ensure relevancy and appropriateness for the tiers. The conceptual model used to develop and facilitate Tiers II and III was that of knowledge transfer whereby hard-earned knowledge i.e., “deep smarts” of senior surgeons would be transferred to junior and rising senior-level leaders. For more junior faculty, the explicit and implicit knowledge was the emphasis of transfer whereas the focus for the more senior faculty was the “deep smarts” or more tacit knowledge.<sup>12,13</sup>

## THE TIER STRUCTURE AND CURRICULUM OF LEADERS GROWING LEADERS

Tier I strategy for development included the *Surgeons as Leaders* series, a 7-module workshop session held once every 3 months from 5 to 6:30 PM during 2014 to 2016. Both external and internal leaders facilitated these sessions.

**TABLE 1.** *Leaders Growing Leaders* Tiered Program Including Strategies for Development and Required Resources

Faculty Tier Levels	Faculty Type	Strategies for Development	Resources Required
I	New faculty during their first 1 to 3 y and faculty without interest or identification of leadership potential	(1) <i>Surgeons as Leaders</i> department of surgery faculty development workshops (2) Leadership grand rounds	~4 h time for each presenter; vice chair (VC) time to plan curriculum, manage outlook invitations, record attendance, send/review/track postsession surveys
II	Junior faculty with leadership skills identified and acknowledged and placed in junior leadership roles	(1) Faculty learning community facilitated by associate chair (2) IU School of Medicine OFAPD Leadership in Academic Medicine Program (LAMP)	Associate chair reported ~4 h prep time for each monthly session plus 90 min for facilitation of each session; VC time to invite/accept participants, manage the schedule, prepare/send session agendas and readings, assign deliverables, track reflections, send survey
III	Faculty who have demonstrated success in junior leadership roles and are in preparation, or already in, major leadership roles	(1) Faculty learning community facilitated by chair (2) Indiana Healthcare Leadership Academy (IHLA) (3) IU Kelly School of Business Physician MBA (4) External training opportunities such as Harvard course for leadership development, American College of Surgeons—surgeons as leaders course, etc.	Chairman reported ~3 h prep time for each monthly session plus 90 min for facilitation of each session; VC time to invite/accept participants, prepare/send session agendas and readings, assign deliverables, track reflections, send survey
IV	Senior leadership in department	(1) 360° leadership evaluation and feedback (2) Executive coaching	360° evaluation and 6 mos executive coaching program can cost ~\$12,000 per person

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