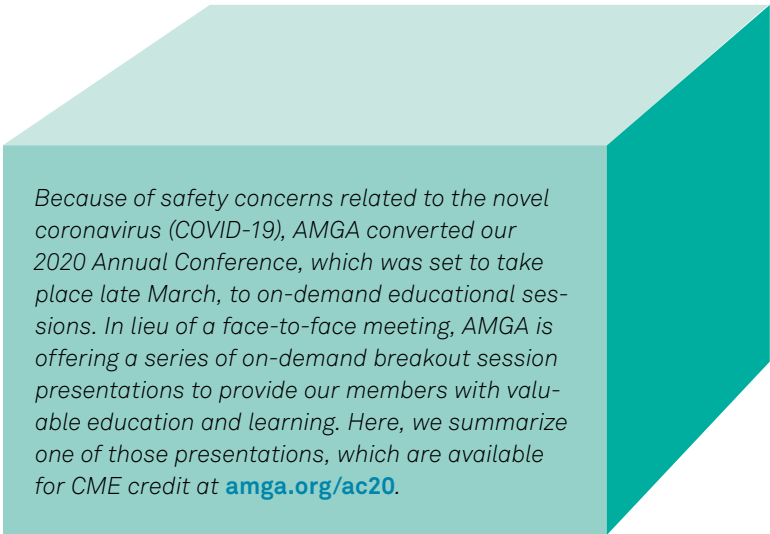




Required

Growing leaders and building culture from the ground up



Because of safety concerns related to the novel coronavirus (COVID-19), AMGA converted our 2020 Annual Conference, which was set to take place late March, to on-demand educational sessions. In lieu of a face-to-face meeting, AMGA is offering a series of on-demand breakout session presentations to provide our members with valuable education and learning. Here, we summarize one of those presentations, which are available for CME credit at amga.org/ac20.

■ Featuring Kelly Derbin, M.D., M.S.Ed. and Suzanne Golden-Riley, M.B.A.

Effective leadership is needed now more than ever—particularly during a widespread health crisis. Over the past four and a half years, Palo Alto Foundation Medical Group (PAFMG) has engaged in the development of such capable professional stewards with its own leadership program. In their joint breakout presentation “Leadership From the Ground Up: Growing Leaders, Building Culture,” Kelly Derbin, M.D., M.S.Ed., medical director for PAFMG leadership development, and her dyad partner Suzanne Golden-Riley, M.B.A., provided a glimpse into their organization’s journey to take the role of leadership seriously and foster it within its staff of physicians and clinicians.

Derbin began the discussion with a stark visual representation of PAFMG’s AMGA Provider Satisfaction Benchmarking Program percentile score over the last decade. Showing a startling cascade of its leadership and communication dimension from the 83th percentile in 2008 to the 17th percentile by 2014, Derbin wryly

observed, “No, this is not a graph of the stock market since coronavirus.”

As truly demoralizing as the data was, the numbers spoke to a real loss of initiative and commitment to leadership training and education, engagement, and trust. PAFMG had no consistent or relevant job descriptions. There wasn’t even a consistent leader selection or onboarding process.

Derbin, herself, was a victim of this mismanaged system and openly described her own unflattering experience: “Six years ago, I was practicing family medicine full time, and the physician site leader at my site approached me about being his successor. And let me be honest, no one else wanted the job. I didn’t have to apply or have an interview. And when I asked to see the job description, another leader in the organization questioned my commitment and interest in being a leader in the organization. I ultimately did take the position, and my training was a one-hour meeting with the outgoing leader. And this was really more than many received. This was not a unique experience.”

Between the survey responses and experiences such as Derbin’s, it was evident that PAFMG needed to strategically overhaul and invest in a formal leadership development program, which the organization launched in the fall of 2015.

“Perhaps some of you have had to face similarly discouraging data,” admitted Derbin. “But our senior leadership felt that something needed to be done to help boost the confidence in our leaders and the satisfaction with our medical group. This was our burning platform.”

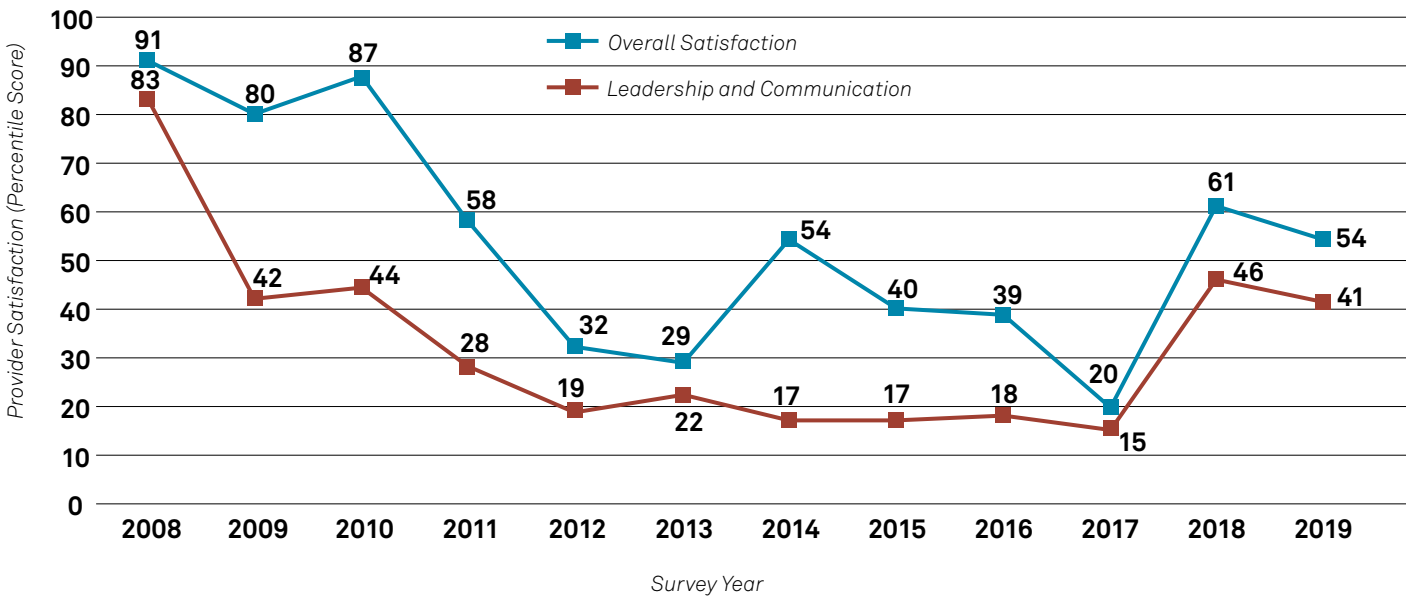
How Does Your Garden Grow?

Throughout Derbin and Golden-Riley’s presentation, the two repeatedly likened the establishment of PAFMG’s leadership program to cultivating a garden—taking a rundown, trash-ridden stretch of soil and transforming it into a beautifully landscaped and tended piece of land.

But to get to that final result—a thriving place where leaders could grow, feel supported, and are set up for success—PAFMG started by relying on a number of basic

Figure 1

AMGA Provider Satisfaction Percentile Score (2008–2019)



“Ultimately, we say our goal is to make leadership cool.”
—Kelly Derbin, M.D., M.S.Ed.

principles. The first was to embrace several Lean principles, such as going slow to go fast, showing respect to the people involved in the process, maintaining a cycle of continuous improvement, and leveraging a standard level of work to ensure the program would serve its stakeholders the best way it could. Guidelines also incorporated a drive to model everything that was being built, facilitated, and taught. Finally, the organization needed to model a sense of celebration in the journey. “Ultimately, we say our goal is to make leadership cool,” said Derbin.

Taking over the mic, Golden-Riley delved into the PAFMG cultivation process, describing the steps the group took to establish a working leadership development program. The acronym of its working methodology became known as ALDA: Ask, Listen, Design and Deliver, and Ask Again.

1 Ask

Beginning the process, Golden-Riley explained that the Ask stage was akin to researching climate zones in which your plants would grow. You have to understand the environment.

“A problem well-understood is a problem half-solved,” said Golden-Riley. “When we started our office, we negotiated that we would listen, learn, and do a thorough needs assessment—and not deliver any programs for the first six months.”

A critical element of such a needs assessment was stakeholder interviews. Interviewing dozens of frontline leaders, Derbin and Golden-Riley gained valuable information on employees’ understanding and expectations of their roles, what they need in terms of skills and knowledge, and what they need from senior leadership. Following this extensive outreach and surveying, Derbin and Golden-Riley leveraged their partners at the corporate level of Sutter Health to share resources, best practices, and guidance on

how and what to deliver to leaders. They even performed an external scan, connecting with the leadership development offices of other major healthcare groups around the country to gain as much insight as possible.

2 Listen

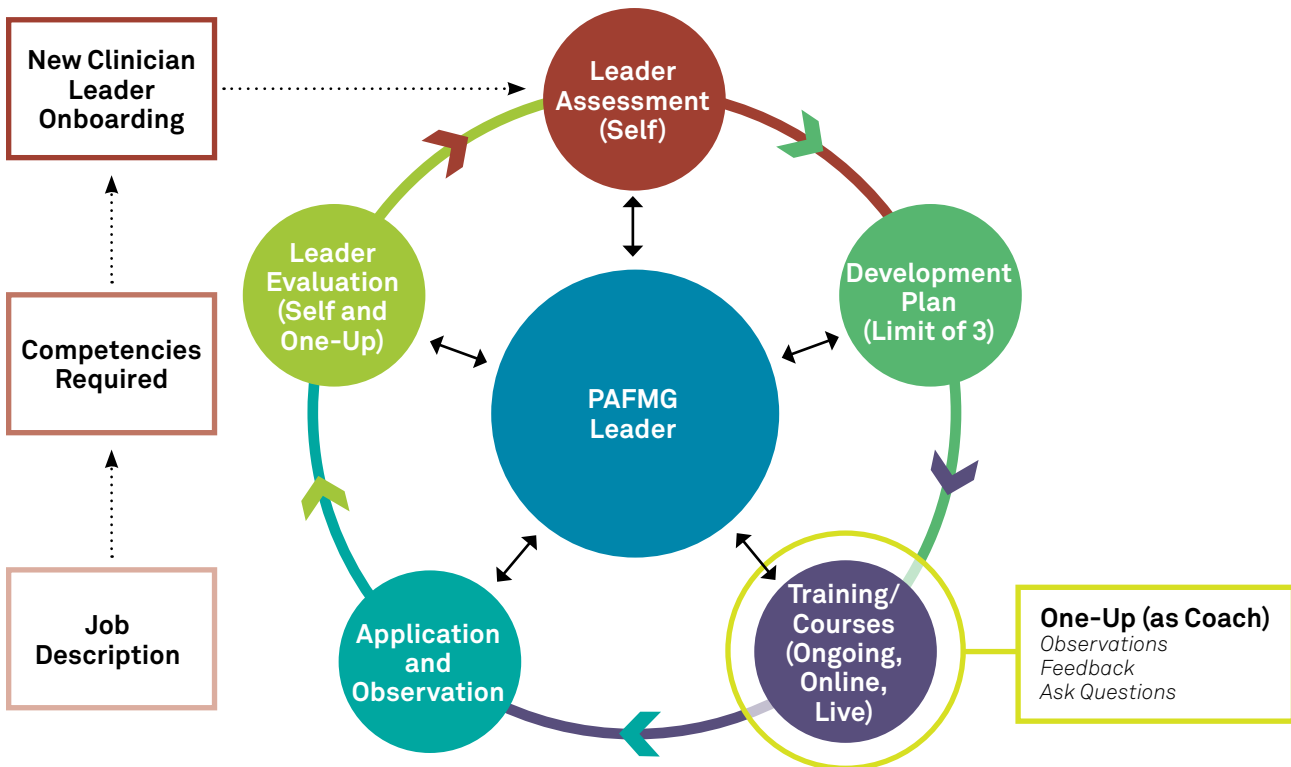
The next stage Golden-Riley detailed was the willingness to listen. “This, in our estimation, is one of the most critical leadership skills,” she said, “and often the most overlooked.”

Continuing the gardening metaphor, the Listening phase is similar to learning about what specific plants need to grow and thrive. For Derbin and Golden-Riley, this meant going out in the field where physicians and clinicians were stationed, making themselves available without judgment or defensiveness, and verifying and validating their concerns at the end of these unique focus group gatherings.

“We have to keep an open mind,” said Golden-Riley. “We came in with some ideas of what we should

Figure 2

PAFMG Leadership Development Cycle



deliver and possibly how. We had been doing a lot of research, but we had to be sure to put that aside and really listen to what our customers were telling us that they needed and how they needed it.”

3 Design and Deliver

With feedback and understanding at hand, the third step is to Design and Deliver. This was the point where Derbin and Golden-Riley took all the information gathered from their various sources and began to plan out what they really wanted their leadership program to look like. Poring over all the data from the interviews, focus groups, and surveys, they unearthed a collection of themes, opportunities, and gaps, transferring it all into a working development cycle for their leadership program.

Entering the cycle begins with the establishment of position’s job description. Next, physicians and clinicians would be introduced to the competencies, skills, and knowledge needed to do the instituted job. Finally, up-and-coming leaders needed a proper orientation and onboarding for the position.

Once these initial steps are taken, the leadership development process truly begins with a self-assessment, where would-be leaders reflect on their own shortcomings and gaps, as well as their strengths and proficiencies. Following this evaluation, leaders are asked to create a development plan to effectively close their gaps and limitations, moving on to a series of trainings and courses. In a crucial next step, leaders are given the opportunity to apply what they’ve learned, having their supervisor

observe them in a real-world setting. This leads to an official evaluation by their superior, leading to a repetition of the cycle.

For the purpose of their presentation, Derbin and Golden-Riley placed a significant focus on the cycle’s training element, the in-house curriculum specifically designed for frontline leaders. Like a landscape architect, PAFMG approached its curriculum based on a select number of key features in order to build a cohesive program.

First, the program had to be accessible, both geographically and in its time commitment. The program also had to allow leaders to connect with each other, to network, and learn from one another. The sessions additionally had to be delivered in bite-sized formats so leaders could actually absorb the information, put it into practice

right away, and get comfortable with it before trying something new. Lastly, the program needed to include dyad partners to create an immediate sense of accountability and collaboration.

With these prerequisites in place, Derbin and Golden-Riley established 12 topic areas of learning based on the data that they had received from their prior focus groups and surveys:

1. Leadership Overview
2. Dyad Role Clarification
3. Giving and Receiving Feedback
4. Human Resources Issues
5. Thinking and Problem Solving
6. Leader Standard Work
7. Finance and Budgeting
8. Recruitment and Hiring
9. Onboarding and Mentoring
10. Site Leader Dashboard Metrics
11. Change Management
12. Joy of Work

As a means of enabling several geographies to come together, Palo Alto conducted these modules by videoconference, linking multiple leaders across four to eight different sites. The module lessons were 90 minutes long, from 7:15 to 8:45 a.m., just before the clinics opened. Again, Golden-Riley emphasized that these lessons were intentionally designed to be bite-sized and portable. “They don’t build on each other,” she explained. “They are all standalone, and that allows a leader to jump in wherever they start their leadership journey.”

Running parallel with the Design phase of Palo Alto’s leadership development strategy is the Deliver phase. Akin to planting the seeds of your garden, this element focused on incorporating various “seeds”—a Lean tool known as a facilitator agenda, a playbook of materials, talking points, pre-work articles, icebreakers, hypothetical teaching scenarios, questions, and learning activities—into a module session.

4 Ask Again

Finally, coming full circle is the phase Ask Again. This requires digging up what didn’t work and replanting. As Golden-Riley emphasized, it’s important to be unattached to set design: “This is not about us. It’s about what our leaders need and want.”

Following a module rollout, there is a constant evaluation of what worked well and what could be better. Over the years, Palo Alto has adjusted topics, changed speakers, added service line and senior leaders, gotten new suggestions, and incorporated them. At the end of the day, the ability to adjust has become critical to the program’s design, continually responding to the needs of its leaders.

Bountiful Harvest

As a result of this new leadership development program, PAFMG saw significant improvement in a relatively short amount of time. After its disappointing AMGA leadership and communication scores between 2014 and 2017, over the course of 2018 to 2019, scores rose from the 17th percentile to the 40th percentile. Based on pre- and post-module participant survey scores, leadership knowledge and confidence rose 52%. Finally, based on an internally developed survey, leadership satisfaction improved to 78%.

Less tangible benefits were also evident, including an increase in shared learning, networking, and collaboration, a decrease in leadership turnover, as well as an increased interest in future leadership opportunities. “We now have physicians proactively inquiring



about leadership opportunities,” said Derbin. “We have one or more candidates applying for positions, and physicians who interview with our group choose our group because of the leadership development opportunities.”

During their presentation, Derbin and Golden-Riley shared a video that gave a further glimpse into the inner workings of the health system’s leadership development program. The most telling portion of the short film was its testimonials.

“We need to recognize that most clinicians do not get any formal leadership training in their clinical training,” said Sutter Health Bay Medical Foundation Area CEO Rob Nordgren, M.D., M.B.A., M.P.H., in the video. “Leadership is a set of behaviors. It’s a set of skills. It’s not random acts. And so what we have found is that having a leadership development office and a curriculum has given some real structure and accountability and process around just becoming a leader and really giving people the resources to develop their own leadership skills and their leadership journey.”

PAFMG is building a foundation for future seasons of growth. Derbin noted that in such unusual and unpredictable times, leadership is needed now more than ever, concluding, “That is what leadership is about, responding to the unexpected with a can-do attitude, with realistic optimism and a willingness to try new things.” **GPJ**

Kelly Derbin, M.D., M.S.Ed., is medical director, and Suzanne Golden-Riley, M.B.A., is director, both of PAFMG Leadership Development.