



The secret of Mayo Clinic's physician-leader training program

By Jessica Sweeney-Platt | December 1, 2016

Data Snapshot

53%

of healthcare organizations lack a physician leadership development program

When you read the term “leadership development program,” what springs to mind? “Critical strategic investment?” Or “useless boondoggle?”

If it's the latter, you aren't alone. Across industries, U.S. companies spend \$14 billion per year on leadership development, and still, their executives believe that they do not have a sufficient supply

Key Takeaways

- 1 Teamwork matters. Mayo trains and hires physicians for team-based care, and focuses on building social capital and interconnectedness within teams and across the organization.
- 2 Good leadership programs have demonstrable ROI. With Mayo, it comes through both “action-learning projects” and a strong bench of future physician-leaders
- 3 Maintaining a clinical connection is key. Mayo's leaders continue to practice medicine, and leadership positions rotate every 8 years.

of leadership talent to support their growth and strategic ambitions. And nowhere is this shortage felt more acutely than in healthcare.

Tectonic shifts in the design and focus of the industry have led to a mismatch between the skills that healthcare leaders have and the skills their organizations need. The Center for Creative

Leadership identified three primary gaps for healthcare leaders today: leading employees; leading and building teams; and building broad organizational competencies and perspectives.

And this mismatch is felt acutely in the ranks of physician leaders, whose medical education has traditionally focused on developing excellent clinical skills, but not on leadership, collaboration or team-based decision-making.

The healthcare industry seems to be responding to this skills shortage, albeit slowly. In the American Association of Physician Leadership's "Value of Physician Leadership" survey, 47 percent of respondents indicated that their organization currently offered a physician leadership development program. That leaves 53 percent of organizations without one, although many are considering their approach to both formal and informal leadership development.

What does excellence in physician leadership development look like? How is the development of physician leaders different from non-physicians? What are the most important leadership capabilities for physicians to demonstrate? Here's a look at how one renowned organization structures its leadership programs – and demonstrates their ongoing value.

Physician leadership development at the Mayo Clinic

The 152-year-old Mayo Clinic has many claims to fame. Last year, the organization saw patients from 157 different countries and all 50 states. Their team discovered Cortisone and developed the first hospital-based blood bank. Mayo was where Lou Gehrig was diagnosed with, and treated for, amyotrophic lateral sclerosis, or ALS.

The "secret sauce" of much of this innovation is Mayo's physician-led culture. From its inception, Mayo has been led by physicians who put the patient at the center, and who gauge the benefit of any decision against the impact it has on patients. This orientation is foundational to Mayo's success, and one of the primary reasons the enterprise is able to achieve both high quality and low-cost care.

That's why it's so important to understand what Mayo does to refresh and strengthen that core cultural differentiator: the ranks of its physician leaders. Steven Swensen, M.D., the Mayo Clinic's medical director for Leadership and Organizational Development, describes the leadership programs through this framework:

1. The development curricula are targeted to specific roles and stages of leadership.
2. The programs apply a core set of consistent design principles across programs.
3. The programs prove demonstrable ROI through the use of real-world projects with real-world impact.
4. Leaders are physicians first.

1. Targeted curricula

Mayo runs three leadership development programs targeted to people at different stages of their careers: "Leadership Prescription," for division and department chairs and executive teams in the first year of their eight-year chairmanship stints; "Leadership Challenge," which invites physician/administrator dyads of people tapped for succession into leadership positions throughout the organization; and "Fresh Eyes," for division leaders from 24 Mayo-affiliated hospitals.

In addition, Mayo runs a coaching skills program that has served over 1,300 staff members and physicians, as well as a "Business Foundations"-type course that provides new physician leaders with a grounding in important vocabulary and concepts that other leaders might have learned in business school.

2. Consistent design principles

Leadership development programs at Mayo share three fundamental design principles:

A.) Teamwork

Regardless of cohort and project content, each program is fundamentally designed to teach teamwork across disciplines. According to Swensen, "our main goal is to develop leaders that can interact on teams in a superior fashion. Whether you're in

the operating room doing cardiac surgery, or in a committee meeting deciding the EHR direction, you have to be able to work in a team.”

Mayo trains medical students explicitly in team-based care and hires physicians for those skills. Still, the organization recognizes that the social intelligence needed to work effectively in a team is something that one develops over a lifetime. Depending upon the program, participants either join as existing teams (executive team, dyad, or triad), or they are assigned to a multidisciplinary team that pulls representatives from different functions in different facilities, to help break down silos between hospitals across the system. The entire program – from the project to the group assessment – is structured around improving the efficacy of that team.

B.) Social capital/connectedness

What truly differentiates Mayo is its focus on building social capital and interconnectedness between team members and across the organization. At a basic level, one of the outcomes Swensen hopes the programs deliver is better familiarity with the entirety of the Mayo organization.

“[Mayo is] a huge organization that has a big academic mission, and supply chain, and Mayo Medical Ventures, and 40-some Mayo Clinic Care Network connections,” he says. “And so [these programs are] a way to get out of your silo...and understand how a big organization works.”

The assessment process also underscores the importance of social capital and emotional intelligence; teams are assessed using a variety of tools, many of which focus on “soft skills” that are nonetheless critical to effective performance.

“The intent is to build social capital, the trust and interconnectedness of the organization, beyond leadership development itself,” Swensen says.

athenahealth’s own research has shown how much these social connections matter to physician engagement. In our 2016 Physician Leadership and Engagement Index, one of the primary drivers of

engagement was “an environment that allows [the physician] to focus on what [they] do best.”

And in qualitative interviews with several high-performing organizations, we learned that a critical component of that kind of environment is one where collegial relationships are strong – a particular challenge in today’s health system with its geographic and functional silos.

C.) Real work with real impact

All of Mayo’s development programs have at their core a project that has real-world impact. According to Swensen, “Most of all the programs we have are action learning ... they’re real work. They’re not simulation. They’re not case studies. You’re actually doing real work that needs to be done, and then you’re learning from it.”

Not only do these real-world projects teach leadership behaviors and principles within the parameters of the program, but when the formal program is over, participants continue to own the results of their decisions and their work.

3. Demonstrable ROI

Mayo’s development programs have demonstrated an impressive return on investment, which are measured in a couple of different ways. One of the simplest metrics is the ROI of the action-learning projects themselves. Swensen estimates that the value of those projects is somewhere between 5 and 10 times the cost of the program itself.

However, this is not the metric that Mayo leadership cares most about. What best “proves” the value of leadership development is the degree to which the programs create and maintain bench strength. Every year, leaders at Mayo are assessed against two standards. The first is their staff’s assessment of their leadership behaviors – an upward review.

The second is an assessment of organizational effectiveness – a downward review. The health of the overall leadership pipeline is determined by the proportion of leaders who are in the upper-right

quadrant: high performers in the eyes of both their staff and the rest of the organization.

Mayo also tracks the health of individual succession pools. For each of their 232 identified leader positions, they rate the succession pools for readiness, ethnic diversity, and gender diversity.

4. Leaders are physicians first

Finally, Mayo achieves remarkable resilience in its leadership pool by never losing sight of the fact that its leaders are physicians first. Swensen notes that “we’re run by doctors that still see patients. So all of our leaders are physicians that still practice medicine, and still do surgeries, still do endoscopies, still do physical exams, still read CT Scans. So we’re not run by people that are distant from the practice, because they’re still practicing.”

That primary identification is important for several reasons. First, it ensures that they never lose sight of core cultural values like patient-centric decision making. But it’s also critical to ensuring that leadership talent is a fluid, movable asset. Leaders rotate leadership positions every eight years – no one develops a permanent identity as “the Chair of Surgery” or “Chief Quality Officer.”

The connection to clinical work also eases some of the difficulties that can occur if a leader isn’t performing well in his or her leadership capacities. If, after support and improvement resources have been offered, a leader can’t improve his leadership ratings, then he simply goes back to full-time practice.

Leadership development programs often struggle to prove their worth, especially in times of economic hardship. But the programs at Mayo Clinic underscore the tangible value that they generate: the ROI of action-learning programs with real impact; the resilience of succession and leadership pools; and the harder to quantify, yet universally acknowledged value of physician leaders with strong social and collegial attachments to the organization and to their colleagues.

In a world where physician burnout is endemic in the face of a talent shortage that is acute and growing worse, addressing the drivers of that disconnect holds significant benefit, and significant promise.

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