Physician Leadership Skills Series Performance Review: Strategic Discussion

Why the board is having a Physician Leadership Skills Series performance review
In 2015, as part of a suite of governance reforms, CMS approved a directive to:

> "Develop a comprehensive leadership development initiative that creates a pipeline of new and up-and-coming leaders for CMS. The initiative would include the following elements:
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> - A program of proactive recruitment and promotion of not only those seeking to develop or enhance their leadership skills but also those who have demonstrated leadership abilities outside of the CMS structure.
> - The creation of new and the strengthening of existing leadership development programs as part of a leadership development track. This leadership development track would also include a ladder of opportunities for service to CMS".

Subsequently the CMS Physician Leadership Skills Series (PLSS) was developed. The board has a responsibility to: (a) Monitor implementation of the 2015 House of Delegates (HOD) governance reforms; (b) Identify what might be missing in the process of implementation of these reforms; and (c) Discuss ways to strengthen the reform projects or course correct entirely.

Discussion about next steps for the program
Given performance to date how should CMS use the PLSS program to strengthen the CMS leadership track. Questions to consider include:

- Should the nominating committee intentionally recruit from the pool of PLSS program participants for leadership positions like the President-elect and the AMA delegation?
- Should attendees of two or more PLSS sessions be given first priority to be:
  - Nominated by the CMS president to chair a council, committee or one-time work group?
  - Nominated by the CMS president to serve on a council, committee or one-time work group?
- What are other ways to engage CMS members that have participated in PLSS?
- How might component societies be encouraged to engage with member that have participated in PLSS?

What we want to achieve during this PLSS strategic discussion
This is the first step in the process to assess the effectiveness of PLSS as it relates to achieving 2015 governance reform directives.

How was PLSS developed and how has it been implemented?
Colorado Medical Society Foundation crafted a $150,000 grant request to the Physicians Foundation in Boston that was approved in early 2016. Immediately afterward a special physician work group was appointed. The group oversaw the development, distribution and review of responses to an RFP for qualified organizations to help deliver PLSS. The RFP was sent to nationally and locally recognized organizations with expertise in this area. Four organizations ended up applying and

after careful review, the Regional Institute for Health and Environmental Leadership (RIHEL), who also assisted CMS with the Advanced Physician Leadership Program (APLP), was awarded a contract. The program was purposefully designed to be a' la carte so that members could attend sessions that were convenient and interesting to them, rather than selecting a set cohort of physicians that would have to participate in all programming like the APLP. Curriculum was developed based upon the latest leadership training literature and best practice, identified gaps in physician leadership needs and lessons learned from APLP.

In 2017, CMS in collaboration with RIHEL conducted 11 PLSS programs (both in person and one virtually) covering the following topics:

- Giving and receiving feedback
- Building social capital
- Thriving in a multi-generational workplace (conducted twice)
- Messaging and communicating through the media
- Physician engagement – (conducted twice)
- Creating civil teams – (conducted twice)
- Delegation
- Best practices in meeting management

In 2018, a total of four programs have been scheduled. The first in February on persuasion and the art of the elevator speech had to be cancelled due to a very low number of registrations. The second event on stay interviews and physician engagement only ended up having three physicians attend. A program on the multi-generational work place is scheduled for May 22 and another on building professional resilience is set for June 26.

What are the results of the first year and a half of the program?
All PLSS programming is carefully evaluated. A total of 78 physicians have attended the programs to date. Of those almost 50% or 37 have attended one or more session. Three have attended two or more sessions and 13% or 10 physicians have attended three or more events. A majority of attendees at the events to date are from private physician practices. There is broad geographic participation with more than one-quarter of participants hailing from rural Colorado, with the remainder evenly distributed between urban and suburban areas. Online evaluations show that the aggregate, weighted average for achievement of learning objectives across the programs is 4.43 on a five-point scale. Noteworthy scores were seen in the physician engagement program focusing on the concepts of autonomy, mastery and purpose, and the event on communicating through the broadcast media. Open-ended post-event evaluation responses show that these programs were impactful because of their interactive design that encourages collaboration with peers. Members score faculty presenters high on being both engaging and delivering content that is timely and useful (4.6 out of 5). While assessing the confidence and willingness to lead within participating physicians is a complex, yet-to-be-completed task, other evidence underscores the positive impact of the program. Put simply, the difference between leading and not leading is doing something. PLSS participants are acting upon this training within their practices and

communities on issues like end of life care, health care ethics, physician burnout, hospital quality improvement initiatives and fighting the opioid epidemic. Some have applied their lessons and reinvested in the profession by participating in existing and new leadership roles within CMS and component societies, but that number appears low (finalization of numbers is expected by the May board meeting). A physician participant summarized the value of the program by stating, “Busy clinicians rarely think of such concepts during their day, perhaps not ever during their entire career. The consequence of not naming these concepts, and then wrestling with them, is writ large before us.”

Driving strong participation in the series continues to be a vexing challenge. The program was explicitly designed to be able to hold events with up to 100 physicians in attendance. To date the largest turn out to any one event has been 15 members. CMS staff continues to experiment with new ways to market the series. Breaking through all of the messaging noise that physicians face daily is clearly challenging.

It is worth noting that the overarching environment within which physicians practice continues to pose daunting challenges that sap energy and interest in pursuing further leadership opportunities. CMS membership polling shows continued dissatisfaction with the profession, with 54% of physicians reporting that they are only somewhat, not very or not at all satisfied with their day-to-day life as a practicing physician. This professional dissatisfaction, if not burnout, is in part a function of lack of autonomy and control. These results seem to reinforce the need for broad, effective leadership training so that physicians can help to build systems of care that yield healthy, engaged and active physicians and patients. However, driving sufficient levels of engagement will likely continue to be a challenge and will require continued creativity and experimentation.