Rewiring Leader Development

It is exciting to see the impact precision medicine—an approach that tailors treatment to individual differences in patients—is having on improving clinical outcomes. This does not mean past methods were not the best at the time. It does mean that as more is learned, changes are made to improve patient care.

My own experience with being on the receiving end of precision medicine has helped me understand how an individual's makeup will impact the care that is received as well as the outcome. My oncologist shared with me that a personalized treatment we had to convince an insurance company to cover for my care is now common, and is started much earlier in the treatment process. In other words, in the span of just a few years, what was an experimental treatment has become standard. Precision medicine works.

Marcia Horn, JD, of ICAN, a cancer navigation organization, shared with me the power of the N=1 approach. In statistical terms, everyone is an N of 1, or a unique individual. This resonated with me

as it relates to rewiring—and in this case, *new wiring*—the way we help each person optimize their own uniqueness to achieve the outcomes they want from their career.

Years ago, while working in my previous career as a teacher of children with special needs, we looked at each child as an individual. Each child had an individualized education program or an IEP. It makes sense to use the same approach in helping people maximize their own individual human potential.

When asked by people what I hope my impact on healthcare has been, my reply is often around leader development. Mark Clement, then CEO at Holy Cross Hospital in Chicago, introduced this subject to me in 1993. He brought in Clay Sherman, author of *Creating the New American Hospital: A Time for Greatness*, to conduct two days of leadership development every 90 days. The impact on me was significant. My realization was that I was not nearly as skilled as I previously thought. These development sessions exposed me to much better ways of doing things. When the group left the session each 90 days, we were more aligned and consistent. The experience was a life changer for me and certainly for many others. It made me more teachable and hungrier to learn more. Clay Sherman changed my career. Mark Clement, in providing the learning, changed my life.

In the healthcare field, the majority of those who take on their first supervisory role may do so with very little (or no) leadership development beyond experiencing how the person they reported to led. My observation is less than 10 percent of those in a department leadership position have a degree in healthcare administration, an MBA, or a related master's degree. Most of their degrees and/or experience are in the specific area they are working in. It is great that they have experience in the area they are leading, and they do have

credibility. They know what it is like to do the job. The big difference is they now have a new job that requires skills they may not have.

Learning those skills takes time. Leaders need to be proficient in hiring (and at times firing), onboarding, development, financial stewardship, service, process improvement, difficult conversations, change management…and the list goes on. We can see a correlation with physicians. Most residencies are three years long, and this is *after* medical school. If it is felt it takes three years for physicians, how long will it take a person new to leadership to feel fully competent? Personally, my journey to be better is still underway.

From 2020 to 2023, the pandemic impacted the ability of organizations to provide leadership skill development in general. Many leaders were in staffing or other pandemic functions. Outside help was canceled or greatly limited due to the inability to gather in person. For many leaders, just the opportunity to learn from peers was not as available due to the limitations the pandemic created. From my own experience as a first-time supervisor, it was so helpful to lean on peers with more experience to ask how to budget, how to handle an employee with an attitude that is not good, and so forth. Often, my classroom was coffee with more experienced peers.

Our early calls at Healthcare Plus Solutions Group were to help recapture what once was, or, as we wrote about in a previous chapter, to get back to basics. While meeting with hundreds of people in leadership, here is what was heard. *We are overwhelmed right now. Yes, we want to improve our skills; however, I am just trying to get my head above water. I feel like I am failing. I don't want people to know how I am struggling. I don't know if I can do this. I already have a full plate.*

From these responses, it is apparent that, for most organizations, development needed to be adjusted. This is why we created the

Precision Leader Development™ (PLD) method, which allows for customized development of the individual.

To clarify, we're not saying development needs to be completely changed. People still get value from the leadership group getting together. Understanding organizational goals is a must in alignment and connecting to purpose. People enjoy the recognition and sharing of success. Getting organizational plans and next steps helps a leader, as well as ways to ensure that the information is cascaded. There are benefits to a general presentation on relevant topics.

As before, leaders are asked to take this information to the organization's various departments and units. The biggest adjustment is the realization that what was previously called development is (and always has been) about education and awareness. Group sessions are good. Today individual or precision development is a difference maker.

The key to rewiring is taking skill building to the individual leader level. As with precision medicine, it is an N=1 strategy. This requires asking, *What skills does the leader need to have for the role they are in at this time? Is the leader aware of their current skill level?* This is where the collaborative approach works. The following figure shows an example of skills, self-rating and supervisor feedback. It's important to realize that the skill that's rated the lowest may not be the highest priority. For example, if a department is small and has little employee turnover, selection skills are not needed at the time.

HEALTHCARE PLUS
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Leader Skills Rating

This survey is designed to rate your own skill level among the list below.
After you rate yourself, have your direct supervisor rate your current skill level.

Employee name:

Supervisor name:

FOR CURRENT SKILL LEVEL:
1 = Opportunity, not skilled, almost no knowledge about the subject
10 = Strength, highly skilled, could teach the subject

1. Selection of talent and onboarding

	1	2	3	4	5	6	7	8	9	10
SELF	○	○	○	○	○	○	○	○	○	○
DIRECT SUPERVISOR	○	○	○	○	○	○	○	○	○	○

2. Running an effective meeting

	1	2	3	4	5	6	7	8	9	10
SELF	○	○	○	○	○	○	○	○	○	○
DIRECT SUPERVISOR	○	○	○	○	○	○	○	○	○	○

3. Understanding financial statements, manage and reduce expenses

	1	2	3	4	5	6	7	8	9	10
SELF	○	○	○	○	○	○	○	○	○	○
DIRECT SUPERVISOR	○	○	○	○	○	○	○	○	○	○

4. Process improvement

	1	2	3	4	5	6	7	8	9	10
SELF	○	○	○	○	○	○	○	○	○	○
DIRECT SUPERVISOR	○	○	○	○	○	○	○	○	○	○

5. Understanding measurement (employees, customers)

	1	2	3	4	5	6	7	8	9	10
SELF	○	○	○	○	○	○	○	○	○	○
DIRECT SUPERVISOR	○	○	○	○	○	○	○	○	○	○

6. Difficult conversations (employees, customers)

	1	2	3	4	5	6	7	8	9	10
SELF	○	○	○	○	○	○	○	○	○	○
DIRECT SUPERVISOR	○	○	○	○	○	○	○	○	○	○

7. Talent development

	1	2	3	4	5	6	7	8	9	10
SELF	○	○	○	○	○	○	○	○	○	○
DIRECT SUPERVISOR	○	○	○	○	○	○	○	○	○	○

8. Connecting the external environment to internal actions

	1	2	3	4	5	6	7	8	9	10
SELF	○	○	○	○	○	○	○	○	○	○
DIRECT SUPERVISOR	○	○	○	○	○	○	○	○	○	○

9. Change management

	1	2	3	4	5	6	7	8	9	10
SELF	○	○	○	○	○	○	○	○	○	○
DIRECT SUPERVISOR	○	○	○	○	○	○	○	○	○	○

10. Reward and recognition

	1	2	3	4	5	6	7	8	9	10
SELF	○	○	○	○	○	○	○	○	○	○
DIRECT SUPERVISOR	○	○	○	○	○	○	○	○	○	○

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Scan the QR code below or visit https://healthcareplussg.com/resources/books/rewiring-excellence/ to see the figure in more detail and download the template.

Another component in PLD is examining the traits of the individual. Is the person more people-oriented, pace-oriented, or structure-oriented? What is their degree of outcome orientation? What blind spots might they have?

How does the individual learn best? Some people learn better by reading, some by listening. Some are better with one-on-one coaching, while others do well in small or larger group settings. Some learn by doing.

Interestingly, we have learned that what is meant to be helpful can miss the mark. Too much development too soon can be a demotivator, in that the person needs time to practice each skill before moving on to the next.

Then there are other aspects of PLD, such as assessments in critical thinking, the person's ability to process information, and so forth.

The above description may make the process sound more complicated than it is. The goal is to help the person and their leader decide on the desired outcomes, what skills to focus on, and the best approach in development.

To help with this, we created a tool called OSAR™. The O stands for the **O**utcome the person needs to achieve; S is for the **S**kill(s) needed to achieve the outcome; A is for the **A**ctions or steps to be taken to acquire the skill; and R stands for the **R**esources needed for the development. We find this approach is well received by the leader. It makes their skill building doable.

Here is an example of an OSAR Template:

OSAR™ - EXAMPLE USE			
Name:			Date:
OUTCOME	SKILL(S)	ACTIONS	RESOURCES
What is the outcome you want to achieve?	What skill(s) do you want to master?	What actions will you take to achieve this outcome?	What resources will be used to build these skills?
Reduce 90-day turnover from 31% to 20%.	Selection and early onboarding.	Adjust selection to new, more relevant questions.	New selection questions: - What are you looking for in your supervisor and coworkers? - What can your coworkers and I count on from you?
		Start onboarding process the minute the job is accepted.	
		Get to know the new employee better by discovering their interests, family background, and how they like to spend their free time. This helps you learn their keys to feeling, *This is the place for me.*	Read *The Calling* and connect to each person's sense of place.
		Conduct weekly stay conversations.	Read article about stay interviews.
		Celebrate employee's first 30, 60, and 90 days.	

Scan the QR code below or visit https://healthcareplussg.com/resources/books/rewiring-excellence/ to see the graphic in more detail.

We suggest the term "investing" in skill building or development be used. It is an investment—one that is desired and one that is likely to pay off in a big way as we seek to build cultures that attract and retain the best talent and lead to the best possible clinical outcomes.

We recently conducted the Models of Care Insight Study in collaboration with the American Nurses Association (ANA) and Joslin Insight. Its purpose was to explore new and alternative models of care to implement across the U.S.

One of the findings was that 92 percent of nurses in leadership positions desire skill development, yet a far smaller percentage feel they are receiving adequate skill development.

Precision Leader Development provides elements of rewiring as well as new wiring on how people receive development. Much like precision medicine is improving the quality of life for patients, PLD improves the quality of life for those working in healthcare.

As Mark Clement, currently the president and CEO of TriHealth, said, "It is a game changer."