Developing an Inspired Leader:
How to Maximize Human Talent to Maximize Operating Results

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Learning Objectives

1. Describe the Conscious Competence Ladder model and its relevance to healthcare organizations
2. Authenticate leadership as a skill that can be developed, and understand how to mature that skill within healthcare leaders using an efficient four-step process
3. Provide practical, effective methods to help people understand, process and use leadership skills to maximize the success of their peers, patients and community

Agenda

I.   Conscious Competence Overview

II.   Building Leaders

III. Success Stories

IV.   Conclusions and Q&A

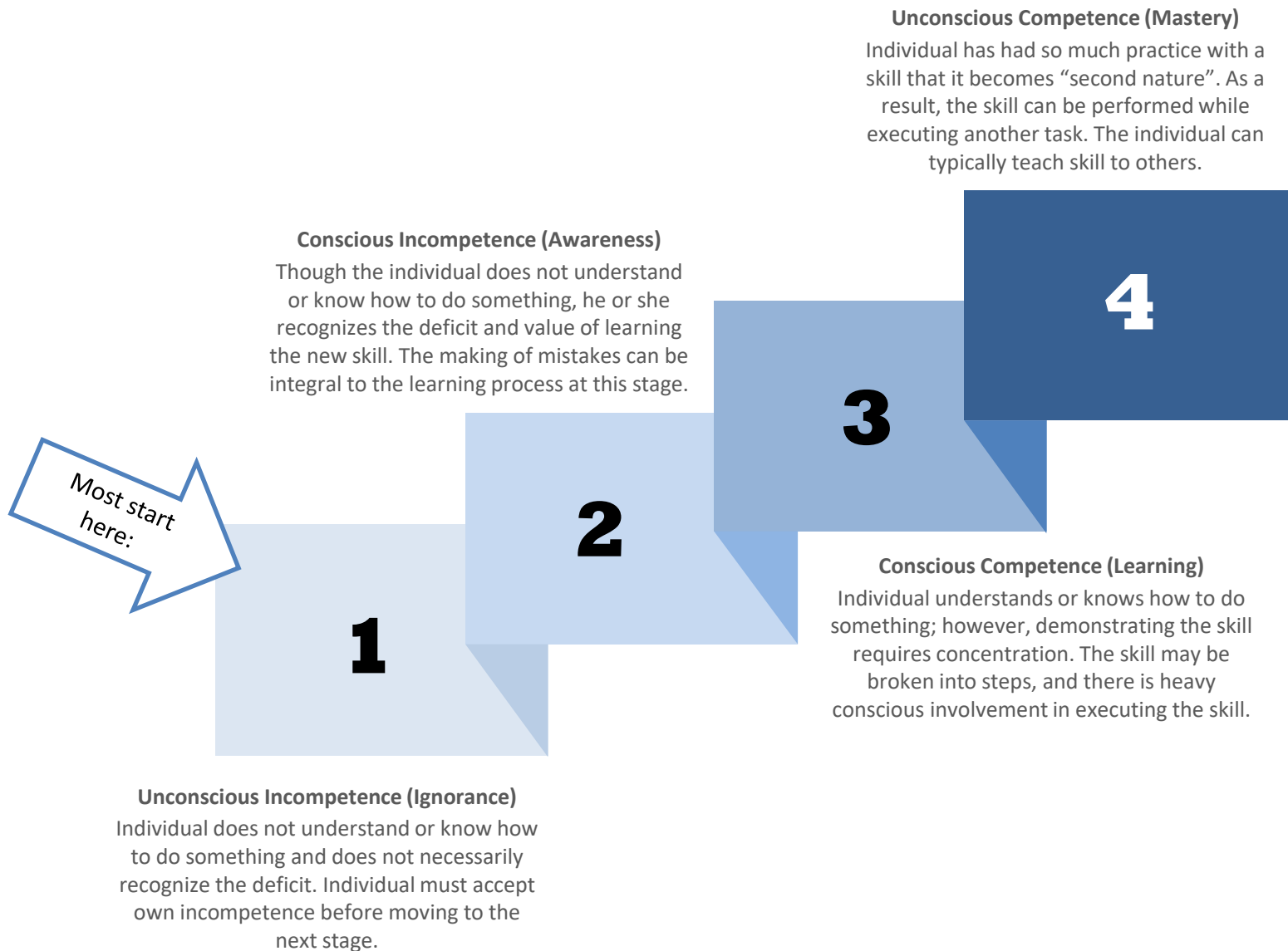# "I'm not telling you it's going to be **easy** – I'm telling you it's going to be **worth it**."

-Art Williams

CONSCIOUS COMPETENCE OVERVIEW

Conscious Competence Ladder

- Originally developed by Noel Burch in the 1970s at Gordon Training International and titled the "four stages for learning any new skill"
- Four stages correlate to levels of awareness of incompetence relative to a specific skill
- The end result is a person being able to perform a skill with little to no thought
- This is often used to train employees and hone a new skill set, walking people through improving themselves in any area

Conscious Competence Ladder

Unconscious Competence (Mastery)

Individual has had so much practice with a skill that it becomes "second nature". As a result, the skill can be performed while executing another task. The individual can typically teach skill to others.

Conscious Incompetence (Awareness)

Though the individual does not understand or know how to do something, he or she recognizes the deficit and value of learning the new skill. The making of mistakes can be integral to the learning process at this stage.

4

3

Most start here:

2

1

Conscious Competence (Learning)

Individual understands or knows how to do something; however, demonstrating the skill requires concentration. The skill may be broken into steps, and there is heavy conscious involvement in executing the skill.

Unconscious Incompetence (Ignorance)

Individual does not understand or know how to do something and does not necessarily recognize the deficit. Individual must accept own incompetence before moving to the next stage.

Conscious Competence Ladder: Ignorance

Unconscious Incompetence

- Individual does not understand or know how to do something and does not necessarily recognize the deficit.

- Individual must accept own incompetence before moving to the next stage

1   *MOST START HERE*

Conscious Competence Ladder: Awareness

Conscious Incompetence

- Though the individual does not understand or know how to do something, he or she recognizes the deficit and value of learning the new skill

- The making of mistakes can be integral to the learning process at this stage

2

Conscious Competence Ladder: Learning

Conscious Competence

- Individual understands or knows how to do something; however, demonstrating the skill requires concentration

- The skill may be broken into steps, and there is heavy conscious involvement in executing the skill

3

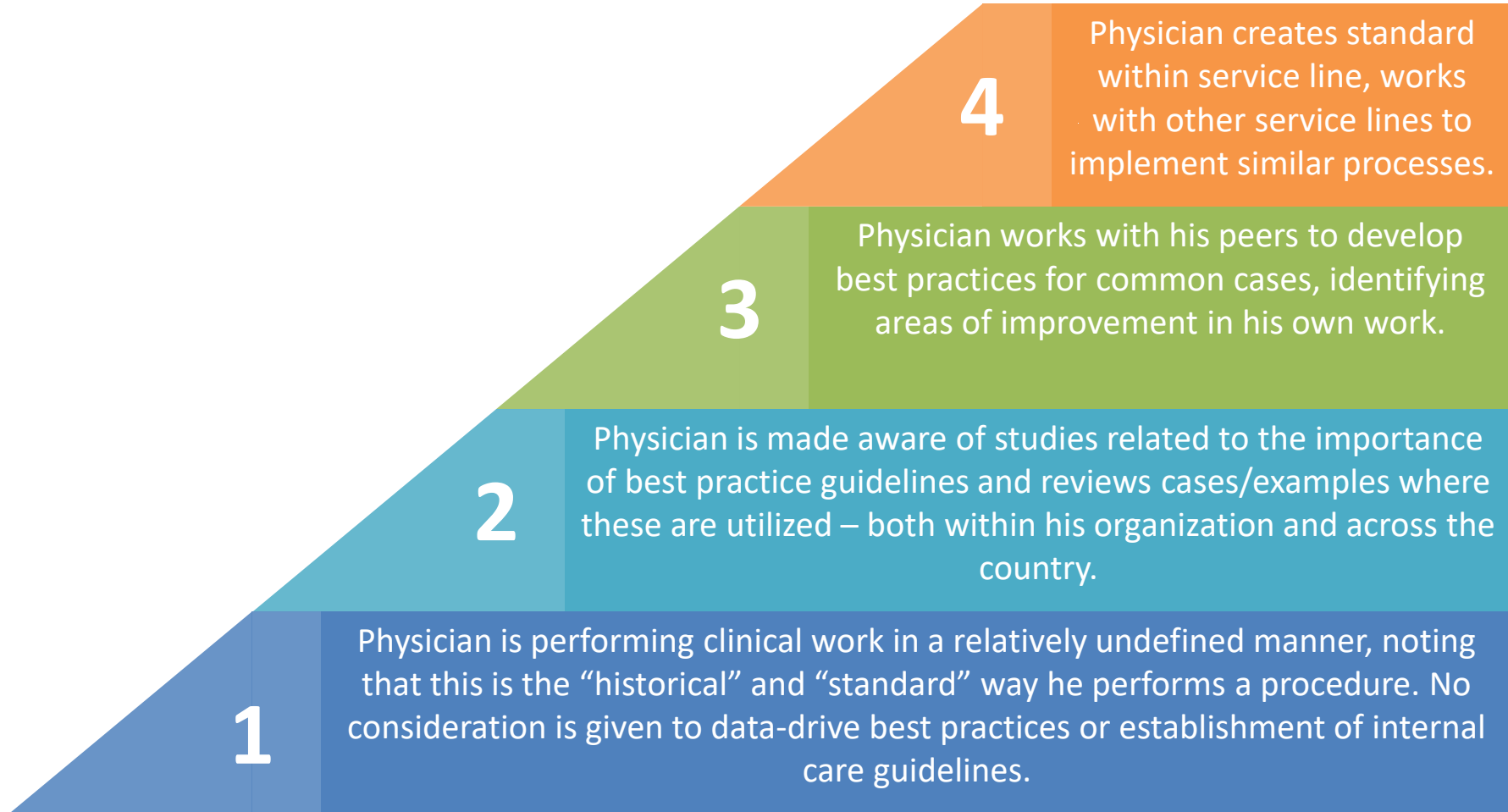# Conscious Competence Ladder: Mastery

Unconscious Competence

- Individual has had so much practice with a skill that it becomes "second nature". As a result, the skill can be performed while executing another task

- The individual can typically teach skill to others

4

Conscious Competence Ladder: Example

4 Physician creates standard within service line, works with other service lines to implement similar processes.

3 Physician works with his peers to develop best practices for common cases, identifying areas of improvement in his own work.

2 Physician is made aware of studies related to the importance of best practice guidelines and reviews cases/examples where these are utilized – both within his organization and across the country.

1 Physician is performing clinical work in a relatively undefined manner, noting that this is the "historical" and "standard" way he performs a procedure. No consideration is given to data-drive best practices or establishment of internal care guidelines.

BUILDING LEADERS

What is Leadership?

"what an individual actually does when acting as a leader is in large part dependent upon **characteristics of the situation** in which he functions" (Hemphill, 1947)

Leadership is a **process** of motivating others to work together collaboratively to accomplish great things. This **varies across situations.**

Situational Factors	Leadership Style

Matching Process

Leader Effectiveness
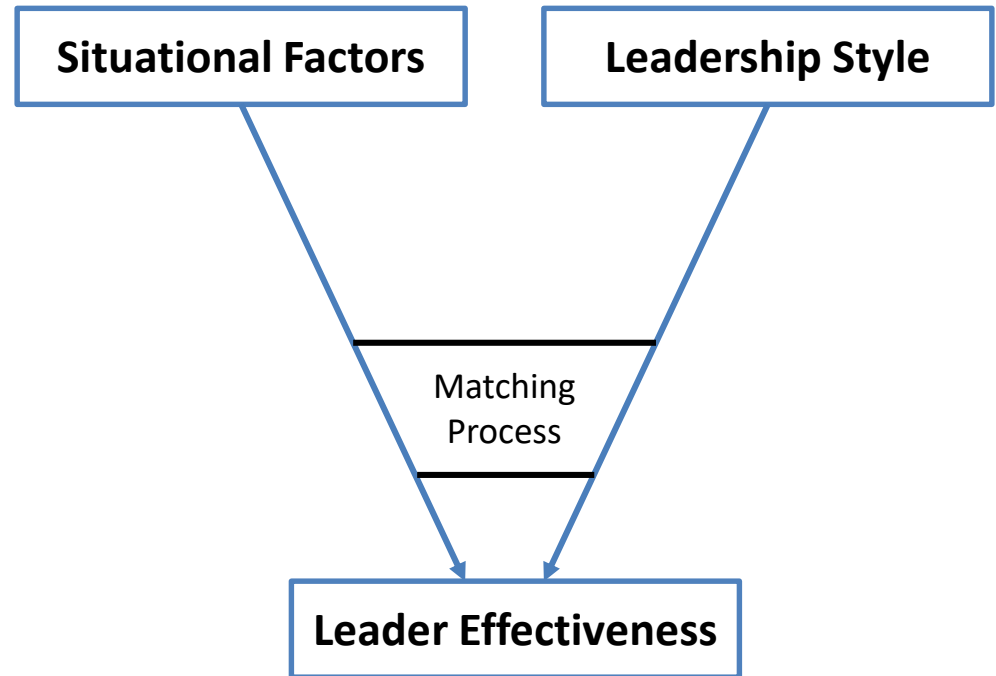
Building Leaders

- Organizations should work to identify exceptional leaders in their organization to begin building other physician leaders, creating an ongoing system of development

- This should be a formal program that seeks to further the impact of physician leaders throughout the organization

- The end goal should be to have successful, results-driven physicians leading initiatives throughout the organization

- This will not only improve overall results within the organization (quality, cost, patient satisfaction, etc.), but it will also increase physician morale and buy-in to the organization

Building Leaders: Ignorance

STEP 1

Identify Prospective Leaders

- Identify potential leaders and begin evaluating leadership styles and determining areas of improvement

Building Leaders: Awareness

STEP 2

Develop Formal Training Process

- Incorporate physicians into formal training process, including a feedback loop, mentorship program, and peer review functions

Building Leaders: Learning

STEP 3

Empower Physicians as Leaders

- Establish physician leadership roles and empower them with actual decision-making abilities
- Develop and implement a dyad leadership structure to improve transparency and trust

Building Leaders: Mastery

STEP 4

Develop Succession Plan

- Work with newly established physician leaders to identify new wave of potential leaders and repeat process

SUCCESS STORIES

Success Stories

Success Story #1:

Unaligned provider that invested in hospital committees and eventually served as champion for practice becoming aligned.

Success Story #2:

Group of employed providers identified gaps in care and developed a process for establishing care guidelines – implemented across service lines.

Success Story #3:

Medical director worked with low performing providers to increase quality outcomes, creating a formal training and remediation program.

Success Story #4:

Administrative leader realized lack of succession plan for hospital leaders and developed process for identifying and training.

CONCLUSIONS

Conclusions

Rise of value-based care has placed a spotlight on the need for stronger physician leaders for healthcare organizations to remain competitive.

Successful and effective physician leadership requires investment of time and resources from their strategic partner(s).

Significant opportunity is available for organizations if they establish physician leaders to work on increasing financial performance, improving quality of care, and lowering costs.

A key outcome of increased physician leadership is the ability to more successfully participate in value-based reimbursement structures.

Healthcare organizations should actively support these initiatives but empower physicians to be true leaders and drive change at the front lines.

Shared vision, objectives and mindset with the supporting infrastructure of a hospital/health system will result in higher value for all stakeholders.

"One person can make a difference,
and everyone should try."

-John Fitzgerald Kennedy

Q&A

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