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TRANSCRIPT - GR 01 05 24 "Leadership training for physicians—the HLI impact on careers and culture at UVA " Mike Valentine, MD, from the University of Virginia

Medicine Grand Rounds

00:15:25

Alright, Hello, everyone! Welcome to medicine, grand rounds. It's my pleasure to introduce Dr. Valentine. Dr. Michael Valentine received his medical degree from Uva School of Medicine. He then traveled to Emory University for his Medical Residency and cardiovascular fellowship. Dr. Valentine joined a small private practice after fellowship in Lynchburg, Virginia, and helped develop the practice into an advanced system participating in over 90 clinical trials and leading quality and advocacy efforts in the Commonwealth of Virginia.

- We were very fortunate that he elected to triumphantly return to UV. A. Where he has quickly made himself indispensable regarding his clinical work. He has earned recognition for his bedside manner, patient satisfaction and productivity. I will say all 3 are no surprise. If you have worked with him on service, his energy, passion, and interpersonal skills make him a natural educator leading to teaching, teaching, and mentorship awards. At Uva he is known for his teaching skills, but also for his positive attitude, excitement, and for cracking a joke when you least expected. He is a sought-after lecturer. I realize he has given a lectureship in at least 2 countries on every continent.
- Doctor Valentine has a particular interest in leadership, development, clinical quality, and service line management. He has held numerous leadership, roles, and professional affiliations. These have included roles related to quality, innovation, research, outreach, recruitment, and education. Some of these roles were held at a hospital or institution level, and others were in larger medical organizations. Notably he has held many positions within the American College of Cardiology, and is a former president of the A. CC. Given all of his acclaim, we are very appreciative for the time he spends teaching and providing patient care at the bedside with our residents. I was reading about Doctor Valentine past his Cv. To prepare for this, because it's hard to condense a career like his into a few paragraphs, so I will end with something I found in an article written for him when he became president of the Acc. That I think sums him up nicely.
- Dr. Valentine shares these words of wisdom for future leaders say yes, and be open to the possibilities before you learn the value of time management, because meeting the needs of patients and your family must balance with new administrative responsibilities.
- The rewards will far outweigh the effort, and your impact one day may be profound. Please join me in welcoming Dr. Valentine.
- Thank you, Karen. The truth of all that is that Chris Kramer and Mitch saved me from being unemployed, so far better pride for that. So thank you, Mitch and Chris, for hiring me and

bringing me to Uva and letting me have fun here. A lot of great friends here, and so thank you for that. Cara did say that the one thing that I should note is that on my Cv. That my bio is the only one she's ever read that has my wife's name on the bio, because she is a far better leader and public speaker than I. So it is true. So usually you start off. And you say.

- Let's see if this there you go. Is that usually start by saying, I have no disclosures. but I do have a disclosure in that I am a failed leader 20 years ago I was the president of the group, and Lynchburg, or group of cardiologists, and I was elected to the board of the Acc. Of an officer where Chris is about to be president. 2 years and on my first board meeting the President told me you were poorly prepared and don't understand governance systems or any management.
- I recommended several changes to my group when I came in as president, thinking that I could change the world. And I remember one email that says. Who the hell does he think he is. And why are we going to change so? Like many of you. I learned through failure and I fail every day and this is why we have to learn to be better leaders through a process. So let's get started.
- So you have just been named co-chair of the Uva Intensive care leadership board Mitch is gonna be a Co chair with you. So you guys are going to lead this complex group of people a different backgrounds and different specialties coming together. So I would ask you both. how well prepared are you?
- Do you know your own personal leadership style? How do you communicate? How do you respond under stress. Are you an effective communicator? Do you understand team dynamics and why teams fail and their dysfunctions? Can you run an effective meeting? I'll just stop right there. Brian and others raise your hand if you have been to a poorly run meeting in the last 6 months so if we all go to meetings every day that are poorly run.
- Why don't we teach people how to run? Do you know how to build strategic plans set timelines and make sure that people get their goals.
- Do you understand how many of you understand academic finance other than Andrew Bowen?
- How many of you think that you understand the complexities of finance at Uva.
- Not many and last can you inspire hope and transform a culture whether it's in your own group. We're here at Uva. So today we'll talk very briefly about a few things.
- Talk about the healthcare industry of why? And Brian asked me to say, Why is it important to do, physician, and app leadership.
- Does it matter? Is this all, Fluff? We'll talk about some of the traits of a great leader. We'll do a brief self reflection exercise for you to think we'll talk about the data.
- We are medicine people here. So we need the data to show us that this really does matter. and we've got lots of it. And last we'll talk briefly about the Hoi the Uva Help Leadership Institute. I have Lisa Kuchavi here with us is one of our
- directors and went to McIntyre. Now is going to go to Uva hopefully, uva Med School and Darden. So let's get started on this.
- So why is this important? How big is the healthcare industry right now? Well, if you look over the next 5 years. healthcare in the United States is going to go up by billions and billions the 19.5% of our Gdp.
- So you think of the healthcare expenditures we make. And if you read in Becker's health care. I know Mitch reads it, and if you read of the failures, Mitch, every day of large healthcare

systems that they lost 150 million 500 million last year. So think about how important leadership is.

- And then, Peter Drucker said healthcare institutions are the most complex institutions in the world. especially in academic centers.
- So think about the layers of bureaucracy that we have. and how important it is to have effective leadership.
- So what's the importance of physician leadership, which is what we're all about hopefully in medicine.
- Well, here's our 10 Year Strategic Plan.
- So if you look at our mission, our vision and our aspire values. Then you should look at what is our vision to be the nation's leading public academic health system and best place to work while transforming care, research, education, and engagement with the diverse communities we serve well. How are we going to be the best place to work if we don't improve our careers and make it possible.
- And so what kind of impact will you have as a leader?
- Well, if you look at what leaders do for the engagement of their teams.
- Team members who work for engage managers are 60% more likely be engaged themselves. This is why Chris and Mitch and Brian and others work every day to keep us engaged. Keep us interested.
- So look at these leaders.
- Can anybody tell me what these leaders have in common? You know who any of these are.
- You recognize any of those.
- Brian? Who do you reckon? Of course you recognize Dr. Ken.
- How about this one? All right. Anybody know who she is?
- Nancy Ag. She is a nurse. clinical nurse who runs all of corrosion.
- Several 1 billion dollar organization about down at the bottom down here.
- Anybody know who that is
- Laurie Glimpser she ran. Dana Farber Art Institute, I mean Cancer Institute. And now runs Columbia Presbyterian on the right Ken Frazer.
- These are all Ceos massive organizations, and they're all physicians or nurses. So think about that complex matrix organizations.
- And they started off exactly where you are.
- So these are 2 review articles both from beckers. That showed the case for physician Ceos. Look on the right and the case for nursing Ceos both sides and if you look. the questions you would ask are. Why do physicians? How are you doing so? We're gonna mute adorable.

Please mute out there for those of you who are listening online. So we don't hear your arguments or your complaints about the speaker.

So your question is, do physicians and apps make great leaders and if you look at studies. they will say. are we just heroic, lone leaders? Or can we lead by peer to peer credibility? Do we walk the walk. and so does the patient always come first? Does that give us more credibility?

- Whoops? Did we lose it out of it?

- There you go. So what does the data show about physicians as leaders? And Ceos? Well, if you look the quality scores are 25% higher in physician run hospitals 7 times higher, patient experience rating.
- And the what shows the data is that the proportion of managers with clinical degrees is the most important issue in the United States.
- Now it's up to about 8% of hospitals or physician led. But this was data. 6 years ago 7 of the top 10 hospitals, as ranked in the United States were run by physicians.
- They show that they're more successful if they have been previous chief medical officers like Read service line directors and their strengths, as you can imagine, are quality outcomes and competent. Where are they? Weak finance, governance perhaps strategic planning.
- So an opportunity for training. And then Brian asked me the question the other day can you show that physician and app leaders are important for our wellness and our burnout? Well, if you've been in the trenches. Max. You know what it's like to have charts that stack up in front of you, and you have to click your way through them, and all that. Just want all of us. We all deal with charts and clicks every day.
- I assume you know what it's like to have all of the EHR.
- Stuff that we deal with. So look at what contributes to position. Burnout number one bureaucratic tasks, charting paperwork too many long hours. lack of respect from administrators. DHR. These are the top problems that we deal with and that lead to burnout.
- Well, if physicians and apps don't know how to deal with this, and nobody does, and nobody's experienced it. So yes, you are in a position to do so think right now. if you were to think of the great leaders, you would have known what one trait comes to mind that you would think of would make a great leader.
- Dave Gordon. What won the stability possibility? Michael?
- Great! What listeners? Listeners important. What would you think of patience, patience. Okay, well, I've looked up 15 different articles on leadership, and there were several traits that really do coalesce and come together.
- And here are the top 7 number one Eq.
- And not IQ Number 2. Are they inspirational?
- Do they see where the Puck is going as opposed to where the Puck is? Strong communication skills. Open minded Michael. You hit it.
- Great listeners? Are they visionary? Do they see the future? But what's the most important integrity and trust? If you don't trust your leaders if you don't believe that they are working with integrity you won't follow them. So this is what we find. And here are some of the talents of great leaders. They motivate people.
- They're assertive to get things done. They make decisions based on productivity.
- They ask for a calendar, for a culture of accountability.
- And then, last, they build relationships that create trust which is what we ask each of us to do.
- And one of the reasons that I think the culture is so good at Uva is because we do trust each other. I know, in cardiovascular. I trust my partners and my colleagues implicitly and that's so critical to our being happy and productive. So Brian asked me to look at what is the Acgm. E expect? What are the rules of incoming resident students here?
- Well, it's easy to see that you're expected to have medical knowledge and patient care and practice based learning. But look on the right. How are we teaching professionalism.

interpersonal and communication skills? Are we teaching people how to work effectively in teams? Are we using informatics?

- Healthcare teams were really not important, not trained, Mitch? It was the 1980 s. We were expected to be lone wolves and charts flew over your head if you didn't know things on your own.
- And now team-based care has changed all of that completely. So let's reflect for just a minute.
- I'm gonna ask you a couple of different questions.
- Number one. how would you describe what type of leader you are. Look at these 8 different archetypes of a leader and see if one of them describes you the best.
- There are different forms of leaders. Some of you may be good at 2 or 3 of these some of you may struggle but look and see where you are. and this next exercise.
- There's one that Chad VoIP taught me which is really effective and it's very short. But think about it.
- Just 2 things from each of these categories. Think about this.
- What 2 ways are you falling short as a leader right now identify 2 fears that you have that are holding you back fear of saying something that somebody won't appreciate or that won't be heard. won't be respected.
- Do you have 2 destructive behaviors that are hurting you right now?
- That could lead to your being a better leader.
- And last. are there 2 skills that you could develop better?
- I think of all those who've worked in our leadership academies for cardiovascular
- Addicha and Jamie and Michael, and so many of you were involved in those.
- Andrew, did you learn skills that can help you be better. And did you ask these tough questions?
- So I asked the cardiology fellows.
- When I started here almost 4 years ago.
- we put out 20 different topics for the cardiology, fellows, and said. What are the top? 10.
- What do you need that you're not getting in your education. and these are the top 10 that they came up with some of the others they thought were a little too fluffy. Not enough meat on. But how about this?
- Difficult conversations?
- Conflict management in the workplace. What do you do with an angry patient or an angry colleague? How do you manage it?
- Time, management, efficiency. We want more time off, Brian. That's what they said.
- So how do you get it? Free connection? Wellness?
- Not Yoga.
- but things that actually work.
- What can we do for us that works well. Yoga may work about medical liability finance.
- We know that John Dent teaches excellent finance courses and tries to help everybody understand this job. Search. Look at Job. Search 201. Do you guys have negotiation skills? Do you know how to successfully get what you think you need? This is one of the things we teach. The third year, residents now and then billing, coding, and documentation. But number one of all these things that they wanted was to make epic easier make my life better with that. So we started an epic optimization program that I think has been quite successful.

- So that's the first thing we did in cardiology, and Chris was very supportive of this to be able to start an epic optimization program. We think it's been very successful. I'd ask Jonathan and other of our fellows. Has it? Has it worked for you?
- But of course, if he said no, I look horrible. We started teaching nonclinical competencies.
- The top 10 that they asked for are all on the fellowship training. Now we do. Fellows career mentoring program. We do job search counseling. I meet with all the fellows to do job search, which is critical for them.
- We've got a clinic process improvement team that row at Malhatra and April and Andrew run which hopefully is going to lead to happier people, more efficient doctors and apps in the clinics so that the clinic experience is better. And then we started early career and mid-career leadership academies in hopes that we can build the bench in cardiology and build our leaders so that everything looks better for our future. And then, Brian said, Mike, show some data that any of this works. Is this all, Fluff? Does this make us feel good? But really doesn't make us any better. So the question is. are leaders born or created? Are the skills that we have innate? Or can they be trained and improved while the data shows that there can be major improvement with training.
- And if you look and see the 2 most important traits. our number one. you have to be willing to learn and to change and number 2. The first thing you have to be willing to do is assess yourself. where do I stand. and what can I change?
- And so here's some data for you, lots of articles coming up. So I realize this is too much information on a slide.
- And my slide, Gurus would say, Whoa! Bad slide. But look at this
- evidence-based medical leadership development of systematic review. This is from 2,020 that showed that project work and mentoring really increases your success. You give them projects to complete and work together. It helps.
- And then look at this one. I thought this was very interesting effectiveness of leadership development course for chief residents a longitudinal evaluation. So this one's from the Cleveland clinic and I thought it was interesting because Brian. When I got here 4 years ago, we actually had a course for chief residents and to show you the impact that I have on the day that I was scheduled 3 showed up so obviously a gap in understanding of really, can this help us? Can this help us be better leaders? And can it help Uba across the board? If we train so, then 2 more, and then I'll stop this. But leadership essentials. This again, is one that came from the Cleveland clinic and then leadership development programs, a systematic review that shows positive outcomes in every study that they looked at. So. Yes, there is evidence that this works if you're willing to try if you're not willing to try, it really doesn't matter.
- And so why did we create the Health Leadership Institute at Uva. Is there a reason? Will it work for us?
- Well, number one, it's because you asked for it.
- When we were doing our 10 Year Strategic Plan.
- We looked at 3 big topics, cultivating health to communities. strengthening our foundation and expanding our excellence. So how about this best place to work when Craig Kent took our 10 Year Strategic plan to the Board of Visitors. They looked at all the different things that they wanted to do. and 3 of the business leaders on the Bov said.

- Do that. do the Leadership Institute because we know how important it is. And these were not physicians. but great business leaders who have been very successful and so Craig walked out of the board of Visitors meeting and called me the next day and said, We gotta do this he said, I want this done by next fall and that was last year in December.
- So what is the mission of Hli? Well number one distinguish Uva as the national Leader and Healthcare Leadership development. And how can we do it? Well. we have some of the best in the world here.
- Think about McIntyre. where Leeza graduated from Darden
- World class, an incredible law school and the Batton School of leadership and public policy right across the lawn. So we have some of the best schools in the world right here on Uva campus.
- What an opportunity to work together! So this is the vision that we had!
- And Lisa helped us set up our guiding principles. You can see educational excellence. agility, and innovation, inclusive inclusivity and diversity and practical application. This has to work on a granular level. It can't be just theory.
- And so here's some of the leadership team. Brian Hunter is not with us today. He would be. But he's on vacation. But Leeza is gonna come up and help us answer some questions at the end, and I've got a couple of physicians who are gonna help answer questions as well.
- So there's our partnerships gardens. Batten and McIntyre. and we have a council that looks at all of this that will help advise us and help make us better. So our first cohort very impressive. We had 260 applicants for 30 positions in our first core, so many excellent applicants that we created 2 cohorts out of the first. and Brian asked me the other day, said Mike, this is really gonna be about physicians, residents some apps.
- So this is a clinician talk. Well, look at our clinicians.
- In the first 2 cohort 60%, or actually two-thirds our clinicians. so very active people on the ground boots on. but also we can't do this alone. all of you as clinicians.
- If you don't have successful administrators working with you working side by side. you will fail. and you will be continuously frustrated and saying, Why don't things work at Uva? Too many layers of bureaucracy?
- So therefore we have lots of administrators with us. in hopes of creating better teams that will work together.
- Here's your first fall, cohort that's meeting with us. Now look up there. I'm sure you'll see
- several that you know. lots of great clinicians very impressive, and we added another 33 in our group. So we have a spring cohort coming right behind them. But this is just a small part of what Hr. Is going to be. We have 17,000 employees here at Uva.
- So if we're only impacting 65, it's really just a spec.
- So we're going to set up systems and an online system hopefully, that will be very effective
- in engaging employees on multiple levels. So look at your careers. So these are the multiple layers that we can impact.
- But if you think about students and residents. effective communication team, building conflict, management, early career.
- Dei, finance. change, management. How many of you find change management and your department for division easing

- Tyson? Do you think change management's easy. quite hard because everybody gets yeah, everybody gets very comfortable about systems, impact leadership, succession mid career. And then late career.
- Are we using our late career teams as mentors as people of experience that can help us opportunity. And are we keeping our senior clinicians in the workforce longer so that they can do these things?
- We ask our first cohort. which of the topics are most important to you?
- And remember, this is like the cardiology fellows telling us what they need. So here's what they said.
- Look at how things been down towards leadership, style, team culture, change management.
- Just as you said. these are not easy. and this is what they need. And so look at our curriculum. See if this curriculum has any of those skills that you think you need to get better.
- We divide it into 3 different groups.
- Number one. the most important learning to lead yourselves.
- number 2 learning to lead teams.
- And then, finally. can we think bigger
- to the system that Uva is a system.
- And can we impact culture enough to make a difference?
- Here's some of the scenes from a couple of our meetings doing work together.
- And now we've created some capstone projects.
- Remember, earlier, from the Cleveland clinic, they said really, if you create projects that people can develop and work on then they're much more effective. So look at these projects and see if you think these are important to Uva about our primary care, physicians shortage of primary care, physicians and access a primary care crisis in Virginia.
- Can we get some innovative ideas to help us solve this?
- How about system, this at Uva, our culture, our collaboration.
- Can we build one Uva team as opposed to multiple layers? And oh, they work over there. But they don't impact my job on a daily basis and then disparities in health equity in the Charlottesville region. How can we affect that? Max works on this on a daily basis. Trisha how can we build and improve health equity?
- And then the last 2, can we use innovation and digital enablement to help us achieve our strategic priorities. And the last if we take our cancer network. can our cancer network learn and teach the rest of our systems how to work statewide and nationally in a better fashion.
- So do we give them the resources to do this. Here are some of their teams. Look at their advisors. and they're experts that will work with them.
- So we're going to try to do this as project management. And we actually have a project management team expert from Dardan who is going to work with them and to try to build this. So this is just a small part of what the Hli will do. And then how about after that?
- Well, look at years 1, 2, and up to 4, we're gonna create leaderships and posings workshops. We're trying to build a world class website that will be interactive so that each of you can go through and do modules and get help in any areas that you want. We hope that we'll have this set up within the year.
- And then here's your self-service tools meeting structures, Powerpoint templates, Mini cohorts. executive coaching. How many of you in this room have ever had or used an

executive coach. Raise your hand just a couple of us. Well, it can be critical in your development something that we want to set up not only a better mentoring program but a better coaching program.

- And then look at eventually we hope to go Uva healthcare leadership conference leadership. Think tanks. We want this to be big. And then here's what we're going to do in 24 creating lessons and leadership symposiums, workshops, business planning negotiation.
- All this will be set up hopefully by year-end 24, right? Laser. Yeah, we'll try. Okay, so and then I'll close. And then Lisa is going to come up, and Michael and others. I've got Jeff Rosenthal who's going to come up also? I hope Jeff's going to make it here in just a few minutes to answer some of your questions about what they did at the Cleveland clinic, and what they've been able to do elsewhere. If you were to look and see who are the leaders will talk about that, and who's really done a great job across the United States.
- But in the end. It comes down to this first, you must learn the skills. the lead yourself. If you don't have the personal skills you cannot work effectively in a team.
- And so do you know yourself.
- Do you understand your leadership style? And where you come in?
- Number 2? If you do this well then you can learn how to lead a team
- and work better with the team. and finally learning to lead organizations.
- How did Toby Cosgrove? He was one of the faces of those physicians. Ceos.
- Toby Cosgrove was a Uva graduate and 66. He graduated with George Bellor from the medical school class. How did he turn the Cleveland clinic into a world-class organization on multiple levels including leadership development.
- He did it. And he revolutionized the care.
- So we would say at Uva. if we're going to do this. We have to transform health. Hannah Sparho. one liter at a time. and it has to be starting with us. We have to do this ourselves first. and then we can go forward.
- So that's the end of this part. But we do want to have good QA. And answer questions. I've got Lisa Kucavilli here, who's now? I just said earlier. She's a graduate from McIntyre. She's going to go to Uva and get her Md. Mba with
- Uva and Jordan and then she, like the rest of you will one day be the face of leadership and medicine. So this is important. And then Michael Ayers has been through, and Jamie have been through the and got Victor right there. So we've got a ditch. We've got several who have been through our leadership development programs. Andrew so we can answer questions. Come on out, Lisa, get you up.
- Stand behind the mic here. So what questions can we start answering you now
- about leadership development. What is Hli? What are the opportunities.
- Kara? Anybody.
- I would say, what advice would you give to our residents? And what is the optimum time. You think that you would want to be a leader in your career. What's the optimum time to try to get into a program like this.
- So the question was, When is the optimum time to start? And I would say for everybody, because if you look one of the things that I told you when I started is that my disclosure is that do you have to wait to fail as a leader to realize that you need help. Hopefully, we can learn at a very early stage in career. That's why we'd like to do this through Uva through the

medicine residents here, have raise your hands if you feel that the that the lessons that we're trying to learn and negotiation skills and all this are helpful to you in your career search and everything.

- Okay, do you think there ought to be expansion of those into some more of the subjects that we've talked about, Joe? What do you think it's always so hard? But yeah okay so yes, there's an opportunity here. I'd say the earlier the better. If you can learn these skills as early in your career.
- Lisa, what do you find that they're teaching at McIntyre? Now, what are they trying to do with these skills. If you're graduating from the com school how much of this are they teaching in your third and fourth year in the com school?
- So we learn leadership there that crosses all industries because you never know where you're gonna end up after you graduate, McIntyre. But I think one thing that we do well is case based learning. So you get a prompt. You're like you have to talk to a team member about their performance. And then you sit down with your classmate, and you go through a case, and you try your best to talk through it. And then you reflect afterwards on how things went, how it could have gone better. So you actively develop these skills in the classroom where you're comfortable with your peers. And then, when you take the next step in your career, and you're in rooms with people that you aren't the best friends with, or you aren't very comfortable with. You can rely on the skills that you developed an undergrad or during your education that you can always fall back on.
- Yes, hopefully, going to be a graduate of Dardan. So what impact will dual degrees have and one of our goals here through the Hl. Is to enhance and increase the number of dual degrees. If you looked at masters in public policy through Dardan, I mean through Batten, and then the number of Mba students there have been some has been some resistance against that because money exchanges hands is that fair Mitch, to say is that money must exchange hands between the school of Medicine and Darden, which makes it a little more complex.
- Mitch said, no, the money really doesn't matter so I'll just. It's all just written on a piece of paper.
- So yes, I think dual degrees are an important way. If you look at Stanford, how many, what percentage of the medical students at Stanford are in dual degrees much higher than we. We are state institutions. So it's important that we have to that we educate for our state needs. But, on the other hand, the dual degrees are, I think are critically important. Lisa, your thoughts, you're gonna be triple degree. So yeah, again, not in the degree program yet. But we'll see but I think beyond do dual degrees, and I don't know. You all are very busy people, and you might not have the time to do an executive Mba. During your career path. But all the skills that we talked about, difficult conversations, negotiations, those are skills that you all have to engage in every day. And I'm sure you do. And it's sometimes the formal education that kind of puts you in this comfortable place where you can learn and build those skills. And I hope Hli will be able to provide these opportunities at kind of more flexible basis for you all to engage in but again, about formal degrees, it depends if you have time. But obviously there is value in it. And hopefully, Hli can provide those skills as well.
- So one of the questions we're asked frequently, is should I get my Mba? And that comes up very frequently, and one of the things that we tell people is don't plan on your Mba. Making

you more money. because a lot of people say, Well if I get my executive, Nda is that kind of make me a cash account.

- Well, you know, if you look at how payment is, each of you, as physicians is going to make very good incomes.
- And so the question is, would your Mba allow you to make more money?
- Well, it depends on what you want to do. If you look at hospital administration. do we have any hospital administrators here. I don't think so. If you look at hospital administration and the incomes in Hospital administration you have to get to the very top to make very high incomes. So the question is, are you going to be one more vice president in a large hospital system? So if you're doing it to make money?
- The answer is probably not wise. If you're doing it because of your passion or being in management then it could probably be pretty helpful. I'd ask Jonathan Pam Jonathan, when you think about your Mba and Darden. Where does that lead you in your cardiology career the whole world. Wait for them to switch it you know. Let's create a are the answers they both produce a block.
- So Jonathan said, for those online, Jonathan said. His Mba. Gives him lots of opportunities for his future career if he does want to morph into, or if he wants to be a leader, a health system leader, whether it's on the clinician side or on the administrative side. You have the option now doing either. Is that fair? Okay? Yeah. Assessment tools are progression program. What are some things that need to be on self assessments probably depressing and hyper critical for most of us are so. The question is, what type of systems are we using not only for leadership development, but also for outcomes to determine whether we are making progress and what impact will we have? Lisa Leeza's done a lot of work in this of trying to determine what's effective. How do we look, and how do we? Here comes Jeff. Jeff. Come on up.
- So, yeah. So one of our main things in general is with our participants in the cohorts is to make sure that we increase their confidence in their leadership and also their understanding of themselves. So we use it as a tool called disk. That kind of categorizes you in different workplace profiles of how you are as a leader, how you interact with one another, and also allows you to understand how you might interact with other people. And that is one of the tools that we use. We also sent out a survey that asked about confidence and leadership skills. And we'll also assess at the end. We're also exploring different qualitative ways to get feedback and understand how their skill development within. Hli applied afterwards. But you know, it's variable in terms of maybe your negotiation skills that you learned are going to be applied a year from now, or a couple of months from now. But main thing is, are these leaders more confident in what they do? And are they more effective? And is their team better off after this training?
- Andy Annie Wayne? Thank you for this up here. Great talk. He has an executive coach which has helped him grow as a leader. He took a battery of tests and surveys to find out as conflict management styles as have we. As Lisa said, we use this profile.
- Most of the people in our I would ask Victor and Jamie and Michael and Andrew has the disk profile helped. You understand where you are as a leader and how you need to interact with other groups is that? Is it been effective in teaching them step back and sort of identify? This is A. D. I'm what this Ds unquote strategy you need to be using this.

- We're all perfect, and it takes repetition to get it right. So Michael said that. That yes, it does help. If you understand your leadership style. If I know that Brian's is completely different from mine, and Brian and I are trying to solve a conflict then, if I know what Brian needs from communication from me. It helps me really to tailor. If Brian's A is a C guy who needs lots of data that I know coming in with emotion, is really not going to impact him. I really need data to help convince him of the way. And so I want to introduce Jeff Rosenthal, who's come to us from the Cleveland clinic and Jeff has been a part of the leadership development, the Cleveland clinic which has really transformed the Cleveland clinic since about 2,005, Toby Cosgrove was the master. And what Toby Cosgrove said about the Cleveland clinic is we must change. We must be better.
- And he led us. So, Jeff, what do you think about what we can do here at Uva? Well, we'll feel free to ask him question. Well, first, I'll just say that. Mike is giving me too much credit. I was at the Cleveland clinic from 2,002 to 2,009, and I was an early member of the
- of their version of the Leadership Institute, which has since evolved to their it. There they have a global leadership and Learning Institute. Now.
- so that experiment in the at the Cleveland clinic in the early 2000s is something that has continued to grow and evolve. My experience with it was awesome I, and I would say I took more than I gave, although I ended up being on the faculty of the Institute, working with people who are having struggles around.
- you know often just the perception of professionalism, and not anything that when you sort of drilled down no one was intending to be unprofessional. But I worked in that sort of area of the organization, helping people to be perceived as the professionals that they were.
- But what I would say about the my experience at the Cleveland Clinic that I think resonates here. First. The Leadership Institute here at Uva is actually starting from A from a much stronger foundation than what we started with at the Cleveland Clinic. And so I have every hope that over the years that this leadership Institute will continue to grow and develop in ways that
- are unbelievable. The Cleveland clinic, which is 100 years old, is 100 years behind Uva, so I'll just throw that out there.
- W. One of one of the big points of the Cleveland Clinic was that they had this motto and it it, and it was a motto that had been around for 100 years. But the motto was to act as a unit, and for anyone who scratches into the history of the Cleveland Clinic. This notion of acting as a unit was something that started there in the 1890s, when the founders of the Cleveland clinics found themselves
- working at an unbelievably fast pace, they figured out that in order to create efficiencies in the work that they were doing.
- They needed to think and act differently. So that was a huge underpinning of the sort of culture at the Cleveland Clinic. We were acting as a unit. Another driver of the culture came in 2,004 when Toby Cosgrove, really sort of leaned into this notion of patients first and made patients first
- the motto, essentially of the Cleveland clinic. And so there was a there was across all elements of the organization there was this notion that whatever it is that we're doing whatever we're putting our hands and minds to. We have to be doing it in a way that ultimately benefits patients. And if there's any kind of internal squabbling which is bound to happen when

people who are talented or approaching problems from different directions, leaning back into this disk conversation.

- You know, whenever there are conflicts we have to keep in mind that that our ultimate goal is to do what's best for the patients, and that was a strong that was a strong theme
- through all this. One of the one of the insights that came from the Cleveland clinic was how there was the synergy and the strength of organizations when people were working together and collaboratively was really tremendous. And so we here at Uva and Uva Leadership Institute is all about developing this kind of collaborative notion of problem solving.
- and the last piece which I see, which I saw at the Cleveland Clinic, and I also see very strongly here at Uva
- is that the organization's approached problem, solving with the courage to do hard things and to work through hard things together.
- So I you know, I had a great experience with Cleveland Clinic. I've had other great experiences. I am most excited about the Leadership Institute here at Uva. I I'm just. I cannot tell you how proud I am proud I am of Mike, Valentine and others on the team. Brian Hunter, Leeza. These guys are amazingly skilled, and there, and I'm leaving people off. But there, there's an amazing team that's sort of
- putting this together. And I just really excited to be able to be associate. I'm excited to have a Uva Leadership Institute pen in my pocket. Ill support it proudly here as well. Lisa.
- Yes, excuse me. Yes, Yup, that'd be great.
- So there's something that's been bothering me about this discussion so far, and I finally put my I figured it out. So one of the leaders that you represent Peter Slave and Ms. Generals, one of the best leaders I've ever worked with, and my first rotation at mass general was actually a leadership elected, following him around for 2 weeks just like being a fly on the wall, and to my surprise
- he was asking me just as much questions about what I thought about Mgh. And in the hospital, and what need to change in health care as I was getting from him, and I asked him at the end of rotation, why do you actually set awkward question to ask? Why do you care about me and what I think. And he talked about how he gets ideas from young people who come into the organization because there's more innovation there. And Asana leadership there that happens at that level. So he immediately the force that hierarchy
- and set that tone, and he actually was on service the first the first week and intern was on service. He was also on service, so he met the new intern, so he made it clear that I'm getting ideas, leadership, guidance from you all just as much as from top down. And so I think, from the perspective of the Leadership Institute.
- I think it needs to be understood from the top that
- it is entirely true that people are gaining skills from going through this institute, but it also needs to be understood that in order to make it into this room. The people that have made it into this room apply to Leadership Institute. They have already done amazing things and demonstrated themselves as capable, competent leaders. And there's lessons to gain from people in this room all the way up to the top. So I think it just needs to be understood that this is a bidirectional thing, and that I think that's the true mark of how the effective organizations
- the degree more. And that's why, if you look at this first cohort. Did you see the ages of the cohort? So it's an early career

- early the mid career. So we're trying to catch people at the start. But we also. You're right. If we're not capturing the residents, we're not listening to our resident team involved, then then we're losing great opportunities to med students
- who know far more than we do about innovation and digital applications. If we're not involving them that we're gonna miss, we're gonna lose, as Michael said, perhaps the most important thing we could do
- questions, thoughts.
- He wanted to know if these wanted to know if these tests will be available to people.
- Let me know.
- Here, come over. Yeah.
- It may have switched to that one when they turn that one out. So the question is, what will be available, Andy to other people. Yes, we believe that that we're gonna make testing available to people. We can do disk profiles at a very low cost. Doing it through institutions, so to be able to do so would be very important to us. And then
- Andy, and then he, Heath, Patel said. Is there any thought to open up the HI. I. To students trainees in the future? Absolutely one of the things of the HI. That we're gonna try to do is these cohorts that we're starting are just gonna be a small portion of this. If you go to the Pen Academy where my Michael and Michael came from Upenn. But if you go to the Penn Academy they have
- 34 ftes in the Pen Academy, and so their cohorts like this are a very small portion of what they do. The amount of online learning and small group
- small groups that they have is huge. It's a very, very big portion. So we're hoping in 2 years that these cohorts will just be one of 15 things that the Hli is doing, and that that will not be the focus. But we needed to get a big early win to start the culture revolution here at Uva, and that was our goal is to get a big win right off the bat.
- So yes, Heath, we're going to open this up to multiple levels.
- Anything else.
- Well, thank you. To Leeza and to Jeff for helping us with the hoi, and thanks to all of you, and thank you for the opportunity to do this, and please if you want to write us or talk to us, we're building our website. And as we were saying, if we're not listening to you to help us, so come, help us with hoi! Be a part of it. Come, dig in. Say, I want to be a part of this. I wanna help. What can I do? If you know how to build websites?
- Come, come, work with us right now. So. Thank you so much.
- Oh, thank you on it. Good time.