



Health Care Leadership Program

Program Evaluation Final Report

Prepared for:
California HealthCare Foundation

Prepared by:
 **The LEWIN GROUP**

December 8, 2004

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Table of Contents

Chapter 1: Introduction	1
Evaluation Methods and Interim Report Data Sources	3
Chapter 2: CHCF Fellow Experiences	4
I. Fellow Experiences and Expectations	4
II. Satisfaction with the CHCF Leadership Program and Program Components	4
Chapter 3: Measuring Program Success	15
I. Influence on Personal and Professional Growth	15
II. Influence on Organizations	21
III. Influence on Health Care System	23
IV. Sustaining the Impact of the CHCF Leadership Program	25

Chapter 1 Introduction

This report is The Lewin Group's final deliverable to the California HealthCare Foundation for the Health Care Leadership Program (the Program) Evaluation. The purpose of this report is to present findings from the first two cohorts of CHCF fellows (2001 - 2003 and 2002 - 2004), as well as to provide insights and recommendations from Foundation and program office staff, faculty, advisory board members and Pod advisors.

The CHCF Health Care Leadership Program is a two-year program that seeks to improve the health of Californians by developing and sustaining a network of leaders who will shape a more responsive and effective health care system. The program is sponsored by the California HealthCare Foundation and administered by the Center for the Health Professions at the University of California, San Francisco.

Fellows taking part in this evaluation include 52 health care professionals who serve in leadership roles in California. The fellows reflect diverse areas of expertise, including backgrounds in medicine, nursing, pharmacy and rehabilitation services. Fellows are drawn from academic medical centers, community clinics, group practices, public health and managed health care organizations. **Exhibit 1** provides a profile of applicants and fellows selected for Cohorts 1 and 2.

Exhibit 1:
CHCF Fellow Profile - Cohorts 1 and 2¹

Category	Cohort 1 Applicants n (%)	Cohort 1 Fellows n (%)	Cohort 2 Applicants n (%)	Cohort 2 Fellows n (%)
Total	82	26	70	26
Gender				
Female	33 (40.2%)	10 (38.5%)	36 (51.4%)	14 (53.8%)
Male	49 (59.8%)	16 (61.5%)	34 (48.6%)	12 (46.2%)
Ethnicity/Race²				
Caucasian	33 (68.8%)	19 (73.1%)	53 (79.1%)	20 (76.9%)
African and African American	4 (8.3%)	3 (11.5%)	7 (10.4%)	3 (11.5%)
Hispanic/Latino	4 (8.3%)	1 (3.9%)	1 (1.5%)	1 (3.9%)
Asian/Pacific Islander	7 (14.6%)	3 (11.5%)	6 (9.0%)	2 (7.7%)
Location				
Southern California	32 (39.0%)	9 (34.6%)	22 (31.5%)	9 (34.6%)
Bay Area	23 (28.0%)	7 (26.9%)	25 (35.7%)	9 (34.6%)
Central (Fresno and Sacramento)	18 (22.0%)	5 (19.2%)	15 (21.4%)	4 (15.5%)
Southeast	2 (2.4%)	1 (3.9%)	0 (0.0%)	0 (0.0%)
Central Coast	4 (4.9%)	2 (7.7%)	1 (1.4%)	1 (3.8%)
Northern California	3 (3.7%)	2 (7.7%)	7 (10.0%)	3 (11.5%)

¹ Applicant and fellow profile information was supplied to Lewin by the CHCF program office.

² The program office did not capture ethnicity/race for Cohort 1 applicants. However, this information was obtained for those interviewed versus those selected (n = 48).

Category	Cohort 1 Applicants n (%)	Cohort 1 Fellows n (%)	Cohort 2 Applicants n (%)	Cohort 2 Fellows n (%)
<i>Profession</i>				
Medicine	57 (69.5%)	21 (80.8%)	39 (55.7%)	18 (69.2%)
Nursing	9 (11.0%)	4 (15.4%)	20 (28.6%)	7 (30.8%)
Dentistry	6 (7.3%)	0 (0.0%)	2 (2.9%)	0 (0.0%)
Mental Health	3 (3.7%)	0 (0.0%)	4 (5.7%)	0 (0.0%)
Pharmacy	2 (2.4%)	1 (3.8%)	0 (0.0%)	0 (0.0%)
Other (DC, MPH, Scientist)	5 (6.1%)	0 (0.0%)	5 (7.1%)	0 (0.0%)
<i>Organization Type</i>				
Private (Health Plans, Medical Centers, Medical Groups)	45 (54.9%)	15 (57.7%)	38 (54.3%)	16 (61.5%)
Public and Community Health	15 (18.3%)	6 (23.1%)	20 (28.6%)	8 (30.8%)
Academic Medicine	13 (15.8%)	5 (19.2%)	8 (11.4%)	2 (7.7%)
Other	9 (11.0%)	0 (0.0%)	4 (5.7%)	0 (0.0%)

Fellows are selected through a competitive application process that includes an initial screening by Program staff for compliance with basic Program requirements, selection of semi-finalists based on application review by a subcommittee of the advisory board and semi-finalist interviews with members of the Advisory Board.

The Program offers on-site learning experiences, interactions with colleagues and exposure to nationally-recognized faculty experienced in business, leadership, health care and public policy, including faculty from the UCLA Anderson School of Business and the Executive Development Group. Projects, coaching, readings and web-based tools are used to reinforce new skills.

We gratefully acknowledge the time and effort of all stakeholders in providing information for this evaluation. They were uniformly responsive and supportive in participating in interviews and completing surveys. **Exhibit 2** provides detailed information on the effectiveness of data collection activities within each stakeholder group.

**Exhibit 2:
Response Results by Key Informant Group³**

Key Informant Group	Contacted	Completed (%)
Foundation and Program Staff	4	4 (100.0%)
Faculty	3	3 (100.0%)
Advisory Board Members	8	8 (100.0%)
Pod Advisors	3	3 (100.0%)
External Stakeholders	4	4 (100.0%)
Cohort 1 Fellow Interviews	26	18 (69.2%)
Cohort 1 Fellow Surveys	26	21 (80.8%)
Cohort 1 Supervisor Interviews	10	6 (60.0%)
Cohort 2 Fellow Interviews	26	17 (65.4%)
Cohort 2 Fellow Surveys	26	20 (76.9%)
Cohort 2 Supervisor Interviews	12	8 (66.7%)

³ Twenty-three Cohort 1 fellows either participated in an interview and/or completed a survey, leaving only three Cohort 1 fellows who did not participate in the evaluation. Twenty-two Cohort 2 fellows either participated in an interview and/or completed a survey, leaving only four Cohort 2 fellows who did not participate in the evaluation.

Evaluation Methods and Interim Report Data Sources

The evaluation employed a framework used by Lewin in prior program evaluation assessments and consisted of six major tasks, including:

- 1) **Focused Review of Program Documents and Existing Program Data** was carried out to develop a baseline understanding of the Health Care Leadership Program and to help guide the develop of interview protocols and survey instrument.
- 2) **Key Informant Interviews** were conducted with foundation staff, program office staff, faculty, members of the Advisory Board and Pod Advisors in September/October of 2003. The interviews provided information on the progress and outcomes of the program to date and generated areas/opportunities for improvements. The interviews also addressed issues that were explored during interviews with the fellows.
- 3) **Surveys** were fielded in January, 2004 to gather quantitative information from the inaugural class of CHCF fellows. Surveys for Cohort 2 were fielded in May, 2004.
- 4) **Interviews** were conducted with the inaugural cohort of fellows in March/ April, 2004 as an overlay to the survey. Cohort 2 fellows were interviewed in September/October, 2004. Interview questions were designed to elicit qualitative information that was used to provide a richer context for the survey data.
- 5) **Supervisor Interviews** were conducted with Cohort 1 supervisors in May 2004 and Cohort 2 supervisors in October, 2004. These interviews focused on gathering supervisor views on the value of the Program for their specific organization, the ability of the fellows to translate the skills and knowledge learned into their work environments and the Program's contribution to the broader health care delivery system.

The remainder of this report includes the following chapters:

- **Chapter 2: CHCF Fellow Experiences** discusses the expectations of the fellows with regard to their participation in the Program, highlights unexpected outcomes and details the levels of satisfaction expressed with the various program components.
- **Chapter 3: Measuring Program Success** examines the potential impact of the Program across three domains: a) on the individual fellow; b) on the fellow's organization; and c) on the health care system in California.

Chapter 2: CHCF Fellow Experiences

Forty-one of a possible 52 (79 percent) fellows responded to a written survey, and 35 fellows (67 percent) were interviewed by telephone regarding their experiences during the CHCF Health Care Leadership Program. After describing fellows' expectations for the Program, this chapter presents the fellow's perspectives on the variety of components that collectively encompass the CHFP Program.

I. Fellow Experiences and Expectations

Fellows reported high levels of satisfaction with their experience as a CHCF Health Care Leadership fellow (90 percent were "very satisfied"). There was general consensus among fellows that the Program presented an opportunity to strengthen leadership skills applicable to their work settings that were either lacking or not fully developed. Without exception, fellows viewed the Program as a forum for sharing ideas, issues and experiences with peers in an open and supportive atmosphere. Many noted that the Program offered opportunities that are not available in their own organizations. The fellows also commended and expressed appreciation to the Program staff and faculty for their intense commitment to helping the fellows grow as health care leaders.

A number of fellows also pointed to unexpected, yet immensely beneficial, outcomes of the Program. One such unintended benefit is the development of a cadre of clinical leaders whose perspectives are broader than the specific institutional content in which they work. By blending health care leaders from the private, public and community health settings and providing a common context, as well as exposure to one another's realities, the Program is building a broad and deep bench for the future and for continually improving the health care system in California.

"I was surprised that I took an interest and benefited from hearing the perspectives of fellows from all aspects of health care."

"Looking back, I think I would just be doing my job over the next couple of years if it had not been for the Program. Now I feel very much a part of a cadre of involved health care professionals throughout California."

"I have a sense of renewal about what I can accomplish during the remainder of my career."

"Fellows currently are or within the next 5 to 10 years will be serving at executives levels in health care. The Program is teaching the management, administrative, and leadership skills required of executive-level leaders."

II. Satisfaction with the CHCF Leadership Program and Program Components

Fellows also viewed the program components as a resounding success. The balance of this chapter describes and compares the fellows' experiences and satisfaction levels with each of the major leadership program components.

A. Leadership Seminars

The six, five-day leadership seminars focus on skills and competencies needed to advance in leadership positions. These sessions provide interactive, experiential lessons that explore the nature of the leadership challenge for clinicians, the challenge of leading teams and models of change management and conflict resolution. The seminars involve organizational simulations, self-assessment activities, role-plays and peer coaching.

Almost without exception, fellows were extremely satisfied with the leadership seminars (**Exhibit 3**). Seminars provided opportunities for fellows to get outside the walls of their organizations into an environment that was much more conducive to learning and, as a result, they were able to develop new leadership skills and insights. For some, the seminars also fostered a sense of camaraderie, helping to facilitate networking opportunities.

However, when compared with fellows in Cohort 1, a lower percentage of Cohort 2 were “very satisfied” with the seminars (60 percent vs. 76 percent, respectively). To shed additional light on the factors that may have contributed to the difference in the fellows’ levels of satisfaction with the seminars, we examined the extent to which this core program component achieved a set of seven objectives that are consistent with its intent (**Exhibit 4**).

Overall, the seminars received high ratings across the majority of objectives. Two areas where the two cohorts differed most in their reported levels of satisfaction included “creating opportunities for self-reflection” and “enhancing leadership skills.” In both of these areas, a lower percentage of Cohort 2 fellows reported that they were “very satisfied” with the seminars in meeting these objectives.

Exhibit 3:
Overall Satisfaction with Leadership Seminars

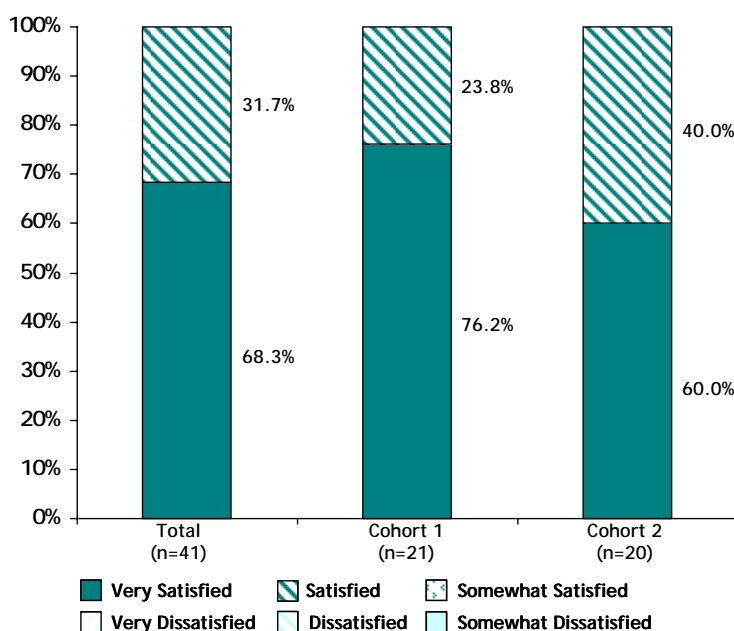


Exhibit 4:
Satisfaction with Leadership Seminars - Cohort 1 (n = 21)

Objective	Very Satisfied n (%)	Satisfied n (%)	Somewhat Satisfied n (%)
Presented thought-provoking ideas and information	17 (80.9%)	4 (19.1%)	0 (0.0%)
Addressed relevant content, themes and issues	14 (66.7%)	7 (33.3%)	0 (0.0%)
Addressed issues at the appropriate level	9 (42.8%)	11 (52.4%)	1 (4.8%)
Provided an opportunity to engage in meaningful dialogue with colleagues	14 (66.7%)	5 (23.8%)	2 (9.5%)
Created opportunities for self-reflection	16 (76.2%)	5 (23.8%)	0 (0.0%)
Enhanced leadership skills	16 (76.2%)	4 (19.0%)	1 (4.8%)
Provided inspiration for leadership work	18 (85.7%)	3 (14.3%)	0 (0.0%)

Satisfaction with Leadership Seminars - Cohort 2 (n = 19)

Objective	Very Satisfied n (%)	Satisfied n (%)	Somewhat Satisfied n (%)
Presented thought-provoking ideas and information	17 (89.4%)	1 (5.3%)	1 (5.3%)
Addressed relevant content, themes and issues	12 (63.2%)	7 (36.8%)	0 (0.0%)
Addressed issues at the appropriate level	12 (63.2%)	7 (36.8%)	0 (0.0%)
Provided an opportunity to engage in meaningful dialogue with colleagues	11 (57.8%)	4 (21.1%)	4 (21.1%)
Created opportunities for self-reflection	13 (68.4%)	4 (21.1%)	2 (10.5%)
Enhanced leadership skills	13 (68.4%)	5 (26.3%)	1 (5.3%)
Provided inspiration for leadership work	17 (89.5%)	2 (10.5%)	0 (0.0%)

While fellows and other key informants generally felt there currently was little need for a radical change in either their format or content, they offered a number of recommendations for improving the seminars. These included:

- Developing a “Hospital Administration 101” session, given that fellows increasingly are becoming hospital administrators or working more closely with them;
- Adding an exercise that would allow fellows time for self-reflection;
- Devoting a seminar to technology, including technology transfer, technology as a cost driver, EMR, etc., as well as how technology enables organizational transformation. Many fellows viewed the technology session as “somewhat biased” and the speakers as too “self-promoting;”
- Adding sessions that include changing demographics in California and its impact of health care, cultural competency, dealing with governance issues, working effectively with philanthropic issues and balancing work and personal life and the stress that results;
- Increasing the depth of topics covered. While this may require a decrease in the overall number of topics covered, fellows agreed that a more comprehensive rather than superficial coverage of topics would be more beneficial. The Program also is considering scheduling pre-seminar sessions (volunteer) to fit in content that cannot be scheduled during the regular program.
- Strengthening the public policy and legislative advocacy session to include actual skill building, such as learning how to advance an issue, how to get a bill written, how to think about a position on a bill, etc.

Fellows also cautioned that Program staff and faculty should continue to evaluate and refine program content to ensure that it remains relevant to leaders within the rapidly changing health care environment. Based on feedback from Program staff and faculty, the Program is being evaluated and modified continually. Debriefs are conducted following each seminar, with input provided by fellows, faculty and Advisory Board members. Examples of the types of modifications reported by the Program include replacing faculty and/or activities, trying new

tools and increasing experiential learning. Additionally, the entire program is subject to an annual comprehensive evaluation by Program staff and faculty.

B. UCLA Anderson School Seminar

The overwhelming majority of fellows surveyed reported high levels of satisfaction with their experience at the UCLA Anderson School (**Exhibit 5**). However, the majority of Cohort 2 fellows (55 percent) reported that they were “very satisfied,” compared with 43 percent of Cohort 1 fellows.

In general, fellows came into the Program without a great deal of training in business and finance. While most felt the material was presented at an understandable level, the time period devoted to such a vast and highly specialized content area was not seen as adequate. While fellows’ feedback was mixed regarding their ability to translate the language and concepts presented into their daily work, Cohort 2 fellows saw more opportunities for using these skills than Cohort 1.

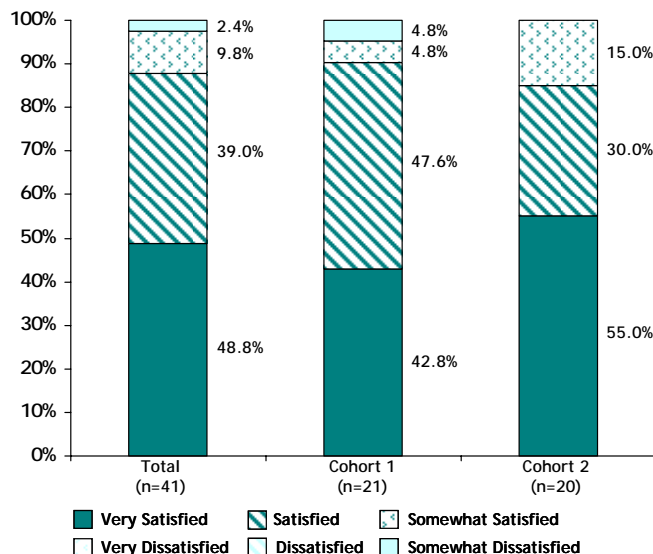
Fellows also raised issues regarding the lack of health focus of the curriculum and suggested retooling the business portion to have a more practical application of health care environment concepts. For example, the Program could incorporate a simulated model for developing a budget in a hospital, community health center, etc. In addition, involving faculty from the UCLA School of Public Health would bring in the public health perspective.

The project management aspect also received less positive reviews. During interviews, fellows indicated that the materials were not presented in a way that was most applicable to the audience. Rather than teaching how to use software, fellows would prefer to learn the skills needed to build and manage projects effectively.

Finally, given the scarce time available for in-person interactions and the need to maximize the opportunities for developing leadership skills, fellows suggested that this might be an area to consider scaling down.

Key informants other than the fellows also questioned the value of the Program’s affiliation with UCLA. While they acknowledged that the Program’s affiliation with a top business school may provide a degree of prestige that is beneficial in marketing and recruiting fellows, they pointed to the significant financial investment, as well as the loss of flexibility in program design as key considerations for the future.

**Exhibit 5:
Overall Satisfaction
with UCLA Anderson School Seminar**



C. Inter-session Activities

In between seminars, fellows participate in a variety of activities to keep active and engaged in the fellowship, promote learning and prepare for subsequent sessions. Assignments include readings and case studies, peer group interactions, telephone and web conferences with faculty and advisors and web-based tools to track goals and share experiences and progress.

While the majority of fellows (60 percent) assigned the inter-session activities at least a rating of “satisfied”, nearly 40 percent reported being less than satisfied with this aspect of the Program (Exhibit 6). Reported levels of overall satisfaction were consistent across both cohorts.

In order to gain a broader understanding of the fellows’ perceptions regarding inter-session activities, fellows were asked to rate their level of satisfaction across five objectives. Comparing responses from Cohort 1 and 2, revealed some differences in the fellows’ levels of satisfaction (Exhibit 7). Cohort 2 fellows reported higher levels of satisfaction during the seminars and providing the structure and content to prepare for future seminars.

Given that the Pod (discussed more fully in Section D of this chapter) provided the primary venue for interaction between seminars, it was a major influencer on the fellows’ perceptions of the inter-session activities. To that end, Cohort 2 fellows were more satisfied with their opportunities to interact with Pod Advisors and faculty during inter-sessions than fellows in Cohort 1. In fact, the majority of Cohort 2 fellows (58 percent) were either “satisfied” or “very satisfied” with their opportunities to connect with advisors and faculty, compared with only 29 percent of Cohort 1 fellows reporting similar levels of satisfaction.

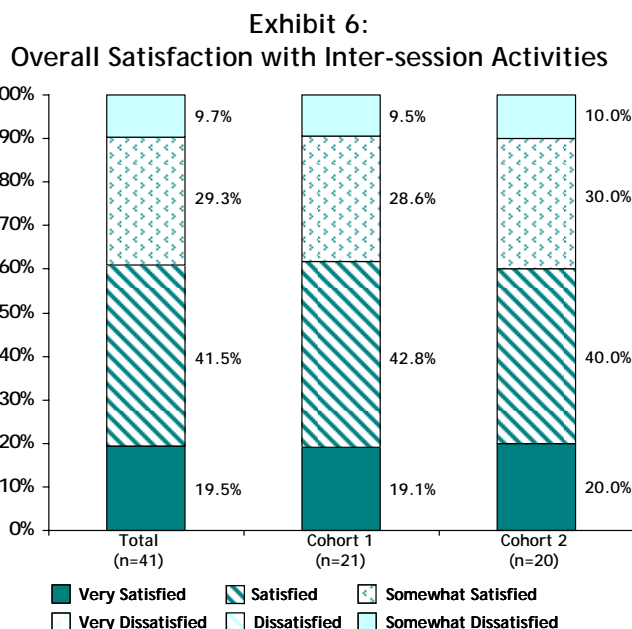


Exhibit 7:
Satisfaction with Inter-session Activities - Cohort 1 (n = 21)

Objective	Very Satisfied	Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Dissatisfied	Very Dissatisfied
Reinforced skills and lessons learned	1 (4.8%)	5 (23.8%)	12 (57.1%)	2 (9.5%)	1 (4.8%)	0 (0.0%)
Prepared for subsequent sessions	2 (9.5%)	8 (38.1%)	8 (38.1%)	3 (14.3%)	0 (0.0%)	0 (0.0%)
Provided adequate opportunities for telephone/web conferences with faculty and advisors	2 (9.5%)	4 (19.1%)	9 (42.8%)	3 (14.3%)	2 (9.5%)	1 (4.8%)
Incorporated in your schedule easily	5 (23.8%)	7 (33.3%)	4 (19.1%)	3 (14.3%)	2 (9.5%)	0 (0.0%)
Included relevant readings and case studies	6 (28.6%)	9 (42.8%)	6 (28.6%)	0 (0.0%)	0 (0.0%)	0 (0.0%)

Satisfaction with Inter-session Activities - Cohort 2 (n = 19)

Objective	Very Satisfied	Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Dissatisfied	Very Dissatisfied
Reinforced skills and lessons learned	5 (26.3%)	3 (15.8%)	10 (52.6%)	1 (5.3%)	0 (0.0%)	0 (0.0%)
Prepared for subsequent sessions	5 (26.3%)	9 (47.4%)	5 (26.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Provided adequate opportunities for telephone/web conferences with faculty and advisors	6 (31.6%)	5 (26.3%)	2 (10.5%)	4 (21.1%)	2 (10.5%)	0 (0.0%)
Incorporated in your schedule easily	3 (15.8%)	2 (10.5%)	8 (42.1%)	4 (21.1%)	2 (10.5%)	0 (0.0%)
Included relevant readings and case studies	5 (26.3%)	6 (31.6%)	8 (42.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)

D. Pod Experience

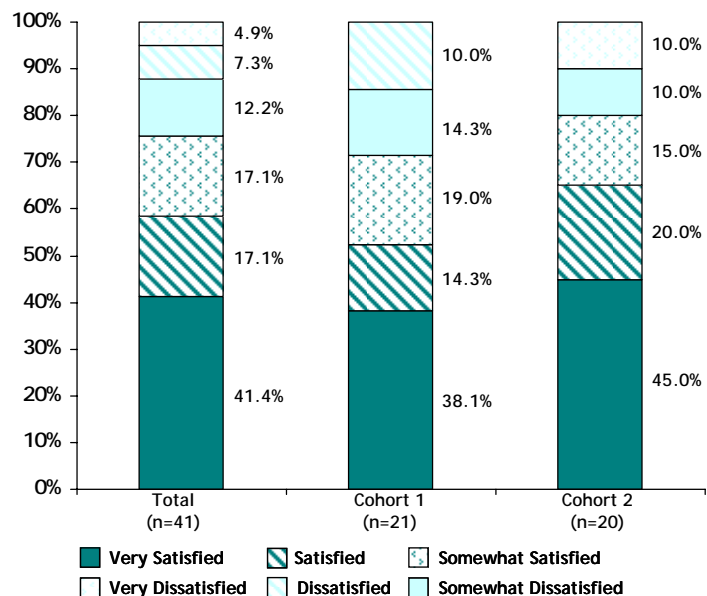
The Pod experience is unique in that it creates a built-in peer support group for fellows throughout the two-year fellowship to monitor activity, as well as personal growth, over time. These peer groups shift the focus of learning as individuals to learning as a group.

For the majority of fellows (58 percent), the Pod experience was a positive one. However, survey data indicated that satisfaction levels with the Pod experience are trending upward, with 45 percent of Cohort 2 fellows reporting a satisfaction rating of “very satisfied” (Exhibit 8).

While fellows in both cohorts acknowledged a degree of variability in the quality of the Pod experience, in general, they viewed the Pod as a valuable mechanism for fellows to learn to work in teams, to bond with other fellows and to receive guidance and coaching both on program activities and on career issues from their peers and Pod Advisors.

Exhibit 9 provides feedback from fellows on three aspects of the POD experience. While the primary focus of Cohort 1 fellows’ discontent with their Pod centered around the level of involvement and support received from the Pod Advisors, an improved level of satisfaction on this aspect of the Pod was reported by Cohort 2 fellows. While only 28 percent of Cohort 1 report at least a rating of satisfied, nearly 52 percent of Cohort 2 reported similar levels of satisfaction.

Exhibit 8: Overall Satisfaction with Pod Experience



“For me, the Pod was a ‘home,’ an intangible support system that encouraged each other.”

“The Pod experience was collegial and supportive, but not necessarily productive.”

Continuing to contribute to the fellows’ dissatisfaction with the Pod is the challenge that the geographical dispersion of Pod members creates for face-to-face interactions, hampering, in the view of many, the ability of fellows to build meaningful and productive relationships. While, geographic proximity is the primary criteria used by the Program to determine Pod membership, the geographic distribution of fellows does not always make it possible to structures Pods where every member is within close geographic proximity of one another and of the Pod Advisor.

Fellows also would like to have structured time during the first seminar for Pods to meet and begin developing a connection. Additionally, fellows would like more guidance from and access to their Pod Advisors. In response to that feedback, between Cohorts 2 and 3, the Program increased the amount of time the Pod Advisors spend with individuals in their assigned Pods.

“Our Pod Advisor was able to get the group to discuss relevant issues and confront difficult issues, which helped foster a trusting environment and allowed the group to take the extra leap.”

“What a wonderful experience! Our Pod went back and forth from being a support network to a learning collaborative.”

“Our Pod was rather disjointed and biased by having three fellows from the same health system. Our advisor was not well connected with the Pod. This was the least satisfactory aspect of the Program for me.”

“The Pod has been a safe place to test opinions and ideas prior to presenting them at work.”

**Exhibit 9:
Satisfaction with Pod Experience - Cohort 1 (n = 21)**

Objective	Very Satisfied	Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Dissatisfied	Very Dissatisfied
Pod leaders provided an appropriate level of guidance/support	1 (4.8%)	5 (23.8%)	6 (28.6%)	4 (19.0%)	3 (14.3%)	2 (9.5%)
Pod interactions generally were collegial/productive	11 (52.4%)	6 (28.6%)	1 (4.7%)	3 (14.3%)	0 (0.0%)	0 (0.0%)
Pod issues/topics provided meaningful learning opportunities	8 (38.2%)	4 (19.0%)	7 (33.3%)	2 (9.5%)	0 (0.0%)	0 (0.0%)

Satisfaction with Pod Experience - Cohort 2 (n = 19)

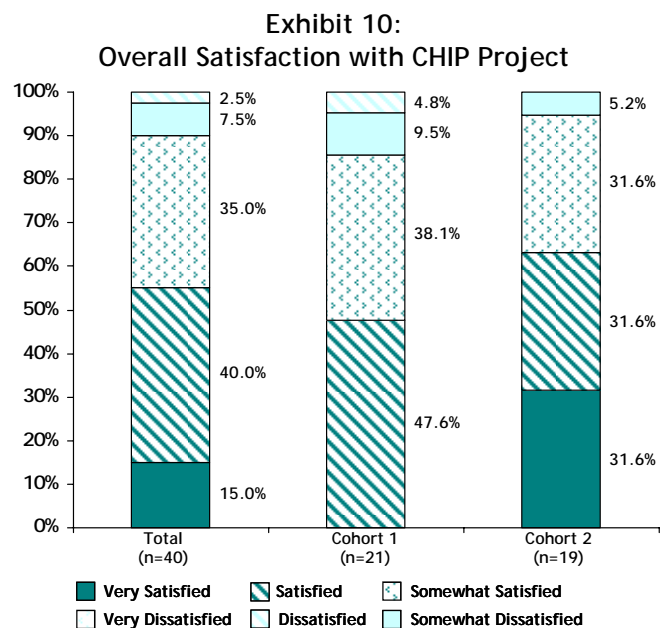
Objective	Very Satisfied	Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Dissatisfied	Very Dissatisfied
Pod leaders provided an appropriate level of guidance/support	7 (36.8%)	3 (15.8%)	4 (21.1%)	3 (15.8%)	2 (10.5%)	0 (0.0%)
Pod interactions generally were collegial/productive	11 (57.9%)	3 (15.8%)	2 (10.5%)	2 (10.5%)	1 (5.3%)	0 (0.0%)
Pod issues/topics provided meaningful learning opportunities	9 (47.3%)	2 (10.5%)	4 (21.1%)	4 (21.1%)	0 (0.0%)	0 (0.0%)

During interviews, Pod Advisors expressed a strong interest in having opportunities for advisors to interact with and learn from each other. They are eager to share their observations about their Pod experiences. Pod Advisors also would welcome more direction from the Program regarding their role as a Pod Advisor. While the Program indicates that it is providing more training and guidance to Pod Advisors, the role remains unclear for some. Pod Advisors also indicate that it would be beneficial to have access to all course materials in order to more effectively facilitate Pod discussions. Finally, Pod Advisors would like training on interpreting the various leadership assessment tools (Myers-Briggs, FIRO-B, etc.).

E. CHCF Management Improvement Project (CHIP)

The CHIP is a pragmatic exercise that creates an opportunity for fellows to draw on the skills and knowledge acquired during the Program to design and implement a project designed to improve and change their organizations. The CHIP project also provides opportunities for peer consultation, whereby fellows consider the challenges and issues facing their colleagues and offer practical advice on how best to resolve them.

Fellow’s overall level of satisfaction with the CHIP has greatly increased from Cohort 1 to Cohort 2 (**Exhibit 10**). Only 48 percent of Cohort 1 fellows were “satisfied” with their CHIP experience. This is in sharp contrast to the 63 percent of Cohort 2 fellows that reported similar satisfaction ratings. In fact, nearly one-third of Cohort 2 fellows were “very satisfied” with the CHIP, compared with none of their Cohort 1 counterparts.



To further tease out the factors that accounted for the CHIP satisfaction ratings reported by fellows, we examined three objectives that contribute to the success of this program component (**Exhibit 11**). Particularly noteworthy was the higher percentage of Cohort 2 fellows that saw the CHIP experience as an opportunity for them to apply the leadership skills acquired through the Program (89 percent vs. 43 percent for Cohort 1).

**Exhibit 11:
Satisfaction with CHIP - Cohort 1 (n = 21)**

Objective	Very Satisfied	Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Dissatisfied
Offered mechanisms to apply leadership skills learned	3 (14.3%)	6 (28.6%)	8 (38.1%)	3 (14.3%)	1 (4.8%)
Allowed you to leverage your project as an opportunity for further leadership development and professional growth	4 (19.0%)	8 (38.1%)	7 (33.4%)	2 (9.5%)	0 (0.0%)
Addressed issues of importance to the future of your organization	13 (62.0%)	4 (19.0%)	2 (9.5%)	2 (9.5%)	0 (0.0%)

Satisfaction with CHIP - Cohort 2 (n = 19)

Objective	Very Satisfied	Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Dissatisfied
Offered mechanisms to apply leadership skills learned	6 (31.6%)	11 (57.9%)	2 (10.5%)	0 (0.0%)	0 (0.0%)
Allowed you to leverage your project as an opportunity for further leadership development and professional growth	8 (42.1%)	6 (31.6%)	4 (21.1%)	1 (5.2%)	0 (0.0%)
Addressed issues of importance to the future of your organization	12 (63.1%)	3 (15.8%)	4 (21.1%)	0 (0.0%)	0 (0.0%)

During interviews, fellows in both cohorts reported being confused at the outset about the CHIP objectives or process for executing their project. Further, they reportedly lacked adequate support and guidance from the Program staff in selecting and shaping their projects.

However, despite its perceived rocky course, for most, the CHIP experience resulted in valuable projects being implemented at the fellows’ home organizations. However, many fellows suggested that the project was something they would or could have accomplished without the fellowship program.

Most projects were focused at the organizational level. Both fellows and key stakeholders see this as an important first step in creating more widespread changes in the broader health care system. However, they offered the suggestion of structuring the CHIP as a group project rather than an individual undertaking.

Many key informants agreed with the fellows’ assessment, suggesting that the CHIP projects, particularly in Cohort 1, were too narrowly focused, not rigorous enough and lacked the creativity that a program of this caliber should be producing. Additionally, some acknowledged that, while the format of the CHIP presentations at the final seminar was “fun and creative,” it may not have provided the best forum for comprehensively showcasing the fellows’ CHIP experience.

“Not having an understanding of what the CHIP project entailed prior to the seminar made it difficult for me to select and write-up a project on the spot.”

“My CHIP project on improving physician retention was adopted by my organization shortly after I designed it. While it wasn’t successful in reducing turnover, it was a valuable learning experience.”

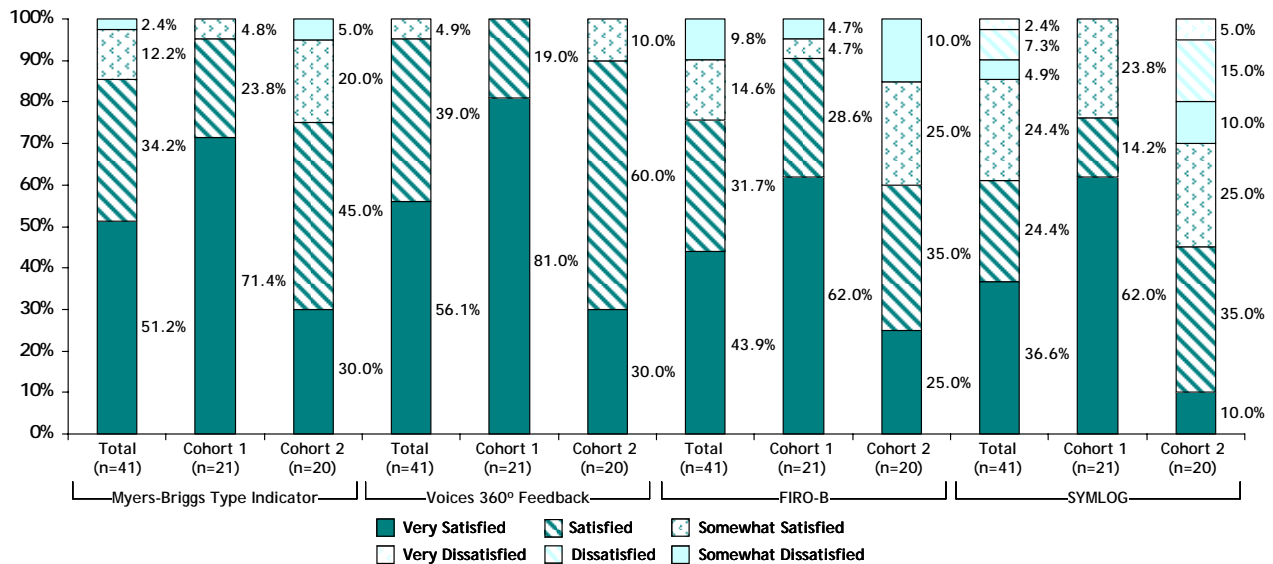
“Prior to CHCF, I operated many of my pilot program under the radar screen because I was uncomfortable getting involved in organizational politics. Now I feel more comfortable going directly to my supervisor and laying out a given project”.

“Although a challenge, daunting at first, the CHIP was the most relevant self-directed activity for me.”

Program staff and faculty report that revisions were made to the CHIP. Cohort 2 received more feedback from faculty on their projects, letting them know, for example, when their goals are too lofty or too narrow. The Program also provides a framework for fellows in helping to design their CHIP that includes being able to articulate the mission of the organization housing the project, to identify the target audience (staff, clients, etc.) and to state clearly what they are trying to accomplish. Fellows also are encouraged to use their Pods for feedback, thereby developing their cross collaboration skills. CHIP management projects are now on the intranet, allowing all fellows (new classes, current fellows and alumni) to learn from and about each other’s projects. Fellows suggest that it would be helpful to have project descriptions that describe what each fellow did, when they learned, what was evaluated, what data was collected and how it was applied. The Program also has increased classroom time to allow for sharing of projects.

F. Personal Leadership Development

Exhibit 12:
Overall Satisfaction with Leadership Assessment Instruments



One key focus of the Program is personal leadership development. Fellows are exposed to a variety of leadership assessment instruments and other self assessment tools that include VOICES 360° reviews, Myers-Briggs, FIRO-B, SYMLOG and individual coaching sessions to help identify the areas on which the fellows needed to work over the course of the fellowship. In addition, fellows used a web-based tool – Friday5s – to track development goals and share experiences and progress.

Exhibits 12 and 13 details the fellows’ level of satisfaction with the various leadership assessments tools. The majority of fellows valued the opportunity to “learn about self” from the feedback obtained from the VOICES 360°. While some individuals expressed a degree of discomfort with the process, the benefits associated with going through the feedback exercise more than outweighed the cons. However, the level of satisfaction with this type of feedback declined somewhat for Cohort 2 fellows, with only 30 percent reporting a satisfaction rating of “very satisfied”, compared with 81 percent of their Cohort 1 counterparts.

“I was starved for honest feedback specific to my strengths and weaknesses, and I got it.”

“I was able to use my Myers-Briggs and 360° feedback to enhance the things that come naturally and feel more comfortable doing things that feel less comfortable.”

“The feedback I received served as a thread for me throughout the Program. It allowed me to identify my comfort zone and help determine the issues I wanted to take on.”

“Thinking about my SYMLOG feedback, leaders have a variety of personality types and it would be more interesting to learn what makes people of all personality types good leaders.”

For the remainder of the assessment instruments (Myers-Briggs, FIRO-B and SYMLOG) the level of satisfaction also declined for Cohort 2 fellows. One possible explanation for the lower satisfaction ratings assigned to the various leadership assessment instrument by Cohort 2 fellows is that more of them had prior exposure to these tools.

Exhibit 13:
Satisfaction with Leadership Assessment Instruments - Cohort 1 (n = 21)

Instrument	Very Satisfied	Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Dissatisfied	Very Dissatisfied
Myers-Briggs Type Indicator	15 (71.4%)	5 (23.8%)	1 (4.8%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Voices 360° Feedback	17 (81.0%)	4 (19.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
FIRO-B	13 (62.0%)	6 (28.6%)	1 (4.7%)	1 (4.7%)	0 (0.0%)	0 (0.0%)
SYMLOG	13 (62.0%)	3 (14.2%)	5 (23.8%)	0 (0.0%)	0 (0.0%)	0 (0.0%)

Satisfaction with Leadership Assessment Instruments - Cohort 2 (n = 20)

Instrument	Very Satisfied	Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Dissatisfied	Very Dissatisfied
Myers-Briggs Type Indicator	6 (30.0%)	9 (45.0%)	4 (20.0%)	1 (5.0%)	0 (0.0%)	0 (0.0%)
Voices 360° Feedback	6 (30.0%)	12 (60.0%)	2 (10.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
FIRO-B	5 (25.0%)	7 (35.0%)	5 (25.0%)	3 (15.0%)	0 (0.0%)	0 (0.0%)
SYMLOG	2 (10.0%)	7 (35.0%)	5 (25.0%)	2 (10.0%)	3 (15.0%)	1 (5.0%)

Another tool used by the Program is the Friday5. This tool provides a structure for fellows to provide input on their progress and for faculty and Pod Advisors to provide feedback. Fellows provided less than positive feedback on the usefulness of the Friday5. In fact, only 19 percent of the fellows said they were satisfied with their experience with the Friday5. Fellows in both cohorts found the tool difficult to use and would have preferred a more interactive tool that could offer suggested readings or contacts for further assistance. However, fellows did acknowledge that knowing there was time scheduled each month to report on the progress being made on goals was a positive motivator for them.

The Program staff support the continued use of the Friday5 for monitoring the progress fellows are making. While no major changes have been made to this component of the Program, Fort Hill, the company responsible for Friday5s, has made modifications to make the tool more user friendly.

Chapter 3: Measuring Program Success

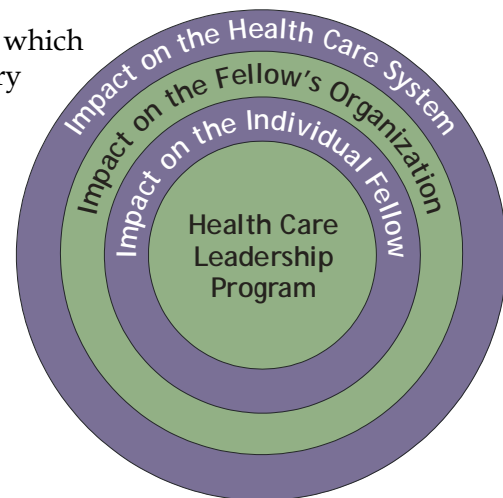
While it is too soon to assess the long-term outcomes of the Program, early evidence suggests that it holds a great deal of promise for building a network of health care leaders who will shape a more responsive and effective health care system in California. The Program has helped fellows see issues from a much broader perspective and positioned them to work collaboratively.

It is clear that Cohort 1 and 2 fellows have expanded their leadership capacity beyond what would have taken place absent the Program, and they are applying the management and leadership skills and practices in their health care organizations. Almost without exception, fellows reported that the Program has had a major influence on their careers and career goals. Of particular note, the vast majority of fellows (90 percent) indicated that their fellowship experience increased the likelihood of them remaining in their field and not “burning out.”

Employers see the Program as going beyond what individual organizations could do in providing leadership training. The Program brings together leaders from all sectors of health care in California and exposes them to each other’s issues, creating a community of leaders trained with a common vision. However, employers stress that the “payoff” is not immediate.

This chapter examines more closely the potential impact of the Program across three domains:

- **On the individual fellow**, by exploring the extent to which they have acquired the skills and confidence necessary to enhance their personal and professional growth;
- **On the fellow’s organization**, by examining the extent to which fellows are increasing their roles and ability to apply specific leadership skills within their organizations; and
- **On the health care system in California**, by identifying the extent to which fellows are achieving heightened profiles and pursuing leadership roles outside their own organizations.



I. Influence on Personal and Professional Growth

Individuals are typically the primary focus for leadership programs. The development of skills and knowledge and the changes in attitudes, perspectives and behaviors are all potential individual outcomes. This evaluation examined six individual level competencies addressed in the Program to determine the extent to which participation influenced the fellows’ abilities in those areas. The individual competency areas included: 1) skill development; 2) communication; 3) confidence and risk taking; 4) knowledge development; 5) collaboration and partnership; and 6) professional development.

A. Skill Development

The CHCF fellows were asked to rate the extent to which their participation in the Program helped them to develop or improve existing skills that would enhance their leadership ability. **Exhibit 14** presents data reported by the fellows for seven skills areas. Not surprisingly, both cohorts reported the greatest influence in the areas of team building and goal setting, two areas particularly emphasized by the Program.

In another area of skill development on which the Program focused, namely conflict resolution, fellows did not rate the Program’s influence as great. Both fellows and their employers noted that the ability to manage conflict is essential for anyone in a leadership position and that other strategies for more effectively addressing this topic should be explored and incorporated into the Program.

“We had good ideas. We didn’t have the skill set. The program offers the skills to work the ideas.”

“I used the team building skills to turn and ‘us vs. them” situation by bringing physicians into utilization review. Working with the physicians and UR staff, we were able to increase the appropriateness of referrals resulting in more positive outcomes for patients and reducing the paperwork.”

“I’ve widened my sphere of influence. I’m able to think strategically about what I can and cannot do, then articulate strategically to my supervisor.”

Exhibit 14:
CHCF Influence on Skill Development - Cohort 1 (n = 21)

	A Great Deal	Somewhat	Not at All
Facilitation	8 (38.1%)	12 (57.1%)	1 (4.8%)
Strategic Planning	12 (57.1%)	8 (38.1%)	1 (4.8%)
Problem-solving	12 (57.1%)	9 (42.9%)	0 (0.0%)
Training	6 (28.6%)	14 (66.6%)	1 (4.8%)
Team Building	14 (66.7%)	7 (33.3%)	0 (0.0%)
Goal-setting	17 (80.9%)	4 (19.1%)	0 (0.0%)
Conflict Resolution	8 (38.1%)	12 (57.1%)	1 (4.8%)

CHCF Influence on Skill Development - Cohort 2 (n = 20)

	A Great Deal	Somewhat	Not at All
Facilitation	9 (45.0%)	11 (55.0%)	0 (0.0%)
Strategic Planning	12 (60.0%)	6 (30.0%)	2 (10.0%)
Problem-solving	6 (30.0%)	14 (70.0%)	0 (0.0%)
Training	7 (35.0%)	11 (55.0%)	2 (10.0%)
Team Building (n=19)	13 (68.4%)	5 (26.3%)	1 (5.3%)
Goal-setting	17 (85.0%)	3 (15.0%)	0 (0.0%)
Conflict Resolution	8 (40.0%)	12 (60.0%)	0 (0.0%)

B. Communication

Fellows were asked to provide information on the extent to which the Program helped them become more effective communicators (**Exhibit 15**). From the fellows’ perspective, the Program went beyond simply improving their oral and written skills. Fellows conveyed an increased ability to, not only listen to, but express differing opinions in a more constructive manner. Employers also cited positive changes in the fellows’ ability to use their newly acquired communication skills to develop more effective interpersonal relationships within their organizations. One employer notes, “she is a better listener and thinks before reacting.”

“I was asked to do an interview for the local (Bay area) news and found my training with Eda Roth helpful in communicating my message.”

“I am able to engage in controversial discussions more easily and comfortably.”

“I pay more attention to other people and am more deliberate in how I communicate.”

“I was quoted in the Pasadena Star newspaper regarding the impact of hospital closure in the area.”

Using skills gained from the Program, fellows also have achieved increased levels of success in creating and disseminating their messages. For some fellows, particularly those in Cohort 2, this has resulted in, not only responding to, but seeking out public speaking opportunities which, in turn, have increased their ability to mobilize people and garner support needed to make changes within their institutions.

Exhibit 15:
CHCF Influence on Communication Skills - Cohort 1 (n = 21)

	A Great Deal	Somewhat	Not at All
Oral and written skills	6 (28.6%)	14 (66.6%)	1 (4.8%)
Ability to express/hear divergent opinions	13 (61.9%)	8 (38.1%)	0 (0.0%)
Ability to gain support of influential people	11 (52.4%)	10 (47.6%)	0 (0.0%)
Ability to mobilize political will for change	8 (38.1%)	13 (61.9%)	0 (0.0%)
Ability to utilize the media	4 (19.0%)	11 (52.4%)	6 (28.6%)

CHCF Influence on Communication Skills - Cohort 2 (n = 20)

	A Great Deal	Somewhat	Not at All
Oral and written skills	9 (45.0%)	11 (55.0%)	0 (0.0%)
Ability to express/hear divergent opinions	13 (65.0%)	7 (35.0%)	0 (0.0%)
Ability to gain support of influential people	15 (75.0%)	5 (25.0%)	0 (0.0%)
Ability to mobilize political will for change	10 (50.0%)	10 (50.0%)	0 (0.0%)
Ability to utilize the media	3 (15.0%)	11 (55.0%)	6 (30.0%)

C. Confidence and Risk Taking

Being able to take calculated risks, think out of the box and come up with new approaches to work is critical for individuals in leadership positions. Many of the assignments and exercises presented during the Program created opportunities for fellows to move outside their comfort zones, to build confidence and to explore new ways of thinking about and tackling the complex issues facing their organizations and the broader field of health care.

Exhibit 16 presents the fellows’ assessment of the level of influence the Program had on their confidence and ability to take risks. Most commonly, fellows credit the Program with increasing their level of confidence and self-image and providing the skills and support needed to put forward creative approaches for addressing issues facing their organizations.

“Seeing others struggle with aspects of the leadership experience and feeling safe as I shared my challenges was liberating and tremendously energizing. As my energy increased, so did my confidence and willingness to try new ways of doing things.”

“I was able to gain an understanding of what holds me back and have consciously worked to change it.”

“I’ve learned to balance my personal critique of my work with the positive feedback from fellows to become more outgoing and less self conscious. I would not have gotten this from an MBA program.”

“I’m not only more willing to go out on a limb to get projects done but I have the tools to convince others that the projects have merit.”

Exhibit 16:
CHCF Influence on Confidence and Risk Taking - Cohort 1 (n = 21)

	A Great Deal	Somewhat	Not at All
Confidence and self-image	16 (76.2%)	5 (23.8%)	0 (0.0%)
Abilities to take greater risks	10 (47.6%)	10 (47.6%)	1 (4.8%)
Willingness to move outside traditional and patterned ways of thinking	12 (57.1%)	9 (42.9%)	0 (0.0%)
Willingness to suggest creative solutions to others within the organization	15 (71.4%)	6 (28.6%)	0 (0.0%)

CHCF Influence on Confidence and Risk Taking - Cohort 2 (n = 20)

	A Great Deal	Somewhat	Not at All
Confidence and self-image	10 (50.0%)	8 (40.0%)	2 (10.0%)
Abilities to take greater risks	9 (45.0%)	9 (45.0%)	2 (10.0%)
Willingness to move outside traditional and patterned ways of thinking	11 (55.0%)	9 (45.0%)	0 (0.0%)
Willingness to suggest creative solutions to others within the organization	12 (60.0%)	8 (40.0%)	0 (0.0%)

D. Knowledge Development

The fellowship program not only provided an opportunity for fellows to broaden their knowledge of the health care field, but also created forums for fellows to gain a better understanding of the various other entities that have a major impact on how health care is delivered and financed.

Most fellows gained some added knowledge of the health care field, primarily resulting from the diversity of settings represented by the fellows. However, fellows saw the greatest influence of the Program on their knowledge of government, politics, media, environment and economics (**Exhibit 17**).

“Exposure to issues/challenges in other settings, increased my sensitivity to colleagues in other areas.”

“The greatest area of new knowledge has been in the area of government and politics. Having the ability to examine how decisions are made at the state level was eye opening.”

“The combination of assorted physician leadership roles with nurse leaders was a gold mine for learning.”

Exhibit 17:
CHCF Influence on Knowledge Development - Cohort 1 (n = 21)

	A Great Deal	Somewhat	Not at All
Knowledge of health field	7 (33.3%)	14 (66.7%)	0 (0.0%)
Knowledge of other fields or knowledge relevant to your work	11 (52.4%)	10 (47.6%)	0 (0.0%)
Knowledge of broad issue areas, such as government and politics, mass media, economics, environmental issues, etc.	14 (66.7%)	7 (33.3%)	0 (0.0%)

CHCF Influence on Knowledge Development - Cohort 2 (n = 20)

	A Great Deal	Somewhat	Not at All
Knowledge of health field	11 (55.0%)	8 (40.0%)	1 (5.0%)
Knowledge of other fields or knowledge relevant to your work	15 (75.0%)	5 (25.0%)	0 (0.0%)
Knowledge of broad issue areas, such as government and politics, mass media, economics, environmental issues, etc.	18 (90.0%)	2 (10.0%)	0 (0.0%)

E. Collaboration and Partnerships

Another indicator of the impact of the Program is the ability of the fellows to work collaboratively and create partnerships that can be used to make positive changes in their organizations, as well as the broader health care system.

Exhibit 18 presents information related to the fellows perceptions of the impact of the Program on collaboration and partnerships. Even at this early stage, fellows are acknowledging the influence of the Program to work collaboratively on projects with entities outside their own organization, as well as with other CHCF fellows. Fellows acknowledge that they continue to explore ways of working with fellows, particularly with those in their Pods.

Another unquestionably successful aspect of the Program has been its influence on the fellows’ ability to expand their professional networks. Eighty percent of all fellows were either “satisfied” (24 percent) or “very satisfied” (58 percent) with their opportunities to network with other fellows, program staff, faculty, Advisory Board members and guest lecturers. However, fellows in Cohort 2 reported lower levels of satisfaction with networking opportunities, with only 65 percent reporting being at least satisfied compared with 100 percent of Cohort 1 fellows.

One strategy for fostering networking among fellows is through an intranet launched by the Program. The site includes a directory of all fellows, faculty, Pod Advisors, etc. It includes contact information, area of interest, etc. It also includes all inter-session assignments, copies of PowerPoint presentations, workbooks and other seminar handouts. Fellows, faculty and Pod Advisors can use the site to e-mail one another, leave messages and begin topic-based discussions through the message board. These two features addressed the fellows desire for a listserv. A forum for real time discussion is in development. All current fellows and alumni have access to the site.

“I am now working collaboratively with other community organizations and providers to form a framework for QI activities related to disabilities, asthma, children with special needs and behavioral health integration.”

“I am working to bridge the gap in our community between the hospital and public mental health services.”

“I’m now collaborating with other nurse executives on RN recruitment/retention strategies and implementation of nursing ratio legislation. I would have stayed on the sideline if not for the Program.”

“For me, the ability to collaborate with colleagues throughout CA is the core of the fellowship. It’s why I applied.”

“I’ve been asked by another fellow to speak on panels at UCSF. I think it’s wonderful to be pulled into things like this.”

Exhibit 18:
CHCF Influence on Collaboration and Partnerships - Cohort 1 (n = 21)

	A Great Deal	Somewhat	Not at All
Ability to expand professional networks	15 (71.4%)	6 (28.6%)	0 (0.0%)
Ability to engage interdisciplinary groups	12 (57.1%)	9 (42.9%)	0 (0.0%)
Involvement in collaborative projects with other organizations	9 (42.9%)	12 (57.1%)	0 (0.0%)
Involvement in collaborative projects with other CHCF fellows	5 (23.8%)	15 (71.4%)	1 (4.8%)
Ability to guild relationships across the various health care sectors	12 (57.1%)	9 (42.9%)	0 (0.0%)

CHCF Influence on Collaboration and Partnerships - Cohort 2 (n = 20)

	A Great Deal	Somewhat	Not at All
Ability to expand professional networks	17 (85.0%)	3 (15.0%)	0 (0.0%)
Ability to engage interdisciplinary groups	13 (65.0%)	7 (35.0%)	0 (0.0%)
Involvement in collaborative projects with other organizations	8 (40.0%)	12 (60.0%)	0 (0.0%)
Involvement in collaborative projects with other CHCF fellows	7 (35.0%)	11 (55.0%)	2 (10.0%)
Ability to guild relationships across the various health care sectors	12 (60.0%)	8 (40.0%)	0 (0.0%)

II. Influence on Organizations

Organizational impacts are a desired outcome of the Program. We examined ways in which fellows are increasing their roles and abilities to apply specific leadership skills within their organizations. Recognizing that another important indicator of program success is the value of the Program from the fellows’ employers’ perspective, we elicited feedback from employers, who were able to provide information regarding the ability of fellows to translate CHCF-acquired leadership skills into improved organizational performance.

Many fellows began the Program thinking that the benefits largely would be individual and were surprised how much of an effect it had on their organizations. The overwhelming majority of fellows (95 percent) credited the Program with influencing their ability to create, structure and effectively implement changes with their organizations.

Many fellows acknowledged a notable change their relationships with colleagues, staff and supervisors. Fellows are actively soliciting feedback from their colleagues. A number of fellows reported that they are better at delegating, an assertion that was confirmed by employers. Others see their thinking as more strategic.

Exhibit 19 provides information from fellows on the various ways the Program has influenced their organizations.

“The program gave me the permission I needed to ask others to help me get things done and, therefore, allowed me to be more effective and satisfied with my own performance.”

“I’ve delegated much more clinical operational issues, freeing up my time for more strategic activities, program planning and political advocacy.”

“I tried to keep my eye on broader organizational issues. I spend more time on staff development and make sure staff have goals we can work toward.”

“I’m more comfortable as a leader. I’m able to let others solve problems, even though they may come up with a different solution from mine. I now can say, if the organization is getting the results it’s looking for, that’s okay.”

“I now have the courage to ask colleagues for feedback in the areas I need to improve, rather than relying on anonymous surveys.”

“I’ve widened my sphere of influence. I’m better able to think strategically about what I can and cannot do. I can more effectively articulate the tradeoffs to my supervisors.”

“I’ve learned how to be more effective at leading from behind.”

Exhibit 19:
CHCF Influence on Fellow’s Organization - Cohort 1 (n = 21)

	A Great Deal	Somewhat	Not at All
Ability to engage others to get work done rather than doing it yourself	14 (66.6%)	6 (28.6%)	1 (4.8%)
Ability to be more proactive rather than reactive	15 (71.4%)	6 (28.6%)	0 (0.0%)
Your leadership responsibilities	15 (71.4%)	5 (23.8%)	1 (4.8%)
Ability to develop new projects or programs	14 (66.7%)	7 (33.3%)	0 (0.0%)

CHCF Influence on Fellow’s Organization - Cohort 2 (n = 20)

	A Great Deal	Somewhat	Not at All
Ability to engage others to get work done rather than doing it yourself	16 (80.0%)	4 (20.0%)	0 (0.0%)
Ability to be more proactive rather than reactive	11 (55.0%)	9 (45.0%)	0 (0.0%)
Your leadership responsibilities	14 (70.0%)	6 (30.0%)	0 (0.0%)
Ability to develop new projects or programs	14 (70.0%)	5 (25.0%)	1 (5.0%)

Another way to look at the success of the Program is to determine whether the fellows are initiating leadership training opportunities within their organizations. Fellows report bringing aspects of the leadership Program into their organizations.

- One fellow noted using the VOICES 360° reviews to initiate leadership training for Associate Directors of the Geriatric Academic Programs. Thirty individuals have gone through the 360° reviews.
- Using the skills and knowledge gained from the Program, another fellow helped his organization develop a program for individuals pegged as future leaders.
- Another fellow set a calendar within his organization to tackle various leadership issues. One session was devoted to developing a profile of a great leader, understanding where group members fit within that profile, selecting an area on which each individual would work and getting feedback. He notes, “the group is beginning to see results and is having success finding concrete solutions to issues facing their departments.”
- At another fellow’s organization, 360° reviews have been instituted for medical students. Every other week, each medical student is evaluated on professionalism, communication, kindness, etc. by a patient, a nurse and another care provider. Students do not choose the evaluators. The fellow reports, “students are responding well and we are seeing huge behaviors shifts, not as many patient complaints or reports of rudeness from nurses and clerks.”

Finally, we looked to the employer to provide their perspectives on the value of the Program. Employers interviewed were well versed in the various components and what fellows are accomplishing.

Many shared examples of why the Program is important for supporting the development of emerging leaders both in their organizations and in the broader health care field in California:

“The fellow is beginning to see leadership as a ‘team sport.’ Before participating in the Program, she would identify what she thought were organizational priorities without seeking input from others; ultimately, she would see these programs fail. Today, the fellow sees how programs fit into the big picture, how others in the organization are affected by decisions and that including others in the decision-making process when developing goals achieves buy-in and allows the programs to succeed.”

“While the fellow has a strong ability to work process and is extremely results oriented, there were concerns that taking into consideration the human factor took a back seat. Now, the fellow

is developing a stronger, more inclusive approach. This change was noted by individuals who contributed feedback in the fellow's annual review."

"Change takes time. It wasn't until the second year of the Program that I saw changes in the fellow. He became a better listener and began embracing contradictory views. That second year of the Program made a huge difference."

"The Program offered the fellow an opportunity to develop the necessary skill sets to enhance their personal interactions and increase their ability to work through influence. She's developed an external view of her work, learned how to appreciate and respond to those externals and learned how to develop a closer, deeper network of people with whom she interacts."

"Programs like the Health Care Leadership Program help organizations strengthen their leadership infrastructure and leadership succession planning. It offers a common approach and an opportunity to work with peers, both formally and informally."

"The fellow has built a set of interpersonal skills that allow her to interact more effectively with others."

"While it's early, it appears that the program has given the fellow the skills he needs to be successful in establishing himself as a leader in emergency medicine and administration."

"I discussed the personal development feedback with the fellow, who was surprised to see others noted weaknesses in his appreciation of how important process is for the organization. While he now has a greater respect for process, it is still not part of his nature and it will take time for him to fully appreciate and integrate it into his leadership role."

III. Influence on Health Care System

The ultimate test of the success of the Program will be to see how fellows behave as they become more influential in their organizations and more broadly in the health care system in California. The evaluation explored the extent to which participating in the Program inspired fellows to move beyond their organizations and pursue larger roles within their communities and the broader health care system.

The Program is young and continues to evolve. To date, two cohorts of fellows have graduated. It is important that expectations regarding impacts on the broader health care system be viewed with this caveat in mind. Employers noted that the program is providing the catalyst to not only create change in the fellows but in the broader health care system.

Despite the Program's youth, fellows report applying acquired skills and knowledge in leadership roles and activities outside their home institutions. **Exhibit 20** provides feedback from the fellows on ways in which the Program helped to shape their ability to influence the broader health care system. Of particular note, fellows viewed their participation in the Program as central to their ability to be more effectively engage with policymakers on health care issues.

Exhibit 20:
CHCF Influence on Shaping the Health Care System and Health Policy - Cohort 1 (n = 21)

	A Great Deal	Somewhat	Not at All
Influenced ability to develop new community coalitions or collaborations	6 (28.6%)	12 (57.1%)	3 (14.3%)
Influenced ability to develop new projects or programs in your community	5 (23.8%)	12 (57.1%)	4 (19.1%)
Influenced your ability to make policymakers aware of and attuned to health care issues	5 (23.8%)	15 (71.4%)	1 (4.8%)
Influenced involvement in community activities, civic affairs, volunteer work	5 (23.8%)	11 (52.4%)	5 (23.8%)

CHCF Influence on Shaping the Health Care System and Health Policy - Cohort 2 (n = 20)

	A Great Deal	Somewhat	Not at All
Influenced ability to develop new community coalitions or collaborations	9 (45.0%)	10 (50.0%)	1 (5.0%)
Influenced ability to develop new projects or programs in your community	8 (40.0%)	8 (40.0%)	4 (20.0%)
Influenced your ability to make policymakers aware of and attuned to health care issues	7 (35.0%)	12 (60.0%)	1 (5.0%)
Influenced involvement in community activities, civic affairs, volunteer work (19)	3 (15.8%)	12 (63.2%)	4 (21.0%)

Another potential measure of the extent to which fellows are expanding their leadership roles is the Program’s influence on time spent in various activities expected of leaders. Having a better understanding of the change in time fellows devoted by type of activity since participating in the Program may provide corroborating evidence to support an enhanced leadership profile (**Exhibit 21**).

While there has not been a change in many of these activities to date, some of which may be attributable to the limited time between the completion of the Program and obtaining the data, there is some early evidence that fellows are moving into areas and activities typically associated with individuals in leadership positions.

“Five to 10 years from now, when looking at the leading 50 to 100 health care organizations in California, they should be populated substantially by CHCF Leadership Program fellows.”

“I used to think of politics as something I didn’t want to get involved in. Now I see it as essential to changing the health care system. I need to make things happen, not just sit back. The program has given me the confidence and skills to get involved.”

“I have developed access to our local media. I was once on the front page three times in one month. I would not have taken this step without the skills gained from the Program.”

Exhibit 21:
Change in Time Spent of Selected Leadership Activities - Cohort 1 (n = 21)⁴

	Significantly Increased	Increased	Not Changed at All	Decreased	Significantly Decreased
Connections with current health care leaders	4 (19.0%)	8 (38.1%)	5 (23.9%)	4 (19.0%)	0 (0.0%)
Publications	0 (0.0%)	5 (23.8%)	15 (71.4%)	0 (0.0%)	1 (4.8%)
Presentations at professional meetings	3 (14.3%)	7 (33.3%)	11 (52.4%)	0 (0.0%)	0 (0.0%)
Leadership positions within professional organizations	2 (9.5%)	9 (42.8%)	8 (38.1%)	1 (4.8%)	1 (4.8%)
Testimony at legislative hearings and/or other venues where policy issues are addressed	1 (4.8%)	3 (14.2%)	16 (76.2%)	0 (0.0%)	1 (4.8%)
Media coverage	3 (14.3%)	3 (14.3%)	13 (61.9%)	1 (4.8%)	1 (4.7%)

Change in Time Spent of Selected Leadership Activities - Cohort 2 (n = 20)⁴

	Significantly Increased	Increased	Not Changed at All	Decreased	Significantly Decreased
Connections with current health care leaders	6 (30.0%)	11 (55.0%)	3 (15.0%)	0 (0.0%)	0 (0.0%)
Publications	1 (5.0%)	5 (25.0%)	13 (65.0%)	1 (5.0%)	0 (0.0%)
Presentations at professional meetings	1 (5.0%)	10 (50.0%)	9 (45.0%)	0 (0.0%)	0 (0.0%)
Leadership positions within professional organizations	3 (15.0%)	5 (25.0%)	12 (60.0%)	0 (0.0%)	0 (0.0%)
Testimony at legislative hearings and/or other venues where policy issues are addressed	1 (5.0%)	8 (40.0%)	11 (55.0%)	0 (0.0%)	0 (0.0%)
Media coverage	3 (15.0%)	7 (35.0%)	10 (50.0%)	0 (0.0%)	0 (0.0%)

* *fellows reporting either a significant decrease or decrease in time spent in the various activities note that their dedication to the fellowship and return to their organizations upon completion has not yet allowed them the time needed to engage in these activities.*

IV. Sustaining the Impact of the CHCF Leadership Program

The CHCF Leadership Program remains relatively young. The Program has successfully graduated two cohorts of fellows and scored highly on factors that will influence continued Program success. An important outcome of the Program will be its ability to sustain the impact and momentum created to date. As a result, establishing a structure to sustain and build on its activities is now a critical goal for the Program.

Fellows and stakeholder groups alike expressed the importance of maintaining the network of health care leaders being created. It is critical that “graduation” from the Program be seen as a

⁴ We intend to explore more specific examples of how fellows have increased or significantly increased their involvement in the selected leadership activities in our final evaluation report.

beginning, not an end. Fellows noted that they participated in the Program to gain a better sense of where the broader health care field is going and what their role could be. Many felt that program alumni have an opportunity to carry what they have learned from the Program beyond their organizations to improve the health care system in California. Fellows, not only want an opportunity, but see an obligation to give back to the Program. They are energetic and committed to making a difference.

To that end, fellows, both graduated and active, are engaged in activities to formalize and advance the activities of the alumni network. To date, the network has adopted by-laws, established a dues structure and held meetings to begin setting agendas⁵. The alumni group will hold a strategic planning session in January 2005.

The Foundation and Program office share the fellows' commitment to sustaining the impact of the CHCF Leadership Program. To that end, the Foundation is making grant funding available for graduated fellows totaling \$500,000 to support quality improvement projects. The Program office is providing staff support for the alumni network (convening conference calls, monitoring the budget, collecting dues, etc.). Further, the Foundation and Program staff are working to identify mechanisms for engaging fellows as experts in other leadership projects and meetings.

As the CHCF Leadership Program continues to evolve, it will be important for the alumni network to continue to find ways to channel the energy, enthusiasm and commitment of the fellows. During our interviews, some ideas for achieving this goal were identified by fellows and employers. These included:

- Integrating alumni into Program activities. This is already happening. Cohort 1 fellows are serving as Pod Advisors for Cohort 3 fellows. There also are opportunities for fellows to serve on the Advisory Board and lecture at seminars.
- Increasing the involvement of fellows with the Foundation. The Foundation is committed to making this happen and is beginning to tap into fellows who have a particular expertise in areas of interest to the Foundation. Additionally, beginning with Cohort 3, fellows are spending a full day at the Foundation, in order to provide opportunities for cross fertilization between CHCF staff and fellows. The Foundation also has expressed an interest in publishing and publicizing work that groups of fellows undertake around issues of interest.
- Convening in-person or health care summit-type meetings on various topics of interest.

Employers note that "change takes time." The Program is providing the catalyst to create that change and needs to be sustained. Employers also stressed that, once a critical mass of fellows have graduated from the Program, there will be strong leadership infrastructure ready and able to change health care in California.

Finally, employers remarked that tomorrow's most successful leadership organizations will be those that are identifying existing managers with the strongest potential to develop these leadership skills. The next step is to develop those leaders into effective senior executives. As one employer noted "the CHCF Program is that next step."

⁵ Met May 2004 and September 2004 (weekend tied to last seminar).

An important next step for the Program will be to establish mechanisms for tracking the progress of the alumni network as fellows move beyond their role as leaders in their respective health care organizations. In doing so, the Program will be able to identify the extent to which fellows are achieving heightened profiles and pursuing leadership roles that will ultimately improve the health care system in California.