

# An Innovative, Pilot Program to Enhance Career Development and Staff Engagement for Mid- and Late-Career Physician Staff Within an Academic Institution: The RISE Program

Anjali Bhagra, MD; Ivana T. Croghan, PhD; Tammy R. Monson, MA; Anne A. Schletty; Laurie K. Baedke, MHA; and Karthik Ghosh, MD

Health care organizations require staff physicians to excel in multiple domains throughout their careers. Staff physicians may need to navigate complex processes to advance and maintain their clinical knowledge and skills, which are subject to continuous change from factors internal to the institution or external regulatory factors.<sup>1</sup> Furthermore, the process, knowledge, and skills for career development might not always be well defined,<sup>2</sup> and institutional support might be poorly defined or entirely lacking in some instances. Individuals are then left to make personal career decisions<sup>3</sup> on their own, making it difficult to achieve their full potential.

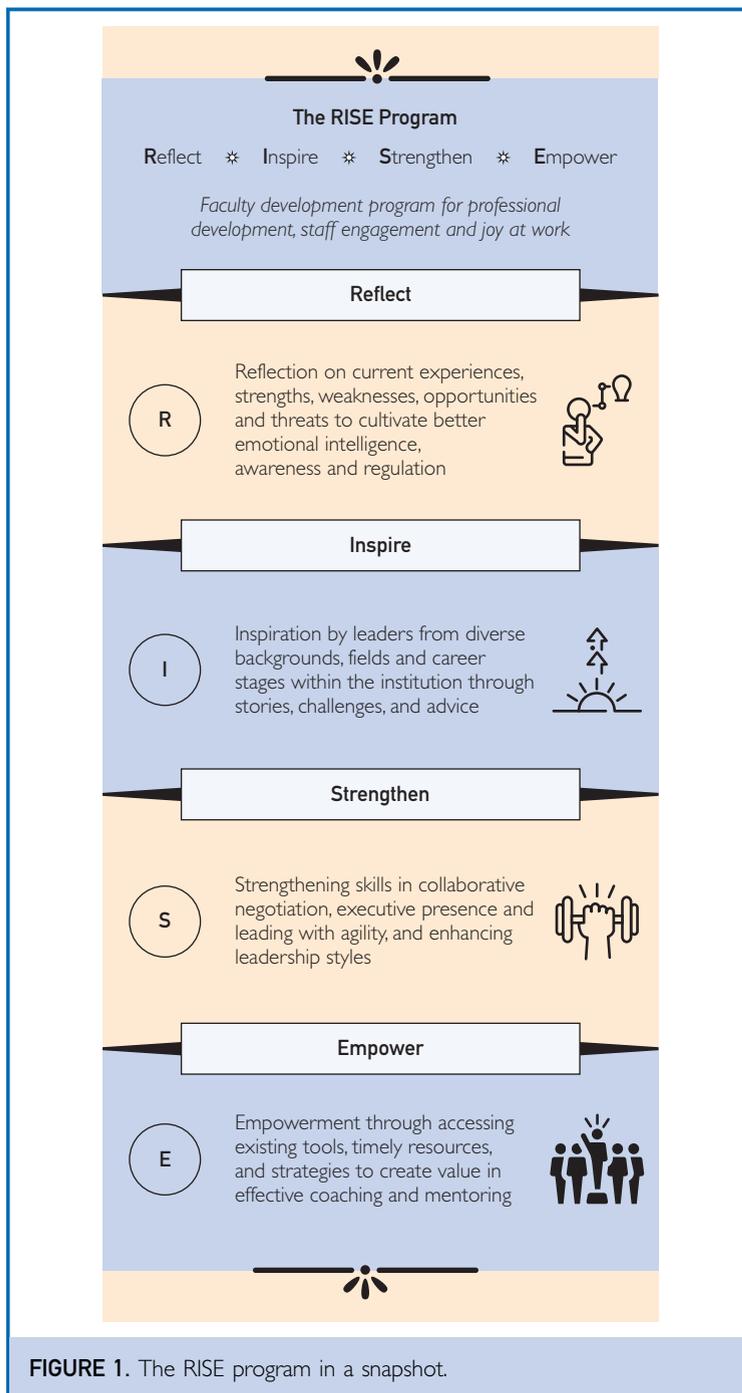
Inadequately supported and disengaged staff members have higher levels of burn out, reduced productivity, lower patient satisfaction, and poorer health outcomes, which ultimately leads to reduced reimbursement and revenue and staff members leaving the organization.<sup>4,5</sup> In contrast, individuals who feel well equipped to leverage their talent in the workplace achieve better outcomes, are more engaged, and are less likely to leave. In addition, organizational focus and investment in career and leadership development programs can serve as a strong recruitment and retention strategy.<sup>4</sup> Strong leadership is critical to operationalize leadership development into effective programs.<sup>6-8</sup> Many organizations are increasingly recognizing this need, and they are investing in professional development programs for their physician staff members.<sup>6,8-11</sup> Whereas the number of organizations with

leadership development programs have increased in recent years,<sup>12</sup> hospitals still lag behind (half of the 3000 surveyed hospitals have existing programs)<sup>13</sup> compared with other sectors.<sup>4,14</sup> Furthermore, health care in general invests fewer resources in talent development when compared with other industries, (25.5 hours vs 34.1, and \$602 vs \$1296 per employee each year, for health care vs other industries, respectively).<sup>4</sup> Herein, we describe the development, execution, and feasibility of a career and leadership development program within our academic medical center to address this observed gap and need for career and leadership development in health care.

## RISE PROGRAM

An essential focus while curating career and leadership development programs is to target a specific audience.<sup>15,16</sup> Effective established programs rely on augmenting opportunities for mentoring and coaching, and enhancing competences such as navigating change, influencing change through others, relational skills, and self-awareness. Furthermore, leadership has a different meaning and opportunities across individuals and institutions. With these perceived needs and best practices in mind, we created a career and leadership development program whereby leadership takes on a broader meaning and encompasses professional engagement and fulfilment. Our program focused on the professional who is more likely to be excluded from such programs and may be experiencing more professional devaluation and disillusionment—the mid- and late-career

From the Division of General Internal Medicine, Department of Medicine (A.B., I.T.C., T.R.M., K.G.); Robert D. and Patricia E. Kern Center for the Science of Health Care Delivery, Mayo Clinic (I.T.C.); Division of Epidemiology, Department of Health Sciences Research (I.T.C.); Division of Community Internal Medicine, Department of Medicine (I.T.C.); and Human Resources, Section of Leader Assessment and Development, Mayo Clinic, Rochester, MM (A.A.S.); and the Creighton Healthcare Executive Education, Heider College of Business, Creighton University, California Plaza, Omaha, NE (L.K.B.).



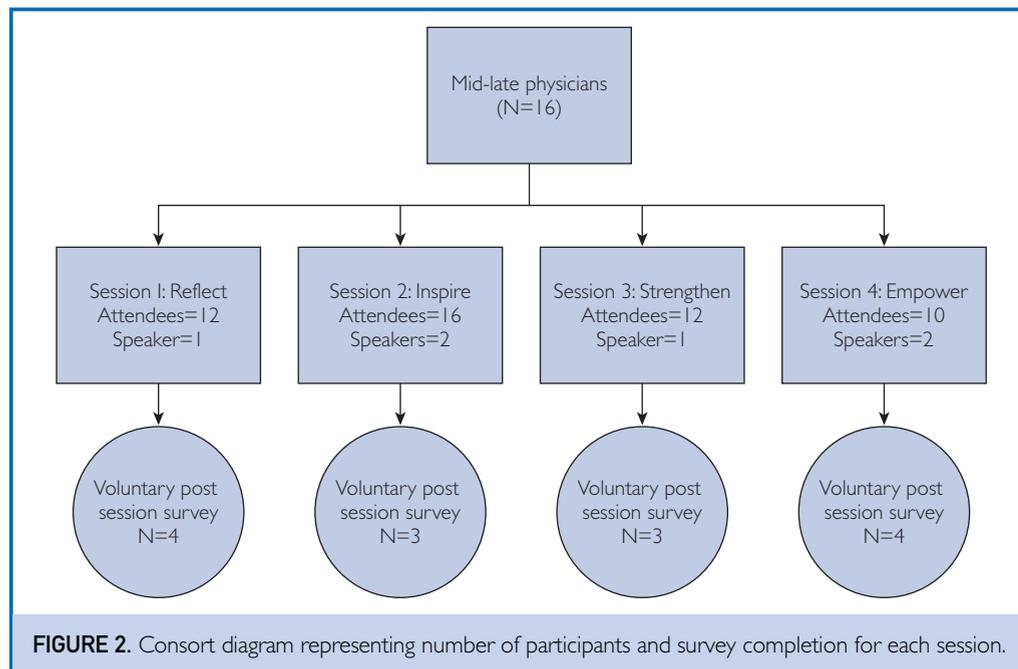
physicians. Many existing leadership programs are focused on allied health staff (ie, managers), specialty practices, young investigators, and early-career physicians. This program was uniquely focused on mid- and late-career faculty within the General Internal Medicine (GIM) division, which already had a well-structured career development program for

early-career physicians, with the purpose of addressing their needs and providing them with tools to enhance their career development and satisfaction. The study was designed as a pilot and feasibility program to understand the reception of such a program for colleagues engaged in a busy clinical practice, to assess interactions, and ultimately to provide insight into developing larger formal programs. Hence, we deliberately limited enrolment and planned for a small sample size ( $N < 20$ ).

The pilot program was developed by the GIM Faculty Development and Executive physician leaders and administrative partners in collaboration with colleagues in the Section of Institutional Leadership Assessment and Development. Strategies and tactics encompassed sustainable approaches to enhance career development, leadership skills, and engagement and integration of joy into work. Throughout programmatic development, we balanced the knowledge that adults learn best when the educational outcomes are clear and integrated into a relevant context for their use,<sup>17,18</sup> and focused on the fact that successful programs are structured, constantly improving, and self-reflective.<sup>19</sup> We also explored ways to develop long-term strategic plans and tools for workforce development and alignment with institutional priorities, such as balanced score cards. The resulting program, called “The RISE” program, focused on four constructs: Reflect, Inspire, Strengthen, and Empower (Figure 1).

The program took place between October 1, 2019, and January 31, 2020. It was designed to allow for up to 20 mid- to late-career physicians to participate. Sixteen participants enrolled and participated in one or more 90-minute sessions of the RISE program, which comprised a series of 4 in-person, informal, and interactive sessions on a monthly basis. Each session was facilitated and led by our physician leaders and our institution’s leadership assessment and development experts. Participating physicians had greater than 10 years of practice experience and expressed an interest in mentorship and coaching for career development, enhancing engagement, and bringing joy to their work.

The sessions were scheduled after work hours. All attendees met in a private sectioned area of one of two local restaurants. Before



**FIGURE 2.** Consort diagram representing number of participants and survey completion for each session.

each session, there was flexible networking time for colleagues to interact. Each moderated session focused on a specific theme and included a variable didactic learning element with a predominant component of facilitated interactive exchange of ideas. After each session, an optional post-session survey was administered to gauge overall effect and satisfaction and to seek other suggestions (Figure 2). The session topics were as follows.

### Reflect

The first session focused on reflection, using the framework of emotional intelligence (EI). — According to Dr. Daniel Goleman, one of the foremost authorities on EI, strong, direct connections exist between EI and business results.<sup>20</sup> Research conducted at nearly 200 large, global companies has demonstrated that although technical skills and cognitive abilities are important drivers of outstanding performance, EI is twice as important as the other factors for job performance at all levels, and increasingly so as one ascends in leadership.<sup>20</sup> This session was facilitated by an expert who was trained and certified in EI. All participants underwent an emotional quotient self-assessment before the session and underwent a systematic guided activity of reflection on their current experiences,

strengths, weaknesses, opportunities, and threats during the session. The session emphasized the importance of EI and focused on gaining better individual understanding of EI skills in addition to practices to cultivate better emotional awareness and regulation. All participants received a free book on EI as a resource to reinforce the concepts discussed during the session. There were 12 attendees and 1 speaker for this session.

### Inspire

The second session focused on inspiration, using the format of storytelling to inspire participants. The session included a leadership panel of 4 senior leaders from diverse backgrounds, fields, and career stages within our institution to share stories, lessons learned, the critical skills that helped them succeed, and how they overcame failures or setbacks along the way. Each panelist subsequently answered questions from the audience. The physician leaders on the panel discussed successful ways and resources to align individual career development pathways with top institutional priorities. Among a wide variety of topics discussed, other institutional educational and executive board leaders shared navigation tips for academic rank advancement and provided practical advice to manage

against bias and harassment. There were 16 attendees and 4 speakers for this session.

### **Strengthen**

The third session focused on exploring one's leadership style through the standardized real colors assessment tool,<sup>21</sup> followed by a real-time participation in collaborative negotiations. The assessment tool helped participants to understand their strengths and opportunities, and they were able to relate the findings on the assessment tool with their ability to negotiate collaboratively. Other related topics covered in this session were demonstrating executive presence and characteristics for leading with agility. This session was facilitated by an expert in collaborative negotiations and leadership styles. There were 12 attendees and 1 speaker for this session.

### **Empower**

The final session focused on coaching and mentoring, the benefits of which are widely researched and understood, but less commonly applied and accessible to physicians throughout their careers.<sup>22</sup> This session was facilitated by 2 certified physician and executive coaches within our institution. They discussed and demystified differences among and the importance of coaching, sponsorship, advocacy, and mentorship. Discussion was focused on understanding the need, existing tools, ways to access timely resources, creating value in professional relationships, and ways to be effective coaches and mentors to each other. This session included a live demonstration of the appreciative coaching model, and there were coaching opportunities created within the room via a "connections audit," during which participants were asked to review their current mentors, sponsors, and coaches and to identify existing gaps. With this knowledge, participants then created an outline to identify potential future professional connections and plans to fill the gaps. There were 10 attendees and 2 speakers for this session. Empower 2.0 is an ongoing peer coaching program by physician dyads who participated in the final empower session.

### **KEY LEARNING AND FUTURE DIRECTION**

Within the constraints of time and resources, we confirmed the feasibility of implementing a career development program with successful

launch of The RISE program, which had 10 to 16 attendees in each of the 4 sessions. In this pilot program, we were creative about using existing expertise and institutional resources to minimize expenses and to avoid time away from practice—both of which were looked upon favorably by our institution. One of the most notable and rewarding aspects of the RISE program was the attendees' enthusiasm for the program and their belief in its helpfulness for not only their professional career building skills, but also their personal relationships outside of work. Some of the comments from attendees included "wonderfully thought out and forward-thinking process in 4 short meetings. I'm highly motivated to succeed with my coach and others whom I mentor!" and "the meetings were helpful in skill development and comradery—both important in professional growth." The response rate to the optional post-session survey ranged between 18.8% for the Inspire session to 33.3% for the Reflect session. Each of the surveys comprised 7 questions and a comment field; 4 of the questions included Likert-scale responses (strongly disagree, disagree, neutral, agree or strongly agree), and 3 questions had yes/no responses. The questions focused on the following: agreement with the session objectives, confidence in the ability to apply it, expectations of positive results and recommendation of the program (strongly disagree to strongly agree), commitment, anticipating barriers, and the ability to overcome said barrier (yes/no). The surveys themselves were not mandatory, and only one mailing occurred. During a busy practice, it is easy for providers to overlook an emailed survey, and unfortunately there was no follow-up survey sent to nonresponders. Encouragingly, those who did reply were positive about the benefits of the program, and this gives us confidence to pursue the development of a larger program.

Despite challenges in investing in professional and leadership development for busy clinicians because of time limitations and other competing priorities, such as practice, research, education, and life outside work, there is a strong perceived need for these programs as demonstrated by our participants. This has also been described in a series of exit interviews from a leadership program, wherein participants ranked the leadership program according to its use of their time as 8.7 (range, 6-10) using a

Likert scale of 1 to 10 (with 1 being a complete waste of time and 10 being an excellent use of time).<sup>23</sup> At a time in an individual's career where burnout and disillusionment may be high, the RISE program reinstated their value and reintroduced enthusiasm and tools for career enhancement and engagement among mid- and late-career faculty members. RISE remains ongoing with peer physician coaching in dyads, and phase 2 will incorporate recommendations from phase 1 in addition to developing novel metrics for physician career development and performance via balanced score cards.

One of the limitations of this pilot program is the small sample size, which was deliberate to understand the reception of such a program for colleagues engaged in a busy clinical practice. We limited the enrollment to be a manageable size (<20 respondents), and because the post-session surveys were optional, we could not control the small response rate to the post-session surveys. To balance the pros and cons of the busy practice, we chose after-work hours; however, the long hours in practice might have prevented people from participating in an after-work program—especially since the sessions were held in fall and winter months, and some attendees noted that it felt rushed. Environmental factors (last 2 sessions during winter months with extreme weather and heavy snowfall) precluded optimal attendance despite great enthusiasm and interest expressed by all registrants. Finally, we do not have long-term outcomes because this research was designed as a brief feasibility study without long-term follow up. Having established feasibility of this small pilot program and observing the positive reception and self-reported motivation among attendees, it is evident that a larger program needs to be implemented with components of synchronous and asynchronous learning, utilization of virtual platforms to eliminate environmental and time-related barriers, and additional clinical and research resources to study the effectiveness of interventions via pre—post evaluations both in the short and long term.

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**Abbreviations and Acronyms:** EI = emotional intelligence

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**Correspondence:** Address to Anjali Bhagra, MD, Mayo Clinic, 200 First Street SW, Rochester, MN 55905 (bhagra.anjali@mayo.edu; Twitter: @anjali bhagramd).

## ORCID

Anjali Bhagra:  <https://orcid.org/0000-0002-9958-4960>;  
Ivana T. Croghan:  <https://orcid.org/0000-0003-3464-3525>

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