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## Creating a New Kind of Hero at WellStar Health System

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## **Creating a New Kind of Hero at WellStar Health System**

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### **Physician Education: Beyond Dr. Welby**

When Dr. Marcus Welby practiced medicine things were different. A diagnosis was not always simple but a cure was never far out of sight. More importantly the roles of physician, patient, nurse and family were clear. The doctor was in charge. His actions were never questioned. Operating on an infectious disease model of medical care where every illness had a cause, an effect, and a cure, he was revered as the holder of the key to the cure. He held most, if not all of the information. Communication was typically one way. No one ever questioned the information, its source, or its validity. The role of the nurse was to comfort the patient and do what the doctor said. She was a loyal advocate. The doctor's family knew that they were always going to be second to his patients when it came to his focus and his time.

Things have changed. Many would suggest that the change has not been a good one. Doctors and hospitals are seen as wasteful, greedy and dangerous. Despite an Institute of Medicine report in the late 1990s that made it clear that people were unnecessarily dying in hospitals, many hospitals are no safer today. Despite a general consensus that health and nutrition will lead to a better life, we are a fatter and sicker population than ever before. It is predicted that one in four Americans will have diabetes by 2025 if we continue with our eating habits.

Physicians live and work in systems, yet have little training in system science. Most of our health care workers today were trained to work in a complicated system. Health care systems hired experts to manage complicated problems. Physicians developed technical expertise that allowed them to intervene in ever more complicated disease processes. Cause and effect were linked. Continuous improvement principles were in the background as the gold standard of the controlled randomized trial led the way to expose new discoveries.

We are seeing evidence in many areas that healthcare as a system is moving from a complicated system to a complex system. Information is pervasive. A diverse population of stakeholders is now connected in ways that were never imagined 25 years ago. Stakeholders, whether they are patients, bacteria, manufacturers, or medical professionals, are adapting to change in ways that are less predictable. The hallmark of a complex system, the lack of predictability, is perhaps the greatest paradigm shift we will see in medicine in our generation. We have medications available today that will prevent or cure many chronic diseases, yet we know that as many as one-third of patients may never fill the prescription written by their physician and only one-half may never take the medication. We have methods to eradicate most if not all bacteria, yet we have seen food-borne bacterial outbreaks in the past year that have killed hundreds.

Our physician culture today is characterized by steep power gradients, information hoarding, and never ending “one-upmanship.” Clotaire Rapaille, in his 2007 book *The Culture Code* characterized the doctor in our culture as a hero. As Atul Gawande makes it clear in a 2010 Harvard Business Review article, what we need today is a *new* kind of hero in healthcare. Today’s physician is expected to lead a highly trained team. He or she is expected to freely share information with other team members and with patients, receive critical reviews of their thinking, and, rather than act defensively, take that information and make better decisions.

In 2007, WellStar Health System, a prominent healthcare delivery system in the Atlanta, Georgia metropolitan area, leveraged the core values of safety and security and began a safety initiative that was kicked off by Dr. James Reinertsen who works with the Institute of Medicine. Dr. Reinertsen, and later Mr. Kerry Johnson, a principal with Healthcare Performance Improvement, LLC, developed programs for WellStar based on human factors research that brought about dramatic improvements in safety across all of WellStar’s hospitals.

As a direct outcome of the safety-focused initiative, physicians at WellStar learned that outcomes were linked to behaviors. They learned the role of standardization and checklists in creating a highly reliable workplace. The stage was set to capitalize on the momentum gained with safety training to entice physicians to improve their competencies around leadership, communication, and change management.

## The WellStar Physician Leadership Academy

As a strategic investment in the continuing enhancement of the management skillsets of its physician workforce, WellStar launched a development project which ultimately became known as The WellStar Physician Leadership Academy. Physicians were first surveyed to identify those areas they felt that their formal education would help them to be more successful. Improving their communication skills was their highest ranked need. They also ranked very highly their need to be part of effective teams and to motivate others. Many expressed an interest in better understanding those business basics that would make them more effective practice managers.

The Physician Leadership Academy was launched in the spring of 2010. A collaborative effort between the Coles College of Business at Kennesaw State University and the WellStar Health System, the program was held on ten Saturdays over a seven month period. Because advanced practice nurses and physician assistants now provide considerable care in our hospitals, they were also invited to join the program. These “advanced practitioners” have accounted for approximately 20% of attendees.

The *Leadership Challenge* by James Kouzes and Barry Posner serves as the leadership framework for this program. This framework is consistent with other leadership training for WellStar Health System employees. Participants in the program used the Leadership Practices Inventory to assess their current leadership competencies. They then developed a personal plan for improvement. They also were exposed to the principle of Emotional Intelligence as outlined by Daniel Goleman. As the program evolved, it became clear to most that self-awareness and self-management were often the keys they were missing as they tried to motivate others. Patterson et al’s *Crucial Conversations* provided the framework for improving communication skills.

The sessions focused on business acumen gave the senior leadership team at WellStar an opportunity to present WellStar specific information along with didactic materials from the Coles College faculty. Accounting and finance included an overview of the WellStar financial statements. The Data Analytics session included a review of those data analytics tools that help WellStar to analyze the effectiveness of its strategy. WellStar’s marketing team presented its tactics to promote WellStar’s strategy.

From the standpoint of the development team, our goals were to present a program that held the interest of the attendees, brought to them a

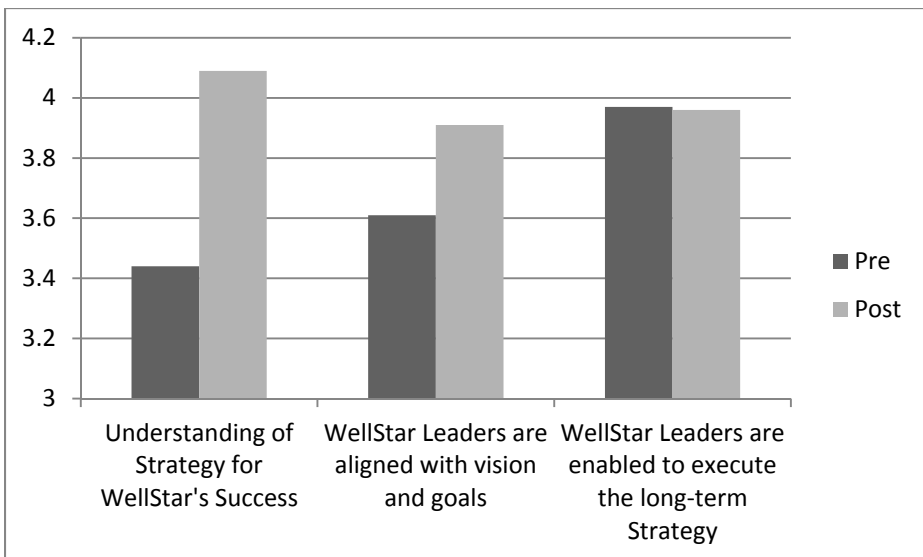
leadership framework that would allow them to be more successful in promoting a culture of safety and accountability, and brought about better alignment between WellStar’s goals and the goals of the individual attendees.

Despite a very busy schedule and call responsibilities for all of the attendees, our attendance overall was near 90%. Attendees were engaged with the materials and gave each session high marks in achieving pre-determined goals.

### Outcomes: A Success Story

Participants were surveyed before and after the program. There were significant gains in self-assessment of communication skills and team building skills. Each measure of business acumen improved, with the greatest improvement in the area of Accounting and Finance. Changes in mastery of Finance and Accounting and in Process Improvement improved by 58% and 53%, respectively.

With respect to the intended alignment of physician-leaders with WellStar’s goals, the pre- and post-program results are depicted in the graph below. The lack of improvement in the area described as “WellStar’s leaders are enabled to execute the long-term strategy” was anecdotally felt to be linked to ongoing political issues that some saw as impeding progress.



Whether the program has changed the WellStar physician culture has yet to be determined. Stories are beginning to be told. Members of the first cohort have been seen modeling new behaviors throughout the WellStar Health System. In one clinical area, physicians who were uncommitted to quality goals are now leading the charge. Physicians who were previously unwilling to tackle difficult problems have now begun to develop tactics to solve them. Physicians who have seen dramatic change in their individual practices have embraced that change and used their new skills to motivate their teammates to do greater things.

The second cohort has now finished. It's been said that organizations will experience meaningful change when they have identified change in a group equal to "the square root of  $n$ " where  $n$  equals the size of the organization. With our second cohort we are approaching that  $n$ . We are expecting to see physicians, advanced practice nurses, and physician assistants who are more effective communicators more open to change and more effective as team members. Complexity will undoubtedly bring us unexpected change. I'm optimistic that we are ready.