

Advancing Leadership Skills to Build a Safer Health System

A Case Study of the UCSF Center for the Health Professions



The Center for the Health Professions at the University of California, San Francisco, focuses its efforts on understanding and addressing the challenges faced by health care workers. In response, it develops programs and resources that benefit evolving health care systems. This case study explores the Center's health care leadership programs and their use of the leadership assessments designed by CPP, Inc., to advance broad improvement in the nation's health care system.

BACKGROUND

"To Err Is Human: Building a Safer Health System," a report released in 2000 by the Institute of Medicine Committee on Quality of Health Care in America, brought to light the widespread occurrence of medical errors in the United States. Estimating that as many as 98,000 Americans in acute care hospitals die each year due to preventable errors, the report emphasized the need to focus on prevention, patient safety, and accountability, in the process replacing the existing "culture of blame" with a "culture of safety" and a systems approach to improvement.

The UCSF Center for the Health Professions' desire to advance the leadership skills of the doctors, nurses, pharmacists, and scientists that graduate from its programs stems from a perception that individual change causes a ripple effect that in time will lead to broad improvement in the nation's health care system. Through the acquisition of leadership and communication skills taught through the Center's programs, many of the participants become better able to:

- Understand their strengths and development needs as change agents
- Bring out the best in themselves and others
- Communicate effectively
- Build effective teams
- Develop and mentor colleagues
- Deal with ambiguity and uncertainty
- Understand and influence the health care environment
- Create new patterns of professional practice

The Center recognizes that these skills improve its program participants' ability to provide quality care and effect cultural transformation.

CHALLENGES OF CHANGE

The U.S. health care system is continuously evolving to meet the changing needs of society. Many forces are driving this change, especially the aging of the Baby Boomer generation, the increasing diversity of our citizenry, an epidemiological shift from acute to chronic disease, and seemingly uncontrollable costs and globalization.¹

The UCSF Center for the Health Professions creates and coordinates leadership development programs for foundations, organizations, and individuals experiencing various challenges of change and provides solutions to meet those challenges. Although each program is developed to address a unique health care environment, all of the programs are built around four interrelated core Leadership Dimensions, each of which has an in-depth set of distinct competencies. The art of leadership development is blending these Leadership Dimensions into a program that meets the immediate needs of the participants and stretches them to address the long-term needs of the institution.

"I gained a new understanding of how to effect positive change through shared decision-making responsibility after taking CPP's MBTI and FIRO-B assessments. That insight resulted in a solid step forward for the Chronic Disease Group here at Kaiser Hospital."

*—Alice Hwe, PharmD,
Pharmacy Leadership Institute*

¹Interview with health care thought leader Ed O'Neil, Director of the UCSF Center for the Health Professions, April 2006.

The Four Leadership Dimensions are:

1. **Purpose.** Direction has always been one of the defining marks of an effective leader, and that is what “Purpose” is all about—how to take where we have been, the challenges we face today, and the desired future state and translate what we have learned into a vision that appeals to both the heart and the head, motivating others to move forward. This core Leadership Dimension includes competencies in:

- Understanding the changing environment, both internal and external
- Understanding and responding to organizational mandates
- Developing and projecting organizational mission
- Clarifying and using core values
- Embracing a capacity for creativity in vision
- Translating vision into effective strategies for action
- Moving strategy to action by using short-term objectives, plans, and budgets
- Communicating strategy
- Developing an awareness of institutional culture and its impact on purpose
- Developing and sustaining new partnerships and collaborations

2. **People.** The essential difference between doing a good job and doing a good leadership job is the ability to accomplish work through others. Many people have the technical skills to be an effective physician or nurse, and many of these even have a vision of what needs to be done. Fewer have the ability to create relationships that bring others to the work in a unified manner. The elements of this core Leadership Dimension are varied but include:

- Building effective teams
- Creating environments for giving and receiving feedback
- Managing relationships up, down, and to the side
- Motivating and developing others
- Building consensus
- Gaining and using power
- Developing interpersonal communication skills, including listening
- Having difficult conversations
- Working with diverse populations and needs
- Building positive work environments

3. **Process.** Work still needs to be accomplished, and it will fall to the competent leader to possess an array of technical process skills to accomplish these tasks. In all leadership work there is a need to understand the core activity that one is leading. There are more generic organizational skills that need to be a part of every leader’s toolkit. These include:

- Designing operational plans to enact strategies
- Using project management structures for planning, control, and evaluation

- Using budgeting and financial management principles and techniques
- Making a relevant business case for an undertaking
- Managing a change process
- Managing conflict within the organization
- Using negotiation to push a process
- Working with and through systems
- Using decision-making techniques
- Conducting performance assessment
- Developing and using process improvement projects

4. **Personal.** This domain is about the individual as a leader and his or her personal attributes. Few in leadership roles will have success without adequate attention to this competency. In many ways this core domain is the key to the successful deployment of the other three leadership domains. The Personal domain is about using self as an instrument of leadership. The skills in this area vary from the most philosophical to the most practical and include:

- Developing self-knowledge and awareness
- Having personal learning and development strategies
- Managing time and energy
- Gaining strategic leadership focus
- Using communication skills interpersonally and publicly
- Developing a capacity for self-regulation
- Maintaining integrity and developing trusting relationships
- Demonstrating courage
- Valuing leadership style and presence
- Achieving work–life balance
- Maintaining resilience

One mechanism for developing these competencies within the health care workforce is to provide the knowledge and skills needed to manage and lead effectively. A health care organization’s leadership affects clinical and operational outcomes including patient safety, patient satisfaction, and staff satisfaction.² While effective leadership is important in every industry, “ensuring that health care leaders get the development they need can literally be a lifesaver.”³

“CPP’s MBTI assessment delivered tangible benefit regarding how the group interacted. Our knowledge of type behavior helped us process information, manage conflict, and act more efficiently.”

—David Woods, PharmD, BS,
Integrated Nurse Leadership Program

² Bernthal, Paul R., Wellins, Richard S. and Walker, Debra D. (2006). “Health Care Global Comparison Leadership Forecast 2005-2006: Best Practices for Tomorrow’s Global Leaders.” Development Dimensions International, Inc. Pittsburgh, Pennsylvania.

³ Hollis, Emily (2004). “Leadership Effectiveness for the Health Care Industry.” *Chief Learning Officer*, March 10, 2004.

RESPONDING TO THE CHALLENGES

To address the broad range of health care disciplines that benefit from leadership training, the Center's current long-term leadership programs include:

1. **California HealthCare Foundation (CHCF) Health Care Leadership Program**—an innovative two-year, part-time fellowship for health care professionals designed to cultivate agents of change in California
2. **Robert Wood Johnson (RWJ) Executive Nurse Fellows Program**—an advanced leadership program for nurses in senior executive roles who aspire to lead and shape the U.S. health care system of the future
3. **Pharmacy Leadership Institute**—a collaborative effort with the UCSF School of Pharmacy that examines current and future challenges in the field of pharmacy and identifies ways in which pharmacy leaders can respond to them
4. **Integrated Nurse Leadership Program**—a program designed to simultaneously develop in-place San Francisco Bay Area hospital leaders and managers and assist them in crafting strategic initiatives that address issues of nurse retention and patient safety
5. **Science & Society Institute**—a training program that benefits society by helping a cadre of biomedical scientists successfully interact with the public, media, and policymakers

“Leveraging the communication model gained through the CPP assessments used by the RWJ Executive Nurse Fellows Program gave us a model for organizational change.”

—Debbie Swanson, RN,
RWJ Executive Nurse Fellows Program

The CHCF Health Care Leadership Program provides clinically trained health care professionals with the experiences, competencies, and communication skills necessary for effective vision and leadership. Each year, 30 health care professionals are selected to participate in this fellowship. Fellows attend six seminars during the two-year program, and they participate in ongoing learning activities throughout. Graduates of the program acquire broadened management capabilities and sharpened leadership skills, and they gain unique insight into the trends and challenges facing health care leaders in California.

Like the other four long-term leadership programs, the CHCF Health Care Leadership Program features CPP assessments, including the *Myers-Briggs Type Indicator*[®] (MBTI[®]), *Thomas-Kilmann Conflict Mode Instrument* (TKI), and *Fundamental Interpersonal Relations Orientation*—

Behavior[™] (FIRO-B[®]) assessments. These assessments are foundational tools for the development of key competencies within the Center's Leadership Dimensions. They focus on self-awareness, insight into self and others, the role of feedback in leadership, practicing giving and receiving feedback, decision making, problem solving, and other essential leadership competencies. The results from the assessments give participants a benchmark from which to begin building their leadership skills.

In addition to the five long-term programs, the Center also offers short-term programs (1 to 4 days) that feature CPP's MBTI assessment. The TKI assessment is also included when a specific focus on conflict is needed, and all assessments are administered prior to general sessions on leadership. The Center's recent short-term leadership programs include:

- California Institute for Mental Health: Directors' Leadership Training
- Genentech, Inc.: Management and Leadership Development Programs
- Hill Physicians Medical Group: Leadership Development Programs
- Howard Hughes Medical Institute: Course in Scientific Management
- Johns Hopkins University School of Medicine: Leadership Course
- Laguna Honda Hospital and Rehabilitation Center: Leadership Development Programs
- National Institutes of Health: How to Succeed as a Principal Investigator at the NIH
- Stanford University: Physician Leadership Development Program
- University of California, Davis: Laboratory Management Institute
- University of California, San Francisco: (1) Scientific Leadership and Laboratory Management Course, (2) Cancer Center Leadership Development Program, (3) Department of Surgery Leadership Development Program, (4) School of Nursing Leadership Course

IMPLEMENTING THE LEADERSHIP INITIATIVE

The UCSF Center for the Health Professions has been using CPP leadership assessments, including the MBTI, TKI, and FIRO-B assessments, for decades.

The MBTI instrument has been the world's most trusted and widely used personality assessment for more than 60 years. Companies of all sizes use the instrument to improve team communication, enhance individual performance, and retain superior talent. Based on decades of psychometric research, the MBTI instrument is a benchmark for validity and reliability and delivers tangible results.

The TKI is the world's leading instrument for understanding how different conflict-handling styles affect personal and group dynamics. When team members see conflict as an opportunity rather than an impediment, they make better decisions, increase productivity, and achieve higher degrees of innovation. For more than 25 years, the TKI has been used successfully by businesses, educators, and organizational development professionals.

“The Stanford Biological Services lab has a fairly rich history of interpersonal conflicts. My challenge was to leverage the insights provided by the CPP assessments and help our team map long-term scientific opportunities.”

—Susan K. McConnell, PhD,
Science and Society Institute

The FIRO-B assessment is an important tool for understanding team dynamics and is often an integral part of team-building, management training, and communication programs. Based on well-founded theories of human interaction, the FIRO-B assessment provides employees and managers with the perspective they need to understand their role and impact on the team.

The MBTI, FIRO-B, and TKI assessments are incorporated into the beginning phase of the Center’s long-term programs and are administered before the first session. Generally, the first session focuses on self-awareness and leadership style. Often the TKI is used for separate sessions devoted to conflict resolution and teams. In short-term programs such as the Cancer Center Leadership Program, the MBTI tool is generally the main assessment incorporated into the program. However, other assessments, such as the TKI, are used when addressing more targeted issues.

Coaches often work with participants of the long-term programs to deliver the results of the CPP assessments, as well as 360-degree feedback reports and tools such as the Center for Creative Leadership® SKILLSCOPE®, which assesses job-related skills essential for managerial success. This process of providing different kinds of feedback, coupled with one-on-one coaching with an expert in the field, communicates a vision for the future and delivers the perspective necessary for a sound change process.

CPP and the Center for Creative Leadership (CCL®) are frequent collaborators, exchanging knowledge and research to further the science of leadership development. One such collaboration resulted in the creation of CPP’s CPI 260® Coaching Report for Leaders, which enables individuals to understand their strengths, target areas for development, set goals, and plan action steps to enhance their leadership style in key dimensions of management and leadership. The report identifies 18 leadership characteristics, which are organized into five core performance areas:

- Self-Management
- Team Building and Teamwork
- Organizational Capabilities
- Problem Solving
- Sustaining the Vision

This report is based on data collected by CCL from more than 5,600 participants enrolled in its Leadership Development Program from 1995 to 1996.

Using the MBTI, TKI, and FIRO-B assessments, the UCSF Center for the Health Professions helps participants understand themselves and the intricacies of how leaders relate to one another. The results of the assessments provide a framework and road map for program participants to understand and enhance their leadership skills in areas requiring improvement.

Initially, the Center’s program participants reacted with some hesitation when the CPP assessments were introduced. However, UCSF faculty members were well aware of CPP’s reputation for producing assessments that adhere to the highest scientific standards of reliability and validity, and they communicated the history and research behind the assessments to their program participants. As a result, even the most scrutinizing scientific members of the audience had a revelatory experience with the assessments—especially after taking the MBTI Form Q (Step II™) personality inventory, which explores preferences in facets of personality not covered by the Form M (Step I™) assessment and helps participants learn more about their communication, decision making, and change and conflict management styles.

“Insight gained from the CPP assessments has transformed the way our management team functions. We work more effectively and, more important, we understand the conflict dynamic inherent in people of different types striving to reach consensus.”

—Elizabeth Forer, MSW, MPH,
CHCF Healthcare Leadership Program

The MBTI assessment sorts personality into 16 different “types.” Each type encompasses a multitude of personality differences that provide insight into one’s own preferences as well as those of others. The specificity of the results helped substantiate the instruments’ credibility and applicability for the Center’s participants. For the most skeptical in the group—the clinicians and scientists—the moment of discovery arrived as they read through their Form Q reports and saw their preferences reflected in a graphic format designed to help them understand and apply their MBTI results.

To provide fast, convenient access to the assessments for both local and remote users, the Center employs CPP’s

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*—Jan Boller, RN, PhD,
Integrated Nurse Leadership Program*

online assessment delivery system, SkillsOne.com. The SkillsOne® Web site—which has delivered results for more than 1 million assessments—is highly intuitive and, like a skilled training assistant, transforms administration functions into simple Web-based activities, allowing Center staff and faculty to administer assessments, gather results, and produce comprehensive, personalized reports.

RESULTS

The UCSF Center for the Health Professions focuses on the individual benefits provided to the graduates of its leadership programs, who come from a variety of health care organizations all over the United States. As these leaders return to their organizations, those health care environments may develop new pathways for change, support skill development in leadership and management to facilitate change, and develop sustainable system design capacities driven by their new perception of the value of improved staff communication. When those improvements in turn lead to increased patient satisfaction, health care organizations can count it as a remarkable takeaway for hospital service consumers.

The UCSF Center for the Health Professions’ leadership programs, employing CPP assessments followed by seminars, coaching, and other consultation, certainly benefit candidates that graduate from the training. We can see from the following statements that individual positive change has a broad and distinct impact on health care organizations that encourage leadership development.

PROGRAM PARTICIPANT FEEDBACK

Jan Boller, RN, PhD (Integrated Nurse Leadership Program)

“I saw a tremendous change in the most junior person attending the Integrated Nurse Leadership Program. She’s an RN staff nurse, very shy by nature. She was more comfortable following direction and appeared gen-

erally uncomfortable identifying and addressing her own leadership potential. Taking the MBTI instrument changed her perception—she (and our group) became aware that she did have natural (though untapped) leadership skills. She is detail oriented, organized, and kept our team on track. By the end of our 18-month program her progress was remarkable.

“That transformation had positive consequences when she returned to St. Luke’s Hospital. During a consultation over staffing, she disagreed with a nursing director over staffing. Staffing decisions can be notoriously contentious, and nurses and directors rarely see eye-to-eye. But in this instance, she made a strong case for a staffing assignment she felt would be in patients’ best interests and won over the director’s support for her position. The MBTI assessment and Integrated Nurse Leadership Program counseling positioned her for that wonderful breakthrough.”

Debbie Swanson, RN (RWJ Executive Nurse Fellows Program)

“Leveraging the communication model gained through the CPP assessments used by the Robert Wood Johnson Executive Nurse Fellows Program gave us a model for organizational change. My colleagues and I at the Public Health Department of Grand Forks, North Dakota, developed a common language that we tie back to the MBTI assessment. People identify with their MBTI type and use that common understanding as a communication platform. As a result, the Public Health Department of Grand Forks, North Dakota, was able to secure three new immunization grants for our department, among other new programs.”

David Woods, PharmD, BS (Integrated Nurse Leadership Program)

“Laguna Honda Hospital’s nursing staff had long suggested that a redesign of the medication management system would be a great help to them. CPP’s MBTI assessment delivered tangible benefit regarding how the group interacted. Our knowledge of type behavior helped us process information, manage conflict, and act more efficiently because of our understanding of personalities and individual behavioral traits.

“One aspect was to redesign the medication cart based on what nurses needed (and wanted) in terms of what worked best for improved patient care. The nursing department was also facing transcription problems as pharmaceutical orders were processed from doctors’ initial orders. In the end, we were able to create and implement design changes to our medication carts and change the medication transcription process in ways that are meaningful and lasting.”

Alice Hwe, PharmD (Pharmacy Leadership Institute)

“I gained a new understanding of how to effect positive change through shared decision-making responsibility after taking CPP’s MBTI and FIRO-B assessments. That insight resulted in a solid step forward for the Chronic Disease Group here at Kaiser Hospital.

“The 15 nurses, physicians, and pharmacists that make up the group benefited from the improved communication skills training that I was able to bring to our group. I was able to use those skills (and the confidence they instilled in me as the group’s leader) to bring them together for cohesive decision making.

“The group needed to form a plan for the ongoing management of chronic care patients at Kaiser Hospital. I was able to push them beyond initial expectations and help them decide not just to stand pat, but to improve their National Quality Goals, the multidisciplinary goals the hospital sets for its chronic care unit.”

Elizabeth Forer, MSW, MPH (CHCF Healthcare Leadership Program)

“Insight gained from the CPP assessments has transformed the way our management team functions. We work more effectively and, more important, we understand the conflict dynamic inherent in people of different types striving to reach consensus.

“The Venice Family Health Clinic must deal with the internal struggle that year-to-year budget differences have on our ability to make decisions about the level of care we can offer our constituents. Other factors, such as a loss of funding, a change in fee structure by Medi-Cal or Medicare, or the threat of the entire Los Angeles County health care system going under—as it nearly has three times since 1995—are external to our clinic but could have a debilitating effect on the way we function. Instead, we’ve met those challenges without posturing or politicking—in fact, our management team has made recommendations to L.A. County that have helped preserve the current health care system.”

Susan K. McConnell, PhD (Science and Society Institute)

“The Stanford Biological Services lab has a fairly rich history of interpersonal conflicts. The lab has lacked a feeling of common purpose, and several post-docs have complained (constructively) about a shortage of collaborative interactions within the lab. My challenge was to leverage the insights provided by the CPP assessments given during the Science and Society Institute workshop and help our team map long-term scientific opportunities and decide what direction the lab should be heading.

“I scheduled the lab team to meet and discuss what we wanted to achieve. Our problem was a lack of collaborative interaction within the lab. Addressing that lack necessitated team building. My strength is not in team building; in fact, I run away from group activities! So the whole lab had to invest in change, not just me.

“The process resulted in our drafting a powerful mission statement (with the help of the Stanford Ombudsman) defining resolute goals and direction focused on the key areas of Research and Teaching:

1. To understand the mechanisms of brain development in the hope that this information—in the form of papers—will ultimately prove useful to human health and well-being (and because we love doing it).
2. To train scientists who will be better equipped than we are to address these questions in the future. We produce people who will excel in academia, industry, and education.”

About CPP, Inc.

Since its founding in 1956, CPP, Inc., has been a leading publisher and provider of innovative products and services for individual and organizational development. CPP has been supplying reliable training solutions to businesses of all sizes, including the Fortune 500, for more than 50 years. The company’s hundreds of unique offerings have been used by millions of individuals in more than 100 countries, in more than 20 languages, to help people and organizations grow and develop by improving performance and increasing understanding. Among CPP’s world-renowned brands are the *Myers-Briggs Type Indicator*® (MBTI®), *Strong Interest Inventory*®, *Thomas-Kilmann Conflict Mode Instrument* (TKI), *FIRO-B*®, *CPI 260*®, and *California Psychological Inventory*™ (CPI™) assessments.

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