

Realizing the Vision of Leadership Development in an Academic Health Center: The Woodruff Leadership Academy

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Abstract

In 2001, senior administrators in Emory University's Woodruff Health Sciences Center (WHSC) designated leadership as the central element of a new strategic plan, believing that an academic health center (AHC) requires excellence in leadership at all organizational levels to carry out the tripartite mission of teaching, research, and patient care. Leadership development in academic medicine presents unique challenges, however, including a wide range of professional roles and diverse operational centers that may be obstacles to unifying

a leadership team in the pursuit of a central mission. Many administrators within academic medicine, although highly competent in their areas of expertise, possess limited leadership skills. In 2003, the WHSC created the Woodruff Leadership Academy (WLA) with the goal of developing a cadre of leaders throughout the WHSC with leadership skills relevant to an AHC and, specifically, to the WHSC. The graduates, called Woodruff Fellows, would work with senior leadership to create a shared vision of excellence and to pursue the

goal of advancing all WHSC programs into the top rank of AHCs. After the first three years of the WLA, an informal assessment and a formal survey of the 70 fellows who had completed the program indicated that program graduates had embraced enhanced roles and responsibilities, undertaken new cross-disciplinary collaborative relationships, and acquired a renewed enthusiasm and respect for the shared vision of the WHSC.

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In 2003, administrators in the Woodruff Health Sciences Center (WHSC) of Emory University established an internal leadership development program named the Woodruff Leadership Academy (WLA). The mission of the WLA was to develop a cadre of future leaders throughout the WHSC who could create, articulate, and achieve organizational vision and who would work with senior leadership to advance all WHSC programs into the top rank of academic health centers (AHCs). Each year since the WLA's inception in 2003, 20 to 24 Woodruff Fellows have been selected to participate in the program. Fellows

include physicians, nurses, and a wide range of administrators from throughout the WHSC schools and facilities, which comprise Emory University School of Medicine, Nell Hodgson Woodruff School of Nursing, Rollins School of Public Health, Yerkes National Primate Research Center, and Emory Healthcare (which includes Emory University Hospital, Emory Crawford Long Hospital, The Emory Clinic, Emory Children's Center, Wesley Woods Geriatric Center, and the jointly owned Emory Adventist Hospital). School of medicine faculty also provide care at affiliated facilities: Atlanta Veterans Affairs Medical Center, Children's Healthcare of Atlanta, and Grady Memorial Hospital. In this article we describe the rationale behind the founding of the WLA, the composition of the program's personnel and curriculum, and the results of the first three years of the program as measured by a survey administered to the first three groups of fellows.

all organizational levels to carry out its tripartite mission of teaching, research, and patient care.

The strategic plan, called Vision 2012, is a roadmap challenging the WHSC to address a new model of health care for the 21st century and to become one of the world's top AHCs, leading change and improvement in health care through innovative programs in education, research, patient care, and community service.

The five strategic focus areas of Vision 2012 are financial strength, innovation, people and the workplace, knowledge management, and leadership. Key elements of the plan include integrated, interprofessional care teams for patient-centered care; differentiated services; interdisciplinary education and training programs; outcomes-based research and continuous evaluation and improvement; technology platforms and databases that enable information sharing; and measurable impact on the health of people and populations. Leadership excellence was deemed necessary for the success of all other elements.

Leadership development in an AHC presents unique challenges, however, including a wide range of professional roles and diverse centers of operation

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The Requirement for Leadership Excellence in an AHC

WHSC senior administrators in 2001 identified leadership as the cornerstone of a new strategic plan, believing that an AHC requires excellence in leadership at

that may be obstacles to unifying a leadership team in the pursuit of a central mission. In addition, many professionals in academic medicine who have administrative roles, particularly physicians, are highly competent in their fields of expertise but lack true leadership skills. Some physicians become involved in leadership through a desire for new challenges and a deliberate choice to pursue leadership roles, but many attain leadership roles by happenstance and have had little or no leadership training.¹

By placing leadership at the core of Vision 2012, the WHSC administrative team recognized that a focus on leadership was a requirement, not a luxury, for the continued and growing success of the organization. The WHSC's growth and improvement in terms of numbers of faculty and staff, a better financial picture, and more buildings would go only so far in advancing the long-term goals of Vision 2012. Developing leadership skills among WHSC faculty and staff would be of particular importance in achieving the goals of the strategic plan, given today's rapidly changing landscape of health care, including technological advances, increased competition, a growing and diverse patient base, and a more complex financial structure.

Culmination of Vision 2012 was expected to result in a major expansion of the teaching, research, and service missions of the WHSC. The existing leadership and the number of rising leaders at the time of the plan's inception would neither fill the number of available leadership slots nor be adequately trained to embrace this new vision without a strong, focused program of leadership development. New leaders would need to test old assumptions continually while simultaneously discovering, practicing, and implementing new skills and strategies that would meet the challenges of this rapidly changing environment and this ambitious new vision.

Developing Excellence through a Leadership Academy

Emory's health sciences administrators decided that an in-house leadership academy, partially modeled after highly successful corporate leadership development programs, would be most effective in terms of cost and result.

They believed the best way to develop leadership to carry forward Vision 2012 would be to identify and guide midlevel professionals who had already exhibited strong leadership capabilities and potential for increased responsibilities. In addition, these leaders had to demonstrate a high degree of enthusiasm for their own work and a strong potential for embracing the goals of the entire WHSC. To satisfy the goals of Vision 2012, these hand-picked individuals would not only need to become better leaders within their particular departments; they also would need to work seamlessly with other leaders across the institution² and to be groundbreakers and ambassadors for the mission and goals of the WHSC and its vision.

The new leadership development program was named the Woodruff Leadership Academy after the visionary CEO of the Coca-Cola Company, Mr. Robert W. Woodruff. The WLA leadership team consisted of three of the authors of this article: WLA president Michael M.E. Johns, MD, CEO of the WHSC, executive vice president for health affairs, and chairman of Emory Health Care; administrative dean Gary L. Teal, MBA, senior associate vice president for administration of the WHSC; and academic director Dennis Redding, MS. (Holly Korschun, the lead author, is a former WLA fellow.)

In developing the WLA leadership development program, the Emory health sciences administrators, including the new WLA leadership team, sought the advice of leadership at GE Energy, which since 1956 has had an outstanding in-house corporate leadership program. We were invited to the John F. Welch Leadership Center in Crotonville, NY,³ to meet with GE's leadership development team for advice and consultation in developing the WLA. We sought advice from GE because top corporate organizations typically place a greater emphasis on leadership development than do academic institutions, including AHCs. This difference is evidenced by the substantial investments of money and time that corporations such as GE allot for these types of leadership development activities compared with the smaller amount of resources dedicated to such activities at academic institutions. It is not unusual for top corporations to spend \$20,000 or more apiece for selected

individuals in annual leadership development and to continue to offer extensive leadership development programs throughout their employees' careers.

The corporate organizational design also allows more opportunities to place individuals in jobs outside their technical specialty for developmental purposes. This type of cross-disciplinary development is very difficult in academic medicine because of the highly specialized and demanding nature of the clinician-educator role. Much leadership development in academic medicine must occur in one's current job through task force assignment and professional organizations.^{1,4}

Although GE had valuable lessons to offer about developing successful leaders for GE, we recognized that the main objective of the WLA was to develop a team of leaders specifically for the WHSC, to carry out its programs and to realize its vision. In developing the WLA leadership curriculum, we would need to focus primarily on the AHC and on Emory University, of which the WHSC is a major component.

There are many leadership development programs at hospitals, as well as at colleges and universities. The WHSC leadership was not able to find an example, however, of a comprehensive leadership development program that focused all aspects of an AHC—academics, research, and clinical care—on the challenge of leadership development. The Executive Leadership in Academic Medicine program at Drexel University College of Medicine is somewhat similar to the WLA, but it is focused exclusively on preparing women for institutional leadership positions.⁵

The WHSC worked with the Emory Goizueta Business School executive education group to tailor the WLA program to meet the leadership needs of academic medicine at Emory. The goal was to develop 100 new leaders by 2007. With support from the Robert W. Woodruff Health Sciences Center Fund, Inc., the WHSC set out to develop an intensive, creative, and Emory-focused academy. The WLA would teach physicians, surgeons, researchers, educators, fundraisers, communicators, and departmental administrators the importance of leadership in an AHC and,

specifically, in the WHSC of Emory University.

The WHSC leadership identified five key objectives of the new leadership academy: to inform, energize, and advance Vision 2012; to foster and promote the history and culture of the WHSC; to strengthen the leadership competencies of WHSC faculty and staff in key interpersonal skill areas; to create an appreciation for, and expertise within, a teamwork approach to problem solving, planning, and operational implementation; to develop critical thinking, particularly related to strategic planning and development; and to frame contemporary leadership theories in the context of an AHC.

The WLA's primary objective, as identified by WHSC leadership, is to instill excellence in academics, research, and clinical care as the benchmark for the WHSC. The WHSC leadership expected the WLA fellows to aspire to leadership at the cutting edge of academic medicine, to work towards obtaining the goals of the WHSC, and to help realize the vision of the WHSC becoming one of the nation's top AHCs in every regard.

Choosing the WLA Class

Identifying the first group of fellows for the WLA was challenging because these fellows needed to be fully representative of WHSC human resources and, therefore, had to be a qualified mixture of clinicians, administrators, researchers, and teaching faculty. Fellows also had to represent the schools of medicine, nursing, and public health, Yerkes National Primate Research Center, and all units of Emory Healthcare, including several hospitals and clinics. This mixture would facilitate the program's interactive and cross-disciplinary learning objectives. Fellows were selected from over 3,000 WHSC faculty and administrators, who represent approximately 20% of the 15,000+ employees in the WHSC.

The WHSC academic deans and directors worked with the top administration of the Emory health system (the WHSC leadership council) to identify those persons in their respective units who had exhibited leadership potential, who were in career paths that projected future leadership positions, and who had enthusiastic, diplomatic personalities and approaches to their positions at Emory.

After the first year, all prior WLA fellows were invited to nominate peers with these characteristics.

We received approximately 100 nominations each year for the first three years. We reviewed these nominations in great detail to ensure that the class was as balanced as possible in terms of gender, minority representation, type of training (MD, PhD, MBA, RN, etc.), and job focus (research, academic, clinical, legal, development, communications, etc.). In addition, those chosen as WLA fellows almost always had a track record of high energy and productivity, had been considered excellent team players, and already had achieved high performance recognition in various respects.

Class composition

A total of 70 fellows were selected for the first three classes: 20 in 2003, 24 in 2004, and 26 in 2005. The three classes comprised a total of 29 physicians from a wide variety of specialties: anesthesia, general medicine, hematology/oncology, pediatrics, primary care, transplant surgery, pulmonary medicine, general surgery, cardiovascular surgery, emergency medicine, psychiatry, geriatrics, hospital medicine, pathology, otolaryngology, urology, radiology, and digestive diseases. The three classes of fellows also included clinical administrators (11); PhD faculty in medicine/public health/nursing/Yerkes Primate Center (13); academic administrators from medicine/public health/nursing/Yerkes Primate Center (14); and lawyers from the general counsel office (3).

We made no special arrangements with departmental administrators to protect time for fellows, including physicians. A major factor in fellows' commitment to the program was their willingness to find time for the WLA without sacrificing their clinical and/or research time. When selected to the program, fellows received a letter announcing their acceptance and explaining their responsibility to balance their WLA time and their clinical and/or research time. We clearly stated that we expected fellows to attend each session and that attendance was basically mandatory for being in the program. We asked fellows to sign an acknowledgement of this commitment before their official acceptance. Department chairs and

section chiefs were aware of the fellows' time commitment because of the program's reputation, particularly after the first year, but fellows worked with their supervisors to make specific time arrangements. We did allow fellows to bring their beepers to WLA sessions, but this overlap did not create any difficulties. Attendance by all fellows, including physicians, was at a rate of 95% or higher.

The WLA Curriculum

Each of the first three year's WLA programs spanned five three-day sessions from January through May. The curriculum included lectures by university administrators, including deans and directors, about WHSC history, finance, development, marketing, human resources, and communications; presentations on leadership by local guest executives (GE, Waffle House, etc.); management case studies led by Goizueta Business School professors; exercises in critical thinking and interactive learning; and experiential exercises. Although many of the seminar topics covered subjects applicable to any business management course, all seminars were targeted to the specific challenges of leadership within an academic health center. Fellows also received a great deal of information about the history and organizational structure of the WHSC and of Emory University.

The seminars (List 1) examined topics such as governance and organization of an AHC in the 21st century, managing polarities in health care, negotiating in the managed care arena, leadership and interpersonal skills, negotiations, conflict resolution, strategic thinking, finance, developing a business plan, employment issues, communication, marketing, fundraising, external affairs, government and community relations, leadership in the national and international arena, change management, and crisis management. Each session included an opportunity for fellows to relate personal leadership experiences and challenges and to open these to group discussion.

The second aspect of the programs involved individual assessment and one-on-one executive coaching. The Birkman Method⁶ and The Voices Survey,⁷ an anonymous 360-review by direct reports, peers, and supervisors,

List 1

Woodruff Leadership Academy (WLA) Seminars, Emory University Woodruff Health Sciences Center (WHSC), Atlanta, Georgia, 2003–2005*

- **WLA and WHSC overview**
Goals and objectives; overview and history of the WHSC, Emory University, Emory Healthcare; WHSC in the 21st century; finance overview, WHSC and Emory finance
- **Strategic thinking and personal awareness**
Business school lectures
- **Leadership qualities**
Building personal awareness; leadership, team formation, action learning; business planning and health care polarities
- **Leadership best practices**
Personal leadership experiences by Emory president and WHSC deans and directors, local business leaders; business school lectures on best practices and learning styles
- **Negotiating tactics and managing conflict**
Conflict management; negotiating in the managed care arena; experiential exercises
- **Human resources and talent management**
WHSC human resources overview; talent management processes; employee selection, retention, legal issues; national and international leadership
- **Building collaboration and influence skills**
Business school lectures on building collaboration and influence skills in an academic medical center
- **Marketing, development and public policy**
Marketing an academic health center; community relations and state government, WHSC development
- **Leadership in changing times**
Value of change agent; experiential exercises
- **Communications, media relations, crisis management**
WHSC communications and media relations; leadership in a crisis
- **Tours of selected WHSC and Emory facilities**

* Approximately eight session hours were devoted to each topic theme, with lectures by university and WHSC administrators, guest executives, and business school professors.

were complemented by individual counseling sessions.⁸ We identified and measured key competencies for each fellow, and each fellow devised a work plan to draw on strengths and improve on weaknesses.⁹

Each fellow also worked as a member of a project team of five to six fellows to address a pertinent health sciences topic (assigned by the WHSC leadership team or the WHSC board) that was crucial to the future success of the WHSC. Projects from the first three years ranged from enhancing internal and external communications at the WHSC and pursuing international relationships, to promoting patient-centered breast care, addressing the obesity epidemic, and improving utilization of outpatient space and patient scheduling. Teams developed individual strategies for implementing the projects over the course of their academy experiences and presented oral and written results at the year's final leadership seminar. This final seminar was an opportunity for each fellow to present part of his or her team's project.

The presentations were followed by questions from the audience, which consisted of the other fellows, the WLA leadership team, and members of the WHSC leadership council. This final seminar showcased all the projects and also served as a graduation from the program.

Finally, each fellow was paired with a mentor^{10,11} chosen from senior WHSC or university leadership. We designed the mentor relationship to facilitate the development of useful relationships, expand each fellow's network, improve contacts for the future, and enable the fellows to gain expertise, grow professionally, and tap a resource for identifying and overcoming workplace challenges and maximizing effectiveness.

Results of the First Three Years of the WLA

The WLA graduated 70 fellows during the first three years of the program in 2003, 2004, and 2005. Some of the outside experts we consulted during the development of the program predicted

poor attendance and an outflow of 10% to 20% of program fellows each year. Not only was attendance near perfect throughout the three years, all fellows graduated, and only three graduates out of the 70 left Emory after completing the program, two to take opportunities elsewhere, and one whose spouse took a position in another state.

We distributed informal survey forms (one to two pages) after each WLA session during the first three years to help assess the usefulness of the curriculum. At the end of each year's program, we distributed detailed written surveys of several pages to help assess the program's individual components and to gauge its impact on the fellows' leadership development. In addition, the director of the WHSC met individually with each fellow at the conclusion of the program to discuss the benefits of the program for each individual and to solicit suggestions for improvement. At the end of the third year of the WLA, an online survey, developed using the survey tool Survey Monkey (SurveyMonkey.com, Portland, Ore), was offered to all fellows to assess the WLA's impact on individuals, on job performance, and on the implementation of the WHSC's Vision 2012. Because this was a voluntary survey of the participants in an educational program, we did not seek IRB approval. We received 55 responses to the survey, the results of which, along with informal comments and reports, are summarized below. We have rounded all reported percentages to the nearest whole number.

Vision and commitment to the WHSC

The system-wide goals of Vision 2012 focus on interdepartmental/interschool centers and on breaking down the silos that separate the professions and operational facilities. The WHSC vision also calls on leaders throughout the organization to embrace change and to join with others in advancing the center to the top ranks of academic medicine. Because the WLA classes—the identified leaders of the future—were selected from such a wide range of disciplines, the WLA was well positioned to help accomplish these interdisciplinary goals. The WLA classes have helped to crystallize and articulate the new vision and have become its first committed ambassadors.

Ninety-three percent (52) of survey respondents either strongly agreed (45%)

or agreed (48%) that gaining a broad understanding of the WHSC's mission and vision has made them more effective in their roles as leaders. Ninety-eight percent (55) either strongly agreed (68%) or agreed (39%) that their experiences at the WLA have increased their commitment to and support of the vision and strategies of the WHSC. Eighty-five percent (48) either strongly agreed (46%) or agreed (39%) that they have become advocates and spokespersons for the WHSC vision.

Whereas many fellows reported an enhanced commitment to leadership and to the WHSC vision, the experience seems to have transformed some of the individual fellows dramatically. For example, a gifted and world-renowned surgeon who admitted to previously having few leadership skills embraced the new challenges offered by the WLA and emerged with new skills that have greatly improved his team leadership, benefiting not only his own work but that of the many others with whom he interacts on a daily basis. He reported a much greater awareness of the goals of the overall organization and of his work as a part of a larger vision.

Other respondents seemed particularly motivated to adopt the WHSC vision within their own work and related the importance of hearing WHSC leaders articulate the vision of a future health care system in which patients and diseases are central to how the organization is structured. This clearly stated vision gave them confidence in relaying that same message to others in meetings and discussions. Many respondents mentioned a new sense of possibility and enthusiasm for the potential of Emory and the WHSC.

The WLA experience improved the attitudes of a large number of fellows regarding the WHSC and Emory University. Eighty percent (44) either strongly agreed (40%) or agreed (40%) that their attitude towards the WHSC and Emory had become significantly more positive. The other 20% (11) slightly agreed with this statement. Ninety-three percent (51) either strongly agreed (55%) or agreed (38%) that they felt more like a part of the WHSC/Emory community as a result of their participation in WLA.

Fellows stated that they had developed school and departmental goals based on

an increased understanding of the vision and strategies of the WHSC and that they had been more effective in committees within their school or the university by having a better understanding of the overall history, structure, and financial status of the WHSC. Some reported being able to better visualize the "big picture" and no longer focusing only on their own units.

Teamwork and relationship building

In informal assessments and in survey responses, WLA fellows almost uniformly cited building relationships and collaborating with other professionals in the WHSC as one of the most valuable opportunities afforded by the WLA. Not only was this cross-disciplinary and cross-professional teamwork valuable for individuals and their work productivity, it also benefited the overall organizational goals. Fellows stated that the WLA allowed them to establish a strong network of friends and colleagues from other disciplines or other components of the WHSC and that after the WLA program was over, they found it much easier to seek advice or establish collaborations with peer leaders in other parts of the organization. Previously, they would not have known these individuals, and in many cases, they would have been unaware of that part of the organization. All respondents agreed to some degree that they had improved their interpersonal skills related to team leadership and that they had improved their approach to functioning in a team setting.

All of the respondents expressed some degree of increased willingness to participate in interdepartmental and interorganizational research, teaching, or clinical practice as a result of their WLA experience. Eighty-two percent (41) either strongly agreed (30%) or agreed (52%) that they had themselves started or had participated in these activities after their WLA experience.

One fellow initiated a new seminar series that was promoted university-wide. Others became involved in the university's strategic planning committees or other voluntary committees, such as a committee on development of the electronic medical record, the medical school's curriculum committee, a new collaborative venture in international health, a new palliative

care initiative, and a prospect management committee for the university campaign. One fellow stated that although his willingness to participate in interorganizational research was always high, the opportunities to do so had increased dramatically as a result of the WLA. Another fellow had invited several of the members of her WLA class to become involved in teaching her class. As a direct result of meeting the dean of the nursing school in the WLA, a fellow partnered with the nursing school to develop a new approach for the care of patients with chronic conditions. Fellows stated over and over again that forming new collegial relationships across disciplines was a top benefit of the WLA experience.

Mentoring

The mentoring component of the WLA was not uniformly successful. Although many mentors provided excellent guidance and support, others did little to establish a strong relationship with their assigned fellows. Many fellows expressed disappointment at this aspect of the program. We expected mentors to work closely with fellows to provide specific guidance and advice as well as a long-term mentoring relationship. Although many respondents said the mentoring process had helped them with their professional growth and helped them to build the political savvy to function more effectively at Emory, this topic engendered the only measured dissatisfaction of the WLA program. Twenty-four percent (13) of respondents disagreed that the mentoring process had helped them with their professional growth. Twenty-seven percent (14) said mentoring had not helped them build the political savvy to function more effectively at Emory, and 38% (20) said the mentoring program had not helped them connect with key project assignments or job opportunities at Emory or in their profession. However, the idea of mentoring as a positive benefit did seem to carry over to many of the Fellows' own jobs, as 70% (38) of respondents began mentoring their direct reports after their WLA experience.

Retention and promotion

Even though only 15% (eight) of survey respondents had been promoted after the first three years of the WLA program, a substantial majority had taken on

additional leadership responsibilities at Emory or in their professions, and many had tackled new interdisciplinary projects (Table 1).

Ninety-six percent (53) of respondents either strongly agreed (31%), agreed (49%), or slightly agreed (16%) that they would be more likely to stay at Emory because of their participation in the WLA. Ninety-six percent (53) strongly agreed (38%), agreed (45%), or slightly agreed (13%) that they would be more likely to aspire to a leadership role in academic medicine or health sciences as a result of the WLA. This level of retention could be a significant return on investment for the academy, given the high cost of replacing leaders. Preselection of fellows who had proven to be committed leaders most likely affected this high rate of retention.

WLA graduates expressed a renewed engagement with their work, an inspired commitment, and a strong desire to continue contributing to the WHSC. Many cited as examples their expanded roles and opportunities within their departments and the university as a whole, including their own new collaborative initiatives.

A few fellows, however, expressed disappointment at the lack of opportunities for advancement after their WLA experience and expressed a desire for more encouragement and support from WHSC leadership in obtaining new leadership opportunities at Emory.

The WLA group projects

As a primary component of the WLA curriculum, small groups of five or six fellows worked together to complete projects each year. These projects were identified by WHSC leaders as important to the future success of the WHSC. Although the results of projects have not been adopted fully, portions of almost all the projects have contributed to advancing the strategic plan of the WHSC (Table 2).

Fellows presented their projects to an audience of WHSC leadership, including trustees and deans, and some later presented projects to campus groups, such as the president's cabinet. The written projects were bound and archived for future use.

Stories of leadership development

WLA fellows cited numerous examples of how their professional lives had changed because of the WLA. A faculty member in the school of nursing became the faculty representative to the WHSC board. A vaccine center scientist who already was involved in international organizations addressing the global threat of malaria took on a leadership role in Emory University's new strategic focus on international health. A physician at Emory's geriatric health center began managing all clinical operations there and became a member of the Vision 2012 steering committee. In the school of public health, a WLA fellow led a very successful accreditation process. The WLA provided new opportunities for interschool collaboration. In one instance

of this collaboration, nursing professors took on new committee roles in the school of medicine.

One fellow became the director of a new lung center at Emory. Another was designated as the first female faculty representative for the WHSC board of trustees. A fellow became founding editor of the new hospital medicine journal. Fellows took on many diverse new roles, including leader of a new Emory simulated training and robotics center, leadership in quality and service improvements, service chief of CT surgery at one of Emory's hospitals, and promotion to an Emory University vice presidency.

Many WLA fellows indicated a desire for continuing involvement with one another and said they would like to be tapped for additional responsibilities and opportunities to contribute to the vision of the WHSC. And even though promotion is not touted as an expected result of participation, the WLA administrative team has expressed a desire to give the fellows ongoing exposure to organizational opportunities and leadership responsibilities that might eventually lead to promotion. Many fellows have suggested giving program graduates the opportunity to take on projects of strategic importance to the WHSC.

The Future of the WLA

It is common for organizations to have programs aimed at developing managerial and supervisory skills, and Emory University is no exception. Few organizations, however, have formal leadership development programs that focus on developing strategic thinking, building effective relationships, collaboration and influence skills, change-agent skills, self awareness, and interpersonal skills—all within the context of a comprehensive health sciences center. The success of the WLA can be attributed to the totality of the program and its unique focus.

The WLA has focused on growth of the individual as well as growth of the organization. The fellows have become more a part of the organization, and the organization has become better as well. None of the offerings of the WLA stray

Table 1

Impact of the Woodruff Leadership Academy (WLA) on Career Development of WLA Fellows, Emory University Woodruff Health Sciences Center, Atlanta, Georgia, 2003–2005

"Since my experiences at the WLA, I have . . ."	% (no.) yes	% (no.) no	Response total
Modified my career goals	57% (31)	43% (23)	54
Been promoted	15% (8)	85% (45)	53
Retained the same position, <i>but</i> I have been given additional responsibilities	56% (31)	44% (24)	55
Taken on additional leadership responsibilities at Emory or in my profession	76% (41)	24% (13)	54
Remained in the same position with an equal level of administrative and leadership responsibilities	30% (16)	70% (37)	53

* Taken from a survey administered to WLA fellows who completed the program between 2003 and 2005. Of 70 total recipients, 55 responded.

Table 2

Impact of the Woodruff Leadership Academy (WLA) Group Projects on the Woodruff Health Sciences Center (WHSC), Emory University, Atlanta, Georgia, 2003–2005*

WLA projects	Project details	Impact on the WHSC
2003		
WHSC Internal Communications Improvement	Recommended consolidating the WHSC’s many streams of information into a single source and advocated moving to wireless networking as a standard	Minor improvements on communication of major decisions and effective use of e-mail for internal communications
The Academic Health Center Program Assessment Matrix: A Tool for Assessing Programs and Initiatives Within WHSC	Goes beyond the dollars and cents bottom line and takes into account factors including advancing reputation, differentiation of the WHSC, and whether an initiative addresses a significant societal or public health need	Continues to serve as assessment tool for new WHSC initiatives
2020 Vision for WHSC	Analyzed the changing landscape of health care and outlined a new model of health care that would position WHSC to meet the needs of the state, region, and nation in 2020	Foundation of strategic plan implementation for WHSC
Enhancing Leadership Positions Within WHSC	Recommended using a “balanced scorecard” performance review and a multiyear leadership development program to encourage and reward leaders	Emory Healthcare uses balanced scorecard to plan and measure quality and safety initiatives, and schools of public health and nursing use it to measure academic success.
2004		
Promoting Patient-Centered Breast Care	Added value to a breast center planning process already underway by obtaining and analyzing information about the patient experience and perspective of existing breast care at Emory	Partially adopted by Emory Winship Cancer Institute
Emory Center for Palliative Care	Assessed the clinical services, educational programs, and research initiatives that could be included and recommended a new Emory Center for Palliative Care	Basis for new palliative care programs at two Emory hospitals
Pursuing International Relationships in the WHSC	Analyzed current international initiatives in the WHSC and their organizational structure and recommended establishing a WHSC-wide global health program	Information resource used in developing new university-wide global health center
Emory Obesity Center	Analyzed impact of obesity epidemic and recommended establishing an obesity center at Emory, aligning research, care, and education	Contributed to strategy for campus-wide health promotion through human resources and staff publications
2005		
Making the WHSC An Ideal Workplace: Defining the Role of Facilities and Environment	Analyzed impact of buildings and physical environment on recruitment, retention, and productivity	Contributed to overall campus awareness of need for facility repair or replacement.
Structuring a University Academic Health Center to Meet the Needs and Wants of the Community	Outlined the relationship between the WHSC and its surrounding community and recommended new facilities, programs, and educational efforts that would be mutually beneficial and create a better partnership	Articulated need/possibilities to Emory leadership regarding smart campus and community redevelopment and partnership
Designing the Ideal Patient Encounter	Defined the ideal patient encounter, identifying gaps, logistics, challenges, and solutions	Patient satisfaction scores improved after implementation of recommendations, for instance, feedback to clinicians and goals clarification
Utilizing Space and Scheduling to Maximize Outpatient Productivity and Efficiency	Analyzed the details of two current problems in outpatient services (space and scheduling) and recommended detailed solutions	Recommendations serving as partial basis for Emory Clinic redevelopment plan

* Teams of five to six fellows worked on extracurricular projects as part of the WLA curriculum. Teams could choose from a list of projects (devised by WHSC leadership) that could enhance the WHSC.

too far from the AHC: How do finances work in an AHC? How does marketing fit into an AHC? What about human resources? How can we work together to effect change? How can patients get the best interdisciplinary care? At the WLA,

all these topics are viewed through the special lens of the AHC.

One of the major challenges in planning and conducting the WLA sessions is the lack of adequate time to

cover all the topics and to keep the group together for an extended period of time. Unlike a corporation, a health sciences center cannot provide a lengthy release time from work. But fellows want to learn more and to

do more, and there is a real need to continue reinforcing the connectivity of the WLA fellows.

One area for potential improvement in the WLA is the mentoring program, and changes already have been made. In the 2006 program, which was not included in this report, we attempted to choose mentors even more carefully and to be more thorough in matching mentors with fellows. After the first two years of the program, we started to assign mentors to serve as advisors for group projects to better integrate mentors into the WLA curriculum.¹²

Activities for WLA fellows to sustain learning opportunities, collaboration, and dedication to Vision 2012 have included periodic “lunch and leadership” programs. Although some of these programs have included guest speakers, such as local business leaders, most sessions have focused on readings and discussion focused on techniques to improve leadership competencies, such as giving and receiving midcareer mentoring; creating a culture of trust, transparency, and openness in communications; the effective and efficient decision-making process; and principle-driven leadership. In addition, some fellows have been given additional opportunities to be involved in health sciences and university committees. The creation of special advisory committees comprising WLA fellows has been suggested as a way to provide additional

focused opportunities utilizing the talents, knowledge, and creativity of this group of dedicated leaders.

We have used a number of methods to raise the profile of participants among WHSC administrators. The WLA is mentioned frequently in reports to board members and in various publications of the WHSC. WHSC administrators stress the value of the WLA fellows’ role as an advisory group. WLA projects often are shared with university and WHSC administrators.

Identifying promising individuals within the WHSC and recruiting them into the WLA has been a tremendous motivator and relationship builder and has enrolled people in the WHSC vision. The Hawthorne effect, identified in research by George Mayo¹³ in the 1920s, suggests that shining the organizational light on employees and paying attention to them can greatly increase productivity and make a significant impact on individual enthusiasm and commitment. The WLA has made committed team members out of the WLA fellows, who have become strong supporters of the WHSC goals of excellence and of Vision 2012.

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