



## Physician Education and Leadership Development

*Interview with Jill Steinbruegge, MD*

**Dr. Lee Jacobs: First, Dr. Steinbruegge, could you tell our readers about your new position?**

Dr. Jill Steinbruegge: The Associate Executive Director for Professional Development is a position in The Permanente Federation that reports to the Executive Director of the Federation, Jay Crosson, MD. In this position, I am responsible for leadership development and for continuing medical education in support of the Permanente Medical Groups. In addition, the position supports work requested by the 12 Medical Directors as a group in the area of human resources. Examples of current work commissioned by the Medical Directors include projects in physician compensation and in board development. I am also available for consultant support to the Medical Directors as well as to the Permanente Medical Groups and Boards of Directors on issues of leadership and physician development. For example, I have been active in helping the Boards of Directors' Search Committees identify the key success factors for their new Medical Director as they go about their selection process.

**Dr. Jacobs: What were some of the organizational needs that led to the formation of this position?**

Dr. Steinbruegge: The need for superior physician-leaders was identified as a critical success factor for the Permanente Medical Groups as well as for Kaiser Permanente (KP) as a whole. In addition, the creators of the Federation identified leadership development as a key activity and support of physicians through continuing medical education (CME) credit as a key area in which each Permanente Medical Group should be able to experience value from the Federation.

**Table 1. Leadership success factors**

**Cluster 1: Sharpening the focus**

- Strategic/systems thinking
- Service orientation
- Decisiveness

**Cluster 2: Building commitment**

- Communicator
- Influence
- Team focus
- Change leadership

**Cluster 3: Driving for results**

- Results orientation
- Confidence/initiative

**Cluster 4: Building capacity**

- Cultural competence
- Develops others
- Personal development

**Dr. Jacobs: Tell us more about these 'critical success factors.' How were they developed?**

Dr. Steinbruegge: Work has been done in coordination with the Kaiser Foundation Hospitals/Health Plan (KFH/HP) to identify key success factors for Kaiser Permanente leaders. The process involved looking at our best leaders and assessing the factors that they have in common. In addition, we looked at the organization's business needs—present as well as anticipated for the future—to identify additional factors our leaders might need for competing successfully. We have compiled a fair amount of data based on behavioral interviews with successful leaders from both the Health Plan and the Permanente Medical Groups and have collated the data into four primary areas and 12 leadership success factors that support these four areas (See Table 1). These are broad, generic factors and although for some positions an additional set of factors might be important, this is the minimum set—the key factors for all leaders. We must do all 12 of these exceedingly well to be successful.

We have been "road-testing" these success factors by getting feedback about them from a broad audience and by using these factors in reviewing senior-level leadership of the Medical Groups. This process will enable us to see how well these success factors work when used in actual recruitment of leaders.

**Dr. Jacobs: In your new role, what do you believe you will add to the Permanente community?**

Dr. Steinbruegge: In the area of leadership development, I see this position as helping to understand and refine the leadership success factors that go into developing successful Permanente physician-leaders. I would like to see us design a process for identifying the developmental needs of each group of Permanente physician-leaders (eg, Chiefs, Associate Medical Directors) and then for helping each Permanente Medical Group understand the developmental needs of its individual physician-leaders. We would support these initiatives by providing a set of courses, opportunities, and interventions that will help Permanente physician-leaders reach their fullest potential.

In the CME area, we are pursuing national accreditation from the Accrediting Council for Continuing Medical Education (ACCME) that would enable all



Jill Steinbruegge, MD

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Permanente physicians to earn CME credits for attending interregional CME conferences, for using enduring materials such as videotapes or CD-ROMs, and—in the future—for participating in CME activities provided through Web-page technology. My goal is to see that Permanente physicians have access to superior-quality, easily accessible, inexpensive CME for which they can receive credit no matter where they practice.

**Dr. Jacobs: What, do you think, might be some of the major challenges you will encounter in this new position?**

Dr. Steinbruegge: The main challenge currently is that although people want to dedicate time and resources to leadership development, these initiatives are competing for scarce resources. This problem is a near-term issue which affects our ability to invest in our future.

The other challenge we face is how to add value to 12 quite different Medical Groups and to seven different Health Plan Divisions. Although some commonality exists among these Divisions, their needs differ in priority. The challenge is to develop something nationally and then to leverage our ability to utilize our resources and invent something only once while creating broad ownership of what is developed, and to simultaneously try to be responsive to the needs of individual Medical Groups in local markets.

**Dr. Jacobs: Do you have a strategy for how to walk the narrow line—balancing the autonomy of the Medical Groups and the need for conformity to national standards?**

Dr. Steinbruegge: Leadership development is an important issue in every Medical Group. My belief is that my team and I can add value to each Permanente Medical Group by demonstrating that we can help to develop their leaders instead of imposing standards or programs that don't meet local needs. I believe that this is perfectly possible. My approach is not to impose anything from a national perspective but to engage each Medical Group in a dialogue that

will help to build particular capabilities while allowing local flexibility in how the Medical Groups use the resources that we are building to support them.

**Dr. Jacobs: What do you believe Permanente physicians can expect to see coming from your team during the next year?**

Dr. Steinbruegge: I anticipate that this year physicians will have access to ACCME-accredited, Federation-sponsored national CME Programs put on by one Medical Group which all Permanente physicians may attend and obtain CME credit for. They will have access to CME-accredited videotape programs or CD ROMS developed by other KP Regions such as the Medicine in the 90s Program developed in Northern California. We're hopeful that this year we will have the beginnings of Web-based CME, probably developed around the Care Management Institute, which will address content for disease management of several key diseases. Leaders should see a variety of new leadership development programs available to new as well as senior leaders. Basically, we are building two kinds of programs. One type of program would be available to Health Plan and Medical Groups and would have a curriculum containing a set of core leadership skills. This program would be open to all leaders and would be deployed in the manner determined by the local Medical Group. The program would either be offered within the local market only or would involve several Medical Groups as is done by the Medicine and Management Program. We are building a second kind of leadership program to which key senior-level people are invited to attend by their Medical Director or Division President. The prototype for this type of program is the Advanced Leadership Program, which permits only limited enrollment and which defines criteria for selecting participants.

**Dr. Jacobs: Dr. Steinbruegge, I want to thank you for taking time out of your busy schedule to talk with *The Permanente Journal*. We all wish you the very best in your new position. ❖**

## Hatch or Smash

The key to everything is patience. You get the chicken by hatching the egg, not by smashing it.

*Arnold H. Glasow*