A FELLOWSHIP PROGRAM FOR MISSION LEADERS

Trinity Health Provides a Year of Training and Mentoring for Prospective Leaders

BY PAUL MARCEAU, ThD

Sounding a bit like Secretary of Defense Donald Rumsfeld, Brian P. Smith, the most recent mission fellow at Trinity Health, Novi, MI, has said, "When I began my fellowship with Trinity Health in June 2003, I didn't know what I didn't know. I knew my theology and ethics. I had a background in pastoral care and education administration. I even had some business background. But what I did *not* have was a knowledge of how a health care system works."[1]

Bringing new mission leader candidates up to speed is the goal of Trinity Health's fellowship program for potential mission leaders. And, as anyone in the ministry can attest, "up to speed" increasingly requires a broad and complex assortment of competencies as "the degree of professionalism and competency required to fulfill these roles has increased."[2]

Here I would like to describe some of the key components of Trinity Health's fellowship program, as well as some of its continuing challenges and opportunities. My article outlines one Catholic health system's experience in developing mission leaders needed for the health system of the 21st century.

At its formation in May 2000, Trinity Health continued the practice of its predecessor organizations—Holy Cross Health System, South Bend, IN; and Mercy Health Services, Farmington Hills, MI—of providing fellowships designed to develop promising leaders for the future of Catholic health care. The fellowship program seeks "to provide an educational experience for individuals who are interested in management responsibilities in not-for-profit multiunit health care systems and who have demonstrated the potential for high-level executive leadership in the field."[3]

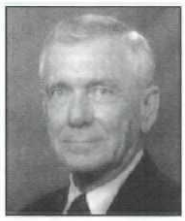
The number of fellowships offered each year varies, depending on resources, placement opportunities in local facilities, the availability of preceptors, and the quality of applicants. The program offers each fellow a competitive salary and benefits package. The program's goal is to develop and retain future leaders in the Trinity Health system. With a keen understanding of current and future needs concerning the development of mission leaders, the program's founders have designated one fellowship each year as a "mission fellowship."

The Program and Its Components

The fellowship program has six components.

Selection Most fellowship applicants hold master's degrees recently earned in health care administration programs. This is not the case with mission fellow candidates. Mission leadership has not yet established itself as a career choice for college students. Mission leadership is a second (or third) career for all of our current mission leaders in Trinity Health. One was, in a previous occupation, a nurse oncologist; another was a museum director; and a third was a government auditor. Our mission leaders also include people who have had careers in chaplaincy, ethics, and, of course, education at various levels of Catholic educational systems.

In the same way, current interested mission fellowship candidates come from various professional backgrounds—clinical, administrative, pastoral care, and others—and bring with them various professional competencies and competency development needs. They are interviewed, along with other fellowship candidates, at the system



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office by a team constituted by system mission staff, local mission leaders, and other corporate office staff from various departments (e.g., planning, human resources.)

Placement The program demands a significant commitment from not only the mission leader but also the CEO, senior management, and the entire organization. Many will be involved in the fellow's education. It is important to tell candidates clearly that the site where they receive training will most likely not be the facility where they will be hired at the completion of the fellowship year. One of the criteria for choosing a fellowship site is the presence of a strong mission leader who can mentor the fellow. The chances are that the fellow will not replace that mission leader (although that may at times occur). The program's purpose is not for a mission leader to train and choose his or her successor.

Learning Needs Assessment Since mission leadership is for most candidates a second career opportunity, those who train them must be equipped to recognize the professional experience and competence the candidates bring with them. The trainers must also "create a learning plan that integrates the fellow's learning needs, fellowship objectives, and career aspirations with the needs of the organization."[4] Drawing up such a plan entails, soon after the selection of the mission fellow, an assessment of competency/learning needs. We have found CHA's *Development Plan for Mission Leaders* a helpful tool for the new fellow to use in a self-assessment process.[5]

Major areas for assessment include theology, ethics, spirituality (spiritual care and organizational/workplace spirituality), community benefit ministry and advocacy, and, of course, church polity. No one has ever come to us knowledgeable and adept in all of these areas. "One size" would never fit any two of the mission fellow candidates, much less all of them.

No matter what the learning needs of a particular fellow may be, the program is designed to provide "the opportunity to work with other senior management and frontline staff, with the CEO and board members, as well as with community partners, to help support and affirm [the fellow's] commitment to the organization's mission."[6]

Learning Plan/Preceptors The fellowship program provides for two preceptors: a primary preceptor (local, on-site) and a secondary preceptor (off-site, usually from the corporate office). Working together, they help the mission fellow design a plan with goals and objectives for the year-long program.

As secondary preceptor, my primary interest is in the fellow's learning goals. What, I ask him or her, do you want and need to learn to become an effective leader in mission integration?

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Meanwhile, at the training site, the primary preceptor asks the fellow: What do you need to *do* in order to learn what you want to learn? The primary preceptor then helps the fellow make the connections and establish the relationships (with senior leaders, department managers, local community leaders, and others) that can lead to an effective learning experience.

Depending on what the learning needs assessment indicates, the primary preceptor's task often becomes, not mentoring in those particular areas of need (planning, finance, organizational development, or others), for which the preceptor may not be qualified to coach or instruct, but, rather, seeking leaders in the organization who *are* qualified to do so. Smith's learning plan, for example,

> afforded the opportunity to be involved in many areas where mission leaders serve today. This included ethics consults, mission discernments on business decisions to add or delete a service line, community benefit ministry, spiritual care, employee satisfaction, palliative care and business ethics. I learned that the mission leader needs to build relationships with these various areas of the hospital in order to be invited to participate in the decisions and processes. Relationship-building is essential to how effective a mission leader will be.[7]

It is important to remember that not all effective mission leaders can serve as primary preceptors—although all primary preceptors need to be effective mission leaders in their own organizations. Some good mission leaders may not have mastered the skill of mentoring, of learning how to pass on what they themselves have learned.

Sr. Myra Bergman, RSM, a Trinity Health mission leader who has served as an effective primary preceptor, wrote: "Being a mentor for a Mission Fellow was a special privilege. It became an opportunity for me to view my mission ministry through new eyes—to see new possibilities that I may have missed otherwise. Understanding Mission Fellowship as partnership allows for mutual growth and shared learning."[8]

Systems Learning Not all learning takes place on a local level. Exposure to operations and governance beyond those of the local facility (including local governance) is also important. How does the local facility participate in and operate as part of a larger Catholic health system? What are the benefits (and challenges) of "system-ness"? And how do local facilities and corporate personnel engage each other in the rhythms and tensions of a health care system?

Fellows are invited to sit with Trinity Health's

corporate senior management team during their year to see how senior managers exercise supervisory, fiduciary, and planning roles. They also attend board of directors meetings. Also important for the mission fellow is "exposure to other Mission colleagues across different organizational settings."[9] The layout and culture of the site where the fellow trains can be radically different from those of other system facilities. Exposure to other mission leaders—and even to their organizations—can remind the fellow not to take his or her training site as normative. The fellow can learn a good deal by participating in Trinity Health's mission council meetings or other systemwide councils.

Employment *Since retention of the fellow in Trinity* Health is a key goal, program leaders begin thinking early about possible employment opportunities for him or her in the system. Doing so can be both delicate and challenging, depending on a particular facility's hiring practices and the processes it uses to select its mission leaders.

As mentioned earlier, the fellow's training site will usually not be where the employment opportunity lies. Openings will more likely be at other local facilities, perhaps in far distant locations. Or there may be no openings at all, in which case it may be difficult to keep the person completing his or her fellowship year "on hold" until an opening occurs. The placing of a mission fellow in a full-time position must be carefully coordinated with succession planning in the system, particularly for mission leaders. Moreover, in most systems today, mission leaders are no longer simply assigned to a particular facility; each facility must follow formal, competitive hiring practices, including application forms, candidate interviews, and references and credentials, no matter at what level the hiring takes place (local or system).

Geography can be another challenge. The fellow may have a definite idea where he or she wants to work. Personal or family priorities often play a more central role for lay mission leaders than they did for women and men religious. Religious often had (or were presumed to have had) greater flexibility in moving from assignment to assignment. For lay mission leaders, flexibility may be more limited and compete with other priorities.

Lessons Learned

A fellowship program is about learning. Even though most mission fellow candidates come to the ministry of mission integration with professional experience and competencies in related (or nonrelated) areas, they still have important lessons to learn. One man summed up his yearlong fellowship as follows: "The real value of the mission fellowship was that it was a period of learning. In addition to the 'official' mentor, or 'preceptor' (as Trinity Health refers to this guide), many people participated in the mentoring process. People wanted to help me learn. I found everyone throughout the organization wanted to help the fellow learn how health care works. It is a unique opportunity to observe, ask questions, and gain wisdom and insights from many experienced people."[10]

To be effective, the learning process should include a competency assessment to determine the areas in which the fellow needs to grow and develop and a clear statement of learning goals and objectives, with regular review and assessment so that course corrections may be made as necessary.

A fellowship program is also about relationships. Many people at many levels of the organization are needed to make a fellowship program successful. If the ultimate goal of the mission leader position is to foster mission integration throughout the organization, then the system must take care to form and nurture relationships—especially those between the mission leader, on one hand, and frontline staff, department managers, senior leadership, board members, local community leaders, and ecclesiastical officials, on the other.

A fellowship, in addition, is about leadership formation. It is designed to train mission leaders for senior-level management. Mentors must remember that, although the fellow will spend most of his or her time learning about health care operations, the goal is to assist him or her to become an effective senior leader. The mission leader needs to be able to function effectively at the strategic planning, prioritizing, and decision-making levels and be familiar with all aspects of the organization, including finance, human resources, and clinical areas.

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Essential to the success of all this is *communication.* Personal and organizational assumptions and expectations must be clearly articulated. Learning goals and objectives and the roles of various constituents need to be clearly identified. Honest feedback about performance; boundary setting regarding active or passive participation in meetings or events; the identification of occasions on which initiative or creativity should be encouraged, on one hand, and discouraged, on the other—all these need clear communications. Without such communications, success will be tentative at best.

Trinity Health has, by focusing on the fellowship program's goals and clearly articulating the competencies needed by the professional mission leader, also sparked renewed interest in competency development for mission leaders who are already in place. Because of the changing nature of the

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sentation at the *Commonweal* Colloquium on Catholics in the Public Square, Malibu, CA, February 22-24, 2002; Charles Curran, "The Catholic Identity of Catholic Institutions," unpublished presentation, Fordham University, Bronx, NY, April 1996; and the extensive and insightful discussion of the significant identity challenges confronting the Catholic Church's institutional ministries of health care, social services, and higher education in Peter Steinfels, *A People Adrift: The Crisis of the Roman Catholic Church in America,* Simon & Schuster, New York City, 2003.

2. Charles B. Moulinier, quoted in Sharon Pentland, "What's Past Is Prologue," *Health Progress,* January-February 1995, p. 57. Fr. Moulinier was CHA's first president.
3. "Lumen Gentium," in Austin Flannery, ed., *Vatican Council II: The Conciliar and Post-Conciliar Documents,* vol. 1, Costello Publishing, Northport, NY, 1975, para. 13.
4. See Margaret Steinfels, "The Catholic Intellectual Tradition: Colleges and Universities," *Origins,* August 24, 1995, p. 171. In this article, Steinfels asked the same question of the Association of Catholic Colleges and Universities.
5. Steinfels, p. 172.
6. See James C. Collins and Jerry I. Porras, *Built to Last: Successful Habits of Visionary Companies,* HarperBusiness, New York City, 2002. "Profitability," the authors write, "is a necessary condition for existence and a means to important ends, but it is not the end in itself for many of the visionary companies. Profit is like oxygen, food, water and blood for the body; they are not the point of life, but without them there would be no life" (p. 56).
7. Collins and Porras, p. 71.
8. Assuming that $1 invested in the stock market in 1926 would have been worth $415 in 1990, Collins and Porras calculate that if the dollar had been used to buy stock in one of the "most successful" companies, it would have brought $6,356 in 1990. Invested in one of the control companies, that dollar would have brought only $995 (Collins and Porras, p. 4).
9. Steinfels, p. 219.
10. "Gaudium et Spes," in Flannery, para. 1.

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mission leader role, competency development is an ongoing task for all of Trinity Health's mission leaders, even those with years of experience. No one is exempt; no one ever arrives at the point where there is no more to learn. Environmental scans of U.S. health care clearly reveal that the challenges we face (and the changes we will need to be making) show no signs of abating. Without continuing competency development, our organizations could be quickly left behind.

The fellowship program in mission works for Trinity Health. We are impressed each year by the quality of the candidates who apply to the program. Our job is to prepare people well to be effective leaders in the church's ministry of health care. As Smith has said, "Without the fellowship, I might never have known this vocation God was calling me to, nor developed the basic skill set necessary for a mission leader. I will always be grateful to Trinity Health for the opportunity.[11] □

I wish to thank former Trinity Health fellows Brian P. Smith and Gordon Self; and Sr. Myra Bergman, RSM, mission leader, mentor, and preceptor; for contributing their own reflections to this article. Their thoughts helped me discover my own.

NOTES

1. Brian P. Smith, personal communication, May 10, 2004.
2. Gordon Self, personal communication, May 5, 2004. See also Mary Kathryn Grant, "Mission at the Millennium," *Health Progress,* March-April, 1999, pp. 18-20.
3. *Trinity Health Fellowship Program,* Trinity Health, Novi, MI. An online version of this brochure can be found at www.trinity-health.org/career/ fellowship/.
4. Self.
5. Catholic Health Association, *Development Plan for Mission Leaders,* St. Louis, 2000.
6. Smith.
7. Smith.
8. Myra Bergman, personal communication, May 2004.
9. Self.
10. Smith.
11. Smith

CONTINUING A COMMUNITY ALLIANCE

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can work better together than separately to accomplish health care goals

- Develop ways in which, by working together, those organizations can make their own jobs easier
- Avoid duplication of effort

COMMUNITY SUPPORT

The community response to the GBRHF has been overwhelmingly positive, especially from area business leaders. Several years ago the forum considered adding other kinds of health care organizations—such as long-term care centers and managed care organizations—to its membership. Local business people who responded to a survey suggested that enlarging the GBRHF's membership might make the forum less effective. As a result, the GBRHF has continued to be primarily a partnership of hospitals. From time to time, other community organizations are invited to participate in forum initiatives as appropriate, but they do not become full members.

In recent years, area business leaders have suggested that the GBRHF take a more visible role in identifying local health needs. The forum's Planning Committee recently developed a strategic plan for the greater Baton Rouge area. Working with the Louisiana Department of Health and Hospitals' *Parish Health Profiles,* national resources such as Healthy People 2010 and Bright Futures, and local surveys, the committee developed a document called Healthy Baton Rouge *2004-2006* for the forum and its members to use in planning future projects.

We are still a pioneering initiative. We have no map to follow. What we do have is our collective desire to do what is best for the health of our community and the people we serve. □