

# AN INVESTMENT IN LEADERSHIP

## *A System's Three-Year Trainee Program Gives Young Executives a Career Head Start*

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**M**aking a successful transition from the university to the healthcare field is often difficult for young graduates in health administration. They must compete for positions with older graduates, who often had earlier careers in allied health areas. They also may find the immediate demands of their job give them little time and perspective to reflect on and develop their managerial style and leave them few opportunities to explore other healthcare career paths.

Leaders at SSM Health Care System (SSMHCS), St. Louis, have designed a program to give new graduates the time and experience to develop leadership skills and explore career alternatives. Created in early 1991, the program is a three-year traineeship conceived as an alternative to the traditional one-year "fellowship" in a health organization, which planners believed offered too little time for adequate leadership development.

### **MEETING CAREER NEEDS**

The new program was designed to more adequately meet the recent graduate's career needs,

**Summary** The SSM Health Care System (SSMHCS), St. Louis, recently instituted a three-year leadership training program for new graduates in health administration. Participants spend one year in a rural facility, where they perform line and staff functions. They spend another year in a corporate staff role, gaining experience in areas such as finance, planning, marketing, human resources, mission and values, and regional operations. In the third year, participants concentrate on an area of their choice and begin to search for a permanent job within the system.

SSMHCS sought candidates who:

as well as the system's needs for future leaders. Before deciding on the program's structure, system leaders met with the heads of two major health administration programs in St. Louis. They verified that younger graduates with limited practical experience faced more difficulties entering the field of healthcare management or administration than did older students. The academicians also volunteered to review proposed selection and career development plans.

SSMHCS leaders ultimately decided on a three-year program. Participants would spend one of the first two years in a rural facility, where they would perform some line and staff functions as members of the administrative team. They would spend the other year in a corporate staff role, gaining experience in areas such as finance, planning, marketing, human resources, mission and values, and regional operations.

In the third year, trainees would concentrate on an area of their choice. They would also have a period of flexible time to seek a permanent job within the system. Like any career employee, the trainees' continuation from one phase of the program to the next would be contingent on a satis-

- Were open to working in both urban and rural settings and were willing to relocate when necessary
- Had the potential to move into a permanent managerial position within three years
- Were willing to consider line and staff roles
- Showed an interest and ability to work in the Catholic healthcare ministry

The advantage of the trainee program over traditional fellowships is that it gives the program participant a genuine start on a career rather than a mere extension of his or her education. For SSMHCS the opportunity to train young managers and administrators is an investment in the future.

factory evaluation of their performance.

Because the training was considered an investment for the entire system, planners determined that the SSMHCS corporate office should compensate the trainees. The corporate office would also absorb the costs of special evaluations and additional training.

### SCREENING AND SELECTION

In screening for potential trainees, SSMHCS sought candidates who:

- Were open to working in both urban and rural settings and were willing to relocate when necessary
- Had the potential to move into a permanent managerial position within three years
- Were willing to consider line and staff roles
- Showed an interest and ability to work in the Catholic healthcare ministry

In fall 1990 SSMHCS sent notices about the new executive traineeship to health administration programs at universities in the five states where the system operates. Graduates who would be available in May or June 1991 were invited to apply.

Two senior vice presidents screened more than 20 fully qualified applicants. Before accepting the first applicants, SSMHCS leaders selected the rural community hospital at which the program participant would train. The hospital president and the vice president of patient care from that facility were on the final selection committee, as were five system executives and a corporate director of the quality resource center. The protocol for selecting candidates stressed sensitivity to the system's commitment to ethnic and gender diversity.

To evaluate candidates, interviewers used a rating format that emphasized the following factors:

- Understanding of the SSM Health Care System
- Ability to articulate basic general management values, as well as values particular to the Catholic healthcare ministry
- Ability to handle the stress of interviews with multiple questioners
- Some understanding of quality improvement principles
- Openness to being guided or coached by a number of mentors
- Overall potential for becoming an executive

The final candidates presented to the system, selected from a diverse field of participants representing four major university programs, were a white woman and an African-American man. Because both candidates possessed significant talents and gifts, SSMHCS leaders waived the original intent to select one individual in favor of selecting both.

The expense involved in accepting trainees and

providing the support they need limits the number of persons the program can accommodate. The system offers new graduates an opportunity to apply for traineeships when the current participants complete their traineeship.

Once the candidates were selected, SSMHCS designated a management psychologist to construct a profile of the trainees to help supervising executives and other career coaches or mentors guide the young executives. The profile assessed how well their strengths matched those of successful executives in decision making, interpersonal skills, planning skills, leadership style, and related characteristics. The profile placed particular emphasis on trainees' ability to integrate values in the management process.

### EARLY RESULTS AND ADJUSTMENTS

In evaluations of their first year in the program, trainees praised the quality of the guidance and feedback they received. They said the program helped them develop managerial and administrative skills and shape their leadership style and philosophy (see **Box**). In January one of the original trainees accepted a permanent executive position at a system hospital, opening the door for another

*Continued on page 58*

## THE FIRST YEAR: TRAINEES' EVALUATION

After completing the first year of SSMHCS's program, the trainees were asked to evaluate their experience. One of them had spent the first year at the corporate office; the other, at a rural facility. Although each saw room for improvement, they agreed that the year was an excellent beginning for a career as a healthcare executive.

The corporate office trainee noted that the flexibility of the process made it possible to pursue special interests and at the same time obtain basic managerial and administrative skills. The trainee also found meetings with mentors helpful and added that input from the management psychologist helped in the creation of an individual management development plan. Suggested improvements included reminding senior managers that the trainee was available for impromptu meetings and issuing a credit card to expedite management of travel expenses.

The community hospital trainee reported that the chance to attend staff meetings provided insight into physicians' attitudes and concerns and raised confidence in the ability to work with and present information to medical staff. In addition, having line responsibility helped strengthen the trainee's personal management style. Program improvements suggested by this person included making a personal computer available and giving the trainee a more active role in the organization's mission awareness team. The trainee also noted that the transition from a university to a small community represented a challenge to meet other young people and become involved in community life.

## AN INVESTMENT IN LEADERSHIP

*Continued from page 57*

executive traineeship to begin in July.

Implementation of the career trainee program has made SSMHCS planners aware of a need to extend senior executives' mentoring and coaching skills. To address this issue, SSMHCS is currently developing a continuous quality improvement course in coaching. The system has also created annual surveys through which subordinates can provide feedback to senior executives about their effectiveness as coaches and mentors. In addition, a special portion of the annual succession planning seminar is now devoted to the development of these skills.

SSMHCS has also decided that future trainees will always spend the first year of the program in a rural hospital rather than the corporate office. Leaders determined that the trainees needed the benefit of field experience before entering the highly specialized realm at the system level.

### A GENUINE START

For everyone involved, the career traineeship program is an investment in the future. It has generated considerable interest among students at universities where SSMHCS has given notice of the program. And applicants for the latest available position have exhibited a greatly improved ability to articulate leadership issues in terms of values and management skills.

This interest is not surprising in light of what the program offers applicants. It gives recent graduates a genuine start on a career rather than a mere extension of their education. At the same time, the program gives SSMHCS the opportunity to train young managers and administrators and thus ensure the system will continue to have talented leaders committed to SSMHCS's mission and vision. □

## CREATING THE FUTURE

*Continued from page 24*

**N**urses will have to stretch their powers, knowledge, and influence to remain relevant.

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a system that is rapidly changing. Physicians' failure to become part of the managed care sector through the appropriate group affiliations will leave them out of the mainstream of client referrals.

Along with managed care, managed competition under a reformed system will force hospitals to be configured to efficiently meet the needs of a dynamic system that no longer requires yesterday's beds or yesterday's management structures. Care that is personalized and focused on individuals as they move through the continuum will prove to be cost-effective as we finally get creative about changing operations to match the system of the future. The issue is not decentralizing the admitting office by moving its functions to the patient care unit; rather, it is refocusing the care at its true center—the patient.

### REDEFINED PROFESSIONAL ROLES

Before the twenty-first century the traditional professions will have to be reassessed for their appropriateness in a changing healthcare system. Can the American public afford to have each profession struggling to meet patients' needs traditionally when "think the unthinkable" is the standard? A federally mandated reform system may consider the federalization of licensure.

A compelling fact will be that future healthcare professionals will experience regular, radical changes in their job requirements. Multiskilled healthcare workers, persons able to assist a variety of professionals, will allow nurses and others to emerge from their task-oriented past for a new practice founded in cognitive skills associated with judgment and intervention. Physicians will also play new roles, as their practice changes in radical, unanticipated ways.

As healthcare professionals' roles blend, the following question arises: How will we now define our various responsibilities?

The licensure system was developed to protect the public by guaranteeing a standard of practice and education described by law. However, as it is currently constructed, it can prevent change rather than augment it. Licensure protocols need to be reviewed collectively not only to encompass the new competencies required but also to validate the need for each type of professional license. With a shrinking healthcare dollar and the myriad changes ahead, how many professions should there be and what should they do? What services do patients need and from whom should they receive them?

### PRESERVING VALUES

As healthcare reform progresses, a commitment must be made to preserve the values that healthcare and its professionals espouse, values that speak to each person's individual worth and dignity. Healthcare providers will be faced with the biggest professional challenge of their lives:

- To see the value of change that they can shape but not control
- To remember why they entered healthcare in the first place
- To see someone they care about in the faces of the persons they serve through a continuum of care system that is limited only by their ability to imagine—and to think the unthinkable.

Nursing today is at a crossroads. Everything must be open to rethinking and revision if the profession is to make the contribution it is capable of. And nurses will have to stretch everything—their powers, their knowledge, their influence—to remain relevant to the healthcare system of tomorrow. □