Catholic Healthcare Partners (CHP), Cincinnati, OH, is piloting a major new leadership development strategy. CHP’s Leadership Academy is identifying high-potential executives currently in the system and involving them in a two-year program of learning and professional growth experiences. Sr. Doris Gottemoeller, RSM, senior vice president for mission and values integration, and Jon Abeles, senior vice president for human resources and organization effectiveness, designed and coordinate the academy.

“We have 28 leaders from throughout the system in our first academy class,” Sr. Gottemoeller said. “They are a wonderful group. At our launch in February, all 28 of them were so enthusiastic and eager to begin. They quickly developed bonds of mutual support and commitment.”

The Leadership Academy was created to assess participants’ aptitude and readiness for increased responsibility within CHP (and areas for further development), to assist them in acquiring the skills and knowledge needed for enhanced leadership within the system, and to form a cadre committed to CHP’s mission and values imbued with its culture.

Abeles said that, in 2001, CHP’s corporate leadership team discussed the system’s needs for succession planning to ensure a “next generation” of leaders. They specified a number of provisions that ultimately shaped the design and curriculum of the academy:

• The goal is the right person in the right place at the right time.
• Individuals may be groomed for specific positions, but promotion is never automatic.
• There is also value in bringing in “fresh hires” from outside the system.
• Responsibility for selecting and developing the next generation of leaders cannot be completely centralized at the corporate office.

“Above all, we didn’t need or want a mechanical process of succession planning,” Abeles said. “We decided to offer an opportunity for advanced leadership development to a pool of persons, recognizing that some of them will take on more responsible positions in time, some will expand the quality and quantity of their contribution in their present positions, and some may leave us—but, we hope, take with them enhanced skills and deeper commitment to Catholic health care,” Sr. Gottemoeller said.

And thus the Leadership Academy was born. Abeles and Sr. Gottemoeller evaluated several “best practices” and consulting resources before choosing to partner with the Center for Creative Leadership (CCL) in Greensboro, NC, for the design and delivery of the academy curriculum. They assembled for the academy a steering committee that includes CHP president and CEO Michael D. Connelly, Board Chair Raymond R. Clark, Sponsor Sr. Marie Hartmann, RSM, and several CEOs of CHP regions. The steering committee, working with assistance from CCL, identified five critical leadership factors that underpinned the academy curriculum:

• Passion for mission and values
• Servant leadership
• Utilization of complex mental processes
• Bias for action
• Skill in developing others

“These are factors that we envision will be essential components of leadership success five years out,” Abeles said. “We asked ourselves, ‘What do our leaders need as demands of our health care ministry become greater or change?’ If you truly need people to act differently five years out, you can’t wait five years to develop them.”

The talent-identification process for the academy began in November 2001. Direct reports to CHP’s executive management team (regional CEOs and corporate officers) were invited to nominate themselves if they wanted to participate. Those interested completed a “Leadership Resource Review” instrument indicating their previous leadership experiences, a self-assessment of competence in the key leadership factors, and other qualifications (CHA’s “Foundations of
Catholic Health Care Leadership” program is a requirement for participation), as well as their professional goals. After review and senior reporting leader input, nominations were forwarded to the steering committee for final selection. “We chose at least two participants from each of CHP’s regions and looked for diversity in gender, age, and job responsibility. There were many more qualified people nominated than could be accommodated in this pilot group,” Sr. Gottemoeller said. These leaders will be encouraged to apply for inclusion in future cohorts.

The class of 28 is a mix of facility CEOs and vice presidents of nursing, operations, human resources, finance, support services, and others. They came together for the first time in February of this year at CHP’s Cincinnati headquarters for a three-day introductory program. CHA Senior Vice President Tim Eckels spoke to the group regarding ministry leadership challenges in the 21st century. CHP President and CEO Mike Connelly gave an update on challenges facing the system and on the ways the system intends to develop future strategy. Davida Sharpe of CCL conducted a number of exercises with participants on leadership behaviors and “servant leadership” and also helped them understand the nature of “360-degree feedback” before providing them with their personal assessment data (gathered by using five different assessment tools).

“Action learning” is a significant part of the academy curriculum and differentiates this program from the normal didactic formats found in traditional leadership development experiences. At the February session, Patricia O’Connor from CCL oriented the class to the concept of action learning, a hands-on process in which participants will be actively engaged in developing and applying critical leadership factors in the context of business dilemmas throughout the two-year program.

The participants were divided into three teams, and each team was assigned a project and a sponsor. Each project addresses a complex business problem identified by CHP’s executive management team. They are:

- **Ethnic diversity.** Although CHP is a diverse organization in many respects, ethnic diversity in systemwide leadership positions needs to be enhanced. This team is working to identify staffing, recruiting, and development strategies and action plans at the conclusion of a current status analysis. Susan Makos, CHP executive vice president, is this team’s sponsor.

- **Nurse vacancy rate.** This team is considering how to apply internal and national best practices to address vacancy rates in two at-risk regions of the system. Executive Vice President David Jimenez is the project sponsor.

- **Increasing market share.** This team is creating strategies for enhancing market share within a highly competitive region of CHP. Executive Vice President Jane Crowley is the team’s sponsor. O’Connor is acting as coach to the teams throughout the action learning phase.

“Leaders really come into their own when they are stretched, when they are facing tough issues and still keeping up with their already busy lives,” Abeles said. “These action learning projects were designed to take them out of their comfort zones.” The analysis and recommendations the teams develop will have immediate value to CHP. Through the projects, the participants will be growing in the five critical leadership areas that are the basis of the academy curriculum.

The teams are working on these projects in face-to-face meetings and in electronic communities until they present their results at the system’s annual management conference next September. Abeles said the group will participate in additional action learning initiatives throughout the program. “That way, it takes away the ‘episodic’ nature of the experience and develops competence ‘beyond best intentions.’”

As this issue of Health Progress went to press, Abeles and Sr. Gottemoeller were preparing for the first five-day intensive retreat for the academy class at CCL’s Greensboro, NC, headquarters. The two estimated that they are spending a quarter of their time on the development of the Leadership Academy and admitted that the entire design was not totally worked out in advance but continues to evolve. “It was very important to begin,” Sr. Gottemoeller said. “If we had waited until every ‘i’ was dotted, we’d still be waiting to initiate this program.”

One evolutionary development has highlighted the mission of Catholic health ministry. “We are changing ‘servant leadership factor’ to ‘mission leadership’ and making it an integrating competency,” Sr. Gottemoeller said. “What makes this program different is the sense of mission; we are preparing leaders to carry on the mission. Our challenge is to devise learning components that accent and integrate the mission. CCL is working with us to craft these components.”

Both Sr. Gottemoeller and Abeles credit the success of the Leadership Academy to date to the enthusiastic support of key leadership and the combined commitment of the human resources, organizational learning, and mission integration departments of CHP. Also, they said that the time spent early on in integrating the system’s board, sponsors, and senior management—corporate and regional—in the design and talent identification process was important to program success.