Health Industry Organization*:
Innovation in Research. Inspired by Excellence.

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*the actual name of the organization and employees has been changed to protect their
identity but was included in the original assignment submitted*

Overview

The Organization partners with community physicians and academic institutions to find new uses for existing drugs as well as to develop new drugs and treatment plans for cancer patients. This organization focuses mainly on leadership training and development above the managerial level. Currently, this type of training and development does not exist for all employees. Additionally, the organization does all evaluation, feedback, and coaching based on a 360-degree feedback survey that is given once a year.

Organization History

Mission and Purpose

The Organization states its mission as "Above all else, [being] committed to the improvement of patient outcomes and advancement of medical science through innovation and quality execution of clinical research" (HSO 2012).

This organization is unique regarding its balance of science, care, and commitment while promoting partnership with community physicians and academic institutions to find new uses for existing drugs as well as to develop new drugs and treatment plans for cancer patients (HSO 2012).

History

The Organization was started in 1993 and began as a small group of doctors conducting investigator-initiated clinical trials and collaborating to find additional, unique, and potentially cancer fighting uses for drugs that already existed on the market. In 2006, the organization entered a new market and began what is now its main revenue stream. This portion of the company is involved in industry-sponsored clinical trials and collaborates to develop new drugs that can be used to close the gap on the fight against cancer.

Since its inception in 1993, the Organization has joined forces with many other groups and has begun additional initiatives. These include association with the Minnie Pearl Cancer Research Network in 1995, the launching of the Phase 1 Clinical Trials Program in 1997, collaboration with Tennessee Oncology in 2004, the launching of the Cardiovascular Initiative in 2008, Organization Global Services and Organization United Kingdom in 2009, and the Out-Sourced Novel Drug Development Program in 2010.

Key Products and Services

The Organization is unique in its ability to provide patients for clinical trials rather than facing the typical, challenging search that usually precedes these trials. The organization partners with clinical oncology practices throughout the country to recruit patients for clinical trials who ordinarily would not be able to participate in such trials. This service allows patients who are unable to travel to participate in trials close to their homes and simultaneously allows investigators the opportunity for larger trials.

This organization also partners with pharmaceutical and biotechnology companies to provide research support services to physicians and drug development sponsors across the United States. The Organization Global Services division allows exposure to

additional patients with multiple different types of tumors to enhance the patient population participating in clinical trials.

Company Statistics

The Organization includes a network of over 700 physicians working in 25 states as well as the United Kingdom and more than 200 investigators working in 7 locations, including: Nashville, Tennessee; Ft. Myers, Florida; Chattanooga, Tennessee; Cincinnati, Ohio; Richmond, Virginia; Columbia, South Carolina; and Ft. Worth, Texas. Academic partnerships include relationships with Yale Cancer Center, the Peggy and Charles Stapleton Cancer Center at The Oklahoma University, and University College London.

Assessment of Performance and Advancement of Potential Leaders

The Organization focuses mainly on leadership training and development above the managerial level. Currently, training and development programs do not exist for all employees. The Organization uses a 360-degree review to evaluate employees in leadership positions. The Organization uses two different types of leadership surveys. There is one survey for Physician leaders and one for Executive leaders. These evaluations allow the Organization to assess the performance and advancement of existing leaders throughout the organization.

Physicians are given the Physician Leadership Practice Survey; a survey conducted by OnFocus Healthcare. This survey is a full 360-degree examination in which the individual physician, his or her direct reports, the executive team, and two to three outside colleagues answers identical questions about that particular physician. The questionnaire rates the physicians' behavior in roles including those as visionary/strategist, communicator, team builder/collaborator, change agent/risk taker, resource manager, results producer, advocate mentor, coach/motivator, and maintainer of integrity (Dr. Bowe, personal communication, October 26, 2012).

After the survey, all of the physician leaders meet with representatives from OnFocus Healthcare and review the results together so that they can see what their strengths are as a team and where there are opportunities for improvement. In the group session, they do not focus on any individual strengths or weaknesses, which allow them to focus on what they need to do as a leadership team. In the weeks following this session, each physician leader meets with OnFocus in one-on-one meetings to review his or her results and discuss his or her strengths, weaknesses and opportunities for improvement. Each physician is also given the opportunity to schedule coaching sessions to dive deeper into improving his or her skills as a leader.

Executives are given the Executive Team Leadership survey led by a separate organization, the Hospital Corporation of American (HCA). This tool is called the Leadership Mirror and is also a 360-degree measurement. Results come from the executive leader, his or her managers and direct reports in management positions, and his or her colleagues. This survey provides feedback in ten performance areas including executive/leadership disposition, compelling communication, emotional intelligence,

customer focus, passion for results, quality orientation, making healthcare operations decisions, decision making, aligning performance for success, and coaching and developing others. The survey report also includes a comment summary of each executive's strengths and opportunities for development.

The survey is initially available online and then a few weeks after individuals take the survey, individual meetings are scheduled with the Leadership Mirror coach, the particular executive leader and his or her manager. The purpose managers joining this conversation is so that they can share insight, facilitate conversation, and learn how they can help improve each executive's skills (A. Lawless, personal communication, October 26, 2012).

Additionally, leaders at the Organization complete a TTI Axiom Assessment upon their hire. This assessment gives individuals and managers detailed information about the person's natural and adaptive behaviors. The results from this instrument are very similar to the results of the Strength Development Inventory Questionnaire (class notes: Bachmann F2012). Called The Success Insights Wheel, a person's results are plotted into a colored wheel that categorizes people as a shade of Red (D), Yellow (I), Green (S), and/or Blue (C). Each area of the wheel has different names to advise individuals of what type of person they are in their work environment. Individuals who take this assessment are able map their placement on the wheel in relation to those they work with in order to be aware of potential conflicting styles and behavior between individuals.

Organization and Succession Planning

At the Organization there is no formal leadership development for high potential employees. However, the organization is working towards establishing a system of this kind. At the start, the Organization had thirty employees, very little growth, and as a result, no immediate need for leadership development structures. Today, the organization has grown to over four hundred employees and contains entire Global Services and Radiation/Oncology departments in addition to their initial focus: drug development and the need to grow vertically and develop employees as leaders has emerged. Although there is no *formal* leadership development for high potential employees, the Organization has an executive coach that trains employees for leadership positions.

Not only is there a lack of formal leadership development in the Organization, the path to attain leadership in the organization has the potential to be ambiguous. When there is an open position, the Organization reviews every candidate in the same manner, regardless if they are from within the organization or not. However, the Organization tries to hire from within the Organization or HCA, because these employees already know "how things work" in the company. An outside hire *can* be advantageous because these employees bring fresh ideas. For example, the Organization recently hired a new President of Cancer Services. This person was not from the Organization or HCA, but rather, from a big pharmaceutical company that previously partnered with the Organization. This new hire brought great industry knowledge in addition to valuable knowledge of some of the Organization's competitors. It would be helpful for employees

to have a plan, or set of objectives, that are clearly defined as a method to attain leadership within the Organization. This would increase employees' motivation because, as stated in Path-Goal Theory, there is a clear path toward a defined goal and upper management would be removing the obstacle of ambiguity by defining steps that can be taken to boost an employees' potential of becoming a leader (class notes: Bachmann F2012). Although this is ideal, employees must understand that abiding by this set of "rules" will not guarantee their promotion to a leadership position.

The Organization is constantly evolving and the leadership within the organization needs to evolve with it. As an example of the Organization's commitment to developing a leadership development program, Rodney Love, Vice President of Human Resources envisions that in the future executives could identify high potential employees and then partner with the Harvard Business School to develop them. In addition to this development program, he would also like to establish a program that involves mentoring.

Strategy and Development Programs for Senior Leadership

Personalized leadership development training at the Organization typically begins at the Director level. One thing that the Organization would like to implement is a monthly one-on-one meeting with each Senior Leader that revolves around the information gathered from the surveys that are conducted in order to hone skills and make the leaders more effective at areas in which they are strong while developing and improving core areas that need improvement. In addition to the development of individual competencies, monthly training sessions focus on topics of motivation, feedback, and evaluation. These measures are already in place; the Organization would simply like them to occur on a more regular basis. Consistent meetings would provide a way for senior leaders to constantly think about their leadership style and their effectiveness. This would be a more efficient method for leadership development rather than having these meetings annually or sporadically.

Throughout the past year, the Organization has begun to move assessments and training lower in the organization. Standard researchers and physicians are now a part of a training program that includes many of the same surveys given to the senior leadership. However, the entity primarily responsible for this new training and development is different than that of senior leadership. Like the employees in senior leadership positions, physicians and researchers participate in monthly leadership development sessions to improve communication, work through challenges, and discuss performance. However, having these sessions facilitated by an entity different than that of the senior leadership is not effective or efficient because there is no continuity within the organization. The Organization could improve in this way by having the same facilitator conduct these sessions across the entire organization. This could also help retain high potential employees

Analysis of Strengths and Weaknesses

Strengths

The components of the leadership assessment, planning, and development systems at the Organization are given above. The next two sections detail the strengths and weaknesses of these systems.

All of the members of the executive leadership team and the physician leaders at the Organization are evaluated using a 360-degree feedback survey system. The fact that the organization uses a feedback system is the greatest strength in the area of leadership development at the Organization. It forces both Physician and Executive leaders to improve their performance in ways that many of them did not learn to do in their medical or subsequent graduate school education. Most often, physicians spend their careers learning to give explicit directions, make quick and calculated decisions, and be responsible for the results they produce themselves. However, being an Executive or Physician Leader at the Organization requires leading groups of people and is essential employees are also evaluated based upon the thoughts of their subordinates.

Another strength of the 360-degree system that is in place is that feedback is given in a group setting and provides information on the effectiveness of the physicians and executives as a team rather than simply on an individual basis. Members of successful teams have a commitment to common goals and respond and support team cohesiveness (class notes: Bachmann F2012). The feedback given in group evaluation helps foster the commitment and support that is so essential in creating successful teams.

The interactions of executives and physicians with patients, supervisors, colleagues, and non-physician staff members impact their overall job performance evaluation. This means that a physician must learn how to adapt his or her leadership style to meet the different needs of his or her environment. As mentioned above, and modeling the Path-Goal Theory (class notes: Bachmann F2012), the Organizations leaders use the results of the 360-degree feedback evaluations as a tool to help physicians learn more about themselves and discover areas of growth for the next year and after the results of the 360-degree feedback evaluations are compiled, physicians have the opportunity to meet with their supervisors and receive feedback on potential areas of growth based upon their results. This is a strength for the Organization because these types of coaching sessions with physicians and their supervisors are rare in health care organizations. The Organization remains ahead of the curve in developing its physicians into leaders and will continue to do so as long as it continues to give specific feedback in the aforementioned coaching sessions and uses this information to set specific goals for all leaders and physicians in the future (class notes: Bachmann F2012).

The TTI Axiom Assessment previously reference is another strength at the Organization. This instrument is incredibly valuable in giving all of the leaders at the Organization a greater level of awareness about why they behave in the ways they do and how their natural and adaptive behaviors influence their interactions with others.

Weaknesses

Although the 360-degree feedback evaluation system causes physicians at all levels of the Organization to grow and develop as leaders individually, the timing of the evaluation is not the most effective in fostering ongoing efforts toward professional growth and development. Evaluations happen annually in March regardless of when each employee was hired. Consequently, there are concerns about how meaningful these evaluations are. A more telling evaluation would occur based on an employees' length of employment in the company. This would account for the essential and inevitable learning curve that exists when an employee is new to a company.

Another issue concerning the timing of the evaluations is fact that all employees know when the process begins. If physicians know they will be evaluated in March, they may alter their true behaviors at some point before March to achieve desired results on the evaluation. It is impossible to know if these evaluations are a true reflection of the physician's performance year round, thus the coaching that is done may or may not be relevant. Research shows that coaching should be done on a regular basis rather than simply once a year (class notes: Bachmann F2012) and the Organization should adopt a more regular coaching schedule to facilitate better results from the evaluations that take place.

An additional weakness of the leadership development system at the Organization involves the connection between the evaluation in March and the salary increases that occur throughout the company in April. Because these two events occur sequentially each year, it is easy for employees to assume that receiving good results on the evaluation is directly connected to an annual raise. The Executive Leaders at the Organization recognize this flaw and are looking for methods to ensure that employees understand they are expected to grow and develop consistently over the course of the year. These leaders must understand that equity theory is a process theory of motivation and that if employees do not feel they are compensated fairly, their motivation to do good work will decrease, eventually hurting the effectiveness and efficiency of the organization as a whole (class notes: Bachmann F2012).

One issue that is always present when 360-degree feedback evaluations are used is that "many people overrate their own performance" as 97% above average (class notes: Bachmann F2012). This automatically skews the results of a 360-degree feedback when it is used to compare employees because the degree to which each employee does or does not overrate their own performance varies. In addition, the fact that the executive leader summary is available for a few weeks online before a meeting with a facilitator occurs is problematic. Humans do not tend to respond to criticism well and may become defensive when criticized (class notes: Bachmann F2012). Executive leaders have, what they deem to be, more important tasks than to read their results from 360-degree feedback surveys so the notion that they will read the results of their survey is highly unreliable. These leaders will also, most likely, rate their own performance as better than the survey says which may create hostility toward any potential feedback and/or the feedback giver. The time lag between when the survey is completed and when feedback is given is problematic also because only 25-30% of the time in a coaching session should be

devoted to talking about the past (class notes: Bachmann F2012) and when the survey occurs at a much earlier date, this is very difficult to abide by.

Even though the 360-degree feedback assessment is designed to give a balanced perspective of an individual physician's performance, the surveys taken can still be very subjective. Individuals may report more positive results if they have more recent positive memories of the physician. In contrast, individuals may report negative results if they remember a specific unpleasant situation associated with that physician. The challenge lies in how to generate a true reflection of a physician's performance year round, rather than just a few snapshots that remain in the evaluator's mind.

Another issue that exists with the particular 360-degree feedback systems that are currently in use by the Organization is that Physician Leaders are given a survey by OnFocus Healthcare, Executive Leaders are given a survey led by Hospital Corporations of America, and the recently introduced surveys used in lower levels of the organization are conducted by a different entity. This could result in discontinuity within the organization. Instead of these surveys helping the organization, they have the potential to harm is a disrupt cohesiveness by fostering different styles of leading and managing.

Finally, using the current evaluation systems at the Organization, Executive Leaders are not sure how much information should be documented and captured in the evaluation. As research physicians, the nature of their work requires that they be evaluated on approach rather than outcome. With this emphasis on evaluating actions and decisions versus results, Executive Leaders prefer to provide physicians with real-time feedback weekly or monthly, rather than at more frequent intervals. Receiving feedback with this level of frequency is abnormal for organizations in the health care industry. Scheduling one-on-one meetings with direct reports, regularly, could improve the type of feedback and overall evaluation taking place within the Organization. At this time, the Organization is not seeking ways to make this a reality. However, the Executive Leadership Team recognizes its value and as a result implies that the evaluation system that is currently in place is effective but may not meet the specific needs of the organization. It is important that this organization improves the leadership development program because inadequate leadership development can serve as a barrier to high commitment, high performance management (class notes: Bachmann F2012).

Conclusion

Although the Organization utilizes methods of evaluating and developing employees, the organization would seriously benefit from using these tactics in the lower tiers as well as in senior leadership positions. This has the potential to greatly strengthen the company and raise future leaders from the nest of a successful, sustainable organization. The Organization should continue evaluating its employees as it currently does while simultaneously developing and improving leadership assessment, planning, and development programs that apply to all levels of employment and leadership while uncoupling pay and performance.

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