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# The SOMC Leadership Learning System

An Overview and Practical Guide

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SOMC Leadership Learning System<sup>SM</sup>

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*Very* Good things are happening here

## Introduction

This SOMC white paper will provide SOMC leaders and other leadership students with a comprehensive overview of our robust Leadership Learning System (LLS). I have linked each of the summaries that follow to a more in-depth article that will explain that element of our LLS in more detail. We have made our documentation practical and straightforward to encourage active learning—the only kind of education that produces results for busy leaders.

We have built the SOMC Leadership Learning System on the brain *sciences* and evidence-based learning strategies, including *Problem-Oriented Learning*, *Team-Based Learning*, and *Appreciative Inquiry*.

Our LLS requires leaders to engage in *active learning* activities. Listening to business entertainers is more comfortable and helps to slake the brain's insatiable thirst for pleasant distraction, but only sustained behavioral change matters when it comes to leadership effectiveness. Insight and good intentions are not enough.

I have arranged the brief introductions below in the typical order in which our new leaders experience them as they progress through their leadership learning journeys. Of course, leadership learning is not linear. Our LLS includes specific bases leaders must tag as they onboard at SOMC and some leadership learning activities that will be ongoing. Those activities that will continue as long as one holds a leadership position at SOMC will become more evident as the reader works through this outline.

What you are reading here reflects the dynamic development of our LLS over many years. Our current state is the product of many failures from which we have learned. Because looking for and finding A Better Way (ABW) is one of our critical leadership competencies at SOMC, this system will evolve and improve over time. This paper is the first edition of our effort to document this system. We hope you will give us feedback and help us make it better.

## The SOMC Leadership Culture

Before aspiring leaders can apply for a leadership position at SOMC, they must download and sign this informed consent and commitment document. This white paper clarifies that the decision to pursue a leadership role at SOMC is not to be taken lightly, that it is not without risk, that the work will be challenging, and that they may fail.

## Expectations for SOMC Leaders

We believe the best way to sustain and strengthen our organizational culture is to make our expectations for each other clear right upfront. We begin this process by including this document in our initial informational packet and encouraging every applicant to study it carefully. To be clear, this is an aspirational description of how we intend to treat each other. Of course, we sometimes fall short, but these expectations allow us to hold ourselves and others accountable for misbehavior.

## Changing the Culture

Many SOMC leaders invested a lot of time and energy in building the organizational environment we enjoy today. And we must continue investing this energy if we intend to strengthen and sustain this leadership culture in the years ahead. *Changing the Culture* describes how we achieved our current level of organizational excellence, and some of the prices we had to pay to get here. It is a strong foundation for the ongoing leadership behaviors we must continue forever if we expect to maintain our exceptional level of team member engagement and organizational results.

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## Executive Interviews

We take the selection of new physicians and advanced practice providers (APPs) very seriously. The entire executive staff group questions every candidate who is judged worthy of an invitation to interview here. This interview format predictably creates some energizing discomfort. Candidates consistently tell us they have not experienced anything like this before. I send each candidate a list of the questions we expect them to answer and the information we expect them to provide at their interview. This arduous selection process doubtless is a factor in our having one of the world's most engaged medical staff groups.

## The SOMC Cognitive Behavioral Leadership Model <sup>(SM)</sup>

This leadership learning model is the theoretical foundation for every element of the SOMC LLS. SOMC leaders know we can change what we believe and do despite how we feel. And we understand we can change how we feel by changing what we believe and do. This evidence-based, mind-changing model allows us to use this cognitive triad to do what all successful leaders must do—what needs to be done despite how we feel. We expect all SOMC leaders to embrace and use this model in their daily work and teach this life-changing cognitive tool to others.

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**By clarifying our leadership beliefs, feelings, and behaviors, reflecting on them, and the constructive feedback we receive from our peer coaches, we improve our leadership competencies.**

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## Leadership Presentations

Those who aspire to lead at SOMC begin their active leadership learning by giving challenging presentations as a part of their application process. If selected, creating and providing demanding presentations to our colleagues continues throughout our leadership careers. Applicants and leaders present *Leadership Case Studies (LCS)*, and *Problem-Oriented, Leadership-Learning Opportunities (POLLOs)*. **Aspiring leaders give My Leadership Commitment presentations to their Administrative Partners (APs)**, and selected leaders present challenging *Leadership Improvement Plan (LIP)* presentations.

## New Leader Orientation

All new leaders participate in several different orientation activities designed to reinforce our expectations for all SOMC leaders. These inter-departmental meetings encourage new leaders to build relationships with their colleagues across departmental tribal boundaries by focusing on their common ground. Some of these carefully-designed activities include a *Cultural Orientation* for physicians and APPs, *SOMC JumpStart*, *New Leader Orientation*, and *New Leader Boot Camp*.

## Leadership Feedback

All applicants for leadership positions participate in an SOMC 360-degree feedback instrument, the *SOMC Leadership Continua Survey*. Applicants then respond to the feedback they receive as a part of their *My Leadership Commitment* presentation. All leaders receive another specially-designed *Perception of Leadership Strengths (PoLS)* 360-degree evaluation after 12 months in their new position.

## Leadership Rounds

Participating in Leadership Rounds is the most critical ongoing active learning activity for all SOMC leaders. We require every leader to participate in Leadership Rounds 1.0, Leadership Rounds 2.0, and the Team Leadership Group. The most influential physician leaders participate in Physician Leadership Rounds throughout their careers here. Many SOMC directors continue leadership rounds in their departments indefinitely. During leadership rounds, participants present *Leadership Case Studies (LCS)* and *Problem-Oriented, Leadership-Learning (POLLO)* presentations based on their actual leadership challenges at SOMC. By clarifying their leadership beliefs, feelings, and behaviors, reflecting on them, and the constructive feedback we receive from our peer coaches, we improve our leadership competencies.

## Team Leadership Group

The SOMC Team Leadership Group brings leaders from different departments to work on an organizational innovation of their choosing. We know that our tribal instincts are strong and that we must work hard to prevent siloing at SOMC. These teams work together for 90 days, build strong, lasting relationships across departmental lines, and present their conclusions and recommendations to the executives. After 90 days, we assign new teams to allow everyone to work with everyone else during the year. The teams archive their presentations on their Yammer Group page to preserve this intellectual capital for future SOMC leaders.

## Leadership Retreats

Of all the active leadership learning opportunities in our Leadership Learning System (LLS), our leaders consistently rank this week-long retreat as the best learning opportunity they have ever experienced in their careers. Six leaders from different departments and two executives drive to a resort on Monday, present POLLO presentations to each other Tuesday through Thursday in a fully equipped and catered conference room, and return home on Friday. We protect the afternoons for rest and reflection. We present LCSs to each other at our working dinners. Leaders who have attended one of these retreats always request to participate in another one when a slot becomes available.

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## Administrative Partnerships

Every physician and advanced practice provider (APP) at SOMC is assigned a personal team of Administrative Partners (APs). These seasoned leaders protect their practitioners from unnecessary administrative aggravations while coaching them to lead their teams more effectively. Our APs also hold themselves and their providers accountable for sustaining and strengthening the SOMC leadership culture. We have clarified the working relationship between our physicians and their office managers in a [Collaborative Agreement](#).

## Leadership Huddles

SOMC leaders use these useful communication tools in a variety of environments and circumstances across the enterprise. Their brevity and accountability increase focus and team member engagement. Huddles are primarily reporting venues; most discussion needs to happen offline. Some huddles begin with a *Strategic Value Time Out*. That day's huddle leader reminds participants of a critical leadership belief and behavior related to Safety Quality, Service, Teamwork, or Finance.

## Leadership Council

This group of SOMC executives and directors meets monthly. Participants present A Better Way (ABW) performance improvement and POLLO presentations and offer each other energizing feedback. We discuss emerging hot topics, ask and answer clarifying questions, and preserve the leadership knowledge they create on their Yammer Group page.

## Leadership Teams

We have arranged for many of our departments and organizational initiatives to be led by leadership teams (LTs). These teams include all the department leaders or the project stakeholders, including physician and APP leaders. One or more executive champions usually attend as well. This structure means that all the decision-makers are in the room; referral to higher-ups is rarely needed. And we hold each other accountable for doing what we say we will do when we say we will do it. Many of these LTs include the discussion of an LCS as a routine part of the meeting agenda.

## PREP Network

The PREP acronym stands for Physician Relationship Enhancement Network. We created this innovation to respond more quickly and consistently to physician concerns. When any physician or APP raises an issue with any Administrative Partner (AP), that leader promptly sends a brief email to the entire 50-person PREP network. This practice communicates emerging issues widely, decreases misunderstanding, and eliminates destructive secrecy. There is no need to communicate with multiple leaders, and the appropriate leader can immediately address the concern. This leadership tool may be a big reason our physicians and APPs are among the nation's most engaged medical professionals.

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## Leader Rounding

We launched our rounding process many years ago as a way to support our Service strategic value. Over the years, this process has evolved into an effective communication and relationship-enhancing tool. Executives round on their departments quarterly. Directors make rounds with managers weekly or more often, and managers make rounds with their team members and patients daily. We focus on what is going right, not just what is going wrong.

## Net-Organizational Contribution Process

While we have embraced all the evidence-based strategies for hiring the best-qualified team members, we still make mistakes. After the probation facade is over and the truth emerges, we sometimes conclude that we would not hire a few team members again knowing what we now know. Permitting net-negative team members to remain on the team undermines team cohesiveness and effectiveness. We have designed and deployed a process to identify and coach these team members and extrude them if they decline to change their destructive behavior.

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## Leadership Blog

We designed our SOMC Leadership Blog to assist leaders in building and strengthening their essential leadership competencies. Until the pandemic forced our blog writers to suspend their posting and focus on more critical issues, we had posted weekly for almost a decade. We also encourage our leaders and readers across the world to join these practical leadership learning opportunities.

## Physician Leadership Council

This high-level leadership team meets monthly. It includes all Senior Medical Directors (SMDs), the Chief Medical Officer (CMO), and the Administrative Director of Medical Staff Services. The CMO opens this leadership forum with a brief overview of SOMC's current performance and answers any clarifying questions. The participating leaders then present a summary of the emerging issues in their departments. The open give-and-take that follows enhances organizational communication and strengthens relationships between the specialists and their Administrative Partners (APs).

## Safety Leadership

We have organized SOMC around five Strategic Values (SV). Safety is the first. While safety and quality are closely related, we have appointed Vice Presidents and Board Committees to lead each of them to increase every leader's focus and accountability. We view safety as all those things that should never happen at SOMC, such as falls, infections, and wrong-sided surgeries. And we seek perfection as our ultimate goal. For this reason, we are always chasing zero in our quest to be the safest hospital in the world.

## Quality Leadership

We view quality as all those things that should happen all the time, such as receiving an aspirin after a heart attack. In our quest to provide the best quality in the world, we are always chasing 100. We understand that perfection in healthcare is in short supply, but we know we will get closer to it by refusing to accept a lesser ultimate goal. Because we aspire to be the best, if still imperfect, we measure all our enterprise-level indicators as percentile ranks. This demanding approach documents just how close we are to being the best rural hospital in America.

## Service Leadership

Healthcare is the ultimate service business. We take the patient experience at SOMC very seriously. We aspire to have every patient and their loved ones view their interactions with us as examples of the best service possible. Achieving this will not be easy, but service perfection will always be our goal. Our leaders pursue this goal every day by rigorously measuring and responding to our patients' perceptions and suggestions for improvement.

## Teamwork Leadership

Healthcare is a team sport. We expect every SOMC team member to be a respectful team player. We give every leader feedback about how their colleagues perceive their alignment with this expectation. Once a year, we send employees a survey listing every physician and APP and ask them to rank each practitioner they have worked closely with during the past year regarding "This practitioner is a respectful team player," along the continuum from "Strongly Agree" to "Strongly Disagree." We then percentile rank every practitioner and publish the results. All other leaders receive detailed, comparative employee engagement feedback annually, and they must prepare and present robust action plans depending on their scores.

## Financial Leadership

We recognize we cannot produce and sustain exceptional organizational results around our other Strategic Values unless we can consistently fund those efforts. This reality means we must be vigilant stewards of our limited financial resources. We must find effective ways to control our costs while increasing our revenues. We provide our leaders with a variety of active learning opportunities to hone their financial management skills, including comparative data, best-practice resources, and rigorous budgeting coaching.

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## A Better Way

We have worked hard to make our process improvement model at SOMC practical and straightforward. After studying all the branded methodologies such as Six Sigma and Lean for many years, we settled on A Better Way (ABW) as our continuous improvement tool. We expect all SOMC leaders to use this simple approach in their daily work. The SOMC ABW approach requires SOMC to master only seven essential process improvement tools:

- Baseline Performance Measurement
- A Specific Goal Description
- Process Mapping
- Brainstorming
- Multi-voting
- Leading Indicator Identification
- Lagging Indicator Identification

Our leaders have embraced and used this simple model to achieve significant performance improvement across the enterprise.

## Succession Planning

We expect new leaders to begin planning for their successors the first day on the job. This expectation requires us to identify and document our essential leadership processes, along with our notes about the ways we have found to overcome the inevitable challenges those processes present. We file our updated succession plans with HR annually. This critical active learning task assures that when our successors sit down at our desks, they can open a computer file and have a good idea of precisely what to do next.

## Appendices

### *The SOMC Way*

#### *Code of Conduct*

#### Required Reading

- » *The Leadership Test*
- » *How to Succeed with Continuous Improvement: A Primer for Becoming the Best in the World*
- » *Strengths-Based Leadership*
- » *Zero Harm: How to Achieve Patient and Workforce Safety in Healthcare*
- » *Hardwiring Excellence: Purpose, Worthwhile Work, Making a Difference*
- » *Emotional Intelligence at Work*
- » *SOMC White Papers*

#### Recommended Reading

- » *The SOMC Leadership Blog*