![LevelSet Physician Leadership logo]

CONFIDENTIAL

LevelSet: Physician Leadership

for

Dr. Sarah Jones

SAMPLE Medical Center

February 16, 2024

Rater Response

Self	1 of 1
Manager	2 of 2
Peers	10 of 10
Other	10 of 10

*This Physician Leader does not have Physician Direct Reports or Clinical Direct Reports. In a typical survey/ report, those rater categories are represented.

SAMPLE LOGO

Congratulations on Receiving *LevelSet* Feedback

And on your organization recognizing that investing in Physician growth and success benefits all. In today's business climate, all Physicians are expected to function as leaders, and do so in a sustainable way. This requirement makes every Physician accountable for skills and behaviors often not conferred in their professional training (see article at the end of this report).

Additionally, the lack of feedback can be an occupational hazard for Physicians.

Research indicates that certain Physician behaviors are associated with long-term effectiveness (within the role and the organization). The survey items contained in this report have been found to be predictive of Physician Leader success. Based on input from you, your Manager, Peers, Dyad Partner/Practice Administrator/HR Partner, Physician Direct Reports, Other Clinical Direct Reports, and Other stakeholders, a composite view of your leadership effectiveness is presented here.

LevelSet Feedback is:

- A snapshot of perspectives from a wide variety of stakeholders
- Developmental, confidential, and focused on your growth as a Physician leader
- Honest, constructive feedback that leads to appropriate action

Table of Contents

Get the Most Out of Your *LevelSet* Feedback

Consider:
- Your definition of success.
- Three ways you could become more effective as a leader.
- Your openness to receiving feedback from your colleagues.
- How your actions and decisions affect others.

During the feedback meeting:
- See the feedback as a whole.
- Look for patterns and themes.
- Look for differences among rater groups. Think about how you may behave differently with/towards each group.
- Note whether your perception is consistent with how other rater groups see you.
- Consider the risk that might be signaled by blind spots or perceptual gaps.

Reflect:
- Consider similarities with, and differences from, other feedback you've received:
  - Similar feedback about specific behaviors;
  - Progress on development.
- Your effectiveness over time in areas addressed by feedback.

Understand your feedback:
- Schedule follow-up meetings:
  - Seek information about confusing or apparently inconsistent feedback;
  - Adapt your approach based on the nature of your relationship (whether Boss, Physician and Other Clinical Direct Reports, Other Colleagues);
  - Openly listen and learn the ways each individual thinks you could be more effective.

Plan Your Action:
- Summarize the key points of the feedback (use template in the *Action Plan* section).
- Identify potential development opportunities <u>directly related</u> to your leadership effectiveness.
- Finalize no more than two.
- Develop and follow a timeline for creating and implementing an *Action Plan*.
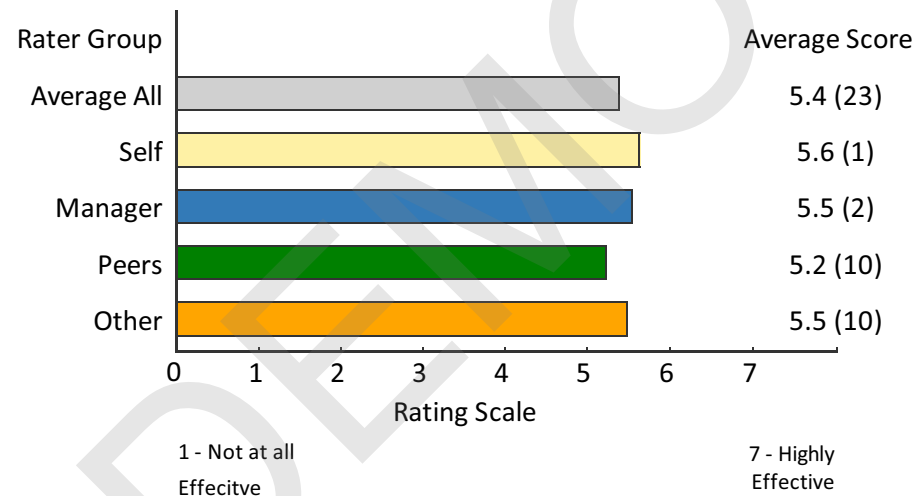
Follow up:
- Review draft *Action Plan* with your Manager and HR Partner.
- Incorporate any suggestions.
- Ask for feedback from key stakeholders after you have been working on your *Action Plan* for three months or so.
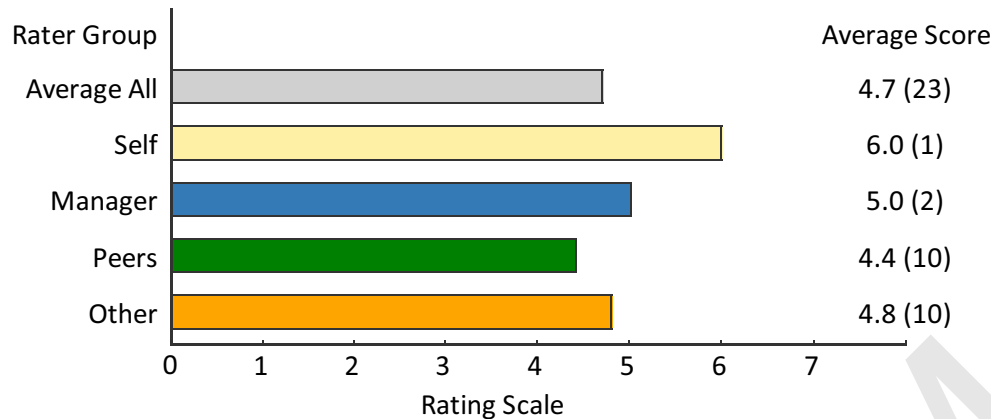- Listen for unsolicited feedback that signals improved effectiveness.

Dr. Sarah Jones
Organization: SAMPLE Medical Center

Summary of all responses for all survey questions

Rater Group		Average Score
Average All		5.4 (23)
Self		5.6 (1)
Manager		5.5 (2)
Peers		5.2 (10)
Other		5.5 (10)

Rating Scale

0 1 2 3 4 5 6 7

1 - Not at all Effecitve

7 - Highly Effective

*This Physician Leader does not have Physician Direct Reports or Clinical Direct Reports. In a typical survey/ report, those rater categories are represented.

1. Seeks input from a wide variety of stakeholders (physicians, clinical and administrative colleagues, patients and families) in the right way, at the right time.

Rater Group	Average Score
Average All	4.7 (23)
Self	6.0 (1)
Manager	5.0 (2)
Peers	4.4 (10)
Other	4.8 (10)

Comments:
- Wish she did more of this -- she tends not to engage in this kind of input-seeking, unless it is to figure out what others want her to do.
- Dr. Jones is very skilled in vascular surgery and saves many patient lives. And while a kind an considerate person, does not listen to others' professional expertise in the operating room. Yes, the surgeon is in charge, and we have years of training and expertise as well.
- Good with other physicians and clinical staff, could use a more balanced approach with admin.
- Seems to be asking the right amount. Too much input being sought would seem like Dr. Jones is not confident.
- Could do more of this with leadership on strategic priorities and possible initiatives.
- Effective in interacting with families, especially, and getting important information.
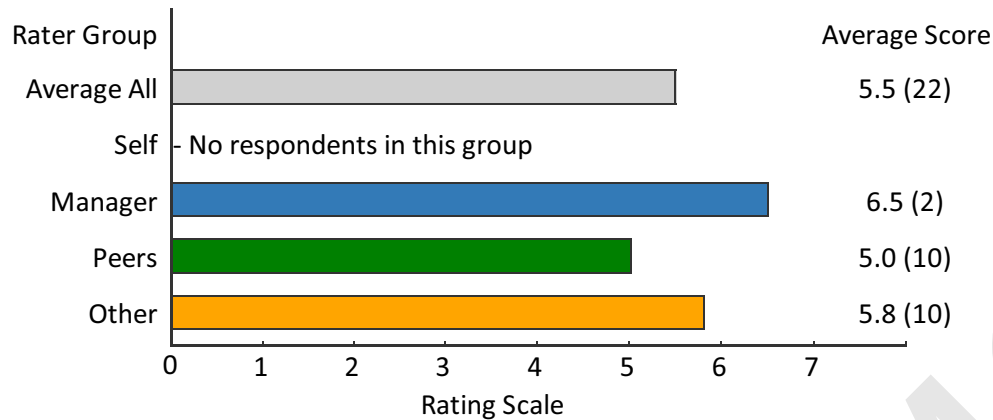- Hearing different perspectives helps ensure patients are served effectively.

2. Uses a variety of leadership approaches, depending on the situation and needs of diverse stakeholders.

Rater Group	Average Score
Average All	4.5 (22)
Self	4.0 (1)
Manager	4.0 (2)
Peers	4.2 (10)
Other	5.0 (9)
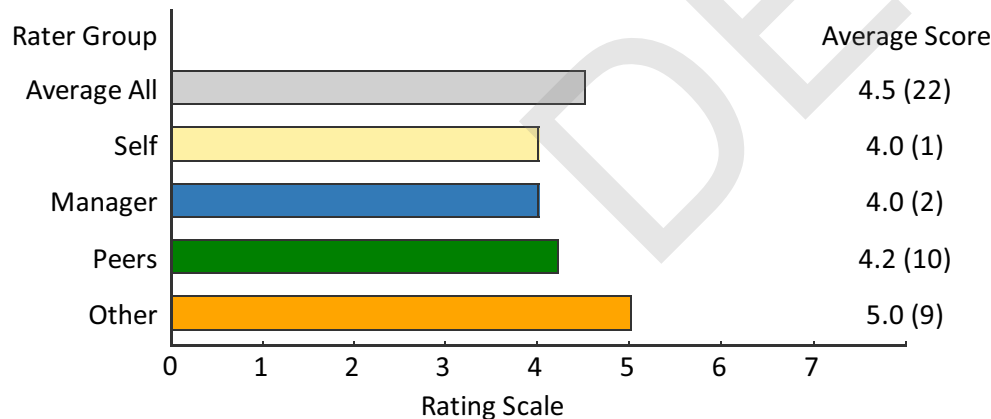
Comments:
- I've experienced a number of approaches, from specific direction to the Socratic method. All appropriate for my experience and knowledge level.
- I really just see her in the surgical role; not much opportunity to see other forms of leadership.
- Learning - does well clinically, but could probably benefit from some training or coaching on this.
- She doesn't really act in a leadership role that often -- really effective doctor in terms of patient care, but not so much otherwise.
- Seems like Dr. Jones approaches us all like we are part of a surgery team in the operating room.
- Have only seen this physician in the operating room. A command style seems to be most evident.

17. Reaches out and embraces opportunities to connect with all populations served.

Rater Group	Average Score
Average All	5.5 (22)
Self	- No respondents in this group
Manager	6.5 (2)
Peers	5.0 (10)
Other	5.8 (10)

Comments:
- I interact with patients but do not have much chance to reach out to the broader community.
- I don't see a lot of this. It isn't ignoring populations, but not necessarily reaching out to them, either.
- I think so.
- I don't see a lot of this, especially compared to some physicians for whom this is part of their personal mission.
- Basically, Dr. Jones stays in her swim lane.
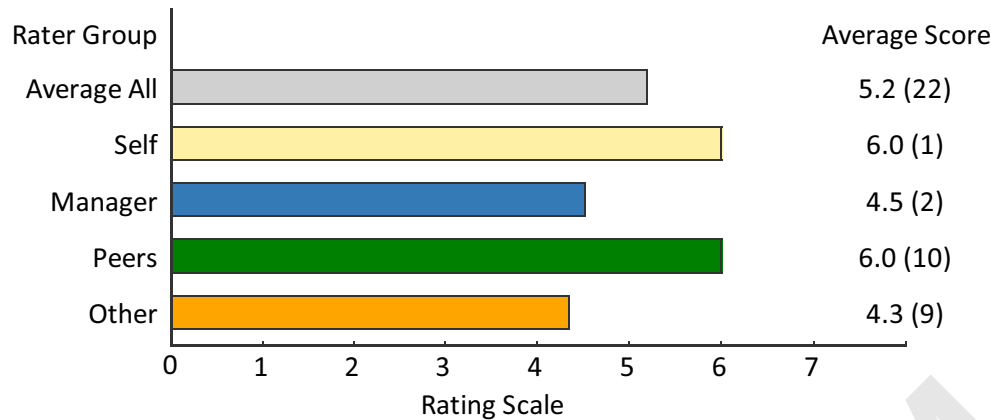- For the future, would like her to engage with senior leadership

18. Seeks to understand, and demonstrates respect for, organizational culture and historical precedents.

Rater Group	Average Score
Average All	6.0 (23)
Self	7.0 (1)
Manager	5.5 (2)
Peers	6.0 (10)
Other	6.0 (10)
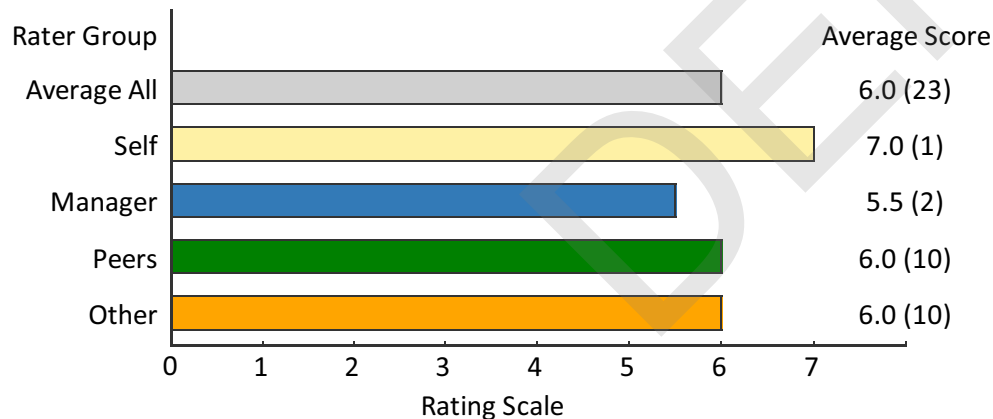
Comments:
- Very attuned to "the way we do things here." She always wants to be sure she is meeting that standard.
- Seems to really understand the culture here. And, raising up administrative and even other clinical professionals could be helpful.
- Very respectful - would like to see Dr. Jones ask more questions of higher-level physicians and administrative leaders.
- Really oriented toward the way we've done things before as a guide to how to do them now. She does that, but I am not sure that is always effective.
- Seems very organizationally neutral. Very focused on vascular surgery.
- Dr. Jones asks good questions - about protocols, what's been done in the past, and even informal norms and perspectives of certain groups.
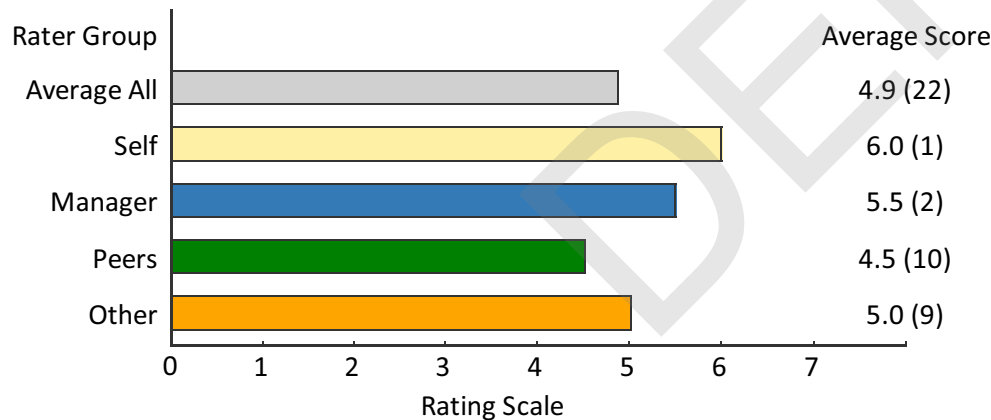
35. Proactively adapts his/her approach as role expectations change, or when the role needs to change.

Rater Group	Average Score
Average All	5.2 (22)
Self	6.0 (1)
Manager	4.5 (2)
Peers	6.0 (10)
Other	4.3 (9)

Rating Scale: 0 – 7

Comments:
- If she wishes to grow into a leadership role, situational leadership will be important.
- May not understand the need to expand her surgical practice to include all the cases the system needs her to handle.
- Responds to new expectations -- is very sensitive to changing expectations.
- Clinically, yes. Operationally, needs help recognizing when and how to do so.
- Needs more awareness around the need for change.
- Don't see a lot of this.

36. Understands the healthcare environment and balances the strategic, clinical and operational aspects of the role.

Rater Group	Average Score
Average All	4.9 (22)
Self	6.0 (1)
Manager	5.5 (2)
Peers	4.5 (10)
Other	5.0 (9)

Rating Scale: 0 – 7

Comments:
- Needs better understanding of strategic and operational aspects.
- Am not sure we talk enough about strategy.
- Definitely not as strong beyond her own area.
- Full understanding, clinically - emerging understanding of operational and political.
- This is emerging
- This really isn't her best domain -- she understands her own area, but doesn't go too far beyond it.
- Is mostly focused on the clinical and surgery operations.

Action Plan for: _____

Identify two primary themes of my feedback

For example: Do I need to be more effective at *Building Relationships, Aligning Activities with Organizational Priorities, Seeking to Understand before Being Understood*, or in some other area?

Theme #1_____

Theme #2_____

Theme #1: _____

What's at risk if I don't take action on this theme?	**What will you do this month?** Use "Taking Action on Your *LevelSet: Physician Leadership*" (see pages immediately following).
What **things about my organization/work context** could stop me from taking action?	**What will you do next month?**
What **things about me** could stop me from taking action?	**How will you know** if things have improved? Feedback from others? ▪ Behavior changes? ▪
Identify and Connect with **Potential Coaches/Mentors**: ▪ ▪ ▪	**Identify Feedback Providers** (see rater list for ideas): ▪ ▪ ▪

Taking Action on Your *LevelSet: Physician Leadership Feedback*

Now that you've received your feedback, it's important to take action to strengthen areas of concern to you. If you have one, an *OnBoarding RoadMap* (or *OnBoarding Objectives*) can be additional useful tools in identifying strategies to enhance your alignment.

If you had a lower score on:	Some potential causes for that rating:	Some options for action include:

1. Seeks input from a wide variety of stakeholders (physicians, clinical and administrative colleagues, patients and families) in the right way, at the right time.	▪ To what extent do your key priorities support desired organizational results?
	
	▪ What are your key priorities that require the input of others?
	
	▪ What other priorities may not require the input of others, but could be implemented more quickly and/or effectively with their buy-in?
	
	▪ Have you included all of your key stakeholder groups in your search for information and support?
	
	▪ What initiatives are currently underway in your department to gain input and support from your patients and families?
		▪ Create a comprehensive list of key stakeholders and their deliverables and key priorities. Confirm priority levels with your Manager:
		  − What impact do they have on the priorities of others?
		  − How can you learn more about this?
		
		▪ Identify a comprehensive list of key priorities you own:
		  − How do your priorities integrate with others'?
		  − How have you been approaching seeking input?
		  − How have you incorporated their suggestions and addressed their concerns?
		  − How have you communicated when you found you could not incorporate their ideas or address their concerns?
		
		▪ Are you seeking input in those situations?
		  − How has doing so improved your outcomes?
		  − Suggest framing communication as "FYI, your input will add value."
		
		▪ Prioritize stakeholder group(s) that will be most impactful:
		  − Identify challenges in connecting.
		  − Look for resources to help you connect.
		  − Which community members and institutions does your Manager think are important to connect with?
		  − Identify a standard set of questions for each stakeholder, while allowing for customization as needed.
		
		▪ Find additional ways to keep in touch with patients and their families.
		  − Establish regular times to meet with them and open up dialogue to hear their needs.
		  − Consider creating a patient/family advisory group to inform patient experience efforts and quality of care.

LevelSet Facilitator:

Facilitator's Name:	*Facilitator Name*
E-mail:	*facilitator@company.com*
Phone Number:	*555-555-7001*

Please complete the following by placing an **X** in the corresponding box

- [X] *Physician Leadership* version of survey (OR)
- [ ] *Physician Transition* version of survey
- [X] Has at least 3 or more in each rater category (except Self and Manager)
- [X] List has been approved by Manager and/or HR Partner
- [ ] If list includes more than 25 raters, cost is approved at $15.00 per additional rater
- [ ] Hard copy of report requested (Electronic version is standard). If so, please provide mailing address below (and allow up to 7 days for shipping*)

LevelSet: Physician Leadership SAMPLE Survey *This Physician Leader does not have Physician Direct Reports or Clinical Direct Reports

Feedback Recipient: Sarah Jones

To enhance your overall effectiveness, your Manager, Peers, Direct Reports, a sampling of Other Clinical Direct Reports and other stakeholders will be asked to provide you *LevelSet: Physician Leadership*. They will use a web-enabled tool to help you develop a snapshot of your leadership effectiveness. Please choose up to **25** key stakeholders that will be able to provide feedback. If you do not have Direct Reports, increase the number of raters in other categories.

Stakeholder Name	Relationship	E-mail Address	Phone
Sarah Jones	**Self**	levelset@leaderonboarding.com	555-555-1001
Manager Test	**Manager**	ls2.0test@gmail.com	555-555-2001
DottedMgr Test	**Dotted-line Manager** (if applicable; will rate as a Hiring Manager)	ls2.0test@gmail.com	555-555-2002
Peer9 Test	**Peer**	ls2.0test@gmail.com	555-555-3009
Peer8 Test	**Peer**	ls2.0test@gmail.com	555-555-3008
Peer7 Test	**Peer**	ls2.0test@gmail.com	555-555-3007

Peer6 Test	**Peer**	ls2.0test@gmail.com	555-555-3006
Peer5 Test	**Peer**	ls2.0test@gmail.com	555-555-3005
Peer4 Test	**Peer**	ls2.0test@gmail.com	555-555-3004
Peer3 Test	**Peer**	ls2.0test@gmail.com	555-555-3003
Peer2 Test	**Peer**	ls2.0test@gmail.com	555-555-3002
Peer1 Test	**Peer**	ls2.0test@gmail.com	555-555-3001
DyadPartner Test	**Dyad Partner, Practice Administrator and/or HR Partner** (will rate as a Peer)	ls2.0test@gmail.com	555-555-3010
Other10 Test	**Other**	ls2.0test@gmail.com	555-555-60010
Other9 Test	**Other**	ls2.0test@gmail.com	555-555-6009
Other8 Test	**Other**	ls2.0test@gmail.com	555-555-6008
Other7 Test	**Other**	ls2.0test@gmail.com	555-555-6007
Other6 Test	**Other**	ls2.0test@gmail.com	555-555-6006
Other5 Test	**Other**	ls2.0test@gmail.com	555-555-6005
Other4 Test	**Other**	ls2.0test@gmail.com	555-555-6004
Other3 Test	**Other**	ls2.0test@gmail.com	555-555-6003
Other2 Test	**Other**	ls2.0test@gmail.com	555-555-6002
Other1 Test	**Other**	ls2.0test@gmail.com	555-555-6001

* Overnight shipping available upon request. Cost of overnight shipping will be invoiced to the client.

www.leaderonboarding.com
info@leaderonboarding.com
614.762.2156

LevelSet: Physician Feedback
Survey Specifications

The Rating Scale:

- Raters are asked to rate the Physician's effectiveness on a scale of 1 – 7, where 1=Not at all Effective and 7=Highly Effective.
- They are also given the opportunity to opt out on individual items (which they may not feel qualified to answer) by indicating a rating of N/A.
- An average score of 6.0 or higher on an item typically indicates a high level of effectiveness in that area.
- An average item score of 5.0 or lower indicates an area of potential concern, with further exploration and action recommended.

Raters:

- *LevelSet: Physician Feedback* provides for a maximum of 25 raters (additional raters may be included for a nominal fee).
- There are six Rater Groups:
  - Physician Feedback Recipient (Self)
  - Manager(s) – can include both Manager and Dotted-line Manager, if appropriate. Could include: COO, CMO/CCO, CEO, Service Line Leader, Chair/Chief/Division Head
  - Peers (those who also report directly to the Manager) - Could include: COO, CMO, CCO, Service Line Leader, Chair/Chief/Division Head, CNO, Faculty (academic hospitals), Dyad Partner, Practice Administrator and/or HR Partner
  - Physician Direct Reports (all members of this group) - All downstream Physicians
  - Other Clinical Direct Reports – Clinical professionals who report to the New Physician Leader. Could include: Nurses, APPs, MAs, PAs, other clinical professionals
  - Others – Other stakeholders who work with and/or are impacted by the New Physician Leader. Could include: Administrators, specialty clinical leaders and practitioners, other internal and external partners (i.e., Community members, Board Members, etc.)

Rater Anonymity:

- Only the Physician Feedback Recipient and Manager(s) ratings will be represented as an N=1. Their numerical ratings will be broken out separately and identified as their own. Their comments remain anonymous (as do all comments for all Raters).
- If fewer than 3 raters are listed on the Rater Identification list for any Rater Group (other than Self or Manager), the survey will not be launched until a total of at least 3 potential Raters are represented (or, if none can be added, they will be switched to the Rater Group that most appropriately represents them).
- Each Rater Group has an item-level threshold for anonymity (for rater responses less than the threshold, those Rater numerical responses will be rolled into Average All totals). The following number of raters are required from each Rater Group in order to have Group-level results reported for that Rater Group:
  - Self N=1
  - Manager N=1
  - Peers N=2
  - Physician Direct Reports N=3
  - Other Clinical Direct Reports N=3
  - Others N=2

Data and Debriefing Confidentiality:

- All Certified *LevelSet* Facilitators are required to sign a Confidentiality Agreement that specifies:
  - All data are to be held confidential between the Physician Feedback Recipient and the Facilitator.
  - There will be no copies of the data/report shared with anyone else without the express permission of the Physician Feedback Recipient (recommend having the Physician personally hand off the data, if they wish it to be shared).
  - The contents of the debrief conversation are to be held confidential between the Physician Feedback Recipient and Facilitator (again, the Physician may choose to share information directly with others, if they wish).