

# *LevelSet: Physician Transition* Overview



Physician Leaders  
lack insight into their  
transition impact.

**CONFIDENTIAL**  
*LevelSet: Physician Transition*

for  
**Dr. John Smith**  
**SAMPLE Medical Center**  
**May 22, 2025**

Physician Leaders in new  
roles may struggle to obtain  
feedback that guides  
effective transition.

And any kind of 360-degree  
feedback is rarely provided.

**Rater Response**

Self	1 of 1
Manager	1 of 1
Peers	6 of 6
Physician Direct Reports	6 of 6
Other Clinical Direct Reports	5 of 5
Other	5 of 5

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**Leader OnBoarding**

**Company Logo**

Why not accelerate their success  
with high-impact, low-cost *LevelSet:  
Physician Transition* feedback?

## Congratulations on Your New Role

And on your organization recognizing that Physician Leaders entering a new role can face significant challenges. In today's business climate, all Leaders starting new jobs are expected to drive quick results, and do so in a sustainable way. This requirement makes every New Leader transition more complex, and thus more challenging. Physician Leaders deserve attention and support.

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

Research indicates that certain Leader 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 early effectiveness is presented here.

*LevelSet* can be delivered by your coaches (or ours, if you prefer).



*LevelSet Feedback* is:

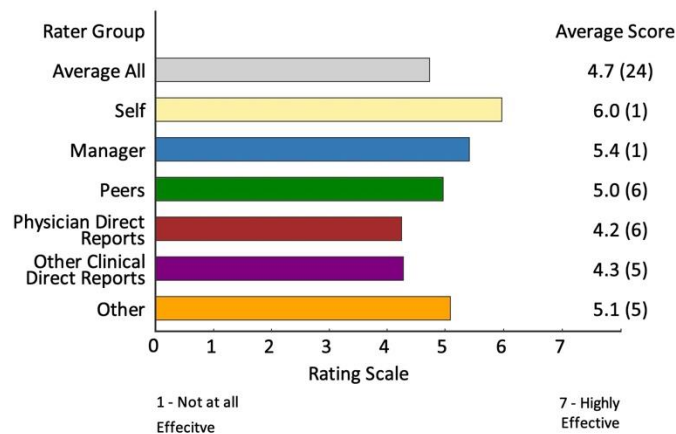
- A snapshot of key stakeholder perspectives early in your tenure
- Developmental, confidential, and focused on your transition
- Honest, constructive feedback that leads to appropriate action

*LevelSet* is designed to help normalize the routine delivery of transition feedback to Physician Leaders – formally and informally.

**Dr. John Smith**

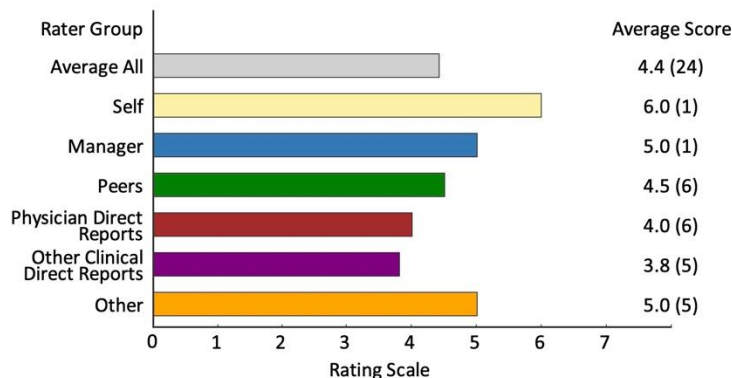
**Organization: SAMPLE Medical Center**

**Summary of all responses for all survey questions**



Physician Leaders need constructive, confidential transition feedback – from every direction.

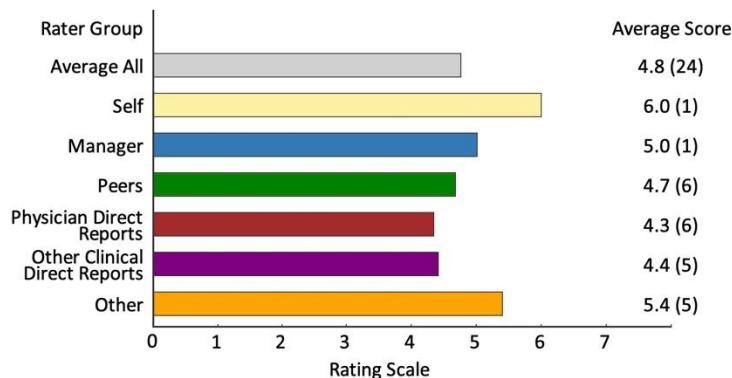
**1. Seeks input from a wide variety of stakeholders (physicians, clinical and administrative colleagues, patients and families) in the right way, at the right time.**



**Comments:**

- He doesn't seem to value the input of his team - doesn't include us in decisions
- Seems to want to show he "knows best" how to change to a metrics-driven approach to care, in this hospital, where he has not learned yet how we operate.
- He's a little slow to reach out to us hospital Presidents, and administrative colleagues. His expertise is sorely needed here.
- He needs to do more of this - Dr. Smith has my support, but others don't understand how much change is required.
- He doesn't do much asking when it comes to our team - only telling
- Doesn't seem very interested in how I can help
- Has surveyed us and performed focus groups about what we think would work for metrics-driven care delivery
- Dr. Smith seems focused on others outside of our team when asking for input. We will be executing on the changes and yet have no voice in shaping them.
- Not as much from our team

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



**Comments:**

- From what I can tell
- Needs to understand the players better - I can help with
- this Seems to be pushing us all the time
- Needs to treat us with more respect - even (especially) if he thinks we need to improve
- I see him adjusting based on what is needed by an individual, in order to get the job done.
- Dr. Smith is very authoritative with us as his team. He seems to value others in the organizations' opinions, just not ours.
- It seems like he is trying to evolve, just appears to get stuck in what worked for him
- I'm driving

LevelSet includes 30+ items that scientifically predict Physician Transition success.

## 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: \_\_\_\_\_

Action plans matter, but they must be relevant and achievable.

What's at risk if I don't take action on this theme?	What will you do this month? Use "Taking Action on Your <i>LevelSet: Physician Transition</i> " (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 Transition 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.	<ul style="list-style-type: none"> <li>To what extent do your key initiatives support desired business results?</li> <li>What are your key initiatives that require the input of others?</li> <li>What other initiatives may not require the input of others but could be implemented more quickly and/or effectively with their buy-in?</li> <li>Have you included all of your key stakeholder groups in your search for information and support?</li> </ul>	<ul style="list-style-type: none"> <li>Create a comprehensive list of key stakeholders and their deliverables and key initiatives. Confirm priority levels with your Hiring Manager: <ul style="list-style-type: none"> <li>What impact do they have on the initiatives of others?</li> <li>How can you learn more about this?</li> </ul> </li> <li>Identify a comprehensive list of key initiatives you own: <ul style="list-style-type: none"> <li>How do your initiatives integrate with others?</li> <li>How have you been approaching seeking input?</li> <li>How have you incorporated their suggestions and addressed their concerns?</li> <li>How have you communicated when you found you could not incorporate their ideas or address their concerns?</li> </ul> </li> <li>In seeking input in those situations?</li> <li>Prioritize stakeholder group(s) that will be most impactful: <ul style="list-style-type: none"> <li>Identify challenges in connecting.</li> <li>Look for resources to help you connect.</li> <li>Which community members and institutions does your HM think are important to connect with?</li> <li>Identify standard set of questions for each stakeholder group to use during networking meeting.</li> </ul> </li> </ul>

Context is everything.

*LevelSet* identifies the root causes of problematic transition situations and Physician behavior.



Our team can tell you more:  
[info@leaderonboarding.com](mailto:info@leaderonboarding.com)

## **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).