

LEADERSHIP DEVELOPMENT ENTERS THE ERA OF EVIDENCE-BASED MANAGEMENT

For close to 10 years, the National Center for Healthcare Leadership has been conducting industry-wide surveys of leadership development practices in healthcare settings. The goal of this work has been to track the sector's success in adopting leadership development practices that historically have been much more prevalent in other industries. A science of leadership development has begun to emerge, one that can inform important strategic choices about leadership investments organizations make.

As the field has changed, so too has NCHL's survey program. This past year, we made our most substantial changes to the survey since this initiative began, with an eye toward continuously incorporating the evolving science in pursuit of world-class leadership development. We began this effort by assembling a core team of academic scholars, each of whom was at the forefront of research in healthcare leadership development, talent management, and/or high-performance management systems. The core team helped evolve NCHL's survey to fully include both published and unpublished findings in redesigning every part of the survey. We then assembled a seasoned team of practitioners to vet the survey against real-world considerations and ensure all items were as clearly and unambiguously interpretable as possible.

Category	Ranking	Composite Score	Proficiency Score	Group Median
Overall Composite Performance	10	27.0	60.0	22.0
Leadership Details Performance	10	31.0	60.0	40.0
Identifying & Hiring Leadership Candidates (20%)	10	45.4	60.0	35.0
Attracting and Selecting Leaders (20%)	10	0	70.0	0.0
Preparing New Leaders for Success (20%)	10	27	60.0	18.0
Identifying and Developing High Potential (20%)	10	0	60.0	0.0
Providing Developmental Experiences (20%)	10	70.2	60.0	50.0
Providing Performance Feedback (20%)	10	60.2	60.0	50.0
Proactively Planning for Continuity & Future Needs (20%)	10	40.0	70.0	30.0
Developing Clinical Leadership Strength (20%)	10	62	70.0	50.0
Developing for Diversity & Inclusion (20%)	10	62	60.0	50.0
Recognizing Administrative Fellowships (20%)	10	27	60.0	0.0
Monitoring & Adjusting Results (20%)	10	40	60.0	22.0

service will be made available to all NCHL organizational members in appreciation of their support, and will also be available to interested non-member organizations at a modest cost, which will help to support ongoing development of the survey work moving forward.

Last but not least, we will be providing formal recognition for organizations that have distinguished themselves by making particularly strong investments in their future leadership. Such recognition programs already exist in other sectors; NCHL's recognition will be unique both in its focus on the health sector as well as its emphasis on evidence-based practice.

NCHL wishes to thank Hospira, whose generous support made the 2013 Leadership Survey a reality, as well as our academic and practitioner advisors Matthew M. Anderson (Rush University); Yvonne Gardner (Sutter Health); Kevin S. Groves, PhD (Pepperdine University); Linh Lawler (NorthShore University Health System); Ann Scheck McAlearney, ScD (The Ohio State University); Amy Schoeny (Advocate Health Care); and David F. Woolwine (Sentara Healthcare), whose input helped ensure both the rigor and relevance of this work.

Please see the enclosed list of hospital and health system participants from this year's national survey.

For more information about NCHL's National Health Leadership Survey, please contact Cara Gallagher at cgallagher@nchl.org.

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With the new survey finalized, we issued a call to the field for healthcare leaders to participate in building the evidence base to support its use. Over 100 health systems responded, providing us with rich descriptions all aspects of their leadership development systems, as well as organizational descriptions that can aid in making more appropriate cohort comparisons.

In 2014 we will be pursuing three initiatives to take this important work forward. First, this winter, the results of this research will be made available to the field in a white paper on our public website. Second, we will provide interested organizations the opportunity to benchmark their own practices against peer organizations across the country. This