

Enhancing a Faculty Development Program: Identifying and Addressing Leadership Skill Gaps Using an Established Leadership Framework

Judy Tung ¹, Musarrat Nahid¹, Mangala Rajan¹, Stephen Bogdewic², Carol A Mancuso³

¹Department of Medicine, Weill Cornell Medicine, New York, NY, USA; ²Department of Family Medicine, University of North Carolina, Chapel Hill, NC, USA; ³Department of Medicine, Hospital for Special Surgery, New York, NY, USA

Correspondence: Judy Tung, Department of Medicine, Weill Cornell Medicine, 505 East 70th Street 408, New York, NY, 10021, USA, Email jut9005@med.cornell.edu

Purpose: Health care leaders have a significant impact on workforce engagement, making investments in leadership development essential. At Weill Cornell Medicine, a faculty development offering exists for early career faculty called Leadership in Academic Medicine Program (LAMP). This study aimed to identify the leadership skills that LAMP participants found most challenging and applied an evidence-based leadership model to address those challenges.

Methods: The authors analyzed pre- and post-program surveys of LAMP participants (2013–2023) to assess their agreement with statements regarding their leadership and other professional skills. Percent disagreement was compared pre- and post-program. Statements with disagreements at or above the pre-program median were classified as areas of leadership discomfort. Statements with disagreements at or above the post-program median were classified as areas of persistent leadership discomfort. These areas were cross referenced with a leadership model shown to positively influence constituent well-being to inform specific curricular additions to LAMP.

Results: A total of 328 paired responses were analyzed, identifying three areas of persistent leadership discomfort: (1) Negotiating (2) Managing Competing Demands and (3) Managing Conflict. All were successfully cross referenced to teachable behaviors in an established leadership model.

Conclusion: Leadership behaviors that positively impact health care workers and that address skill gaps articulated by early career leaders can be used to enhance a curriculum in a faculty development program.

Keywords: leadership development, professional development, faculty engagement, negotiation, time management, conflict management

Introduction

Health care leadership is crucial for numerous reasons, including ensuring clinical quality, managing complex operational systems, and fostering a positive work environment.^{1–3} At academic medical centers, faculty often move into leadership positions early in their career and are challenged by having to navigate systems, identify resources, motivate individuals and build strong teams.^{4–6} To address this, academic medical centers have invested substantially in leadership development, with over 80% of surveyed organizations reporting some type of leadership training for their faculty.⁷ Studies demonstrate excellent satisfaction across participants in training programs⁸ in addition to positive culture change in the units where program graduates work.⁹ Meta-analysis of programs demonstrates effectiveness in participant learning and skills acquisition; however, the strength of outcomes varies significantly based on program design and delivery.¹⁰ Additionally, most programs focus on general leadership principles, are rarely based on a specific leadership competency model, and lack alignment with specific faculty needs.^{7,11,12}

At Weill Cornell Medicine, a faculty development offering called the Leadership in Academic Medicine Program (LAMP) has been in existence since 2013. Designed for early career faculty who serve or plan to serve in leadership roles, the objective of the program is to teach career planning, self-awareness and self-management, basic academic



proficiencies such as writing and presenting, and core leadership competencies such as motivating and managing individuals. Program participants are nominated by their chief or chair and participate in monthly seminars delivered by content experts. They also receive mentorship on capstone projects that align with their career trajectory. Outcomes from the program show improvements in self-ratings across a variety of work domains, as well as increased academic promotion and institutional retention of participants.¹³

Rising concerns about burnout in health care^{14,15} has prompted interest in ways leadership development can assist with workforce engagement and satisfaction. In this context, we decided to enhance LAMP through a structured analysis of faculty responses over a ten-year period and identify key areas of leadership discomfort and align them with an established leadership framework for curricular improvements.

We looked to a leadership model created by Shanafelt and Swensen called the Mayo Leadership Behavior Index[®] (Leader Index) for its strong validation in academic medicine and its demonstrated effectiveness in improving workforce satisfaction.^{16,17} Health care workers who rate their leaders highly on the Leader Index were almost six times more professionally fulfilled, 74% less burned out, and 66% more likely to stay in their current positions.^{18–20} Comprised of eight leadership traits, the Leader Index was developed primarily as a leadership assessment tool but has also been used for leadership development.^{16,21} In a prior study, we successfully mapped real-world experiences, articulated in narratives obtained from senior leaders at an affiliated hospital, to this model, providing additional evidence on how to teach Leader Index traits.^{22,23}

This study addresses the following questions: (1) What leadership skills do LAMP participants struggle with the most? (2) How can the Leader Index model be used to address these challenges? (3) What program modifications can enhance LAMP's effectiveness in leadership training? To answer this, we (1) analyzed faculty responses on pre- and post-program surveys to identify key leadership discomfort areas and (2) cross referenced them with strategies from actual leaders mapped to the components of the Leader Index to (3) inform enhancements to the curriculum (Figure 1).

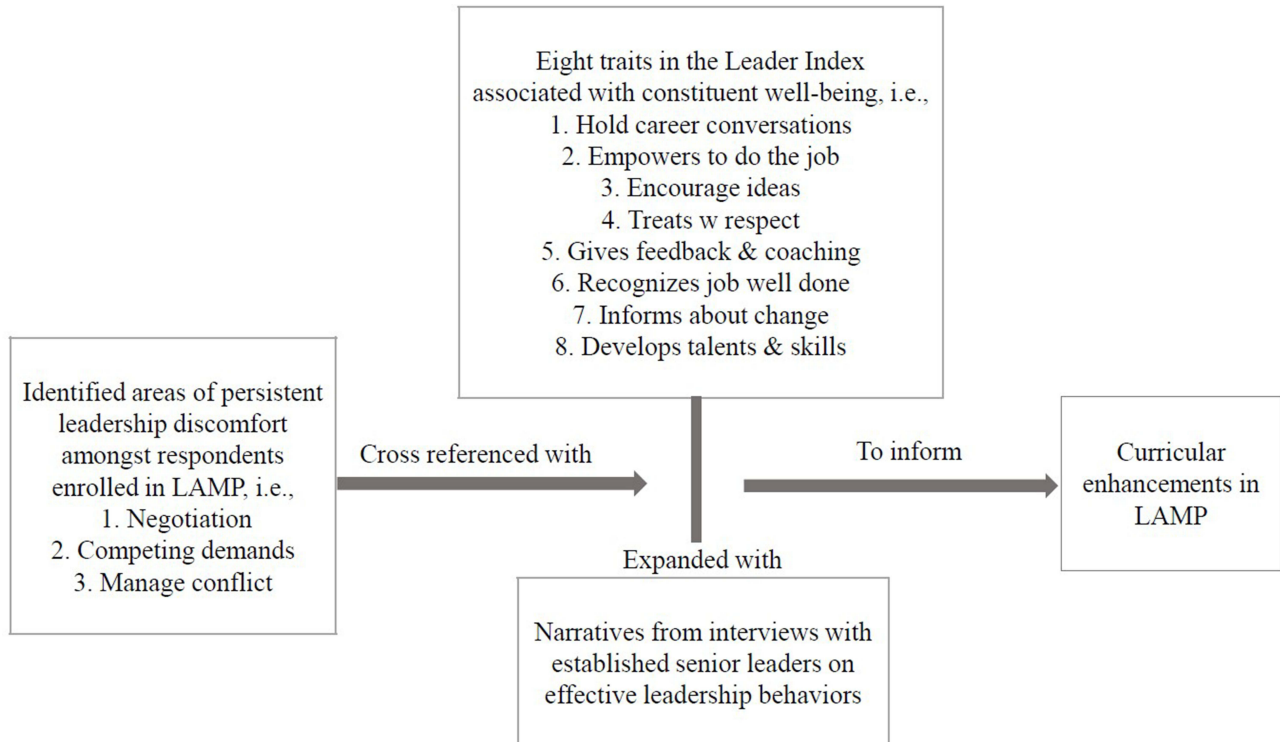


Figure 1 Using a leadership model to optimize needed skills for the Leadership in Academic Medicine Program (LAMP).

Methods

Existing Program

LAMP is an annual faculty development program at Weill Cornell Medicine offered to early career faculty with leadership aspirations or leadership roles. Adapted from a similar program at Indiana University School of Medicine, LAMP has existed as an annual college wide offering since 2013. The 10-month long program consists of monthly afternoon sessions that address professional development and leadership skills, covering the fundamentals of self-awareness and self-management, career planning, academic proficiencies such as writing and presenting, and core leadership competencies such as managing and supervising individuals. [Table 1](#) details the program curriculum including the professional development domains that the program touches upon and the instructional methods it uses. In addition to seminars and workshops, the program asks for faculty participants to work on a capstone project, a body of academic work that aligns with their career goals and advances their career trajectory. The capstone also serves as an experience to ground the teachings from the curriculum, eg, in the negotiation workshop, LAMP participants are asked to identify a resource important to the success of their capstone project and practice new negotiation techniques to acquire that resource. Finally, the program includes small group meetings comprised 2 senior faculty mentors and approximately 6 LAMP participants for more personalized conversations about the preceding seminars, as well as for peer and senior mentorship on the capstone projects.

Program Assessment

As a means of standard curriculum evaluation, all matriculants are asked to complete a pre- and post-program survey. The survey contains statements that assess a variety of professional domains including work satisfaction, eg, “I look forward to coming to work” and career development skills, eg, “I have clearly articulated career goals”. Originally composed of 14 items, the survey expanded over the years to include 3 additional questions that assess added curriculum content, eg, “I am capable of providing effective feedback”, “I am informed on how to publish my work” and 4 additional questions that assess readiness for leadership, eg, “I am comfortable motivating and managing other professional people” and “I can impact change in my area” ([Appendix 1](#)).

Table 1 Leadership in Academic Medicine Program (LAMP) Curriculum

LAMP Curriculum/Sessions	Professional Development Domains	Instructional Methods
Team dynamics	Self-awareness, Leadership	Simulation exercise
Meyers Briggs Type Indicator	Self-awareness, Self-management	Workshop
Academic pathways and Promotions	Self-awareness, Career planning	Seminars
Time management	Self-management, Leadership	Workshop, capstone project
Writing and publishing	Academic skillset	Seminar, capstone project
Oral presentations	Academic skillset	Seminar, capstone project
Mentoring	Academic skillset, Career planning	Seminar, small groups, capstone project
Financing in academic medicine	Career planning	Seminar
Negotiation	Self-management, Leadership	Seminar with role play, small groups
Influence	Leadership	Workshop
Supervision and management	Leadership	Workshop, small groups
Giving feedback	Leadership	Seminar with role play
Conflict management	Self-management, Leadership	Workshop with role play, small groups
Well-being	Self-management, Career planning	Seminar, small groups

Notes: Seminars are interactive lectures. Workshops are seminars that incorporates personalized information from participants. Small groups consist of ~6 participants and 2 senior mentors. Capstone projects are academic products to ground lessons.

Questions were selected and/or drafted based on the domains known to challenge academic faculty and leaders.⁷ The survey is now composed of 21 statements (Table 2) and assesses leadership abilities, academic skills, self-awareness and self-efficacy, and work satisfaction. The change in the survey length does not impact this study as all survey items were analyzed individually; no composite scores from the items were created.

The survey was emailed to all participants via Qualtrics prior to the first program session and following the last program session, with at least one reminder to complete the survey. Participants were asked to rate on a 4-point Likert scale their level of agreement (strongly disagree, disagree, agree and strongly agree) with each statement.

This analysis addresses the pre- and post-program survey responses of faculty who participated in the program between 2013 and 2023. Demographic and professional characteristics of the participants such as academic department, academic rank, gender, and identification with the race/ethnicities defined by the National Institutes of Health as under-represented in medicine were obtained from institutional data sources, de-identified and aggregated before reporting. The protocol (#23-09026453-02) was determined by the Institutional Review Board at Weill Cornell Medicine to qualify for exemption due to minimal risk.

Table 2 Areas of Discomfort on Pre and Post Program Survey

Survey Items	Total Respondents	Pre-Program Disagree/Strongly Disagree	Post-Program Disagree/Strongly Disagree	p Value (0.0024)
1. Comfortable negotiating*	326	217 (67%)	78 (24%)	<0.0001
2. Can manage time and competing demands*	326	143 (44%)	25 (8%)	<0.0001
3. Capable in managing conflict*	328	85 (26%)	18 (5%)	<0.0001
4. Comfortable motivating and managing others*	138	45 (33%)	6 (4%)	<0.0001
5. Capable in providing feedback*	137	34 (25%)	2 (1%)	<0.0001
6. Feel can impact change in professional area	262	36 (14%)	10 (4%)	<0.0001
7. High degree of ownership for my unit	205	38 (19%)	24 (12%)	0.0348
8. Understand promotions process	325	214 (66%)	17 (5%)	<0.0001
9. Have a meaningful mentor	327	109 (33%)	42 (13%)	<0.0001
10. Informed on how to publish work	138	63 (46%)	7 (5%)	<0.0001
11. Confident in presenting work	326	83 (25%)	11 (3%)	<0.0001
12. Have clear career goals	328	93 (28%)	16 (5%)	<0.0001
13. Aware of my strengths	262	18 (7%)	2 (1%)	0.0001
14. Aware of my weaknesses	262	18 (7%)	0 (0%)	<0.0001
15. Have skills navigate own success	324	79 (24%)	3 (1%)	<0.0001
16. Confident in ability to progress career	326	75 (23%)	24 (7%)	<0.0001
17. Satisfied with career advancement	327	69 (21%)	30 (9%)	<0.0001
18. Have environment of support	328	28 (9%)	20 (6%)	0.1441
19. Find work personally satisfying	327	11 (3%)	5 (2%)	0.109
20. Look forward to work	326	19 (6%)	20 (6%)	1.0
21. Have no intention to leave job	102	10 (10%)	16 (16%)	0.21
Median (range)		24% (3–67%)	5% (0–24%)	

Notes: Items 1–7 pertain to leadership skills, 8–11 academic skills, 12–16 self-awareness and self-efficacy, 17–21 work satisfaction. Items 1–5 (*) are at or above the pre-program median, ie, representing areas of leadership discomfort. Items 1–3 (bolded) remain at or above the post-program median, ie, representing areas of persistent leadership discomfort.

Data Analysis

Characteristics of participants were determined according to frequency counts. Survey responses were analyzed as binary variables with “strongly disagree/disagree” and “strongly agree/agree” to clearly identify the statements or skill areas where participants experienced least confidence and/or comfort. The percentage of participants who disagreed or strongly disagreed was calculated for each item. The aggregate disagreement responses over all items were sorted in ascending order, and then the median (50th percentile) value was determined. Because we were also interested in within subject change between pre- to post-test response, and because survey items evolved from 13 to 21, analysis was restricted to only the items with paired responses. A power analysis was not conducted as this was a post-hoc study that builds on prior studies,^{13,22,23} and focuses on leadership. Missing data were handled by pair-wise deletion, which uses all available data for each pair-wise comparison (pre and post for each item).

Pre-Program Assessment

We calculated the median percent disagreement across all pre-program survey items and defined statements at or above the median as skill areas of “discomfort”. As our interest was in curricular enhancements on leadership skills, we focused only on the areas of discomfort that pertained to leadership.

Post-program assessment: We calculated the median percent disagreement across all post-program survey items. Leadership areas of pre-program discomfort that stayed at or above the post-program median were defined as areas of “persistent discomfort”. We additionally compared within participant change for all statements using McNemar’s tests to identify areas with significant changes from pre- to post-program. Given the multiple comparisons across 21 survey items, we applied a Bonferroni correction (adjusted alpha = 0.0024) to control for Type I error.

Program Enhancements

To address any identified enhancements needed in LAMP, we looked to a leadership framework well-evidenced for its positive influence on physician well-being.¹⁸ The framework, known as the Leader Index, consists of the following eight traits: (1) holds career development conversations with me, (2) empowers me to do my job, (3) encourages me to suggest ideas for improvement, (4) treats me with respect and dignity, (5) provides helpful feedback and coaching on my performance, (6) recognizes me for a job well done, (7) keeps me informed about changes taking place at the organization, and (8) encourages me to develop my talents and skills. To inform faculty development efforts, these traits were further expanded upon with specific behaviors and actions derived from interviews with senior leaders at an affiliated hospital.²² The senior leaders volunteered effective and ineffective leadership scenarios including illustrative examples and advice, which were then mapped to the eight leadership traits in the Leader Index by two independent reviewers, with discrepancies resolved through discussion.²³ Successful mapping provides faculty developers tangible ways to teach to the traits in the Leader Index. For this report, we cross referenced the areas of discomfort and persistent discomfort to this leadership model to identify strategies we could add to the LAMP curriculum.

Results

Respondents

Between 2013 and 2023, 356 faculty members from 25 departments completed LAMP, representing an average of 32 matriculants per year. Of these, 106 (30%) were instructors, and 250 (70%) were assistant professors, 228 (64%) were female, and 39 (11%) were from an underrepresented race/ethnicity in medicine (URiM). Three hundred and twenty-eight participants (92%) completed the pre- and post-program survey. Paired (pre- and post-program) responses ranged from 102 to 328 reflecting the addition of survey items over the years of the program.

Pre-Program

Across the 21 survey items, the percentage of participants who disagreed or strongly disagreed with each statement ranged from 3% to 67% with a median of 24% (Table 2). There were eleven areas of disagreement at or above the median, ie, eleven areas of discomfort, five of which pertained to leadership skills: 1. negotiating (67%), 2. managing

time and competing demands (44%), 3. motivating and managing people (33%), 4. managing conflict (26%), and 5. providing feedback (25%). The remaining six areas related to academic skills and personal career advancement: understanding promotions process, getting work published, having a mentor, having clear career goals, presenting academic work, and having skills to navigate one's own success, and were excluded from the cross-referencing.

Post-Program

The percentage of participants who disagreed or strongly disagreed with each statement ranged from 0% to 24% with a median of 5% (Table 2). Of the five leadership areas of pre-program discomfort, three were found to be at or above post-program median, ie, areas of persistent discomfort: 1. negotiating (24%), 2. managing time and competing demands (8%), 3. managing conflict (5%). Comparing change within participants pre- to post-program, we observed significant reduction in disagreement on 16 of the 21 (76%) statements. The 5 statements with no significant disagreement reduction pertained mostly to work satisfaction, and not to leadership skills, and were excluded from cross referencing.

Program Enhancements

We cross referenced the 3 areas of persistent leadership discomfort (negotiation, time management, conflict management) with the 8 traits from the Leader Index. Using the specific examples, behaviors and actions provided by the senior leader narratives, we identified several strategies and potential instructional methods to address the gaps (Table 3).

Table 3 Use of the Leader Index Framework to Address Areas of Persistent Discomfort in the Leadership in Academic Medicine Program (LAMP)

Leadership Traits from the Leader Index	Recommended Behaviors from Senior Leaders	Areas of Persistent Discomfort	Additions to the LAMP Curriculum
1. Holds career conversations	Discuss career goals, activities and roles and where they align with the organization.	Negotiation	Addition to Negotiation session a step on cultivating a relationship to find the win-win.
2. Empowers to do the job	Delegate by providing structure, tools, concrete expectations, and appropriate authority.	Time management	Practice delegation and empowerment through the Capstone project.
3. Encourages ideas and suggestions	Present plans before finalized; solicit viewpoints, provide group and private platforms for sharing.	Negotiation Conflict management	Encourage a pool of shared ideas. in the role plays during the Negotiation and Conflict sessions
4. Treats with respect and dignity	Acknowledge difference. Walk the walk. Be dispassionate; do not overreact. Own and rectify mistakes.	Conflict management	Recognize emotions. Appreciate difference. De-escalate. Apologize. Discuss in small groups during the Conflict Mgmt session
5. Provides feedback and coaching	Focus on shared values in addition to specific behavior adjustments.	Time management	Practice in session on Feedback seminar and in Capstone coaching.
6. Recognizes a job well done	Be generous with credit and give rewards that matter.	Conflict management	Practice in small group meetings during the Conflict sessions.
7. Informs about organizational change	Communicate early, often, across multiple platforms and include transparency about decision making.	Negotiation	Identify communication strategies for each participant's unit/division in small Mentor groups.
8. Develop talents and skills	Sponsor training opportunities, look to develop skills the leader may not have.	Time management	Cultivate a well-rounded team when developing the Capstone project. Identify prof dev opportunities for team members

Negotiation

Effective negotiation requires an understanding of where the goals of a leader potentially align with the goals of their constituents.²⁴ *Holding career conversations* to ascertain an individual's career goals, work expectations and activities can help a leader identify potential win–win opportunities for the resources being negotiated. A fundamental skill in negotiation is persuasion, and providing *information about organizational change* is a critical step in achieving buy in. Senior leaders articulate that giving constituents not just news about what is coming, but how decisions were made ensures understanding and cooperation. *Encouraging ideas and suggestions for improvement* through attentive listening, and before plans are finalized, communicates interest in the perspectives of others and helps people feel included, ultimately garnering understanding and support.²⁵ When agreement cannot be reached, understanding the reasons for the disagreement can engender engagement and trust, a critical outcome of successful negotiation, especially across a diverse workforce.²⁶

Addition to LAMP

These skills will be incorporated into the negotiation session in LAMP by emphasizing a critical “pre-negotiation” step to the existing role plays, one that underscores the importance of relationship building. Encouraging ideas and suggestions through the practice of “contributing to a pool of shared meaning”²⁵ will be an additional method of brainstorming towards a negotiated solution.

Manage Time and Competing Demands

To manage multiple demands and competing priorities, a leader must tap into the skills of their team and effectively delegate.²⁷ Delegation involves *empowering individuals to do a job*, and the senior narratives provide guidance on how to undertake this. Providing individuals with opportunities that align with their career interests, giving specific instructions on the task including any expected outcomes or deliverables, and ensuring there is adequate structure, tools, and authority for the job, are essential elements to successful delegation. Throughout the process, *providing feedback and coaching* can ensure maximum effectiveness and efficiency. And if skill deficiencies are uncovered, *encouraging skills and talent development* through training courses or formal education can foster growth into new roles.

Addition to LAMP

In addition to discussing these strategies in the Time management seminar, delegation and empowerment will be incorporated into the LAMP capstone projects. Because time management is a common, recurrent barrier to project advancement, LAMP participants will be coached to identify individuals they can delegate work to and practice their new empowerment techniques.

Managing Conflict

Conflict management, like negotiation, starts with respectful acknowledgement of the difference in perspectives that make up the conflict, followed by professional management of the tough emotions that accompany the conflict.²⁸ *Treating others with respect and dignity* is the guiding principle in any leadership strategy during conflict management. Recommended approaches include approaching individuals in a non-adversarial way, staying dispassionate and calm, and avoiding rumination or dwelling. Because decisions are often made imperfectly, due to incomplete information or other circumstances, transparency is critical and when employed, can communicate respect. Similarly, when mistakes are made by a leader, taking responsibility for it, and rectifying any consequences can restore dignity. Finally, showing appreciation for what constituents have contributed, by *recognizing work that is well done*, helps people to feel valued and respected. *Encouraging additional ideas* can be another tactic that moves zero-sum thinking into new solutions and collaborations.²⁹ Ideas should be solicited in both private conversations and public forums, and in the latter can be facilitated by taking turns to encourage equitable contribution to a shared pool of information.²⁵

Addition to LAMP

These principles will be emphasized in the personal conflict reflection exercises and role plays that are a part of the conflict management sessions and further discussed in the LAMP small group meetings.

Discussion

Health care leaders have tremendous impact on the culture of their organization^{30,31} and on the personal experience of their health care workers.^{18,32} Careful design and execution of leadership development programs is therefore essential, and this report summarizes our efforts to use an evidence-based strategy to identify and address needed enhancements in our faculty leadership development program. Our results provide evidenced-based direction for specific and concrete additions to our existing successful program.

Few studies have systematically analyzed faculty leadership discomfort areas over a period of a decade. Faculty leadership development programs traditionally demonstrate their effectiveness through participant program satisfaction, increases in participant knowledge, skills, and attitudes on leadership concepts and strategies, and participant acquisition of certain leadership positions.^{11,33} While LAMP has had demonstrated success in participant skills acquisition and career advancement,¹³ we sought to improve upon the program by defining the leadership skills we wanted to enhance, ie, those skills that positively impact constituent well-being. Leadership development programs have also been critiqued for their inconsistent use of leadership definitions, unclear program goals, and variable use of theoretical frameworks.¹¹ This study expands on previous findings by linking persistent skill gaps to an established leadership model, and compared to similar faculty development initiatives, used a structured approach to addressing identified skill gaps through targeted interventions linked to validated leadership models. We queried the skill areas our participants indicated they needed the most help with and then applied a leadership framework, ie, the Leader Index, established to improve constituent well-being, expanded with strategies from established senior leaders, for proposed additions to the curriculum.

Analysis of program surveys revealed that before the program, LAMP enrollees expressed a wide range of discomfort across several statements and skills, from a mere 3% indicating personal dissatisfaction with their work to a full 67% indicating discomfort with negotiating for what they needed to succeed. Reviewing the top areas of participant discomfort, ie, those that landed at or above the median, and focusing on the skills that pertained to leadership, we identified that in addition to 67% of participants feeling uncomfortable with negotiation, 44% felt discomfort in managing their time and competing demands, 33% in motivating and managing people, 26% in managing conflict and 25% in providing effective feedback.

To see if the areas of discomfort persisted after completion of the program, we scrutinized the post-program disagreement with the survey items and found a narrower range, from 0% to 24%, the latter representing discomfort with negotiations. While an improvement from 67% to 24% was significant, 24% was above the post-program median, indicating persistence in negotiation discomfort, and thus an area to work on in the curriculum. Two additional areas of persistent discomfort included time and conflict management. These were the three skills (negotiation, time, and conflict management) that we then applied to the Leader Index framework.

It is worth noting that although we identified three areas requiring enhancement, all showed significant improvement when comparing pre- to post-program changes within participants ($p < 0.0001$). In fact, all but 5 of the 21 areas had significantly improved; the 5 areas that did not improve were areas without much initial disagreement, rendering the margin for improvement too small to be significant.

We successfully cross referenced the three areas of persistent discomfort with the eight traits of the Leader Index and utilized specific behaviors and strategies recommended from the narratives of real-world senior leaders to inform proposed additions to the LAMP curriculum. Negotiation was the highest item of pre-program discomfort (67%) and remained the most persistent post-program challenge (24%) consistent with the literature on what challenges, especially young leaders;⁵ therefore, several of our curriculum enhancements targeted at this gap.

We have added a “pre-negotiation” component to the current negotiation exercise in LAMP that emphasizes the value of establishing and nurturing a relationship (through career conversations) between leaders and their constituents before negotiations even begin. We utilized the concept, “contributing to a pool of shared ideas”,²⁶ as a method for

brainstorming towards a negotiated solution, as well as a method of encouraging ideas and securing buy in. To practice effective delegation and time management, we have asked LAMP participants to incorporate strategies that empower and delegate work from their capstones to their constituents. In the conflict management sessions, we use role plays to coach participants on how to discern emotion, acknowledge and appreciate difference, recognize effort, and provide effective feedback. Additionally, LAMP instructors integrate methods of communicating respect and prioritizing constituent dignity when they debrief with participants on their personal examples of managing professional conflict.

There are several limitations to our study. Participants were not directly questioned about what skills they still need; these were inferred from their responses to pre- and post-program surveys. The current program survey only measures reported changes within LAMP participants and is therefore subject to reporting and social desirability bias, the tendency to respond in a manner viewed favorably by others. Future studies could validate self-reported changes with external performance assessments, for example, by supervisors, peers or constituents. Future studies could also isolate the impact of LAMP on differences detected in participants by controlling for other leadership development influences, including personal growth, external mentorship or other programs or professional experiences. Durability of participant changes could be examined through follow-up surveys (1–3 years) and long-term tracking of LAMP participants to assess sustained skill application and career progression. Finally, strategies suggested by the senior leaders, may not directly speak to the developmental needs of young leaders, and can also be explored, in the future, through direct participant interviews.

Conclusion

We looked to a framework of leadership traits known to impact faculty well-being, validated, and expanded upon by examples of behaviors from actual leaders, and applied those to areas in our faculty development curriculum in response to the skills that aspiring leaders articulated greatest discomfort with. We believe this approach to enhancing our existing program addresses modern challenges in health care leadership and serves as a replicable model for other academic institutions seeking to refine leadership development based on evidence-based frameworks.

Ethics Approval

The surveys for the LAMP program were collected for internal programmatic quality improvement. The Institutional Review Board at Weill Cornell Medicine determined the study protocol (#23-09026453-02) to analyze the survey data retrospectively qualified for exemption due to minimal risk, waiving the requirement for informed consent.

Author Contributions

All authors contributed to data analysis, drafting or revising the article, have agreed on the journal to which the article will be submitted, gave final approval of the version to be published, and agree to be accountable for all aspects of the work.

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Disclosure

The authors report no conflicts of interest in this work.

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