

Fellowship Planning Template Document – March 2009

This resource is intended to guide potential sponsors of new postgraduate administrative fellowships. ACHE, along with sponsors of fellowships have identified a set of eight discrete tasks inherent in launching a new fellowship offering.

Successful fellowships closely reflect the leadership culture of the sponsoring organization. That culture is shaped very significantly by the organization's CEO and senior leadership. Likewise, effective fellowships are distinguished by offering significant continuing contact between the fellow and the organization's top leadership. Consistency in the established leadership culture and broad support for the fellowship across senior leadership, rather than from one individual, are critical to establishing and sustaining an effective professional development program for postgraduate fellows.

Task One: Defining Purpose for the Fellowship

When contemplating establishing a fellowship, the sponsoring organization should answer the question, **“What is our driving intent in establishing this postgraduate fellowship?”**

The question must be answered from the organization's point of view. The answer will fall somewhere on a continuum between the following end points:

- The purpose is to discover, develop and retain talent that will join and strengthen the administrative team.
- The purpose is to contribute to the profession by developing and launching well-prepared new healthcare executives.

Most often this question is answered by the CEO and the organization's senior leadership, sometimes in collaboration with the head of human resources or with an executive cabinet such as a CEO Council. Typically, this decision is not time consuming nor does it require multiple meetings with multiple executives.

In some instances, creating a fellowship formalizes practice. Some program directors have developed relationships with local CEOs willing to place administrative residents. On the executive side, it is not unusual for an executive's allegiance to a program to shape the driving intent for a fellowship.

Massachusetts General Hospital (MGH) and The Johns Hopkins University Medical Center (Johns Hopkins) have long-standing postgraduate fellowships. Today, both MGH and Johns Hopkins recruit fellows with the hope that the fellow will be well positioned to become part of the organization upon completion of the fellowship. Rush University Medical Center (Rush) considers their fellowship program as a way to express their commitment to mentoring and executive development. In the end, what is important is the executive team has both an understanding and commitment to the postgraduate fellowship.

Task Two: What is the Role of the Fellow?

By stating its leadership philosophy and cultural values, the organization specifies how a fellow will be expected to behave as a member of the organization. Examples of an organization's cultural values include respecting matters of faith, committing to patient safety and striving for outstanding customer service. In a faith-based institution, precepts may include issues related to reproduction and end of life and even dietary restrictions.

At a general level, leadership philosophy can encompass considerations such as degree of commitment to collaboration, empowerment and entrepreneurial latitude.

Leadership philosophy determines whether the fellow will serve as a learner or a trainee, or some combination of both. The opportunity to fail (in a controlled situation) and then recover from failure is a key component of an early careerist's growth and professional development. Many think that the ability to stretch and take risks with limited consequence is one of the hallmarks of a fellowship learning experience and what distinguishes it from non-fellowship employment.

Trainees may be expected to observe and become familiar with a healthcare institution, contribute by performing and, in some cases, complete a scheduled sequence of rotations through different functions and departments. Most fellowships strive for a combination of roles, where the fellow is being trained and becoming competent in certain skills through experience and at the same time is recognized as a learner that needs to take risks and have the opportunity to fail and grow from these challenges.

Leadership philosophy and expected behaviors originates with the CEO and senior leadership. Consequently, even within the same healthcare system different philosophies may prevail at different facilities. At the time an organization establishes a leadership philosophy for a fellowship it also should consider making explicit whether at the fellowship's completion the organization expects to retain the individual or launch the fellow's career with another organization.

Task Three: Establishing Objectives for the Fellowship

It is important to separate organizational objectives from a fellow's own professional development. In some cases, organizational objectives can be specific, while other organizations have more general objectives. To achieve a well-rounded fellowship experience at MGH, for example, the fellow is encouraged to use as a guide a document that outlines specific functional (e.g., HR, finance) and behavioral (e.g., maturity, team skills, professional balance) competencies as they assess project opportunities throughout the two-year fellowship period. At North Shore University Health System, whose flagship is Evanston Hospital, the organization's objectives include discovering potential, providing work experience, boosting the fellow's networking assets and providing an integrative experience. When the integrative experience is successful, the fellow is capable of leading change, driving results and building alliances.

Objectives for fellows may be created through fellow and organization consultation or be assigned by the organization. At the Legacy Health System (Legacy) in Oregon, the system's objective is to have fellows learn how to take on a project and finish it within three months. Here, the expectation is that the fellow take ownership of projects and act more as a project manager than as an analyst. The current fellow is expected to complete multiple projects supporting business development efforts, and the projects are expected to be increasingly challenging. A fellowship can be tailored to the fellow's interests or strengths. At Shands HealthCare (Shands) in Gainesville, Florida, a fellow holding dual MHA/MBA degrees sought and received projects of a financial nature as these were consistent with her personal career objectives. The best matches occur when an organization's objectives can be merged with the individual's needs.

Task Four: Establishing the Duration and Structure of the Fellowship

The most frequent duration for postgraduate fellowships listed on the ACHE Directory of Fellowships is one year; however, durations of fellowships range from six months to two years. Some fellowships are established with a duration of one year with the potential to add an additional six or 12 months. Legacy initially offered a 12-month fellowship and then briefly tried offering two fellowships of six months' duration sequentially, not simultaneously. Legacy has since returned to a one-year experience. Some fellowship sponsors may consider extending the fellowship to 13 months to allow a period of overlap for the fellow finishing and the new fellow starting the fellowship. This change would be undertaken to make the new fellow's onboarding experience less difficult with guidance from a more experienced peer.

Healthcare is growing increasingly complex, and depending on the size and complexity of the sponsoring organization, there are limits to what a fellow can reasonably be expected to learn and accomplish in a 12-month period. In addition, roughly halfway through the fellowship, the fellow will need to focus some level of attention to post-fellowship plans. Those organizations that have ambitious goals for providing fellows extensive exposure and experience may give serious consideration to a fellowship duration of longer than one year.

Some sponsors favor fellowships that are project-focused while others establish fellowships structured with distinct phases. For example, presently the Rush fellowship is one year long. In an earlier design (from the late 1970s through the mid 1990s), Rush sponsored a two-phase fellowship. Half the time was spent at the Rush University Medical Center and the other half was spent with the Illinois Hospital Association. Relying on projects to aid fellow development does not preclude exposing fellows to different elements of the hospital or health system. MGH combines a structured rotation-based program with experiences in clinical services, finance,

patient advocacy, human resources, medical staff organization, operations, and at the corporate office, with project assignments in each rotation. The lengths of each rotation vary over two years, and the project work selected within those rotations is determined mutually by the preceptor of that rotation and the fellow, depending on the fellow's interests, past projects, and self-assessed learning needs. Beyond the project work, the fellows have the opportunity to observe, interview, and work alongside healthcare workers in all roles, and at the same time interact frequently with senior leadership to garner insight into the decision-making process at MGH.

The Methodist Hospital in Houston, Texas, offers an 18-month rotation-based fellowship. The first few weeks are spent meeting with senior leadership throughout the organization and learning about key initiatives. Following the orientation period, individuals enter into a rotation-based curriculum with some customization available to optimize the experience. Hospital and departmental projects are assigned over the course of the year. The VA Heart of Texas Healthcare Network offers a highly structured rotation-based one-year-long program. The program begins with a 6-month rotation at the VA North Texas Health Care System as a foundation experience. This includes a three-month rotation through the administrative and clinical services and a three-month rotation with the director, associate director, and chief of staff. The second six-month rotation is in the network office working with the network director, deputy network director, and the chief medical officer, chief financial officer, chief logistics officer, revenue/compliance officer, chief information officer, communications officer, development manager, capital assets manager, clinical support manager, quality management officer, patient safety officer and prosthetics representative. Ultimately the question of duration should be realistically aligned with the purpose and objective for the fellowship experience.

Exposure to the profession

Opportunities for a fellow's development exist outside the walls of the sponsoring organization through involvement with professional associations and their programs. Such involvement may take the form of membership in a national organization such as ACHE or involvement with local organizations such as ACHE chapters. At some organizations, fellows have the option of deciding whether and how to participate. At Rush, fellows may choose to participate in one professional organization; they also have available a local formal network of other postgraduate fellows at hospitals in the Chicago area, programs of the local chapter of ACHE and an alumni group of past fellows. At Shands, participation in a professional association is encouraged but is subject to budgetary constraints. While participation in the local ACHE chapter poses no problem, traveling to the ACHE Congress on Healthcare Leadership in Chicago from Florida may not be feasible if the cost would exceed budgeted support.

Regardless of resources available for participation in organizations or continuing education, fellows should be encouraged to establish a professional network both inside and outside the sponsoring organization. At MGH, current fellows and past fellows still working at MGH assemble quarterly for a "journal club" to discuss hot topics in healthcare. They make a point of including fellows from other Boston hospitals as a means of furthering the fellows' professional network. Fellowship programs in metropolitan areas may wish to consider how they can connect fellows in both formal and informal ways.

Physical, financial and administrative support

The second set of considerations involves providing the fellow with an organizational home and budgetary and administrative support. "Organizational home" refers to the unit that counts the

fellow as belonging to its FTE complement. In both systems and in hospitals the predominant pattern is to place the fellow on the executive office roster. This does not necessarily imply that the fellow will have an office in the C-suite itself. Typically, fellows are based in the administrative or corporate office area. Likewise, financial support for the fellow most often is a budget item through the executive office or as part of the corporate staff complement. Fellows are provided with appropriate access to computers and printers; fellows are usually expected to produce their own work products rather than rely on the clerical staff of the executive or corporate office. Likewise, fellows are commonly granted the same access to organizational information systems as is enjoyed by other executives on the leadership team. Providing the fellow dedicated voice mail and e-mail allows continuity of contact as the fellow rotates through different functional units and undertakes projects. All organizations contacted provide their fellows with business cards. None of the organizations provided housing for the fellows.

Task Five: Supporting the Fellowship

Sponsors considering establishing a new fellowship should be prepared to deal with two major support issues. First is identifying from which preceptors or mentors the fellow will receive guidance and how guidance will be given. Second is determining what physical, financial, and administrative resources will be committed to supporting the fellow(s).

Identifying mentors and preceptors

Among existing fellowships, the predominant pattern of providing preceptor and mentor guidance is to have a principal or primary mentor and secondary mentors. In many instances, the primary mentor is the CEO of a hospital or a C-level officer in a system executive office.

Sometimes the rationale for CEO participation is that the CEO had been a fellow or

administrative resident when starting his or her career, but there are good reasons for CEO participation beyond a CEO's personal attachment to the concept. Consistently having the CEO identified as the mentor gives the fellowship program importance that is apparent to the entire organization. The importance is attached to the fellowship program and not to an individual fellow. Sometimes in very large organizations, having the CEO serve as mentor is not feasible. For example, at Jackson Health System in Miami which offers an 18-month experience, the director for leadership and organizational development designates for each fellow a preceptor to meet with on a weekly (or biweekly) basis who acts as mentor throughout the fellowship period. In practice, however, CEOs and C-level system executives may face demands on their time and attention that preclude consistently giving the fellow as much attention as might be desired. Consequently, many existing fellowship programs identify secondary mentors to provide continuity of guidance for the fellow. Secondary mentors may be individuals who oversee the fellow's learning during a rotation or they may be the individuals who oversee the projects fellows select or are assigned to complete. At Shands, the current fellow looks to the vice president of nursing and operations as a lead secondary mentor; however, the vice presidents who participate in the CEO's Executive Group are expected to provide mentoring guidance "in the moment" when learning opportunities arise. Having the fellow regularly participate in meetings of the Executive Group enables such collective mentoring. Regardless of who serves as an individual fellow's preceptor(s), the fellowship program must have broad support from the senior leadership of the organization.

It does not appear that principal or secondary mentors undergo specific training to prepare them to work with a postgraduate administrative fellow. However, often hospitals or systems provide

relevant coaching/mentoring education through ongoing executive and leadership development programs. For example, Legacy conducts its Pathways to Leadership program as initial preparation for all new managers. Many organizations that have hosted administrative residents in the past have gained access to coaching and mentoring training through collaboration with the faculty of graduate programs. Some organizations have relied on the mentoring resources ACHE has developed and posted on the Career Services section of **ache.org**, including the Leadership Mentoring Network Manual, the Blueprint of a Mentoring Partnership Lifecycle, and the Leadership Mentoring Network Sample Partnership Agreement.

Task Six: Determining Compensation and Benefits

Organizations approach compensation matters differently. In some organizations, such as Rush, the fellowship stipend is set by the COO executive sponsor with reference to the fellowship compensation survey conducted periodically by ACHE. Historically, other organizations have attempted to match administrative fellows' compensation with the stipends received by medical residents. Legacy uses a third variation: the compensation department conducts an annual analysis using external benchmarks to establish a range that then provides flexibility in framing an offer based on a potential fellow's past experience. In these organizations, fellow compensation is fixed for the entire year. In the two-year program at MGH, salary increases between the first year and the second year. Generally, all organizations provide benefits equal to those of any fully benefitted employee of the organization. The organizations also provide fellows a modest relocation allowance.

Task Seven: Attracting and Selecting Candidates

Recruitment

Attracting candidates for a new fellowship requires publicizing the opportunity. All the organizations referenced for this guide have listed their fellowships on the ACHE Directory of Fellowships. The Directory appears on the ACHE Web site, ache.org, under the Career Services tab at the link Resources for Students and Early Careerists. Many fellowship sponsors make attracting the best and brightest candidates an explicit recruitment objective. Others have added a desire to advance diversity among future healthcare leaders as a recruitment consideration. Recognizing that there can be intense competition among fellowship sponsors for the ideal candidates, recruitment sometimes takes on a competitive aspect. Some sponsors incorporate selective campus visits as part of their recruitment effort. Legacy acquired a list of the top-rated health administration programs including those granting masters' degrees in public health/health administration and those offering the MHA and the MBA with health administration specialization or concentration. Then, in addition to listing on the ACHE Directory, Legacy developed a fellowship flyer and mailed it to directors of the selected top-rated programs. In its initial year of offering the fellowship, Rush employed a similar approach but directed its promotional packages to leaders of all programs accredited by the Commission on Accreditation of Healthcare Management Education (CAHME). Rush also pursued its commitment to diversity by promoting awareness of the fellowship in cooperation with the National Association of Health Service Executives (NAHSE, which is recognized as the premier professional association for African-American executives in the healthcare industry). Now that the fellowship is established, Rush relies on the Internet to reach its target audience. They send e-mailed announcements to

health administration program directors and have developed a more robust description of the fellowship on Rush's own Web site.

Two nuances to consider in publicizing the opportunity are 1) whether to employ general or somewhat exclusive promotion and 2) timing the announcement of the opportunity. Some organizations choose to focus their recruitment efforts on recruiting from programs that are geographically close or with whom they have a previous connection. Earlier in its history, Evanston Hospital was headed by Bernie Lachner who helped found the health administration program at The Ohio State University. This connection produced a strong affiliation that brought many Ohio State students to Evanston Hospital as administrative interns or residents. Legacy has drawn a substantial number of its candidates from the University of Washington, which had the closest fully accredited graduate health administration program in the Pacific Northwest. While the fellowship has enhanced the Legacy–University of Washington connection, it is not an exclusive relationship.

Timing the announcement of a fellowship opportunity may be influenced by how highly selective the sponsoring organization will be in seeking the best and brightest candidates. Historically, sponsors announced their offerings in August, which immediately preceded the return of second-year health administration students to campus to complete their graduation requirements.

Eligibility

Eligibility requirements for candidates typically include extent of prior experience, type of degree being earned and the status of the graduate program the candidate attended.

Shands favors hosting fellows who have earned MBA degrees or joint MBA/MHA degrees. Shands has been able to attract highly qualified fellows by working closely with one of the dominant programs in the southeast United States—the University of Alabama, which is fully accredited. Almost all Veterans Affairs hospitals and health networks limit eligibility to graduate students in a CAHME-accredited or Council on Education for Public Health (CEPH)-accredited program.

Some graduate schools (The George Washington University and Virginia Commonwealth University, for example) require the completion of a year of residency before the degree is bestowed upon the student. As the didactic coursework for these programs is completed before the start of the residency, most fellowships consider students from these programs eligible for their fellowship, even though the fellow will not officially receive their graduate degree until after the conclusion of the fellowship.

Some fellowship sponsors seek qualifications beyond the graduate degree requirement. For example, the Southeast Georgia Health System specifies mandatory expectations that include computer proficiency, organizational skills and project completion skills, and further specifies that previous experience in a healthcare facility and leadership skills are preferred.

Application form and process

The typical application for a fellowship consists of a resume, a personal statement by the candidate (generally no more than two pages long), letters of recommendation (typically three with one coming from the academic program director) and graduate and undergraduate transcripts.

New fellowship sponsors may be surprised by the number of applications they receive. When Rush revived its fellowship (Rush selects two fellows per year), it received 95 applications in its first year and 106 in the second year. Rush employs a Fellowship Review Committee to evaluate written applications. The committee is composed of junior members of the management team, ideally all of whom would have themselves been fellows. Their objective is to complete their reviews within one week of receiving the applications. They perform reviews on a rolling basis. Reviewers rely on a standard rubric to guide evaluation of applications. Based on the committee's score, Rush selects up to one-third of the applicants for telephone interviews. Using a standard set of questions and scores, Rush completes phone interviews within two weeks. From these evaluations, Rush selects six candidates to invite for full interviews.

Legacy typically receives approximately 50 applications. Its director of employment, fellowship recruitment specialist and other human resource experts prescreen applications and select 25 candidates to undergo screening interviews. From those interviews, a series of recommendations are made that result in up to five top prospects being invited for onsite interviews. Candidates have interviews with the CEO, site executives, and former fellows now on staff. The fellowship recruitment specialist then collects verbal and written feedback and prepares information for a face-to-face meeting of the interviewers. The outcome of the meeting is a ranking of candidates. Once the selection is made, the human resource staff convey the offer and, as necessary, conduct negotiations to achieve successful recruitment.

Interviews

Sponsoring organizations customarily pay travel expenses for the invited candidates. Typically, the sponsoring organization provides its travel policy with expense guidelines and has candidates

make their own travel arrangements. Expenses are reimbursed when the candidates submit their receipts following the interview trip.

Most organizations surveyed invite all their candidates to be interviewed on the same day. Others interview only one candidate at a time. At Rush, the current fellows host the six candidates with an informal dinner meeting the night before interview day. The next morning the candidates have breakfast with the CEO. Each candidate then participates in a full day of interviews. Twelve executives participate in two-on-one candidate interviews. The Executive Interview Committee meets at the end of the day for one hour. The committee relies on an interview evaluation rubric and discusses additional qualities to rank the candidates. Shands and MGH also host all their candidates on one day. MGH promotes itself by featuring tours and prepared lectures that illustrate the organization's culture so that candidates have a true understanding of the organization and the potential opportunity awaiting them if selected.

Offer

Sponsors must prepare to make the offer to the preferred candidate while recognizing the possibility that the offer may not be accepted—hence the desirability of ranking the interviewed candidates. Decisions related to the offer process include 1) who will make the offer (Legacy relies on its human resources staff), 2) will the sponsor negotiate “deal points” such as starting dates or compensation and benefits, and 3) how long the candidate will have to accept the offer before it is withdrawn.

Task Eight: Onboarding, Gathering Evaluations and Feedback, and Concluding the Fellowship

Onboarding

At MGH, Legacy, Rush and Shands, the fellow participates in standard, regularly scheduled new employee orientation programs. Both MGH and Rush designate an individual to serve as the fellowship program director. At Rush, new fellows receive a resource binder compiled by earlier fellows and enter into a three-to-four-week period of familiarization before meeting with senior management to learn about possible project opportunities. Rush expects the fellow will undertake one major project as well as multiple smaller projects. At Shands, the fellowship stresses developing financial management acumen. The fellow may canvass vice presidents in the course of participating in senior management meetings or by making appointments to discuss potential projects. The fellow has the option to decline undertaking suggested projects. In Legacy's current environment, the expectation is that the fellow's projects will contribute value to the organization's strategic and operational objectives. The CEO, a senior vice president and participants in the candidate selection meeting present project options.

Gathering evaluation and feedback

Fellowships exist for the purpose of fostering professional development. Effective feedback facilitates achieving developmental objectives. At Legacy, Rush and Shands, fellows receive feedback on a semi-annual basis. At Rush, fellows have three sources of feedback—the CEO, the fellowship program director and the fellow's project supervisor. New Rush fellows, during their first six weeks, complete self-assessments using the National Center for Healthcare Leadership model and identify specific competencies to develop throughout the year, including on a project-by-project basis.

Fellows also benefit from feedback in less structured forums. At Legacy and Shands, fellows are expected to make presentations at executive meetings. These events can become occasions to receive feedback on the fellow's emerging leadership persona. For Legacy fellows this requires demonstrating they can work in a professional setting and that they can interact with staff at all levels throughout the system. It is important to distinguish organizational objectives from learning objectives. MGH has developed a three-page document that outlines financial, human resource, operational, emotional, and other objectives that the fellow uses as a guide to ensure a well-rounded fellowship experience. Fellows are encouraged to use this guide as a self-evaluation tool throughout their fellowship. In addition, the fellowship director seeks feedback from each preceptor at the conclusion of the fellow's rotation and routinely provides that feedback to fellows in an informal fashion, as well as in a written letter and evaluation session with the fellow after their first year in the program.

Concluding the fellowship

One aspect of ending the fellowship involves the decision of whether to offer the fellow a more permanent management position. A second consideration is whether and how to celebrate successful completion of the fellowship.

How a fellowship ends depends in part on whether the original intent was to develop a future member of the sponsoring organization's management team or to develop a new member of the healthcare management profession. At Legacy and MGH, fellowships are regarded as potential sources for new management team members. The availability of an appropriate position with the sponsor may not coincide with the planned end of the fellowship so sometimes extending the fellowship may be the best available option. At Shands, fellows are encouraged to look for a first

full-time position at another organization beginning approximately halfway through the fellowship. Handling this transition is regarded as an important component of the fellow's professional development so it is not specifically supported by the organization. At Rush, retaining the fellow is not part of the fellowship design. Historically, fellows have had outside options to consider. Internal options when available have been entry positions in project management, medical affairs and business operations.

Celebrating the completion of the fellowship varies with the culture of the organization.

Academic and research institutions such as MGH and Rush have cultures that regard the fellows as future alumni with whom there will be a continuing relationship. Both have alumni groups of fellows that participate in some phases of the fellowship. At Rush, fellows mark the end of their experience by making a presentation to the organization's senior council during a recognition luncheon. MGH holds an annual Administrative Fellowship Graduation Luncheon attended by all current and past fellows and top leaders to recognize the graduating fellows. The fellows receive a diploma and a gift and make a brief speech to express their thanks.

Conclusion

Practitioners, academic program leaders and students have long recognized the value of administrative fellowships for developing future healthcare administration leaders. The great number of applications that fellowship sponsors receive and review indicates the intense interest by students in growing through such opportunities. Research by ACHE in 2008 revealed that nearly one-third of its Fellows have completed a fellowship or residency, a finding that substantiates the effectiveness of these experiences in contributing to the development of professional leaders.

While the postgraduate fellowships reviewed here have revealed many common attributes, they also reflect variations that enable sponsors to create experiences uniquely suited to their leadership and organizational culture. To explore further how your organization might launch its own postgraduate fellowship, you may wish to contact the staff of the organizations cited. They include:

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