

Trustee Workbook **3**

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Trustee Mentoring: For Orientation, Leadership Development and More

Mentoring, a process that pairs board members who are new to their roles with more seasoned board and executive resources for growth and development, traditionally has been used by health care boards to orient new trustees for board service. Often an informal process, mentors and mentees typically meet together as needed during the first year after a trustee joins the board to discuss meeting agenda items, clarify governance issues and practices, build relationships with other board members and organizational leaders, and complete the initial governance orientation process.

As boards that have successfully used mentoring to build trustee competency have discovered, however, the more a board formalizes and uses the mentoring process, the clearer it becomes that mentoring can be a useful approach for other board development activities as well. Orienting new board members, building board leaders and reinforcing trustee learning and development are some of the ways mentoring has benefited board members at Harborview Medical Center in Seattle and Sierra Vista (Ariz.) Regional Health Center.

NEW TRUSTEE ORIENTATION

Harborview Medical Center

Harborview, a county-owned facility governed by a 13-member board of trustees and managed by the University of Washington, is one of four hospitals in the UW Medicine system. The Harborview board introduced

a formal mentoring program eight years ago in response to board self-assessment results indicating a need to provide additional support to new trustees.

"We pair a new board member with an experienced counterpart to accelerate the process of fulfilling the trustee role," says Kimberly McNally, chair of the board's governance committee. "Most of our new trustees are experienced professionals who have served on other boards, though generally not on hospital boards. Mentors act as translators and provide a just-in-time resource for questions. As a result, we have found that new trustees can contribute to the organization more effectively and in a shorter time."

The Harborview board has established criteria for trustee mentors:

- at least two years of Harborview board service;
- full understanding of the manage-

ment contract, board bylaws, committee structure and trustee expectations;

- some experience as a board leader;
- previous experience mentoring others in another setting.

According to McNally, effective mentors are those that provide a strong role model for governing, are good listeners and responsive to questions, and are genuinely interested in mentoring new trustees.

Within the first month of a new board member's tenure, the board chair recommends a mentor for the new trustee. Mentoring relationships last for a year. Although both the new trustee and mentor are responsible for sustaining the relationship, the mentor is responsible for initiating and facilitating the process.

"An introductory meeting is held to share background information and agree on the focus and parameters of the mentoring relationship," McNally says. "It is at the discretion of the mentoring pair to determine the best way to structure their interactions. We don't propose a one-size-fits-all approach to mentoring. We encour-

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age mentors to reach out in ways that fit their style and the needs of the new trustee and to use multiple venues for communication.”

The Harborview board asks mentors to play an active role in trustee orientation. When possible, mentors attend orientation sessions with new trustees. These sessions are structured to provide essential organizational information, answer immediate questions and facilitate relationship building with other trustees, senior management and physician leaders.

Over the course of a year, McNally says, mentoring conversations might cover a range of topics, including:

- trustee expectations;
- governance oversight responsibilities;
- Open Public Meetings Act regulations;
- health care jargon and acronyms;
- how different entities in the health system and community interact;
- a key issue the board will address at a meeting;
- reports to understand performance metrics.

In addition to focusing on issues, these conversations provide support and camaraderie as the new trustee acclimates to the role.

Ongoing education is provided for all trustees at each Harborview board meeting and the yearly retreat. The annual education calendar is guided by governance competencies (described by the 2009 report of the AHA’s Blue Ribbon Panel on Trustee Core Competencies). Board education also is aligned with the organization’s key strategic initiatives for the year ahead. Additional opportunities are made available for both new and seasoned trustees to attend state hospital association and other community educational events.

The governance committee is responsible for checking in with mentors to assess how the new trustee perceives his or her orientation experience and to brainstorm ideas to ensure an effective mentoring experience. New trustees provide informal

feedback along the way and formal feedback on the orientation and mentoring process at the end of one year of service. Former mentees have said that they valued having someone to ask about board dynamics and complex issues and explain big-picture context. They also noted that mentors made them feel welcomed to the board.

Sierra Vista Regional Health Center

At Sierra Vista, an 88-bed community hospital, formalizing the mentoring process provided structure and focus for mentors and mentees.

“When we began our mentoring process several years ago we had three goals,” says Joanna Michelich, vice chair of the board. “The first was to help new board members understand their roles and responsibilities. Secondly, we wanted new trustees to learn about the health care industry, even if they had served on other boards. Finally, we viewed mentoring as a way to provide specific information about our organization.

“During the mentoring process, we used multiple media and approaches that support adult learning, such as reading, observing, having conversations before and after board meetings and listening to and watching educational programs. We wanted to shorten the time that incoming trustees would feel like they were the newest person on the board.”

Over time, the Sierra Vista board incorporated mentoring into its trustee orientation policy and developed a list of specific activities adapted from the mentoring checklist included in the AHA Center for Healthcare Governance *Competency-based Governance Tool Kit*. According to Michelich, the checklist helped the board envision the benefits of mentoring and the work needed to best develop individual trustees. Participating in checklist activities also prompted feedback from mentors and mentees about additional information and experiences that would be helpful.

“As a result of participant feed-

back, we learned we needed more information about what makes the hospital tick,” she says. “We added learning opportunities focused on the board-CEO-physician interface and the clinical-medical organization structure. For example, new trustees sit in on meetings of the medical executive and credentialing committees to better understand how their decisions are made. This has resulted in better discussion at board meetings about peer review and quality performance.”

Mentors and mentees also meet with the executive team, attend a meeting of each board committee, and meet one-on-one with committee chairs to better understand each committee’s purpose and function. They meet quarterly with the board chair and chair of the governance committee throughout the orientation year to reflect on what they have learned and to put their learning into perspective.

“The mentoring process also gives us an opportunity for assessing new trustees,” says Lanny Kope, Sierra Vista’s immediate past board chair. “Our new board members go through a probationary year after they come onto the board. The mentoring process helps us evaluate the depth of their commitment to board service before we determine whether to move them into full board membership.”

Ron Scott, a new board member, says he was fortunate to have been mentored by Ron Wagner, a past chair of the board and several board committees.

“We met before and after board meetings and regularly interacted around hospital financial reports,” Scott says. “The mentoring relationship provided dedicated time for me to ask questions.”

“I had been a mentor before and used a more informal approach,” Wagner says, “but the mentoring checklist gave me a structured focus and set of activities around which to build the mentoring experience. I then customized the mentoring exper-

rience to fit the mentee’s needs.”

Wagner says meeting with Scott before and after board meetings allowed them to cover issues and review questions that did not come up during the board meeting. It also gave them the opportunity to discuss board member culture and share insights about board dynamics.

“Longstanding board members can sometimes lose sight of or develop tunnel vision about important aspects of being a board member,” Wagner says. “Being a mentor helped me remember things I’d forgotten and allowed me to look at being a trustee through the eyes of a new person coming onto the board from the outside.”

Scott had served on several community and university boards, but “never had a mentor or structured orientation process before — it was learn as you go,” he says. “The learning curve for new health care board members is steep, so a structured process is helpful. Trustee mentoring at Sierra Vista was the most professional and rewarding process I have ever gone through as a board member.”

Questions for Discussion

1. Does our board incorporate mentoring into its trustee orientation process? If not, why not?
2. If our board uses trustee mentors, how do we select them?
3. Would we describe our board’s mentoring process as formal or informal? What activities are typically conducted as part of the mentoring experience?
4. Has our board evaluated our mentoring process? What have we learned?

LEADERSHIP SUCCESSION AND REFRESHER TRAINING

Both the Sierra Vista and Harborview boards have incorporated mentoring into other board member development activities. The Sierra Vista board found that mentoring can be effective to reinforce or supplement earlier learning.

Sierra Vista Regional Health Center Board Mentoring Checklist

The following checklist contains suggested activities that mentors and mentees should participate in together as part of a structured, new board member mentoring experience.

Mentoring Task	Date Accomplished			
Mentor is assigned to every new board member. The mentor and mentee are then introduced at a joint initial meeting with the board chair and CEO.				
Quarterly report made to governance.				
Mentor and mentee discuss their professional backgrounds, expertise and experiences with health care.				
Mentor schedules an introductory call or meeting with assigned mentee.				
Mentor and mentee discuss and agree on how they will work together.				
Mentor and mentee jointly attend the board’s new-member orientation session.				
Mentor highlights for the mentee the orientation manual materials that most relate to the issues facing the institution and the board today.				
Mentor debriefs the mentee’s tour of the hospital and its facilities.				
Mentor works with committee chairs to ensure that the mentee has the opportunity to sit in on each board committee meeting at least once.				
Mentor works with mentee to identify one professional meeting or development program to attend within the first year.				
Mentor insures the mentee has completed any required new trustee training programs.				
Mentee meets individually with key members of the executive team (finance, human resources, chief nursing officer and CEO) to review current issues and challenges.				
Mentee meets with the chief of staff and the physician members of the board of trustees.				
Mentor and mentee teams meet after first six months with the board chair and CEO for general discussion.				
Mentee attends a meeting of the medical executive committee.				
Mentee attends a meeting of the credentialing committee.				
Mentor works with mentee to identify additional learning needs.				
Mentee attends a meeting of board committee chairs for an overview of each committee’s purpose and scope.				
Mentor and mentee debrief each board meeting in person or by phone.				
Mentor and mentee read educational articles on governance or health care and discuss how they apply to the board’s work.				
After first year, mentor and mentee determine whether continued interaction would be beneficial.				
After first year, the board chair and governance chair interview the mentor and mentee.				
Year-end report submitted to governance committee.				

Source: Sierra Vista Regional Health Center, 2013, modified from AHA Center for Healthcare Governance resources

“Several years ago, before we adopted a competency-based approach to mentoring, we noticed that a trustee who had completed the first year of service and initial mentoring process subsequently had difficulty engaging with board work,” Michelich says. “After discussion with the board member, our governance committee chair and board chair extended the trustee’s mentoring period for an additional year. During that time, the trustee was paired with another board member who was strong in overseeing hospital finance and the new relationship worked well. We found that the new board member did not get enough information during the initial mentoring experience.”

After this experience, the Sierra Vista board revised its mentoring process. Now, after initial orientation and mentoring concludes, board leaders work with new trustees to determine what gaps may still exist in their learning process so that the board can continue to support their development. The board and governance committee chairs also provide feedback to new trustees and reinforce the need for them to demonstrate what they have learned by actively participating in board work.

At Harborview, mentoring also is part of the board leadership development and succession process.

Because gaining experience in facilitating meetings and preparing agendas with management team members is an important leadership competency, board leader development starts with a committee chair assignment.

Planning for board officer succession begins two years in advance. The position description for the board chair role is used to generate ideas about potential trustee candidates for the board officer pipeline. The board chair and the hospital’s executive director talk with identified trustees to assess their interest in serving as an officer. Board members who are interested and can make the time commitment submit a statement of interest that outlines their leadership

Tips for Successful Mentoring

The trustees who participated in developing this workbook also shared the following tips for implementing an effective mentoring process:

- 1 Develop specific qualifications for trustees who serve as mentors; boards can’t afford to take an “it’s your turn” approach to mentor selection.
- 2 Because mentoring should expose a new trustee to a broader range of board resources, consider creating mentoring relationships that do not pair new board members with the people who nominated them for board service.
- 3 Don’t be a hands-off mentor. Effective mentoring requires the mentor to take the lead in establishing and implementing the experience.
- 4 Formalize the mentoring process. Adopt a set of specific activities around which the relationship can be structured.
- 5 Tailor the experience. Use a variety of approaches that support adult learning and allow mentors and mentees to customize activities in ways that work best for them.
- 6 Don’t create a double standard for the mentoring process. For example, as more physicians participate in governance, boards may be tempted to shortcut their mentoring experiences because they are busy and already may be familiar with the organization. Following this practice can result in different levels of learning and effectiveness among board members. Ensure that all board members receive the same type of mentoring experience.

Whatever the focus of the mentoring assignment, Lanny Kope, Sierra Vista Regional Health Center’s immediate past chair, encourages mentors to enjoy themselves. “My mentees have challenged me as a mentor,” he says. “The mentoring experience made me think in new ways and refreshed my own understanding of board service and the commitment it takes to be an effective hospital trustee.” — M.K.T.

aspirations, capabilities and the experiences they bring to the role. The governance committee evaluates the statements and puts forth nominations for vice chair and chair.

To provide continuity of leadership and a smooth transition from vice chair to chair, the vice chair typically serves for two years and then serves as chair for two years. To ground the vice chair in all aspects of the organization and build readiness to assume the chair role, the Harborview board looks for opportunities to incrementally increase responsibilities and provide greater visibility by assigning the vice chair to work on strategic issues and meet key people in the health system. Officers and potential officer candidates are offered opportunities to attend national confer-

ences and meetings.

“Past chairs serve as mentors to the vice chair and chair as requested,” McNally says. “They are called upon to be a sounding board, offer guidance on how to approach challenging or controversial issues, provide context and background for effective working relationships with management, and help a new board officer navigate interpersonal or conduct issues on the board should they arise.” **T**

To view Sierra Vista Regional Health Center’s trustee orientation policy and quarterly mentor-mentee feedback form, go to www.greatboards.org.

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