Appendix A: Complete Survey Responses

- I feel I'm an integral and important part of the health care team at my MOB level,

 Department level and Regional level.
- I am busy trying to make things better.
- I take active interest and action in our department's progress in providing the best service possible to our patients and our referring providers. I support our departmental and organizational goals.
- I personalize my practice as much as I can.
- I am actively involved in the care of my patients and tend to the needs of my coworkers.
- I feel I have some say in the daily operations and with staff.
- I'm truly engaged in caring for my patients, and engaged in having good relationships with my colleagues and staff.
- I care about what I do and people I work with.
- I am engaged in building specific issues and collaborating with colleagues.
- I try to be as involved as possible, not only as a physician but also as a leader.
- I have an interest in promoting the practice, and good teamwork with other MDs, staff, RNs, med asst, receptionist, etc.
- I am vested in this workplace the success of this workplace is integrated in my own success.

- I work collectively with other physicians, therapists, administration and medical support staff to provide care for patients. I am engaged in this process; its coordination and quality.
- I am devoted to working hard and being kind and respectful to my staff and colleagues, and providing excellent care to my patients.
- I am totally invested in KP and earnestly work to make it the best place to work and serve our patients that I possibly can.

Discrepant Responses

- Too busy with overwhelming work.
- I don't think I am engaged beyond the normal work required seeing patients and interacting with them and staff.
- What does this mean?

- Better understanding of the organization and its mission.
- Take ownership, become involved in more than just seeing patients.
- Better understanding of the organization and its mission.
- Better understanding and faster assimilation into the KP culture.
- Better at adapting to change.
- I see myself as integrated with the physician group and feel that I behave with a sense of belonging and ownership here in the medical group.

- Know and build bridges with physicians from other services that normally we would not have contact with.
- I have seen better communications, and ability to listen to my colleagues instead of just talk. I have better ability to talk to my staff with both positive and negative news, and know the best way to deal with difficult conversations.
- I am more aware of the big picture.

Survey Question 6

- Fulfilled. I feel I am part of "something good". I feel we are a big part in making "lives better".
- I have a comfort level with my role and have positive interactions with my colleagues.
- Feel satisfied with current status and opportunities for the future.
- Gives be great life balance and intellectual stimulation.
- I love the collaborative practice environment and flexible schedule options.
- Overall satisfied with the work and feel that I have a hand in correcting/changing things as I see it.
- Feel valued and have been rewarded for excellence; great colleagues.

Mixed Comments

- Happy but I think we could improve work flow with some support
- I am happy here, but do feel that at times physicians do not drive the company.

Discrepant Comments

- I am frustrated by inability to effect major change and the ever-increasing demands on my time.
- There does to be some disconnect between Senior Leadership expectations and the reality at the front line.
- The organization is sometimes too big, and voices are not heard unless you have influence or are favored by the administration. Hard work does not always guarantee the recognition deserved.
- I would like to have more control over my immediate environment.

- Getting involved in groups to make KP better
- Seven Habits Course has helped me to be a better listener and to analyze my interactions in a different way.
- The coffee with Ed business case. Helped me launch several pilots and other business cases which have become approved by MSAAT.
- Interacting with anger and combative patient able to talk them down and understand their point of view and found meaningful compromise to help the patient.
- Conflict resolution.
- I use the knowledge gained regarding the structure of SCPMG and KP daily in order to consider a stakeholder analysis of any ED project.

- At a dinner party, explained the positive attributes of KP.
- How to change things in a large organization.
- Lead where you stand.
- #1 most important thing was networking with other physicians for future interactions and consults.
- Daily reference to our culture and what it means.
- I have often used the 7 habits info to be proactive and look for the "Win-Win" situation.
- I use the 4 Habits for patient encounters everyday.
- Knowing the organization plan of OC Kaiser.
- One of the most useful phrases comes from Dr. Pitts- Don't assume or make up things in your mind diagram. I am more cautious not to jump to conclusions.
- I have learned to listen to my patients and empathize with them.
- Talking to patients, explaining concept of evidence based medicine.
- Used relationship building for a new project recommendations.
- Talking to fellow physicians, we are rewarded for quality of heath care given not quantity of tests.
- Knowing physicians of other specialty.
- Better initial networking.
- Knowing myself much better from info during the program.

- Organizational structure helps me understand the workings of KP much better and I appreciate the introductions to the various resources available to us.
- Implementing change.
- Knowing when to utilize political capital and when to go with the flow.
- I use the personal knowledge gained regarding my fellow participants to form friendships that make collaboration on patient care more effective.
- Cohort group from program are all a part of my network.
- Partnership is a state of mind and not a piece of paper

Survey Questions 9 and 10

- Whenever I talk to "grumpy" and burnt out older specialists- who need to be reminded how bad it is outside KP!
- A few continue to do things "their way". Lack of teamwork and communication.
- Saying that we don't order certain tests or medications due to cost alone.
- Lack of accountability for their behaviors or actions.
- We had a team leader who did not demonstrate good leadership abilities and set bad examples for the medical assistants.
- Defeatism; colleagues feeling discouraged and not able or willing to ask for help.
- People not working together.

- It disappoints me when I hear that someone in our staff was "yelled at" or "bullied" by physicians from other departments.
- Tend to be from "Older" physicians. In other words, they make decisions based on what's best for them even at the expense of others.
- Failure to appreciate the organizational structure and its goals.
- There are some physicians who are an obvious poor fit as they are not able to manage in a group norm or behavior.
- Lack of awareness of the principles guiding the group.
- Senior physicians whose names will not be disclosed. Example: being reactive rather than proactive.
- Speaking down to colleagues based on specialty.
- Senior leadership often times fails to "seek first to understand".
- Several examples of not seeking win-win violations of e-mail etiquette Several colleagues have difficulties speaking to patients Leadership decisions are at times
 made top down not always taking practicing individuals concerns into consideration As we
 were taught we were all equal partners?
- Unfortunately, not every person is a team player.
- Sadly, the collective spirit of partnership formed during the new physician program doesn't always manifest itself during work. A very small minority of physicians are sometimes less than civil when dealing with our department.
- Just general destructive comments and laziness.

- Colleague with heavy-handed and insensitive approach to leadership.
- Some specialists treat family medicine disrespectfully.
- Partners who have been here for awhile may be more negative/victim like mentality at times. Less partner like behavior not answering pages, etc.
- Lack of teamwork.
- Poor interaction with colleagues.
- Not seeking to understand first, not thinking win-win.
- Staff just want to "clock out" and don't have patient's best interest in mind.
- Some MD's do not seem to help each other out, and try to shirk responsibility to others.
- Behaviors that are self serving not patient focused or benefiting the organization.
- You know, we're all human. Selfishness sometimes prevents people from taking initiative, or seeking a compromise.
- Partners who are disengaged and talk of KP as a foreign entity, not something that is theirs that they have a direct role in shaping its course and future.
- Bureaucratic approach to management issues.
- There is a particular physician or colleague in my department who is very difficult to approach and who does not have good communication skills and therefore, after multiple attempts to communicate with him, I have now considered avoidance as the best way to keep the work environment healthy.

• Sure: turning away patients who want to be seen immediately, not polite behavior, getting behind in work.

- Really helped get a foundation for learning the ropes.
- Getting to know more new physicians and not feeling isolated in the new position.
- The fact that KPOC would invest time and money is such a program made me feel valued and appreciated.
- I had a much better understanding of the structure and hierarchy of the many layers of personnel, and the scope of this large group, so I was not overwhelmed as I may well have been otherwise.
- Just having a program dedicated to educating our new physicians is a message already that our organization invests in our new people and want to help each of us succeed.
- Meeting other new physicians was a big plus. Networking was key.
- The KP OC new physician program helped me understand KP cultures and enforces my persistence to make positive changes.
- The history and understanding of how things are done helps day to day.
 Wished there was more information about how political Kaiser is.
- As mentioned-learning about the SCPMG/KP/KFH structure is vital to navigation later on. Also, the communication skills and collaborative spirit of

partnership still persists for most participants. This has greatly added to my workplace satisfaction.

- Knowing other physicians was a huge plus and understanding how KP works also was important.
- Rapidly developing a network of colleagues/friends from my class at the new physician program and realizing my leadership potential.
- It was helpful to have this at the beginning when everything was new; the group helped you meet others.
- Eye opener... head start.

Discrepant Comments

- I don't know. Too many variables.
- Too much politics. Leaders are not thinking or making decisions in the best interest of the group.

- It helped me understand the complexity of Kaiser
- I feel much more appreciated that the organization put so much effort in informing me about Kaiser and introducing ideas and concepts that could help me in my future here at Kaiser.
- Encouraged me to see that I have some control over my workplace and my response to it.

- Made me feel from the beginning that the entire group was supportive and interested in my success. My success = the group's success.
- It made me aware of my role and responsibility to make this place my own. To enjoy those things that it [KP] has to offer and to help change those things that are not right or in need of change.
- That KP/SCPMG is well organized and respect their associates/new partners' opinions.
- KP values me enough to develop this program; I don't feel like just another doc
- I learned a lot about the history of KP and feel pride in working for the organization.
- Knowing expectations.
- Strongly influenced and lead me towards leadership interests.
- Invaluable.
- Definitely improved it.
- Helped me get adjusted to working in KP quickly.
- I thought that it helped to build rapport and collegiality.
- I was taught I can be proactive and make changes if I see something I am not happy with.

Discrepant Responses

- It hasn't.
- Some of what was taught not applicable given the labor environment we are in.

- Neutral. I feel I would be as happy as I currently am without the program. It may have taken longer to "figure things out" with the program though.
- I do not think the new physician program affects my current position because I
 finished the program several years ago.
- It really didn't.
- KP needs a new process of making critical decisions. We love numbers too much.

We do not look in details what the numbers mean.

- Neither helped not hurt, I would have enjoyed it the same I think.
- I don't think much.

- Difficult colleagues acting out.
- Interpersonal drama in the dept.
- Physicians upset about staffing issues.
- Conflict resolution with patient, not to take it personally.
- Difficult patient communication issues.
- Chairman not willing to listen in meetings.
- Advising new MD's on how they can be more effective in the workplace.
- Inefficient colleague whose work was getting passed on to others.
- Working with my leadership in unpopular decisions.
- Physician disagreement and office conflict.

- Helping the staff to understand the culture/behavior in the office we want them to emulate.
- Use a phone call instead of E-mail to communicate delicate subjects.
- Approaching staff with concerns.
- Dealing with difficult colleagues.
- Conflict of interest among colleagues.
- Finding allies.
- Taking vacations when feeling burned out.
- Balancing MD responsibilities and non clinical responsibilities.
- Resolving conflicts with staff.
- Working through frustrating problems.
- How to manage my time.
- Communicate laterally through the department.

- How to have a difficult conversation. Having a difficult conversation with a colleague and RN's.
- First seek to understand then plan a course of action.
- Look at all sides of problem, try to understand completely; Empathetic
 approaches to problems with problem people; Gained support of important people to help
 effect change.

- The listening skills, leadership skills, and analytical skills I learned during the program helped me better deal with these situations.
- I learned how to be a better mediator. How to help resolve conflict. Doing this without making the other person feel bad.
- 1: "Seeking first to understand" 2. Know where to go for help 3. Sharpening the saw by reading other materials, e.g. Crucial Confrontations, Good to Great, etc.
- Identifying your allies and then increasing the emotional bank account has allowed me to build great working relationships with staff, admin, colleagues.
- Make a daily effort to engage support staff before clinic, listen to needs and concerns, recognize and reward good performance, help to guide team toward areas that need improvement. 2. Diffuse the angry patient or family with quiet calm and non reactive manner, mainly listen and restate their concerns. I put on my care actors role and use this technique to deflate the situation.
- I was able to speak with the colleagues in other specialties and had direct info about how leadership, to take care of matters at hand.
- principle of compassion and empathy 2- principle of first trying to understand 3-principle of patience, perseverance and importance of recognition and function with in a network system.
- Sense of ownership, understand the big picture, delegate.

Appendix B: KPOC New Physician Program

Meeting	Hrs	Topic	Goals
Week-1	4	Meet and greetProgram overviewQUEST	 At the end of this presentation the participants will know their fellow participants.
		ReputationGroup culture	 At the end of this presentation the participants will know the
		KP PromiseComputer "rules of the road"	 QUEST initiative. At the end of this presentation the participants will know the key relationships between KFH, KFHP and SCPMG.
			 At the end of this presentation the participants will know the KP Promise
			 At the end of this presentation the participants will know proper e- mail etiquette.
Week-2	1.5	• Medical-Legal (90 mins)	• At the end of this presentation, the participants will know the resources that are available to them in case of a medical legal action against them.
			 At the end of this presentation, the participants will know the difference between a malpractice trial and arbitration proceedings.
			 At the end of this presentation the participants will know the basics of medical legal charting.
Week-3	1.5	• Partnership Principles (45 mins)	 At the end of this presentation the participants will understand the partnership paradigm as practiced in the Orange County MSA At the end of this presentation the
Week-4	4	• Four-Habits of Successful Clinicians	 participants will understand the principles of partnership At the end of this presentation the participants will understand the

Meeting	Hrs	Topic	Goals
C			communication principles to optimize the physician-patient encounter.
Week-5	1.5	• Public Affairs presentation (30 mins)	 At the end of this presentation the participants will understand the role of public affairs in the KP organization At the end of this presentation the participants will understand how to handle a request from the
			 At the end of this presentation the participants will understand the overall communication plan for KP-OC
Week-6	1.5	• Marketing (45 mins)	 At the end of this presentation the participants will understand the role of marketing in the KP organization.
			 At the end of this presentation the participants will understand his/her role in the OC MSA marketing campaign.
			 At the end of this presentation the participants will understand the current marketing plan for the organization.
Week-7	1.5	Financial basicsSCPMG Board of Directors(90 mins)	 At the end of this presentation the participants will understand the financial basics of being an employee vs. a partner.
			 At the end of this presentation the participants will understand the structure and function of the SCPMG Board of Directors
Week-8	1.5	• MAPPS (30 mins)	 At the end of this presentation the participants will understand these two evaluation tools
Week-9	1.5	• Customer Service (60 mins.)	At the end of this presentation the participants will understand the principles of excellent customer

Meeting Hrs Topic

Week-10 1.5

- Employee Assistance Programs (EAP) (30 mins)
- Threat Management (20 mins.)

Week-11 1.5 • Getting things done at KP-OC (60 mins.)

Week-12 1.5 MSAAT panel (60 mins)

Week-13 1.5 Business plan part I (90 mins.)

Goals

service.

- At the end of this presentation the participants will understand the role of EAP in the OC MSA.
- At the end of this presentation the participants will be able to identify a "threat" situation.
- At the end of this presentation the participants will understand the OC MSA resources available to handle a threat.
- At the end of this presentation the participants will understand his/her responsibility in reporting potential or actual threats.
- At the end of this presentation the participants will hear of actual successes in "getting things done" at KP-OC
- At the end of this presentation the participants will understand more of what it takes to influence decision-makers in acquiring new equipment or in establishing new procedures, etc.
- At the end of this presentation the participants will understand the unique integrated management approach in the Orange County Service Area.
- At the end of this presentation the participants will understand the principles of developing a business plan.
 - Stakeholders
 - Political capital
 - Cost benefit projections
 - Impact on culture

Week-14 1.5 Business plan part II (90 mins.)

Meeting	Hrs	Topic	Cals
			 Participants will develop a model business plan
Week-15	8	Seven Habits -1	 Participants will complete the Seven Habits Program
Week-16	8	Seven Habits -2	 Participants will complete the Seven Habits Program
Week-17	8	Seven Habits -3	 Participants will complete the Seven Habits Program