CASE STUDY

Building the Next Generation of Physician Leaders

The Applied Physician Leadership Academy at Dana-Farber Cancer Institute

AT A GLANCE

CLIENT
Dana-Farber Cancer Institute (DFCI), Medical Oncology Group — DFCI's largest department, ~300 faculty

PARTNER
The Leadership Development Group (TLD Group)

PROGRAM
Applied Physician Leadership Academy (APLA), customized for DFCI's Medical Oncology physician leaders

COHORT
28 physician leaders — inaugural class, spanning long-standing and newly emerging leaders across disease centers

DURATION
10-month program, May 2022 – March 2023

DIVISION EXECUTIVE SPONSORS
David Read, VP, Ambulatory Care Operations & Medical Oncology; Ann Partridge, MD, MPH, Vice Chair, Medical Oncology

The Challenge

Healthcare delivery has changed faster than most leadership pipelines were built to handle. Physician leaders today are measured not just on clinical excellence but on the results, efficiency, and team-based outcomes they can drive across increasingly complex, matrixed organizations. At Dana-Farber Cancer Institute, the Medical Oncology Group — the institute's largest department — was navigating this shift on multiple fronts at once.

Following a period of explosive programmatic growth, physicians across the disease centers were managing rising patient volumes, evolving care models, and the lingering effects of pandemic-era burnout, all while continuing to carry full clinical, research, and academic loads. Leadership needed a way to invest in its rising and established physician leaders that would build capability quickly, strengthen engagement, and reconnect people across disease centers who rarely had reason to collaborate.

As is true at most academic medical centers, the harder challenge wasn't identifying the need — it was

building the case. Securing meaningful, sustained investment in leadership development meant competing against an onslaught of other institutional priorities. That required a cross-functional coalition: internal organizational development and operational leadership working hand-in-hand with an external partner to design something credible enough, and targeted enough, to win executive sponsorship.

The Solution: A Custom-Built Leadership Academy

DFCI partnered with The Leadership Development Group (TLD Group) to adapt its nationally recognized Applied Physician Leadership Academy (APLA) specifically for Medical Oncology's physician population. Rather than a generic leadership curriculum, the program was purpose-built around the real demands of academic medicine: dual clinical/academic accountability, disease-center silos, and physicians who are highly capable but chronically time-constrained.

Twenty-eight physician leaders were invited into the inaugural cohort — a deliberate cross-section of high-potential, high-performing leaders representing a mix of tenure and disease centers across the department, selected to build relationships that wouldn't otherwise form organically.

PROGRAM ELEMENTS

- Four interactive learning modules, each targeting a distinct dimension of physician leadership:

  Leading Self
  capitalizing on emotional intelligence to lead effectively

  Leading for Results
  strategic thinking and decision-making

  Leading Others
  executive presence, communication, and influence

  Leading Change
  leading and navigating organizational change

- Psychometric assessment (EQi 2.0) to ground the cohort in self-awareness from the outset
- One-on-one executive coaching sustained across the full program arc
- Action Learning teams applying the content to real institutional business challenges — not case studies, but the physicians' own priorities
- A culminating capstone in which every team presented recommendations directly to institutional leadership, including the Chair of Medical Oncology

Results & Impact

All 28 physician leaders completed the program, each contributing to an Action Learning capstone project addressing a live institutional priority — from clinical care redesign and patient access to research enablement, faculty well-being, and quality and safety engagement. Recommendations were presented directly to senior Medical Oncology leadership, giving the projects — and the leaders behind them — a direct line into institutional strategy rather than a shelved final assignment.

Several projects produced findings with immediate operational relevance. One team modeling a shared-care approach for clinical practice projected a substantial increase in physician-visible patient volume by

redistributing administrative and follow-up work to dedicated practice support — the kind of concrete, business-relevant output that helped make the case for leadership development as a strategic investment.

28	10	4
physician leaders enrolled and completed the program	months, May 2022 – March 2023, alongside full clinical loads	learning modules, plus coaching, assessment, and capstone

What Participants Took Away: Leadership Learnings in Their Own Words

The most distinctive output of the program wasn't the capstone recommendations themselves — it was what physician leaders said, individually and as teams, about how the experience changed the way they lead. Across capstone presentations, a consistent set of themes emerged.

ON VISION AND PURPOSE

- Anchoring every initiative back to the shared goal patients and teams already care about most — patient care and patient satisfaction — kept cross-disciplinary groups aligned even when their day-to-day priorities diverged.

ON BUILDING RELATIONSHIPS AND TRUST

- Leaders described the need to connect with colleagues at “both a factual and an emotional level” — with their own team and with leaders of adjacent teams brought into a collaborative effort.
- Several noted that the informal time built into the program — conversations with colleagues outside the formal curriculum — was one of the program's most valuable, and hardest to replicate, features.

ON LISTENING AND CONSULTATIVE LEADERSHIP

- More than one team described a shift from “fixing” to leading with curiosity — listening, asking questions, and being willing to reframe the original problem rather than defending an initial assumption.
- Teams that reframed their original project question mid-program consistently cited that reframing, driven by mentor and peer input, as the turning point in their work.

ON MANAGING CHANGE AND EXPECTATIONS

- A recurring lesson was the importance of managing people's expectations about resources and the pace of change, to protect engagement and morale through a long project arc.
- Teams working with incomplete data learned to accept a greater degree of risk in moving a program forward rather than waiting for data that might never arrive.

ON ACCOUNTABILITY AND FOLLOW-THROUGH

- Setting explicit timeframes and mutual accountability for progress was cited as essential to keeping cross-functional, part-time project teams moving between sessions.

- Coaches and teams alike emphasized the discipline of celebrating small achievements and protecting dedicated time — without which momentum on institutional change efforts quietly erodes.

ON GROWTH AS A LEADER

- For several participants, the program's most personal takeaway was reassurance that investing time in leadership — even amid demanding clinical and research loads — is the path to their own long-term career goals, not a detour from them.

Why This Model Works for Academic Medical Centers

Academic medical centers present a distinct set of constraints that generic leadership programs rarely account for: a dual clinical-academic mission, disease-center structures that fragment collaboration, and physician talent that is both highly capable and severely time-constrained. DFCI's APLA experience offers a design template that answers each of these directly:

- **Customization over off-the-shelf content** — the curriculum was adapted to Medical Oncology's specific structure and challenges, not delivered as a standard leadership course.
- **Real institutional work as the vehicle for learning** — Action Learning projects targeted live business challenges, so the return on physicians' time was visible immediately, not deferred to some future application.
- **A cohort model that manufactures cross-disease-center relationships** — connections that would not otherwise form given how siloed disease-center-based work tends to be.
- **Visible executive sponsorship** — direct involvement from the Vice Chair of Medical Oncology, the VP of Ambulatory Care Operations, and the Director of Learning & OD signaled that this was a strategic institutional priority, not an optional HR offering, which mattered both for physician buy-in and for securing the underlying investment.

That last point is also the program's broader lesson for other academic medical centers: the barrier to leadership development at this level is rarely persuading physicians of its value. It's building the cross-functional case — connecting organizational development, operational leadership, and physician sponsors — needed to secure investment in a resource-constrained, competing-priorities environment.

Looking Ahead

DFCI's inaugural APLA cohort demonstrated that a purpose-built, cohort-based leadership academy can do more than build individual skills — it can surface and advance real institutional priorities while strengthening the relationships physician leaders need to carry that work forward. The model has since become a reference point DFCI and TLD Group have shared with peer institutions and professional audiences navigating the same question: how to grow physician leaders equipped for the demands of modern academic medicine.

ABOUT THE PARTNERS

Dana-Farber Cancer Institute

Founded in 1947 in Boston, MA, DFCI is committed to providing adults and children with cancer the best treatment available today while developing tomorrow's cures through cutting-edge research.

The Leadership Development Group (TLD Group)

A health-ecosystem talent development firm providing customized executive coaching, team development, succession planning, and cohort-based leadership academies to leading health systems, biotech, and pharmaceutical companies since 2011.