



Physician Leadership Basics

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The skills that empower physicians to succeed as clinicians are distinct from those that they need in order to thrive in organizational leadership roles. Medical school, residency training and continuing medical education remain heavily focused on basic science, technical skills and evidence-based approaches to clinical care. Much less emphasis is placed on the mindset and interpersonal skills that physicians need to succeed in complex leadership roles in large health care organizations. This article delineates the fundamental “7 C’s” of physician leadership.

1 Collaboration Successful leadership in 21st century health care organizations requires cross-functional collaboration. Physicians in executive positions must interact productively with leaders in finance, risk management, quality, human resources, facilities, third party payers and other stakeholders in the complex health care system. The “command and control” approach that might work in the operating room, inpatient unit or clinic doesn’t work well in organizational leadership. Physicians in these roles cannot simply “write orders” as they are accustomed to doing in clinical roles. They must listen carefully to others, cooperate cross-functionally, seek consensus and build trust among team members.

2 Communication Collaborative work depends fundamentally on respectful and effective interpersonal communication. Physicians transitioning into leadership roles succeed when they hone their verbal and non-verbal communication with others serving in diverse positions. Effective verbal communication for physicians includes avoidance of medical jargon and employment

of straightforward, accessible and cogent language. Open-minded inquiry and active listening are essential for success. Non-verbal communication deserves attention as well – physician leaders are most likely to succeed when they have “executive presence” which includes relaxed body language, good eye contact, and careful avoidance of toxic behaviors such as eye rolling and finger pointing.

3 Composure Physician leaders must present themselves in a calm and poised manner, which can be challenging

in stressful administrative roles. They are often accustomed to working as sole decision makers and acting quickly on the basis of their individual clinical judgment. So it is no surprise that they can become easily frustrated when working with others on collaborative projects over long time frames. Maintaining composure can be achieved in part with a mindset shift toward accepting the collaborative role with clarity. Composure also can be enhanced by wellness strategies such as a good sleep schedule, regular exercise and healthy nutrition. Mindfulness strategies such as meditation and controlled breathing, which empower people to pause and achieve calm in the face of stress, can be particularly helpful for maintaining composure in difficult leadership situations.

4

Creativity

The work of physician leaders in organizations cannot be learned from a textbook. Physicians promoted into executive leadership positions have achieved expertise in the clinical realm, but they are now called upon also to perform as organizational strategists, innovators and entrepreneurs. A creative mindset, with openness to novel and “out of the box” thinking about how the organization can prosper, is a core component of leadership roles. The physician leader who brings only an evidence-based, “doctorly” perspective to the table is inherently self-limiting. Physician leaders ought to draw on multiple aspects of their life experience and their general creativity to craft ideas for smart growth of the organizations in which they work.

5

Corporate perspective

Physicians are trained to attend to the needs of their individual patients above all else. While this is a key aspect of acculturating physicians to medical professionalism, the physician leader must integrate this perspective with corporate interests including financial realities, as well as compliance with governmental and non-governmental regulations (which are not always well aligned with patient needs). Navigating major tensions between patient-care needs and corporate interests can be daunting. While still embracing patient advocacy roles, physician leaders must find ways to collaborate with others in the service of the financial and administrative health of the health care organization.

6

Compassion

By maintaining a patient-centered focus even as they assume larger organizational roles, physicians can help to ensure that the systems in which they work maintain their humanism and societal mission to care for vulnerable individuals. The compassion of physicians can also translate into a focus on the well being of colleagues and employees in the health care organization. Empathy for others doesn't only include a focus on patients. By attending to the

emotional needs and general well being of people working in the organization, physicians can help to deepen trust, psychological safety and a culture of caring for others.

7

Clinical excellence

Even as they take responsibility for a multitude of new administrative and strategic tasks, physician leaders must maintain (and enhance) their clinical excellence. This challenge can be especially difficult because there is precious little time for physician leaders to remain engaged in clinical practice and ongoing clinical education. Nonetheless, this area deserves attention because high-level organizational leaders should always aim to maintain some of the core underlying skills that propelled them into leadership roles in the first place. Ongoing clinical excellence can help to win not only the respect of other clinicians in the organization, but also win the admiration and trust of others in multiple cross-functional roles.

These seven basic leadership skills can improve with practice. Coaching and leadership training for physicians can be helpful, especially considering that most physicians have not received much of it in medical training or continuing education. Human resources professionals can provide internal programs, and in some cases engage executive coaches from outside the organization, for particularly high-potential physicians transitioning into high-stakes leadership roles. Training programs should include didactic material on leadership principles as well as experiential, “active learning” exercises to develop conversational and other communication skills for effective leadership. Rigorous programs of this sort can provide groundwork for physicians to develop the habits of thinking and behavior that can position them to flourish as leaders in complex 21st century health care organizations.

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