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Physicians in Management vs. Leadership Positions

Understanding the difference between the two is critical to success.

There has been an explosion in the number and type of physician administrative jobs that are currently surfacing in our field. As I've observed this, I've realized some are management ones; that is, they involve work that is done on an hour-by-hour, day-to-day basis; and some of these jobs are leadership positions, involving more strategic, far-ranging work.

Organizations that understand the difference between management and leadership roles can better support the success of physicians who move out of their clinical practices and into different roles within healthcare. For example, physicians who are more hands-on in their work and prefer immediate feedback are better cast in management-oriented jobs. In contrast, physicians who have a sense of the longer-term future, enjoy strategy and think in broader and more systems-oriented terms are more suited for leadership roles. Jacque Sokolov, MD, and I wrote in our book, *Developing Physician Leaders for Successful Clinical Integration*, that, in essence, physician managers steer the car and make immediate adjustments, while physicians in leadership roles plan the entire trip and consider detours and challenges that will happen farther down the road. Be mindful that even in nonclinician roles,

many physicians wear *both* management and leadership hats.

Leadership and Management Are Not the Same

Although often used interchangeably, leadership and management are not the same. The fundamental core of leadership is change, while the core of management is ensuring there is order and consistency in day-to-day processes. In the leadership process, the future is assessed and strategies are developed to help the organization adjust its course. Leadership activities are future focused, and improvement is the impetus for these activities. Essentially, this involves identifying needed change and engaging the resources of the organization to move toward a future vision. On the other hand, management processes bring consistency and stability to the organization. Management is rooted in directing, coordinating, and ensuring that there is constancy and order.

As an increasing number of physicians become more involved in leadership and management positions, it is critical that their roles are well-prescribed. If not, problems can occur when physicians are put into positions without a clear understanding of the expected outcomes. Physicians who approach management challenges with a leadership focus may encounter problems;

conversely, physicians who take a longer-term leadership approach to management matters that need immediate fixing may be viewed as too abstract. Simply put, the physician who ably manages the cardiac cath lab may fail in a strategic position that requires longer-term negotiation and the coordination of efforts among many other individuals. The surgeon who effectively manages day-to-day processes in the OR may struggle with strategic roles.

Additionally, the education, courses and professional developmental activities that physicians undertake as they move out of clinical roles will also differ depending on whether they choose management or leadership positions. I have frequently heard physicians describe workshops they have attended—that focused on how to run meetings or other managerial-type tasks—as frustrating. These physicians, whose interests lie more in leadership activities, are more appreciative of courses that teach strategy or how to fundamentally reshape the culture of the organization.

Physicians Are (Clinical) Managers

Contrary to conventional wisdom, physicians actually do practice management. In their clinical work, physicians plan, organize, direct and control. Like nonclinician managers, their activities typically take place through relatively brief encounters with others. (For nonclinician managers, the encounters are with those they supervise, and for physicians, the encounters are with patients and other caregivers.) During these interactions, physicians go through a clinical judgment process that ends up in the formulation of a diagnosis and a course of treatment.

In a similar manner, nonclinician managers work through processes that allow them to assess problems as they arise. They then take immediate actions to ameliorate the glitch and restore stability. For physicians in clinical settings, virtually all of these direct activities take place in a brief period of time, usually only several minutes. Then the physician moves on to another patient. Additionally, for the past several years, a primary emphasis in quality in healthcare has been on reducing unwarranted variation. This is, at its essence, management. Interestingly, many physicians are able to apply these clinical experiences and translate them into effectiveness in managerial positions.

After they step out of the clinical practice, many physicians take on part-time management roles focused mostly on day-to-day issues. A brief summary of a typical medical director job would include the following activities:

- Monitor patient care for safety, quality and appropriateness; address immediate patient concerns or quality problems
- Oversee documentation and provide input into peer review
- Coordinate the activities of staff; hold huddles and meetings and provide ongoing supervision; manage staff-physician relations
- Handle clinical patient complaints
- Handle physician behavior and impairment issues

Contrast these more immediate tasks from the medical director position description with those in a broader and more strategic physician leadership position:

- Provide overall guidance in strategy formulation
- Oversee coordination of care across all settings of the health system
- Develop a medical management system to track clinical decisions to ensure quality, appropriateness and cost effectiveness
- Assess and develop new care delivery models for new payment structures
- Build and sustain an engaged and aligned physician culture
- Explore, assess and develop new partnership opportunities

These are two very different types of jobs and require separate competencies. The first set of tasks is far more tactical, and the requirements are very operational. Problems that are dealt with usually have one correct response, and the fix is made that same day. There are few longer-term considerations, and typically when the physician's shift is over, the job is finished and the oversight duties are left to another physician or other clinician. The first job involves almost all management tasks and responsibilities.

In contrast, the tasks associated with a leadership position reflect the demands of leadership, which require a longer-term view and the ability to provide alternatives. The correct path of action is much more complex, and addressing those issues and implementing changes can take months or years. In the first job, the role is to address variation on the spot—the medical director takes immediate action to fix a problem. In the latter position, which is more leadership-oriented, the physician

engages in longer-term analysis to determine a course of action.

Avoiding Conflict

How should organizations address this dichotomy between physician manager and leader? The following strategies can serve as a guide:

1. Recognize and understand the differences between management and leadership. Create an environment where the discussion of the differences in these types of positions is open and transparent.
2. Ensure the job description is detailed enough to provide a firm understanding of the role and nature of the position.
3. Create different developmental course offerings for both management and leadership functions.
4. When selecting physicians for these roles, assess separately for management and leadership competencies.
5. Understand that usually in smaller organizations or in areas with smaller spans of control, the duties of leadership and management overlap more than they do in larger ones. Physicians selected for these roles must be adept at both management and leadership.

Organizations that provide management/leadership role clarity to physician managers and leaders will be better prepared to address the important issues of steering the healthcare ship through the tumultuous changes ahead. ▲

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