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## Selecting Physician Leaders

*Organizations should develop formal role descriptions for physician leaders.*

One day, Elaine Bonvaleurs, MD, a well-regarded family medicine physician at Central Health System, told the system CEO that she was interested in considering leadership roles in the medical group. Only a month earlier, William Mauvaise, MD, a high-volume surgeon with Central Health, had told the CEO the same thing. Moreover, several other physicians had suggested Mauvaise as an excellent candidate to take over the medical group leadership.

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A brief review of the background of the two physicians would show Bonvaleurs was a younger family practitioner—highly respected as a clinician but with limited leadership experience. She was a good listener, she got along well with others, she was very interested in the coming changes in healthcare, and she was popular with her patients and an optimistic person.

Mauvaise was an older but very busy surgeon who was a one-time shareholder in an ambulatory surgical center that competed with Central Health. Strong-willed, articulate and forceful, he was a former medical staff president and had an agenda for change; he believed the medical group was too dominated by the health system. Additionally, he was negative about the current changes resulting from healthcare reform.

Central Health is evaluating the creation of a dyad leadership model for its medical group. Leaders for the health system also have decided to create a physician leadership development academy. Which of these two physicians would be the better candidate for the dyad appointment and for going through the academy?

Although the physicians and health system mentioned above are fictitious, the particulars are quite real and illustrate the need to carefully evaluate prospective physician leaders.

### Organizations Should Grow Their Own Physician Leaders

The demand for physician leaders has gone through the roof, with clinical integration, physician engagement, population health and pay for value the primary drivers. Yet, it is well-known

that the demand for physician leaders far outstrips the supply. Moreover, recruiting physician leaders from outside an organization carries high risks. Addressing this dilemma is clear-cut: Organizations should grow their own physician leaders organically. Furthermore, it's important for senior leaders to understand that many physicians who choose not to leave clinical practice can add great value to the organization by performing as leaders from their clinical positions. Organizations today are faced with the need to enlist many more physicians in leadership roles, but often these physicians will choose to remain practicing clinicians. The essential question is: How can an organization best identify physicians who should be tapped as potential leaders?

The opening tale of two physicians shows how organizations are challenged by the need to effectively assess and select the right physicians to fill leadership roles and minimize the pressures of politics or economics. Often, favoritism and cronyism become prime factors in determining which physicians to select for leadership roles. Organizations cannot afford to fall prey to this mistake and must take immediate steps to avoid this quandary. Many organizations with formalized high-potential programs for nonclinical leaders have

well-designed assessment and selection processes. However, few have used the approach with physician leaders. High-potential leadership programs provide structured ways to identify individuals who have great promise to become leaders. Those selected for such programs are given developmental opportunities, leadership education, exposure and experiences that help them grow and progress into more highly effective leaders. But those selected begin with some common attributes such as a predisposition toward effective leadership. These same standards can be applied to vetting those physicians best able to assume leadership roles.

### **Begin With a Role Description**

Organizations would be well served to develop formal written guidelines—or a role description—for selecting physicians for leadership positions. Essentially, this means defining “leadership potential” clearly and objectively. The role description (see the box) describes the type of person the organization believes is most suited for future leadership positions. It also serves as a guide for physicians who are thinking about whether they wish to apply for these positions. Using current physician leaders to help develop the role description can lessen the perception that the selection process is administratively controlled. The role description also would have given the CEO in the opening example a more definitive way to respond to the two inquiring physicians.

### **Use Formal Factors to Screen**

A critical part of the role description process is to provide a list of key factors

that will be required as qualifications for physician leaders. These factors should be well thought-out and behavioral in nature and should include competencies that are hallmarks of strong leaders. Essentially, they are the natural proclivities or qualities that individuals have that push them into leadership roles in the first place. The following characteristics are essential when selecting physicians for leadership roles; all prospects should be measured against them.

***Widely trusted and admired.*** These types of individuals are in touch with their values and beliefs, and others know where they stand with them. These individuals have a remarkable consistency about their behavior and are warm and trustworthy. They keep confidences, and others seek them out for counsel. They relate well to all kinds of people and have an extraordinary rapport with individuals inside and outside of the organization. They are poised, diplomatic and self-assured without being arrogant.

## Abbreviated Role Description for Physician Leaders

Physicians who serve in leadership roles at Central Health are individuals who understand the following:

- Any leadership role is one of service—and service is core to the mission and vision of Central Health.
- Leadership is not taking one side over another, nor is it a duty to be an advocate for physicians or the administration.
- Placing patient safety and quality at the core of all we do is our ultimate guide.
- Physicians, nurses, allied health professionals as well as quality, financial and legal associates work together as a collaborative team to enhance quality and safety, manage costs, break down silos and make sounder decisions.

Central Health seeks physicians in leadership roles who:

- Have a higher clinical, service and ethical calling to lead
- Will think and act broadly and strategically
- Bring out the best in others and encourage them to work collaboratively
- Recognize problems and realize that it usually takes a team of individuals to solve most of them
- Are positively persuasive and can be convincing without needing to “issue orders” in a dominant manner
- Respect multiple perspectives, approaches and styles
- Have high integrity, are fair and are not mean-spirited
- Communicate effectively and in an engaging manner with clarity and succinctness
- Are seen by others as natural leaders
- Are not feedback resistant but instead welcome and accept critique of their points of view
- Are willing to learn new leadership skills and competencies

***Desire to lead—for the right reasons.*** High-potential physician leaders should have the motivation to be leaders; they should feel a clinical, service and ethical calling to lead. The decision to move into a leadership role should not be based on a desire to gain privilege, stature, rank or personal glory. Instead, ideal candidates for leadership want to improve quality, be part of decision-making processes and make the organization better as a whole. They should be willing to pursue leadership development activities to better understand how to lead and to develop leadership competencies.

***Serve as a convener.*** These physicians have the ability to unite

others to work on shared goals and to bring out the best in others. Their interpersonal skills are solid, and they possess high emotional intelligence. They appreciate the strengths of others, are able to engage them and, when appropriate, recognize and give praise. Most important, they are connectors; that is, they bring disparate people together.

***Big-picture oriented.*** Physicians who have the natural ability to think past themselves, to see the big picture, to think conceptually and to understand how systems fit together make excellent leadership prospects. These physicians are expansive thinkers and always consider the impact of

decisions on individual patients; however, they understand and appreciate patient care in multiple settings (e.g., acute care, ambulatory, home care). They are not always advocating for their own specialty.

***Collaborative and open to feedback.*** Physicians who are good listeners and respectful of the viewpoints of others tend to make better leaders. This requires a measure of humility but also an ability to draw out the ideas and concerns of others in meetings. These individuals speak candidly, share information and listen intently to the opinions and positions of others. They are quick to read tense situations and can find common ground.

**Willingness to learn.** High-potential physician leaders recognize that leadership is a new venture for them, and they are hungry to learn leadership skills. They are individuals who profit from their mistakes and have keen learning agility. They tend to have a wide range of interests, are well-read and intellectually curious and have the ability to see things from multiple perspectives.

Ambiguity is not frustrating; they are able to bring understanding to complex issues. Finally, they are “coachable”—anxious to receive performance feedback and welcoming of constructive criticism.

**Energizing and galvanizing spirit.** Physicians known for inspiring others

to higher levels of performance are perfect high-potential leaders. Not only do these individuals have an exceptional personal work ethic, but they also get others enthused about joining them. Simply put, they are inspirational and their energy and spirit is contagious. Others want to be around them and “up their game” to try to achieve more than they thought possible.

### **Prepare Your Physician Leaders**

These factors are more than platitudes; they can be described behaviorally and form the foundation of what all exceptional leadership is about. They provide criteria that are more objective than the traditional reasons for selecting physician leaders. Organizations that start with these basic principles

can build upon them to ensure they gain greater numbers of physicians enlisted in the army to shape change in the coming healthcare revolution. And doctors Bonvaleurs and Mauvaise? Perhaps both can be successful graduates of Central Health’s physician leadership program. ▲

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