



Carson F. Dye, FACHE



Marci Moore-Connelley,
MD

Where Are We Today?

The healthcare field is still determining how to move physicians to leadership roles.

The healthcare field's interest in increasing physician leadership continues to grow exponentially every year. Given the intensified focus on this topic, what is the state of physician leadership today? What are the successes and shortcomings so far in the quest to increase it?

Today's generation of physicians are more willing to get involved in medical staff leadership than their predecessors, and larger numbers of them are available to deploy into leadership roles. Despite there being greater clinician and organizational interest in increasing physician leadership, the healthcare field is still trying to determine the best way to move physicians from front-line clinical jobs to leadership roles.

When speaking with physicians for this article, a few common themes emerged: physician leadership endeavors are continuing to evolve and more clinicians and organizations are

interested in physician leadership than ever before. Increased physician involvement in leadership roles has resulted in greater physician satisfaction and engagement levels and improved quality of patient care. Another positive outcome to emerge is improved engagement with front-line physicians, even when those physicians remain full-time clinicians. Finally, physicians involved in leadership roles indicate they are experiencing less burnout.

Despite the benefits gained from increased physician leadership, key issues remain. Physicians want more knowledge of the environments in which they work and more control over their future. Moreover, younger physicians are seeking more decision-making opportunities.

Organizational Opportunities for Improvement

As organizations step up their physician leadership development

efforts, they should consider implementing the following measures to ensure greater success:

Physicians want more knowledge of the environments in which they work and more control over their future.

Choosing the best clinician leaders. Although the best clinicians usually make the best leaders, do not assume that great clinicians will automatically be great leaders. Instead, establish clear expectations of physician leaders and ensure that mentoring and coaching opportunities are available to develop their leadership skills.

Providing job clarity. Organizations should create a list of duties for physician leaders, taking care to think broadly about the overall goals they want physician leaders to achieve.

The Bottom Line

- Structured and formalized mentoring programs are paramount for successful transitions.
- New physician leaders require substantive and formalized onboarding.
- All clinicians can benefit from physician leadership courses.
- Physician leaders should receive the same experiential exposure as their administrative counterparts.

Setting clear expectations at the beginning and providing ample follow-up on physician leaders' goals and initiatives heightens the chances for their success.

Allowing space to voice frustration. As collaboration between healthcare administrators and physician leaders continues to increase, there are bound to be moments of frustration. Although frustration can go both ways, more often than not, nonclinical executives are hesitant to speak up when they have concerns regarding their clinical counterparts. Healthcare systems should anticipate such occasional moments of tension and provide mechanisms for administration to voice frustrations they may be experiencing with their physician leaders. Doing so may help them approach physician leaders to address issues they are encountering in a constructive manner.

Avoiding assumptions. Sometimes administrators assume physicians already possess leadership skills because of their advanced education and intelligence or surmise that all physicians possess similar traits. You will better serve your organization and equip your physician leaders with the skills they might need by avoiding such sweeping generalizations.

Physician Opportunities for Improvement

Similarly, new physician leaders may want to consider taking some preemptive steps to ensure a smoother transition into their new roles:

Asking questions. It is entirely plausible for new physician leaders

not to fully comprehend all that their new roles entail. For example, there may be confusion about what being an "advocate for physicians" really means. Furthermore, as leaders, physicians must work with teams and rely more upon influence than authority, which contradicts their prior roles as clinicians when they often were the sole authority in charge of their patients' care. Although it is the responsibility of the hospital or healthcare organization to communicate a physician leader's role, if something is not clear, ask for clarification.

Increased physician involvement in leadership roles has resulted in greater physician satisfaction and engagement levels and improved quality of patient care.

Anticipating the need to attain additional skills. As physicians transition from being in a position of final authority to being one of many leaders, they may discover the need to develop key skills required of executives, including the ability to hold crucial conversations, manage budgets and finance, and shape strategy.

Cultivating system awareness. Healthcare organizations are complex and often beset with ambiguity. Be prepared to navigate the bureaucracy of health systems—a key skill needed by physician leaders that usually is not part of a clinician's medical school training.

Embracing collaboration. In the field of healthcare management, there can be the perception of a divide between administration and clinicians. Rather than reinforcing this "we/they" phenomenon when working with management, physician leaders should focus on fostering a sense of collaboration with management so that everyone feels that they are all in this together.

What Organizations Should Provide

Organizations that want to develop a cadre of physician leaders should consider providing the following programs and support for that effort:

Mentoring. Although some leadership attributes and competencies may be innate to physicians, much of the organizational management and leadership functions required do not come naturally to them. Structured and formalized mentoring programs, usually led by physicians who have already begun the physician leader journey, are paramount for successful transitions.

Feedback. Most physicians enter leadership roles at an older age than their nonclinical counterparts. As such, they often do not receive the feedback they otherwise might have at a younger age. Despite the higher maturity level that is typical of new physician leaders, it is important that they receive specific feedback on managing interpersonal relationships, navigating conflicts and working with teams.

Onboarding. New physician leaders require substantive and formalized onboarding that provides ongoing opportunities for feedback and

clarification of roles and expectations. Some organizations do not have well-developed job descriptions for their physician leaders, and many of the expectations do not lend themselves to quantifiable standards.

The onboarding process should clarify and refine any ambiguities in the physician leader's role.

Leadership development classes.

Lifelong learning is vital to career success, even for clinicians who have no interest in moving into paid physician leadership positions.

Educational opportunities are available in a variety of formats, including webinars, online seminars and in-person programming, or perhaps your organization provides in-house learning.

Experiential exposure. Although most physician leaders sit at higher levels in their organization, it is important they be exposed to the same experiences their administrative counterparts often had at earlier ages and career levels.

As long as developing physician leaders and increasing physician engagement continue to be top priorities for healthcare organizations, it will remain important that the processes and approaches used to support this effort be given careful consideration. ▲

Carson F. Dye, FACHE, is president/CEO, Exceptional Leadership LLC, Toledo, Ohio (carson.dye@gmail.com), and Marci Moore-Connelley, MD, is CMO, Southern Illinois Healthcare, Carbondale, Ill. (marci.moore-connelley@sih.net).