PREPARING PHYSICIANS FOR LEADERSHIP POSITIONS IN ACADEMIC MEDICINE

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In this article...

Learn what it takes to create physician leaders in academic medicine and examine one university's in-house program.

THE ECONOMIC TREMORS THAT HAVE SHAKEN health care systems have persuaded all stakeholders to consider the importance of visionary health care executives and physician leaders who can provide the most coordinated, cost-effective and optimal quality of care to our patients.

Although the clinical and technical skills are generic in most physicians, new competencies are now needed. The demand for physician leaders will continue to increase dramatically as it becomes more evident that health care systems need people with clinical backgrounds who are trained to think strategically, manage change and execute their vision of the future.

In a recent survey, 73 percent of hospitals acknowledged that less than 10 percent of physicians occupied leadership positions within their institutions.[1] Perhaps a sentinel reason for a dearth of enough physicians on hospital boards and senior leadership positions has been the lack of trust in the ability of the successful clinician usually appointed to lead in a complicated environment.

Emotional intelligence, teamwork and collaboration are seen as lacking in physicians who are seen as highly autonomous individualistic people. The skill set for success now certainly demands more than clinical or even technical skills such as finance alone.

Although developing physician leaders is important for all health systems, medical professional societies and physician groups, academic medical centers (AMCs) face even more challenges and a future that is as uncertain and a threat to their integrity as it has ever been.[2]

Peter Drucker, management consultant and writer famously stated "Management is doing things right and leadership is doing the right things." What are these "right" things? Do we not have the right physicians leading academic medical centers? What skills do AMCs need in their physician leaders to be successful and how do these institutions go about teaching these skills?

Not long ago, administration and management were looked upon with disapproval as part of a career path for academic clinicians and researchers.[3, 4] Although this viewpoint may be ebbing, young to mid-level faculty sometimes still are warned about management and leadership positions being an impediment to academic promotion.

Traditionally, mid-career or senior physicians were gradually eased into part-time administrative academic roles and concentrated on patient care, teaching and or research for academic advancement.

Although younger physicians now see an opportunity to advance in administrative and leadership roles, promotion and tenure (P&T) criteria in many institutions do not set any rewards for such work.[5] Promotion and tenure criteria must include leadership accomplishments as a track in addition to clinical, teaching and research tracks.

Many academic physicians assume leadership is about titles (dean, vice president, director) when the truth is that people with these titles cannot accomplish much unless academic physicians on the front lines of clinical care, research and teaching assume meaningful informal leadership roles.

Creating a strong culture and building teams are a couple of things a chief executive officer/dean or an AMC leader cannot delegate to others.

Any program that is focused on just developing a few managers and leaders for the top rungs of academic medicine will not have the pervasive impact that is necessary to bring about substantial and fast-moving change.

CRITICAL MASS NEEDED — It is true that a critical mass of trained leaders is needed, and part of the strategy must be about disseminating leadership principles common to most if not all physicians interested in leading small teams, sub-units, divisions and groups.

In order to face these formidable challenges, faculties need to feel energized and confident in their cause and in their leaders. However, a recent survey of more than 2,000 faculty members indicated that a quarter lack vitality, which measured a sense of belonging, positive professional relationships and other factors.[6] When authenticity and trust are perceived as missing in leaders, there is a serious obstacle to fulfilling the mission of AMCs. When faculty finds these factors lacking in their colleagues, it is a sign of leadership failing to promote the values necessary.

Creating a strong culture and building teams are the couple of things a chief executive officer/dean or an AMC leader cannot delegate to others. In some institutions, it is possible that the top leadership is well-trained to lead but lacks sufficient critical mass of leaders in important units within the senior ranks. A program that acts as a feeder system and offers a ready supply of successors ready to take positions from retiring or resigning leaders is needed.

A graduate degree such as a master's in business administration is not a necessity and experience over time managing a large enough budget, for instance, may provide the physician enough hands-on capability to be successful.[7] However, formal training does provide sound understanding of principles and credibility with administrative personnel, board members and other physicians.

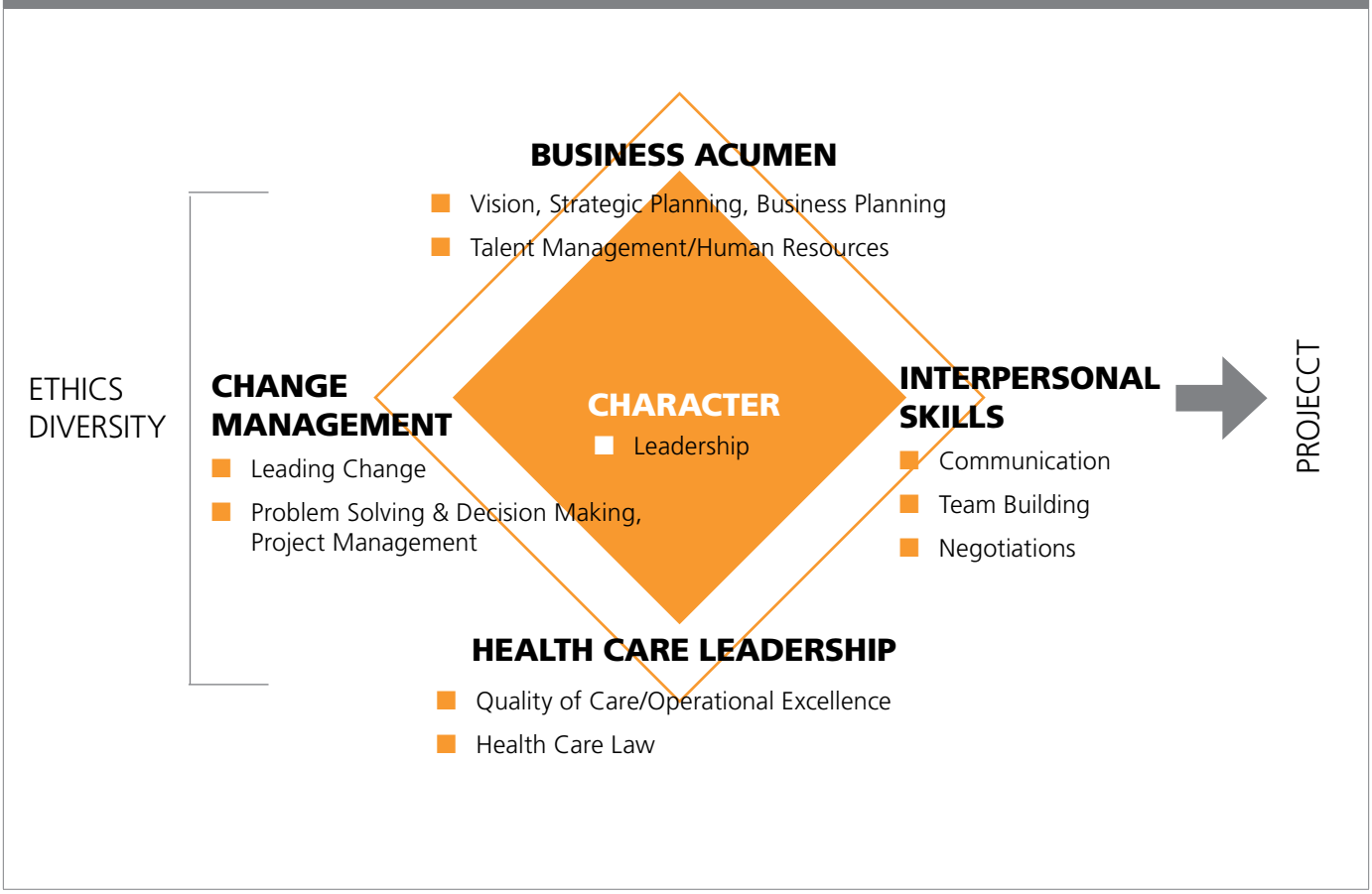
The interest in acquiring further knowledge by physicians has been increasing over the past decade. A 2009 report found that of 6,500 hospitals in the United States, only 235 were led by physicians.[8] In 1993, for instance, there were six MD/MBA programs in the United States; in 2003, there were 39 dual-degree programs and in 2012 500 dual-degree physicians graduated from 54 programs.[9] In 2012, there were 64. [10]

Curricula for MBA and leadership programs are different and further self-education or certification in a formal leadership program may be required for physicians wanting to assume some leadership roles.[10] Formal graduate programs represent a substantial time commitment, which may not be feasible in the current climate where clinical productivity is prized by AMCs.

There are other less intensive options available. Since 1997, the Certifying Commission in Medical Management of the American Association for Physician Leadership® has awarded

FIGURE 1

THE FACULTY LEADERSHIP INSTITUTE CURRICULUM



the CPE (certified physician executive) to 2,200 physicians.[11] In the past two years, there has been a 30 percent growth each year in physicians applying for CPE and half of applicants already have an advanced degree such as an MBA or MPH. Some leadership training is offered through other associations, as well.

Preparing young academic physicians for leadership roles is a necessity to promote the interests of the patient, the community and the future of a vibrant academic medicine. Education in the principles of leadership and health policy must start in medical school and continue throughout the academic careers of those physicians interested in serving in roles as leaders.

An alternative to leadership programs associated with professional medical societies or organizations, there are several intramural programs developed independently and customized for their medical staff.[12]

TEACHING FACULTY — The Faculty Leadership Institute, a signature program within FAME (Faculty Advancement, Mentoring and Engagement) at Wexner Medical Center at Ohio State University admitted its first class of 30, both clinicians and researchers from Wexner as well as others in the spring of 2013. Cohorts continued in 2015.

Every cohort gives us a chance to learn from participating faculty about how we can better serve their needs and assist them in leading their teams, divisions and departments into the future.

The core curriculum consists of providing education in areas of leadership principles, business acumen (vision, strategy, business planning, financial accounting and human resources, communication, team-building and negotiations), health care leadership (health care law, patient safety and quality) and change management (dealing with change, problem-solving, decision-making and project management). (See Figure 1)

The final session is devoted to presentation of capstone projects selected by teams and completed over a three-month period. Teams are expected to use the knowledge they have gained from several modules in their final case study.

Does having a physician leader impact performance? There is little empirical evidence. A cross-sectional study tracked personal histories of 300 chief executive officers of the top 100 hospitals in 2009 ranked high in cancer, digestive diseases and cardiovascular disease. [13]

Although the evidence did not indicate that these physician leaders outperformed the professional administrators, there was solid linkage between the ranked quality of the hospital and a physician CEO (p< .001).

A McKinsey study in the London School of Economics based on interviews with managers and department heads in the United Kingdom National Health Service reported that hospitals with the most clinician involvement in management affairs performed 50 percent higher on indicators of performance, such as effectiveness of overall management, performance management and leadership contrasted with hospitals with little clinical leadership.[14]

An Advisory Board Company survey suggests that many hospitals have not prepared the ground for physician leaders. When physician leaders were recruited, 59 percent of the hospitals surveyed did not clearly define roles, responsibilities and performance objectives for them, and 78 percent did not evaluate their performance against established goals.[7]

Leadership is more than accumulating a host of knowledge related to perceived needs of the academic institution. There also is no one perfect style of leadership or leader personality that is best suited to be a successful academic leader.

It is hard for academic physician leaders to resist the temptation to look at those in the chain of command as working for them rather than working with them. This attitude is inherited and in the genetic code of academic institutions. It's difficult to erase.

Rank-and-file physicians will not trust or follow unless they are convinced that the leader truly cares about them and is open to listening. A culture of fear and intimidation creates a toxic environment that leads to loss of innovation, fear of failure and insipid managers.

Leading change is difficult. First, leaders must look inward and convince themselves that change is needed, create opportunities for those following, cultivate relationships and motivate others, deal with obstacles and then be ready for the change to become second nature to the organization.

Rather than being continually frustrated by the inability to attempt change, achieving an academic leadership position after appropriate training may lead to a more fulfilling career and opportunity to effect change at a much greater scale.[15]

An important but often overlooked benefit of physician leadership training is the camaraderie and teamwork that participants in leadership programs experience throughout the year. Friendships made across departments and institutions will last for decades and facilitate working across silos and artificial boundaries to solve everyday problems experienced by those who expect their leaders to solve problems and not preserve the status quo.

At the finish line, participants are reminded that any leadership program is simply a spark meant to light the fire for more knowledge and desire to lead with purpose and vision. As in many educational endeavors, most learning will come after participants complete these programs.

It will be up to individuals to seek out their mentors, coaches and their ideal leaders to build on the foundation that is laid for them. It will be their struggle to achieve and succeed in managing the change around us, leading their teams, becoming revitalized and continuing to remain true to their original desire to lead people and do the "right" things.

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