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# Developing Physicians to Become Organizational Leaders – A Holistic Approach

By Bob Clarke and Joe Mazzenga



The healthcare environment has experienced continuous and tumultuous change for a number of years. There is no question that change is the one constant that can be expected for the foreseeable future. What is required during times of upheaval is leadership. Leaders provide hope. It is at such a time as this that physician leadership is especially vital.

The divide between the administration and the physicians at a healthcare organization used to create a sense of wariness between “the ‘suits’ and the ‘scrubs,’ ” as one Chief Medical Officer described it to us. Developing physician leaders is proving to be one avenue to minimize the mistrust, but more work needs to be done.

As healthcare organizations have acquired medical groups at an increasing pace over the past decade, physicians have told us they have been feeling like they have less of a voice in how healthcare is delivered. And, increasingly, having to adapt their work to the needs of electronic medical records has given them less time with their patients, they say. As the move to value-based care helped providers and insurers alike see the untapped potential in having physicians step up to guide the entire enterprise, physicians also see the possibilities of rewiring their organizations to make “patient-centered care” more than just a slogan.

Yet the phrase “physician leadership development” doesn’t appropriately describe what needs to happen as doctors take on executive roles. Leadership development is not something that is done *to* physicians to enable them to fit into the organization and embrace the executive mold created for those who would lead the company. The organization itself must be renovated to adapt to the new leadership required of a new era.

Thankfully, in our work helping physicians realize their potential as corporate leaders, we are seeing a greater eagerness among them to take on new responsibilities. We see a recognition that the skills they learned in leading a small group of nurses and office staff in their practice are not sufficient to enable them to manage a \$100 million budget. The goal of leadership development is to make this journey less jarring for all concerned.

Let’s begin with the organization’s role in developing physicians as leaders. It is not uncommon for physicians to be thrust into leadership roles (even as a leader of other physicians) with little or no training. “They’re smart,” the thinking goes. “They’ll figure it out.” But a sink-or-swim mentality is not fair to the physician or the organization. For instance, after a board meeting, we’ll sometimes hear a comment like this from other executives in relation to a physician who participated: “Don’t worry about Dr. Smith. He doesn’t understand financials.”

Let’s unpack that for a moment. There are at least two organizational problems with a mindset that Dr. Smith isn’t skilled at comprehending finances.

On the company side, it's harmful to the organization to have someone involved in the decision-making process who doesn't understand the financial picture. On the physician side, why hasn't the organization given Dr. Smith guidance and training in grasping finances so he can then use his clinical experience to perhaps arrive at suggestions or solutions that no one else in the room may have thought of?

Yet this must be balanced by changes that physicians must make if they are to be taken seriously as executives. One physician who has successfully made the transition told us that his breakthrough came when he learned not to play the "doctor card" and simply be known as one of the team.

In practical terms, we have to change what is expected of physician leaders. Their schedules and duties must be changed – organizations need to free them up from clinical duties so they're not constantly interrupted when the leadership teams meet. When we attend board meetings, we often see physicians get up and leave the room two or three times when their pagers go off. Teams insist the CFO and the COO be free from distraction during such consequential gatherings – why do we not allow physician leaders this latitude?

Similarly, physicians must learn to see themselves as part of the team and understand they don't have to have all the answers. The most successful physician executives we have encountered realize this. They know true leadership is about building teams who create an empathetic and collaborative culture.

How you interact with teams, how you implement a team's knowledge, how you read others' personalities, learn to trust others, and work through a decision-making process – these are the nuts and bolts of leadership.

One of the most important fallacies around physician leadership development is that it can somehow happen in a vacuum, like a couple hours in a classroom surrounded by others wearing lab coats and stethoscopes. If you are not also training the people who surround these physician leaders, your work is incomplete.

As it should for all leaders, an organization must develop a plan for a physician leader to ensure that he/she is continuously growing. This includes ensuring that leadership in general and physician leaders in particular are not operating in silos. They must be partnered with other executives in the organization to better understand other components of the institution. Similar to making rounds, leaders should be exposed to operational planning, budgeting, strategic planning, facilities management, and more. The goal is for the leader to have a more holistic understanding of what is needed to lead the enterprise.

We need physician leaders more than ever, and we have a limited amount of time to do it right. Strong physician leaders can create a ripple effect that can improve millions of lives. Isn't that, ultimately, what healthcare is all about?



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