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Understanding the developmental needs of aspiring physician leaders

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"I no longer felt like my contributions mattered"
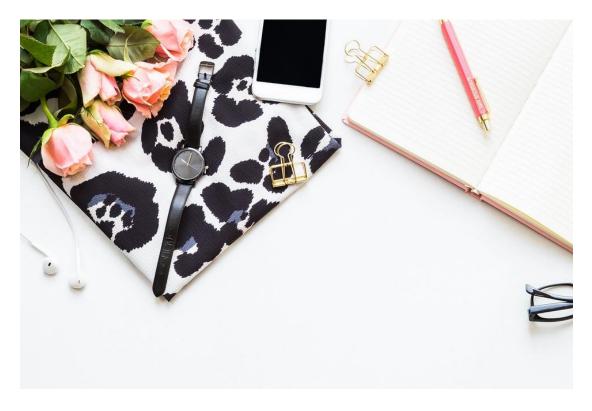-Ron, MD Neurosurgeon

INTRODUCTION

In 2016 I had the opportunity to interview 16 physician leaders to better understand their leadership development needs. These were individual conversations that were intense, intimate, and raw; for some, it might have been their first real experience in vulnerability.

Turns out the physicians are people too

What do I mean by this statement? There are quite a few assumptions and allusivity that surround physicians. These assumptions have assigned hardships and restrictions, which hinder their development needs. They are often placed on a pedestal within healthcare, assuming that because they have a medical degree, they're somehow immune to the complexity of development. This white paper examines results of the research with physicians as they navigated the difficulty of adult learning amidst the opacity of leadership and the business of healthcare. Research with this group of physicians indicated strongly that their development needs are no different than anyone else's. In fact, as leadership is a relationship-based activity, it's possible that physicians may need even more time to develop these skills than their business counterparts.

Physicians should be afforded the same developmental opportunities

This research was borne from my desire to serve both aspiring physician leaders with a better developmental experience and to be an effective steward of healthcare dollars. My research partner, Larry Schecter, MD – clinician turned leader and leadership coach, provided thoughtful guidance helping me better understand the challenges of medical school, residency, and practice. The white paper is intended for HR or OD professionals seeking to understand the needs of any aspiring leader.

PRODUCT/SERVICE/METHODOLOGY

For several years, I designed, curated, and managed Physician Leadership Development for a large, multi-state healthcare system of 75,000 employees. It was the vision of the then CEO, a physician turned leader, to return healthcare operations to the hands, heads, and hearts of physicians. Reflecting on his own, sometimes painful, developmental journey, he recognized that the work of leadership was not taught in medical school and is a missing piece within the healthcare structure.

This research project began with the intent to understand what aspiring physician leaders really do need in order to fully develop into leaders. As it relates to physicians, there are quite a few assumptions about them, which unfortunately has placed painful and frustrating limitations on their development path. Researchers Lord and Schecter used a qualitative, interview approach to understand some of the challenges facing aspiring physician leaders.

We recruited 16 physicians who had made the transition from clinician to executive leader. Through hours of intense conversations, laden with emotion, they shared the stress, frustration, and even trauma of making this transition. They experienced the loss of long-time collegial friendships, suffered through the humiliation of having their opinions questioned, and their struggle through the gap between leadership theory vs. practice.

The best part of any scientific investigation is in its ability to be generalizable. While this research assessed the developmental needs of aspiring physician leaders, the results demonstrate the needs for any member of an organization are the same. People need time, great mentors, and a plan.

KEY FINDINGS: ASSUMPTIONS & ALLUSIVITY HINDER DEVELOPMENT

Key finding #1

"The job description was vague, there was no prioritization, and people are reluctant to give physicians feedback" Andrew, MD Physiatrist & CMO

The role of CMO

Within the context of the sample, no real standard existed for the role of CMO. Five of the 16 participants indicated this lack of CMO role structure was a developmental limitation.[1]

Role stress, ambiguity, all with a sense of increasing visibility and a recurring theme of feeling *unsupported* was an important finding.   Role stress is a significant indicator of turnover and lack of engagement. The more challenging part among physicians however was a lack of understanding of the role in the context of the executive team. As reported by participants, many of their executive counterparts saw the role of physician as unnecessary.

"There was no preparation for understanding the strategy. The [admin team} may not even know what the job is. The senior leadership team assumes that the CMO knows, so they keep the doc in the box. As such, I lacked the sense of adequacy that I felt naturally in clinical practice"
Sam, MD Internal Medicine & CMO

"They [the executive team] was making decisions, and my experience was not even considered! The sense from administration is that you're just a bunch of prima-donna doctors."
Tim, MD Family Medicine & CMO

The role of CMO, critical for patient care and patient-centered strategy, is an important seat at the executive table. For physician leaders, the lack of understanding among the executive team is inexcusable and an irresponsible use of healthcare dollars. For physicians, and any aspiring leader, role clarity aligned with the mission and strategy is essential for an executive team. While this was not the most significant finding of the research, it demonstrates that the overall purpose of this white paper: assumptions and allusivity hinder development and is not limited to just physicians.

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1.   It should be noted however that this research was conducted in 2016 with a limited sample. That said, it could be possible that the role has become more standards within healthcare.

Key finding #2

"Even once I took this role, there was no focus on development. There was a long learning curve, it was mostly on the job training…being thrown into situations that you were not trained for" Mark, MD Critical Care & CMO

It's a lonely role

It's a lonely role, was one of the more compelling themes among participants. Role stress, ambiguity, all with a sense of increasing visibility and a recurring theme of feeling *unsupported* was a significant finding.

Many aspiring physician leaders have been pre-maturely promoted into stressful positions, left to navigate uncertainty and complexity alone. Their expertise is questioned in relation to their new role, all while learning the language of business. Worse, an assumption that because they are physicians, this work will somehow come easily to them. This is woefully incorrect. It places even more stress on them, as they navigate leadership theory with reality. Many physician-cum-leaders indicate that the executive seat is a lonely role. Others expressed regret in leaving the clinician role behind, stating that they never really felt like they fit into the business seat.

"It's a lonely role, [you're] not fully accepted by either physician or administrator."
Mark, MD Critical Care & CMO

"Once you give up clinical practice, the residents wouldn't even talk to you – they look away and don't even acknowledge you." Tim, MD Family Medicine & CMO

Its lonely at the top, is a universal statement among many as they ascend into leadership roles. It should not be surprising that physicians experience something similar. The challenge for them, however, is the compelling loss from one group compounded by a lack of acceptance within another. Generally, business leaders may not experience the same degree of loss as they remain part of a broader community. For physicians however, the loss is rooted in professional identity, and they did not feel a sense of acceptance into another community.

The key lesson is the need to provide support to all aspiring leaders on how to successfully transition between roles. While business leaders may need this support earlier in their career, physicians may require this degree of support later regardless of their tenure and experience.

Key Finding #3

"Even once I took on a leadership role, there was no focus on development. I was kind of dumped into the role, this could be considered traumatic"

Jason, MD Internal Medicine & CEO

The real missing piece: time

Developmental time, a luxury afforded to few, was a repeated expression with 60 occurrences and 97 specific references from 100% of the physician sample.

Physicians spent years honing their skills; many began as early as high school. Time was the very thing that made them great clinicians. As it relates to physicians, one of the biggest assumptions was that the nature of their IQ makes them impervious to adult learning needs. Over the years in my role in developing physicians, I frequently heard, "they're physicians, they'll be able to figure it out," They don't need to have their hand held," "you'll insult them," and, so much more.

Like anyone moving into a new role, one of the most important elements is the need to develop skills over time. Trauma-based learning is not effective. Loneliness, a lack of support, a feeling that they've given up something, an expectation that they should "know" how to be a leader by virtue of being a physician is simply cruel. It's cruel to the individual and operationally ineffective.

"Suddenly I am interacting with these people in a completely different way. You have to learn pretty fast, you don't get 20 years to learn it. I had 25 years of a gradual learning curve, I didn't have 25 years of innate subtleties of what to do or not to do." Ron, MD Neurosurgeon & CMO

"its time and breadth of exposure – on the job training – the ability to apply things in different situations and using the same techniques to think differently." Douglas, MD Immunologist & CMO

Leadership development requires time. Sadly, time is an often-overlooked factor in development overall. In my experience, most organizations want a factory-style development approach.   For physicians however, time may be more important than ever as they need time to unlearn some behavior and learn a completely new set of skills:

- leadership comportment,
- new language,
- different competencies,
- a new role, and
- navigating new relationships.

To expect physicians or anyone for that matter, to just know how to lead, especially through the tremendous complexity of healthcare, is a very unjust burden to place on the shoulders of physicians – or any aspiring leader.

Key Finding #4

"you read about the leadership models of behavior, but when it's not in practice, it's difficult to develop. You understand the concepts, but the experience is the exact opposite." Tim, MD Family Medicine & CMO

Mentoring is the key to success

100% of physician participants indicated that a peer mentor, role model, or coach was key to their success.

Participants who had access to such resources were better able to navigate the complexities of the executive table and leadership conduct. Many expressed that they were left to figure it out on their own. Still others indicated that they paid out-of-pocket for a personal leadership coach. A non-supportive environment has been highly correlated with role stress and burn out that occurs with inadequate development.

Consider the differences in competencies between physicians and traditional business-leaders:

The previous finding referenced the need for time, perhaps even more time to develop than their business counterparts could be in the varying competencies between business- and physician-leaders.

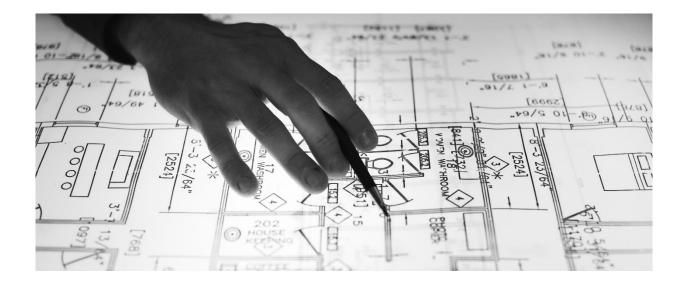| Physicians	Organizational leaders
Autonomous decision makers	Collaborative decision makers
Reactive problem solvers	Proactive problem solvers
Focus on detail	Focus on the system
Analytical – linear thinkers	Creative – intuitive thinkers'
Little tolerance for ambiguity	High tolerance for ambiguity
Patient - centered	Organization/strategic - centered

Mentors, coaches, or even strong role-models narrow the uncertainty of developing new competencies. The autonomy competency is well-honed in medical school and residency,

"its all about getting to the next rung on the ladder, which will get you into the right residency program. Shifting to a team based approach meant that someone else might have gotten the spot. As such, medical students had less propensity to work collaboratively" Ron, MD Neurosurgeon & CMO

After years of practice, it can be easy to see how learning new behavior can be a challenge.

"if the leadership team is not willing to be patient with you and soften the rough edges it could be quite different. You really need to be emotionally aware and dial it down." Ron, MD Neurosurgeon & CMO

We all have learning needs that are supported by our motivators or hindered by our concerns. Mentors or coaches provide the behavior intended to be modeled. It is key to the success of any aspiring leader who seeks to develop leadership competencies. Physician leaders are often socialized in an environment where leadership attributes are not widely modeled, therefore, the need for additional support (time, courses, mentoring, etc.), is even more critical for their development.

Visual Data

Participant demographics:

Gender	Male	15
	Female	1
Age	40-49	5
	50- 59	5
	60+	6
Medical degree	MD	16
Specialty	Anesthesia	1
	Critical care	1
	Emergency medicine	3
	Family medicine	1
	Immunology	1
	Infections disease	1
	Internal medicine	5
	Neuro-surgeon	1
	Physical medicine/physiatry	1
Years in clinical practice	1- 9	1
(in years)	10-19	4
	20-29	9
	30+	1
Years in leadership positions, i.e., Chief	1- 9	7
of Staff, Medical Director.	10-19	4
(in years)	20-29	4
Current leadership position	CMO	14
	CEO	2
Years in current leadership position	< 1year	1
(in years)	1-5	9
	6-10	4
	11+	1
Leadership or team opportunities in	Yes	2
medical school or residency	No	14

Conclusion

A lack of developed physician-leaders is both ineffective and an irresponsible use of limited healthcare dollars. As it relates to the overall findings in this research, is tantamount to an epic failure in the understanding of leadership development overall. In no situation ever would an organization place a novice leader in an executive role. Yet, there seems to be an assumption that somehow physicians will just immediately acquire the necessary leadership knowledge, skills, and abilities to effectively transition. Due to the nature of medical school and residency, physicians learn how to become clinicians over time. They must be afforded the same time to unlearn physician behaviors and learn a new set of skills.

Key Takeaways
- Eliminate assumptions that limit aspiring leaders' ability to fully develop,
- As it relates specifically to physicians, ensure the role of CMO is clear, the executive team understands the role, and there are direct strategic links to the work,
- Provide emotional support as they transition from clinician to leader,
- Provide time to develop new skills. Best-practice is two-years,
- Ensure aspiring leaders have access to mentors, coaches, and great role models.

Despite the exclusivity that surrounds physicians, their developmental needs are no different than anyone else's. In fact, they may require even more developmental opportunities than their business counterparts. Given that physicians spent years honing their skills, means that they need time to sharpen new, different skills than what made them successful as physicians. In addition, the research has demonstrated that they have a vastly different set of competencies.   Provide them with the time, mentoring, and support they need to become successful leaders.

Be sure to check out our White Paper library at Archetype Learning Solutions.   You can also find a copy of this research "Understanding the development needs and practices of aspiring Physician leaders" on our website.   The research goes into great detail about the overall physician-clinician development path, outlining the psychological complexity of how they become physicians.