

**Title:** Getting started as a Physician Executive.

**Source:** Physician Executive, Jan/Feb2000, Vol. 26 Issue 1, p76, 2p

**Author(s):** Lyons, Mary Frances

**Abstract:** Focuses on strategies recommended for physician executives to develop their careers. Recognition of the skills that contribute to and determine personal success; Suggestions to practice leadership; Importance to exercise clarity when making strategic moves.

---

**Section: Career Rx**

## **GETTING STARTED AS A PHYSICIAN EXECUTIVE**

Many Career Rx columns are written for physician executives already in the trenches, perhaps even midway through an executive career and looking ahead. This time, the focus is on career beginnings. (If you're a senior person, you might pass this on to a junior colleague.) All physician executives start down their track as a result of some experience, whether they sought it out or it simply came their way. However it happens, physician executives discover that they have developed a new set of skills complementary to their clinical capabilities.

I was asked a question recently after a presentation on effective executive leadership skills. (These include: effective communication that emphasizes listening; the ability to promote and manage change; strategic thinking/vision; a systems approach; innovation; the ability to inspire trust; thought leadership; coalition-building skills; and decisiveness.) I was making the point that physician executives can readily master the important technical areas they must handle, since these are not as tough or complex as the learning mastered in medical school and training.

In clinical practice, technical skills often outweigh interpersonal and leadership skills as success factors--you can be a great doctor and a so-so person. But the reverse seems to be true in the physician executive role; it is precisely the intangible leadership skills that contribute to and determine potential success. And they can be tough to master, especially when you focus on them for the first time, partway through an already-successful career.

### **Earning your CEEs**

The young physician's question was: "How do I go about learning intangible skills?" I wasn't ready then with a concise answer, but I have reflected on it and have a few thoughts to share. Keep in mind a key point: Practicing leadership is like practicing medicine. It's all "the real thing." It's not just a matter of learning some new things--if it

were only that, physicians are known to be excellent learners. We love to learn and we're good at it. Nor is it just a matter of determination or application--this is not a battle that sweat and effort alone can win.

And while I could point to a number of workshops, conferences, and even master's programs that would address these important skills, let's just acknowledge it: you won't learn intangibles in school. Unlike Continuing Medical Education credits (CMEs), no single place can impart the knowledge and expertise necessary to become a superb physician executive. Continuing Executive Education credits (CEEs) are hard to acquire and validate.

### **"Trying on" roles**

Most physicians will want to "try on" the executive role before making strategic moves in that direction. It's an approach that I heartily advocate, with this caution: Be clear about what you want to get out of any project or activity before you jump in. It helps to have goals that can make "trying on" the role both productive and energizing.

In most instances, especially if you are in a hospital setting, you'll have myriad opportunities--committees to join (or chair), medical staffs to elect you to office, and/or physician organizations to run. If you're seeking a management degree, the best "trying on" approach is to tie together developing your technical and interpersonal skills and the formal credentials.

Here are a few suggestions that could help you get more done than you ever dreamed:

- **Task Force.** If an issue comes under scrutiny that does not fall into the typical "by-laws" category, volunteer for the Task Force and give serious thought to taking the lead role. Optimally, you'll find yourself in a trendy area of controversy--such as hospitalists, whether the service should be inaugurated, and who should bear the cost. Use the opportunity to practice listening, build consensus, manage conflict, and construct solutions. Usually an endeavor like this will involve various hospital departments and interface with the medical executive committee, the senior management team, and perhaps even the board of directors. You will come away with a decision, a new set of relationships, and those around you may read you differently.
- **Committee work.** While the QA committee has not always been the glamour epicenter of health care, it can take on major importance when viewed as a forum for transforming health care. Genuine outcomes analyses that lay the groundwork for reengineering health care delivery are the most powerful work physician executives can do in the immediate future--and they are the only ones who can lead this effort. We're in a climate that requires adherence to data, measurements and benchmarking, design of change, building commitments to new delivery models, disseminating information and encouraging its use, integrating clinical and financial operations, and follow-up. It's easy to underinvest in this area--and just as easy to be overwhelmed by the enormity of the task. Start with one or

two of the most frequently used DRGs, form an interdisciplinary team, and see what you can do.

- Service line leader. In some health systems, a role as service or product line leader may provide an excellent environment for growth, change, and learning. This role allows for the combination of clinical excellence, design of care delivery systems, quality and outcomes monitoring, and involvement of all the constituents--clinicians (both physicians and nurses), operations, and management. The service line leader is recognized as outstanding in his or her field, one who can build a strategic plan and construct a business model that involves all constituent groups, as well as set goals and timetables, ensure that resources match needs, set the tone and pace, monitor headway, give feedback, and make adjustments. Finally, the service line leader will stay on top of developments in the field and incorporate relevant new ideas.
- Other "try-ons." Although serving as a medical staff officer can be a formative experience, it does not head the list. That role can be broad and is usually not focused. However, going through a merger or handling a serious disciplinary issue will sharpen up the experience considerably. In addition, group practices, IPAs, and other physician-based organizations can offer opportunities for strategic leadership "try-ons."

### **The role comes together**

There's a physician executive in a small system who, in a short time, catapulted from practice to being one of the more effective *physician executives* I have encountered. His transition began when, as a practicing gastroenterologist, he initiated an investigation of quality improvement. (He'd been reading the general literature and believed there was a better way.) He convinced the system's CEO to hire him as VPMA, a new post for the organization. At this point, his group practice made it clear they thought he had crossed the line. He was no longer allowed in the practice, not even part-time.

However, only two years later and after making a hard run at change management, he was welcomed back part-time by that same group practice. In the interval, he had led thinking on change in care management that introduced an electronic medical record. His system was honored nationally for successfully implementing a paperless medical record. Incidentally, in the last few years he also completed a management degree. He has demonstrated vision, firmness of resolve, and strategic leadership, making things happen in a climate of skepticism. Certainly, his technical skills made him effective and credible. The leadership he demonstrated allowed change to occur.

His story shows that, despite the tendency to maximal entropy that permeates health care today, there's still plenty of opportunity for the committed individuals who don't give up.

### **KEY CONCEPTS**

- Effective Leadership Skills

- Intangible Skills
- Continuing Executive Education (CEE) Credits
- Skills not Learned in Medical School
- "Trying On" the Physician Executive Role
- Using Committee Work

In clinical practice, technical skills often outweigh interpersonal and leadership skills as success factors--you can be a great doctor and a so-so person. But the reverse seems to be true in the physician executive role; it is precisely the intangible leadership skills that contribute to and determine potential success. And they can be tough to master, especially when you focus on them for the first time, partway through an already-successful career. Practicing leadership is like practicing medicine. It's not just a matter of learning some new things--if it were only that, physicians are known to be excellent learners. Nor is it just a matter of determination or application--this is not a battle that sweat and effort alone can win. Most physicians will want to "try on" the executive role before making strategic moves in that direction. But be clear about what you want to get out of any project or activity before you jump in. If you're seeking a management degree, the best approach is to tie together developing your technical and interpersonal skills, as well as the formal credentials.

~~~~~

By Mary Frances Lyons, MD

Adapted by MD

Mary Frances Lyons, MD, is a Senior Consultant at Witt/Kieffer, Ford, Hadelman & Lloyd in St. Louis. She can be reached by calling 314/862-1370, via fax at 314/727-5662, or via email at [maryl@wittkieffer.com](mailto:maryl@wittkieffer.com). Please fax or email questions that you would like addressed in this column to Dr. Lyons.

---

Copyright of **Physician Executive** is the property of American College of *Physician Executives* and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.  
**Source:** Physician Executive, Jan/Feb2000, Vo l. 26 Issue 1, p76, 2p.