

Insights for New Physician Leaders

Martha P Gilmore, MBA¹

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ABSTRACT

As a senior health care administrator in both the Northern and Southern California Regions of Kaiser Permanente, I was intrigued by ways to enhance the skills of a new physician leader. The role of a leader is to help others succeed. Although emotional intelligence is a key characteristic of an effective leader, skills and behaviors can be learned and leaders can be developed. Emerging leaders can learn to listen to various points of view, develop a “let’s go see” attitude, gather all the facts before making a decision, train others to be leaders, embrace a spirit of adventure, and develop a knowledge of statistics and finance. Additionally, recognizing and avoiding common pitfalls in leadership will augment effective leadership skills and behaviors.

INTRODUCTION

It has been my privilege to work at the Northern and Southern California Regions of Kaiser Permanente, primarily as a senior administrator for the Southern California Permanente Medical Group and The Permanente Medical Group. Throughout my 37 years with Kaiser Permanente I’ve supported dozens of physician leaders as they honed their skills. Leadership is about helping others succeed. Emotional intelligence, which involves a strong sense of self and a high degree of selflessness, is considered predictive of exceptional leadership.¹ However, I have also seen emerging leaders become successful by honing certain skills and avoiding select pitfalls. As I partnered with and coached physician leaders, I focused on behaviors and skills gleaned from academic sources and renowned leaders. I describe those skills and behaviors in this article and identify pitfalls to avoid.

SKILLS AND BEHAVIORS TO ENHANCE Listen to Various Points of View

Many of the experienced leaders I spoke with about the topic of leadership cited listening as a key ingredient to success. Listening takes practice and patience. New physician leaders tend to surround themselves with others who hold similar points of view. The more experienced leader understands the value of listening to contrary voices. At a seminar I attended, in his keynote speech, the master storyteller Carl Hammerschlag, MD, warned that the easiest thing to do is to convince others to see things as you know it. Heath and Heath,² authors of the influential book, *Decisive*, also warn about confirmation bias and urge leaders to gather a range of input before

reaching a conclusion. A clear example of this occurred when a physician leader in my hospital was confronted with complaints from the surgeons that too much time was transpiring between surgical operations in the operating rooms. This leader was also a surgeon but wisely took the time to meet with stakeholders from all the services, including nursing, environmental services, anesthesia, and the surgical specialties. Once the stakeholders agreed on the issues, this leader helped the group collaborate on effective solutions to reduce the time it took to move from one surgical case to the next.

Model a “Let’s Go See” Attitude

This behavior is self-explanatory but often not followed by even the most experienced of leaders. Going to see the problem in action and working with the people directly involved can be hugely enlightening. I advised a physician to listen in on the phone calls her receptionist fielded every day. This physician was astounded at the patient complaints about appointment access. She recognized that the support staff had great ideas for addressing the access problems. Most performance-improvement approaches to problem solving highlight the importance of observing the problem firsthand and through the eyes of the individuals who do the work. The Florida-based global health care advisory firm, Studor Group, highlights leader rounding—taking time each day to touch base with employees—as a terrific tool for learning about both staff and patient experiences.

Gather All the Facts before Making a Decision

It’s critical to take the time to gather all the facts of a situation, including the

relationships among people. I helped a physician leader appreciate the devastating impact of a physician’s behavior on the staff’s morale. This leader realized that he couldn’t accept the physician’s portrayal of the facts. He wisely sought input from the staff and gathered relevant objective data to gain a complete picture of the situation.

Train Others to Become Leaders

Physician leaders often misunderstand their role and assume they need to get the job done themselves, rather than equipping and empowering others. Stanford Business School Dean Robert Joss³ published a column in the 2005 Stanford Business School alumni magazine in which he offered these wise words: “Leadership is not about you. It’s about the people who work for you. . . . The minute you move from being a task-oriented professional to being a manager of people, it stops being about your individual talents and your success and starts being all about coaching, motivating, teaching, supporting removing roadblocks, and finding resources for your employees.” Years ago I worked for a physician leader who approached her retirement by carefully delegating major responsibilities to other staff. As a result, there were many skilled candidates for her eventual replacement.

Embrace a Spirit of Adventure

An early influential political scientist, Mary Parker Follett, urged leaders to embody an adventuresome spirit.⁴ Humor and fun can be powerful tools for leaders to use in delivering messages and addressing problems. I worked for many years with a physician who had an amazing gift for making others laugh. He could turn an uncomfortable situation into a productive discussion with his clever and

Author Affiliations

¹ The Permanente Medical Group, South San Francisco, CA

Corresponding Author

Martha P Gilmore, MBA (margilmore@comcast.net)

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spontaneous humor. Not everyone is an expert at telling jokes, but leaders can and should cultivate an authentic style to help connect with staff.

Develop Knowledge of Statistics and Finance

Many physicians receive limited education in statistics and financial analysis. The concepts of natural variation, bias, and statistical significance are important in assessing data. In addition, to properly evaluate any cost information, it is critical to understand the application of financial concepts such as sunk cost, total cost, and benefit-cost analysis. I urge physician leaders to learn from members of their administrative team who have expertise in data analysis. There are also courses on statistics and finance specifically designed for physicians.

PITFALLS TO AVOID Ignoring Poor Behavior

Physicians are reluctant to confront other physicians unless there are clinical quality concerns. Poor behavior—such as skipping out early, inappropriate language with staff, and rudeness with patients—can be difficult to confirm because they are often not directly observed or reported, and the interpretation of the behavior is subjective. There can be legal ramifications for not addressing some behaviors as well as risks to staff morale and patient satisfaction. Many experts in leadership suggest that what a leader allows can be viewed as acceptable. One physician leader with whom I worked learned to consult with legal counsel and physician human relations experts for input on legal and policy positions before any discussion with an individual physician.

Rushing to Solutions

The most dangerous problems are the ones you don't know about. One challenging aspect of leadership, particularly for physicians, is the endless to-do list. Physicians' training is based on solving problems; knowing there are unresolved issues can provoke anxiety. One of my first pieces of advice for a new leader is to gain comfort with knowing the job is never done. Strong leaders continue to ask questions and uncover problems: An ever growing to-do list is a sign of a thoughtful leader.

Using Email Inappropriately

It's wise to remember that a single email is often insufficient to ensure communication. I supported a physician leader who was shocked that her colleagues did not respond to her email request for input, even though the topic involved an important issue of clinical practice. In my experience, important information must be delivered both verbally and in writing, and repeated.

Email can also present problems in tricky personnel situations. Physician leaders need to follow the advice of legal counsel in protecting communications from discovery. I often advise leaders to simply pick up the phone for a conversation in lieu of an email. A physician leader with whom I worked for many years carefully avoided sending emails when he was upset and always waited overnight before sending email.

Underestimating the Impact of Personal Appearance and Behaviors

Many times I've advised physician leaders (and others) to dress and behave professionally in order to be heard. Nowadays everyone needs to be particularly alert of the smart-phone "prayer" position during meetings; such multitasking results in mediocre outcomes and usually annoys others.

Support staff constantly observe physician leaders, even when they are doing mundane tasks such as ordering lunch. One leader with whom I worked insisted on taking the stairs in lieu of the elevator. This same physician leader would always pick up trash as she walked the corridors. Both these behaviors became part of her image and encouraged similar actions by others.

Solving a Problem for Someone Who is Not at the Table

My final pitfall, noted above, I heard Sandra Hernandez, MD, say when she received the 2007 San Francisco Bay Area Women Health Care Executive Woman of the Year award. Physicians are trained to solve problems and to shoulder the responsibility for decisions. It can be frustrating for them to slow down the problem-solving process by including others in the discussion. I often heard complaints about process as a waste of time. The pitfall of not involving the people who do the work is a

suboptimal solution. All the performance-improvement models emphasize the importance of this step.

CONCLUSION

Emerging leaders can learn to listen to various points of view, develop a "let's go see" attitude, gather all the facts before making a decision, train others to be leaders, embrace a spirit of adventure, and develop a knowledge of statistics and finance to create a culture of innovation, engagement, and trust in their organization. Additionally, recognizing and avoiding common pitfalls in leadership will augment effective skills and behaviors. I hope my insights may inspire success for future physician leaders and their administrative partners.

Over the years I collected many definitions of leadership from renowned researchers. In my opinion, the leader role is best described in the following quote attributed to Lao-tzu, an influential Taoist sage:

*Learn from the people
Plan with the people
Begin with what they have
Build on what they know
Of the best leaders
When the task is accomplished
The people all remark
We have done it ourselves. ❖*

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