

health systems

Are All Physicians Leaders?

The Opinions of Permanente Physician-Leaders

Introduction

During 2001, I conducted a series of focus groups and informal discussions with 75 Kaiser Permanente physician-leaders from six Permanente Medical Groups. **The physicians were asked if they believe that every physician is a leader regardless of formal leadership titles.** The unanimous response to this question was “yes.” The various ways in which physicians manifest their leadership roles were then discussed.

Areas of Consensus

- *All* physicians are leaders regardless of whether or not they hold a formal leadership role.
- Physicians often do not realize that they are seen as leaders by staff members and for that reason are unaware of the major impact they have on the staff's attitudes and behavior.
- Physicians often do not step up to their role as informal leaders and therefore do not model the most effective behavior for staff members.
- Physicians lead by example, both good and bad.
- To be respected as a leader by other physicians, a physician must be viewed as a good clinician. However, staff members view a physician as a leader simply because he or she is a physician.

- Physician-leaders' roles are mostly the same at all levels; their role just grows in complexity, scope, and amount of authority and responsibility.

Roles of the Individual Physician as a Leader

At the most basic level, physicians set:

- **Tone of the work unit**
No matter how small the group or unit, physicians set the tone.
- **Pace of the work unit**
Physicians set the speed, efficiency, and productivity of the

Nurses, medical assistants, and ancillary personnel mirror how physicians treat members and staff. What physicians are perceived to value (and therefore to reward) directly affects staff attitudes and behavior. The atmosphere of the work unit, whether positive or negative, is primarily influenced by the physicians.

By Debra Mipos, MPA

Embracing the Leadership Role

By Sharon Levine, MD, Associate Executive Director, The Permanente Medical Group

During the course of a decade spent thinking about leadership, I have come to understand that being a physician at Kaiser Permanente is, by definition, being a leader. And I have come to believe that it is very important that each of us accepts and embraces the role of leader and that, as medical groups, we provide the tools and the opportunities for every Permanente physician to develop as a leader to the fullest extent possible. It is important because, whether or not we see ourselves as leaders, others do. Our patients and the staff we work with follow the direction we set and the example we model, and they expect us to behave as leaders do.

Our leadership role comes from our *authority*—the power, the right, and the responsibility we have to act on behalf of others within our role as clinicians. But it goes way beyond authority. It comes from the *trust* we have earned, which creates the opportunities to influence others and to direct their actions. It comes from the *courage* we demonstrate in making tough decisions and in confronting difficult situations in the exam room and in the hospital. It comes from our *stamina* and *endurance*, our ability to work long hours and to endure the intensely emotional aspects of our jobs. It comes from our ability to be *confident* and *assertive* and to mix the confidence with an equal amount of *humility*. It comes from our ability to *take our work, our purpose, and our mission seriously* while not taking ourselves too seriously. Our leadership comes from our *empathy* and ability to *connect* with others on a personal level without fear of appearing vulnerable ... And it comes from *the energy* and *optimism* we bring to our work each day, which energizes those with whom we work.

These traits and characteristics of excellent clinicians are the same as those of effective leaders—which is why it is so easy for others to recognize us as leaders, even if it isn't always immediately obvious to us. Our opportunity is to embrace that role and to grow in it, to develop our leadership abilities just as we develop and enhance our clinical skills—and to best serve our patients, to provide direction and meaning for our staff, and, collectively, to strengthen and enhance the capabilities of our organization.

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work unit. Implementation of change versus resistance to change depends in large part on physicians' behavior.

- **Standard of the work unit**
Good physicians “exude excellence” and raise everyone’s performance to a higher level. As physicians teach others, they develop the skills of those around them. Physicians’ clinical skills, work habits, and expectations set standards that others follow.

Implications for the (Informal) Physician-Leader

- Improving both service and members’ experience begins with physicians modeling behaviors that facilitate positive interaction. The staff looks up to physicians. The staff’s treatment of members mirrors how physicians treat members.
- The manner in which physicians treat the staff is critical to how well the office runs. Physicians’ treatment of staff affects retention, especially for registered nurses who work closely with physicians. Because they are in short supply, they have many options as they look for a good environment in which to work.
- Physicians affect the quality and cost of care.
- Physicians can make the care delivery system work better.
- Physicians affect other physicians’ behavior. Because role modeling is essential for physicians new to the team, they are more likely to succeed if they observe their colleagues exhibiting positive leadership attitudes and behaviors.

Preparing Every Physician to be a Leader

Based on the opinions of Kaiser Permanente leaders in this focus group, orientation programs to prepare each new physician to be an effective informal leader on the team might include these elements:

- Context of their leadership as well as understanding of expectations about:
 - Their role as an informal leader;
 - Official physician-leaders’ roles;
 - Medical group structure, mission, values, culture, and Health Plan relationship;
 - Health care as an industry; competitive environment.

... direct relation between how physicians perform in this informal leadership role and how the team cares for patients.

- An understanding of basic interpersonal communication skills focusing on:
 - Setting expectations with staff;
 - Having meaningful and, at times, difficult conversations with colleagues and staff;
 - How to give effective and regular feedback to staff;
 - Coaching skills;
 - Clinician Patient Communication (CPC) basics—*Four Habits* or *Four E’s* models. CPC particularly around common difficult situations, such as the patient with the long list of complaints; pa-

tients who want things they don’t need; or patients with different health care beliefs and culture.

- Being an effective high-performing Permanente physician, by learning how to:
 - Use time management skills;
 - Work with ancillary staff appropriately and efficiently;
 - Use a computer proficiently;
 - Develop self-confidence;
 - Understand the key drivers of patient satisfaction and how to have efficient and effective patient interviews;
 - Solve problems in a team environment;
 - Make decisions in a group setting.

Conclusion

The opinion of this focus group of physician-leaders from six of the Permanente Medical Groups was that all physicians are leaders—whether or not they are in a formal leadership position. Group consensus held that there is a direct relation between how physicians perform in this informal leadership role and how the team cares for patients. Developing all physicians as effective leaders creates an environment in which everyone on the care team views Kaiser Permanente as a place where patients receive excellent quality of care and service as well as a place where the entire care team chooses to build a career. ♦

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