
Physician Leadership

Some Frequently-Asked Questions and
Answers for New Physician Leaders

**Justin Greenlee, DO, Marion Hochstetler, MD, Phillip Roberts, DO, Thomas
Summers, DO, Kara Redoutey, MBA, Kendall L. Stewart, MD, MBA**
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Introduction

A number of new SOMC physician leaders attended the [Complete Course for Medical Staff Leaders](#) in January 2012. During our working meals we identified a number of common questions new physician leaders often have, and we began answering those questions. Our practical answers and some supporting resources follow. This is a start. There are always more questions and more answers. Successful physician leaders never stop asking questions and finding new answers. Their passion for learning helps to produce organizational results. And that is the reason leaders exist.

What do I need to learn first?

New physician leaders usually make some initial mistakes; they assume that leadership is going to be unbelievably easy or impossibly hard. Neither is correct. That's the first lesson. They typically embrace one of two mistaken assumptions: The first is that they already know everything they need to know about leadership at all. The second is that they know nothing about leadership. Neither is correct. That's the second lesson. They are often mistakenly convinced that they will have to learn everything and pass a standardized test before they can be an effective leader. Wonder where they got that idea?

Here's the deal. Start where you are. Wherever that is, it's a good place to begin. Write down your current problems and questions. Then launch a personal process of [problem-based learning](#) and continue it the rest of your leadership career. That's what you need to learn first.

How can I hold my colleagues accountable?

If people did what needed to be done when it needed to be done, holding people accountable would not be such a critical leadership skill. But they don't. At least, many of them don't. When people do not deliver on their commitments, physician leaders must hold them [accountable](#). There is no other way to produce results.

Start where you are. Wherever that is, it's a good place to begin.

Here's how to do it. First, decide on the results you want. Lead by example. You cannot hope to hold others accountable if you don't [hold yourself accountable first](#). Identify the tasks that must be completed to achieve your goals. Break down those tasks into specific

steps. Assign each step to an individual and make your expectations clear about when those tasks must be completed. Extract a firm commitment. Monitor everyone's progress closely and update the team at every meeting. Praise those who deliver publicly. Confront those who don't privately. Do this good-humoredly. Take the position that any failure is your fault. No matter what, it is always the leader's fault. Make no excuses for yourself or others. Repeat this process every time. Some teams are more self-disciplined than others, but the need for this critical leadership skill will never disappear.

How can I delegate effectively?

The best leaders are doers by nature. They see what needs to be done and they get it done. They are understandably impatient with slackers. [Delegation](#) does not come naturally to them. They are reluctant to relinquish control.

There is no other way for leaders to succeed. You can no longer do everything yourself. Actually, you never could. But you were comfortable with your spheres of control and influence as a practitioner. As a leader, your ability to control things decreases dramatically. If that is true, then your ability to influence others must increase. That where delegation comes in.

Smart and successful delegation—like everything else in leadership—begins with results. You can't decide what to delegate until you understand exactly what you are trying to achieve. Delegate the work to others cautiously in the beginning. Start small and delegate more as your trust grows. When you are trying to figure out which colleagues you can depend on, seek their permission to delegate something to them and agree on the outcome and the timeline. Be sure to recognize those who deliver the goods. Figure out what people can handle and set realistic expectations. Gradually build a team of people you can rely on. Then trust them to get the job done. Because the best people often move on, your delegation skills are not likely to atrophy.

How can I manage average employees?

You don't need for everyone on your team to be a star. You just need enough stars. That's a good thing because stars are in short supply. The top ten percent is only ten percent. Most of the work in the world is done by [average people](#). This includes leaders. Painful as this may be to face, most leaders are just average. Average rules.

Begin by embracing average people and treasuring them. They are the keys to your success. Quit trying to turn them into stars. You will fail. They might turn themselves into stars, but you never will. Accept people as they are. Don't expect more than they can or will deliver, but don't expect less either. Break your expectations down into small, manageable tasks. Be specific. Check on their progress frequently and offer genuine praise for any progress. Make the work easy, simple, quick and fun if you can. Get to know them. Build on your common ground. Find their passions—we all have them—and play to them. Focus on their strengths instead of their shortcomings. Create a competition in which everyone has a chance to win something. Celebrate successes in a big way. You will do better with average folks if you view yourself as average too. You probably are.

How can I confront colleagues effectively?

[Bad behavior](#) in the workplace is pretty common. Bullying and temper tantrums do not end on the playground. Problem kids mature into problem adults. This is unfortunate. What is more unfortunate is that most physician leaders are doing an inadequate job of monitoring and confronting their colleagues who are behaving disruptively. There are reasons why temperamental bullies thrive in our hospitals and leaders ignore it, but this is not the focus of this white paper. We understand the problem and what we need to do. This paper is about how to start doing it.

Most of the work in the world is done by average people.

Make sure your organization has published a Code of Conduct. If that does not exist, you will not be able to document violations. Become an investigator. Get the facts. Do not jump to conclusions. You may observe disruptive behavior directly, but that is unusual. Most bullies choose their victims and their theatres carefully. You will need to persuade people to tell you what is really going on. Because people have watched their leaders let physicians get away with bad behavior for years, they will be hesitant to trust you. Once you have persuaded them to talk, focus on observed behavior. Do not speculate about the bad actor's motives. The first step of confrontation does not involve scolding. It consists of presenting the evidence including others' perceptions and listening nonjudgmentally to your colleague's reactions. Sometimes the confrontation ends here. Sometimes, your colleague will agree she behaved badly, accept full responsibility for her actions, apologize and take steps to assure this will not happen again. When that happens, take the rest of the day off. Physician leadership gets no better than this.

Here's how it usually goes. The offender angrily denies wrongdoing. He believes he was perfectly entitled to behave the way he did because someone screwed up. He is outraged that someone complained and he is furious that you are taking this nonsense seriously. Calm yourself. Listen patiently. Take notes. Ask clarifying questions. Adopt a pensive visage. Conclude by asking whether your colleague has made his best case. Then agree to reflect and make a decision.

No one will speak freely to someone who seeks information but gives nothing in return.

When you have investigated, reflected and decided that your physician colleague has behaved disruptively, inform him of your decision in writing. Explain what will happen next if this behavior recurs. Place all of your documentation in the physician's file. And learn from your experience. You will have the opportunity to confront a colleague again soon.

How can I persuade my colleagues to tell me what is bothering them?

Most folks are hesitant to speak their minds. This is especially true when people don't trust their leaders. It is also difficult for people to speak frankly when a power differential between the parties exists. But you cannot produce organizational results unless you know what people think, feel and what they are inclined to do.

Ask them what they think. When they do, [listen](#). Resist your urge to argue, rebut or explain. Thank them for being honest. Convince them you can take it. If they won't speak honestly to you, invite in an outsider they will speak openly to. Demonstrate appropriate communication. Speak openly about your own perceptions. No one will speak freely to someone who seeks information but gives nothing in return. Accept their feelings. Until you complete this critical step, you cannot hope to build a trusting relationship. When your colleagues register their concerns, follow up on every one of them, even when your decision is not to their liking. Be patient. Building a culture of trust and openness takes time.

How can I figure out which problems are most pressing?

There are always problems. And there are always more problems than leaders can deal with right now. Everybody understands this. While it is true that everyone thinks her problem is the most important problem, even the strongest partisan will agree that priorities must be set and followed.

Conduct an open brainstorming session. Invite every stakeholder to participate. Teach them how to participate effectively and then write down every issue they raise. You will come up with about 70-100 problems in the first hour. Post these issues around the room. Give everyone a strip of red sticky dots and ask each stakeholder to place their dots by the most pressing issues. You have just arranged for the group to identify the problems and to set the priorities through your brilliant use of [brainstorming](#) and [multi-voting](#) techniques. The people whose issues didn't make the cut will have been heard and marginalized by their peers.

How quickly can I change things?

It depends. This is the universal answer to every question. If something illegal, immoral or unethical is going on, you can and must change it immediately. During a crisis, you can make changes quickly as a way to dig the organization out of a hole. If the stakeholders are receptive and the leader is persuasive, changes can be made quickly and easily. Most other changes take time—more time than leaders would like.

Every new leader takes over with ideas about how to make things better. She is anxious to get on with it. Some leaders try to make too much change too soon. Other leaders are afraid of rocking the boat and waste their honeymoons on wishing and hoping instead of doing. Figure out what needs to change. Bite off as much of that as you can swallow but not more. Don't get greedy. Learning when to pause and take a breath comes with time and experience, but you will rarely get it exactly right. Be patient with yourself. Leadership is a marathon, not a sprint.

How can I manage change successfully?

[Change](#) happens. Sometimes it is quick and easy and good for the organization. This is not the kind of change that physician leaders dread. It is the change that should

not happen and the change that should but doesn't that bedevil leaders everywhere and all the time.

“It depends.” This is the always the answer.

Successful leaders manage change by first recognizing the need for it. Then they make the case for and against it to themselves. During this phase, they remain objective and dispassionate. They are careful not to sell themselves on the idea too quickly. After all, not all change is good. Some change *should* be resisted.

When you have made a compelling case to yourself, make the case to those fellow leaders who will help you make it happen. When you have the zealots on board, you are ready to make the case to everyone else. After this, the real work begins. You must break the change into actionable steps, explain each step, monitor the progress and herd the resisters toward the goal. This is hard, resolve-breaking work. It continues long after you and other leaders have lost interest. It is boring and distasteful. But it is essential. A change made and a change sustained are two very different things. Only the best physician leaders manage change until it becomes the status quo. Then they change it again.

Leadership is a marathon, not a sprint.

How can I communicate more effectively?

By this point in your career, you are an expert in communication failure. You understand how hard it is to communicate effectively with patients, their families and your colleagues. You have witnessed and experienced any number of spectacular communication mistakes. What have you learned? Can you do better?

Yes, you can. Listen more. Talk less. Focus on others' needs to understand instead of your need to explain. Ask clarifying questions instead of making pronouncements. Build and nourish relationships with those you intend to communicate with. Choose your communication medium based on your listeners' preferences instead of your own. If your colleagues prefer email, use email. You can figure this out by observing the communication tools they most often employ themselves. Communicate in short bursts. Use the [teach-back technique](#) whenever possible, and make it natural instead of mechanical. Carefully observe the great communicators and learn from them. The best communicators are always finding ways to improve.

When should I document my conversations with my colleagues?

Since failure to document crucial conversations is among the most common leadership mistakes, it is unlikely that you will over-document. But [documentation](#) takes time. Sloppy documentation and irresponsible editorializing are worse than no documentation at all. Like all leadership disciplines, documentation is not simple.

Here are some practical guidelines: When either party is emotionally aroused, document. When you are attempting to clarify your positions or expectations, write them down. When you need to clarify or revise something you said earlier, document your new position. When some stressful incident or conflict erupts, document what happened from your perspective as soon as possible after it happened. Finally, when you document, stick to the facts. Leave out speculation, assumption, sarcasm and humor. These all have their place. Their place is not in your documentation. Any time you suspect that documentation would be a good idea, it is.

How can I deal more effectively with difficult physicians?

Physicians can be difficult. You know that. All of us are difficult at times. When you combine the normal human proclivity to be difficult with deferential power, wealth and high social status, you have the perfect environment for exceptional jerks to flourish. Every hospital is such an environment.

Begin by labeling your [difficult colleagues](#) as “difficult.” Your willingness to acknowledge this reality reassures those who are looking to you to set the tone. It reminds those who need to interact with the difficult physician that they can predict his behavior and manage it. These realizations will allow everyone to breathe a collective sigh of relief. They can now manage, not just react. There are all sorts of successful ways to manage difficult people. You can ignore them. You can isolate them. You can confront them. The list is long. But you will not be able to manage difficult people until you realize you actually can.

How can I motivate people?

Some people are more motivated than others. Have you noticed that? Everyone’s level of motivation varies from moment to moment depending on their interests, needs and desires. There is a large body of business literature about how to [motivate yourself](#) and others, and there are those who believe you cannot motivate anyone but yourself. There are thousands of books about motivation, and more come out every day. This means no one has found the definitive answer.

Anytime you suspect that documentation would be a good idea, it is.

Here are some basic strategies. Concentrate on motivating yourself first. Surround yourself with as many highly-motivated people as possible. Infect others with your motivation. Figure out what motivates your colleagues and leverage those motivators when you can. Accept people as they are. Stop longing for them to change. Determined leaders find effective ways to get results even with poorly-motivated colleagues. Focus on results and set aspirational goals. Find meaningful things to measure. Challenge others by publishing comparative data. Show others what’s in it for them. Make good use of recognition and rewards. Don’t fall for the mistaken notion that your primary job is to motivate others. Your primary job is to produce results.

How can I set priorities and stick to them?

Effective leaders have two kinds of priorities—short-term and long-term. Long-term priorities are stable. They rarely change. As a physician leader, patient safety and clinical quality are two of your priorities and they will remain your priorities throughout your leadership career. If you arrange your life around your basic values, this discipline will help select your priorities for you and enable you to resist incongruous demands from others.

Short-term [priorities](#) are different. They change from moment to moment. No successful leader makes a list of priority tasks at the beginning of the day and doggedly sticks to those until she falls asleep. Instead, she determines her priority tasks, completes the most important one, and then reshuffles the cards in response to her current reality.

Where can I learn more about being an effective leader?

We all learn differently. A variety of learning resources are available online and in the SOMC library. More information is appearing every day. Most of us learn by attending lectures, reading books and articles and by listening to podcasts and the like. The evidence suggests that everyone learns best by doing.

Join the conversation at the [SOMC Leadership Blog](#). Review the SOMC white paper, “Expectations for SOMC Physician Leaders.” Read [A Portable Mentor for Organizational Leaders](#). Review the [presentations](#) and [white papers](#) on the SOMC Web site. Consider participation in a weekly discussion group organized around physician leadership. Senior physician leaders have a lot of experience and they will be delighted to share their perspectives. Finally, you can solidify your learning by teaching others what you’ve learned.