
The Dark Side

Some Practical Guidelines for New Physician Executives

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Introduction

Now you've done it. You've gone over to the dark side. Convinced that your taking this job means that you've abandoned them and joined the opposition, your physician colleagues will now regard you with a mixture of resentment and jealousy. They will be certain that you no longer have their best interests at heart, and they will resent you for that. They will believe you have just escaped the annoying aggravations of clinical practice. They will envy you for that. Physicians in clinical practice often joke that yours is the perfect retirement job. They will express consternation that a perfectly capable physician would surrender the social status of private practice for the diminished stature of a bureaucratic job. They will be deluded, but their delusions give them great comfort. Be patient with them.

Don't expect your administrative colleagues to embrace you either. They will initially view you as the token physician or an executive pretender who coasted in on your degree instead of your merit, and they will resent you for that. If you are fired, you can get a more prestigious, high paying job the next day. They will envy you for that. But with all these resentments and misconceptions stacked against you, you can still succeed in this work. And even with the stinging criticism you are sure to invite and the public mistakes you are certain to make, you can still be successful and satisfied in this new, alien role. It is true that many physician executives whine about their trials and tribulations, but a few enjoy their jobs immensely, love going to work everyday and embrace the discomfort that comes with this position. Be one of them. The strategies that follow can help.

You will discover that administrative medicine is a lot harder than it looks from the outside. It is much less predictable than seeing patients, reviewing slides or interpreting images. As a capable clinician, most of your patients and colleagues need and respect you, and your future is secure. As an executive, some of the people you serve will despise you. And leaders certainly are expendable. Taking care of patients often produces immediate gratification. The emotional payoff for your work as an executive often takes months or years. And by the time you realize your goals, few will recall that you had anything to do with how things turned out.

As a physician leader, you must produce organizational results. That will not be easy. But if this job were easy, anybody could do it. It is the nearly impossible challenge that makes it so satisfying. In this role, you are no longer yelling from the leather bleachers in the physician's lounge. You are now a player. You can make a difference in how things turn out.

Manage Your Emotional Arousal

Physician executives spend a good bit of time with people who are upset. And they will usually expect you to make them feel better. Managing their distorted expectations is a challenge under the best of circumstances, but it will be impossible if you become emotionally aroused yourself. While those who are angry or hurt or resentful usually feel perfectly justified in

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feeling that way and indulging in egocentric outbursts, intense emotional arousal is something you will want to minimize. Strong feelings drown out objective analysis and blind leaders to the available options that would otherwise be obvious. When leaders join in the emotional fray, it makes spectators uncomfortable. They will be less likely to offer perceptions they fear will be unfavorably received or that might result in more discomfort. Emotional arousal discourages reflection and innovation and, just like enthusiasm, it is contagious. Unrestrained emotional rampage may be the most common leadership failure. The aroused physician executive is both disconcerting and ineffectual. Childhood tantrums and executive tantrums are a lot alike. Both are embarrassing displays of emotional immaturity. But the executive's mother is never around when you need her.

If you have come to view your temper outbursts as evidence of your passion for excellence or effective motivational tools, you are mistaken. You are human and you will have strong feelings, but you should strive to contain and choke off your anger as quickly as possible. Recognize the internal signals of your emotional upheaval and keep your mouth shut until you have calmed down. Never click the "send" button when you are annoyed. Adopt the view that emotional detachment is your obligation as a physician executive, and remind yourself that such detachment gives you shelter during others' emotional storms. Remind yourself to remain calm when you know an upcoming meeting will be trying. Use humor to limit emotional contagion. Employ fantasy and take notes as detachment strategies. Learn from your shortcomings, and make up your mind to handle yourself better the next time. There will be plenty of opportunities to practice.

Keep a Servant Heart

Everyone who assumes a position of power is tempted to abuse that power. Physicians are no exception. Already accustomed to deference and accommodation, new physician executives long to throw their weight around, particularly when they are attacked by their physician colleagues. Remaining focused on others' needs is a more effective strategy—personally and politically. Servant leaders are less likely to struggle with jealousy, resentment and bitterness. They are less inclined to view the inevitable attacks as personal insults. They focus instead on what unrecognized needs might have sparked the attack. A steady resolve to recognize and respond to others' needs minimizes negative emotional arousal, transforms conflict into a joint quest to find a mutually-satisfying solution and allows the executive to capture and hold the moral high ground. Make no mistake. Such leaders are not pushovers. They ask hard questions. They confront bullies. They stand up for what is right. But they comport themselves with quiet confidence, intent on nurturing, not taking advantage. They work behind the scenes and give the credit to others. People are led most effectively when they believe they are acting on their own initiative and in their own best interests.

Make sure that service is one of your core values. Study the literature on how servant leaders think and behave, and list key behavioral expectations for yourself. Publicize your list and ask your colleagues to hold you accountable. Select your role models and mentors carefully. Avoid executive colleagues who feel entitled or who are chronic complainers. View your colleagues as patients who have pressing needs instead of dismissing them as annoying whiners. Look for needs to meet instead of irritants to avoid. Listen for what others mean. Don't be distracted by what they say. Accept the legitimacy of others' feelings even when they appear selfish, misguided or overwrought. Focus your energy on observing, predicting and managing needy people instead of trying to change them. With the former approach at least you have some chance of success.

Ask the Hard Questions Up Front

Physicians are an exceptionally cynical bunch. Notoriously conservative, inclined to embrace the status quo and bred to distrust bureaucracy, physicians delight in finding fault. Moreover, physicians usually assume evil motives and view leaders' actions in the worst possible light. Knowing how jaded colleagues will react creates an opportunity. Leading with the hard questions demonstrates the leader's willingness to face reality. Taking this approach proves that the executive intends

to persuade ethically and that she is open to thoughtful challenge. Opening with the hard questions undermines physicians' reflexive resistance and lays the foundation for making a compelling case. It also signals a reassuring commitment to stick it out even when the going gets rough. Pretenders spin. Real leaders tell it the way it is.

Begin by making the best case against your idea. Admit the weaknesses of your argument at the outset. Examine the alternatives objectively and resist the

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temptation to minimize the risks of adopting your suggestion. Consult with your most suspicious colleagues and invite them to take their best shots. Admit that doing nothing is always an option. Make it clear that you are more interested in finding the best alternative than in getting your way. Publish your tentative position and a list of frequently asked questions (FAQs) with their answers. This will demonstrate your openness, decrease misunderstandings and discourage misinformation.

Strive to Be Respected, Not Loved

Sensitivity to criticism often hobbles physicians who accept positions of leadership. Physicians tend to have thin skin. Physicians are used to being adored by their patients, honored by society and treated differentially by laymen. Fellow clinicians who need help in caring for their patients usually treat their colleagues with at least grudging respect. But when a physician leaves clinical practice, things change dramatically. The executive physician's colleagues are not pleased. They have lost a valued clinical resource. They resent that. And a trusted colleague has gone over to the enemy camp. They feel betrayed. Disillusioned clinicians suspect an unworthy colleague has won the lottery. They are jealous. They do not hide their feelings. All of this can be a bit much for the sensitive physician executive to take.

Abandon your unrealistic expectations that everyone will love and support you. Recognize that opposition is a good thing. It holds you accountable and inclines you to be thoughtful and fair. Grow a thick skin. Remind yourself why you took this job—to influence people and produce organizational results. This is not a popularity contest. It is a job, and a demanding one at that. Consider that your selfish colleagues' criticisms may actually signal that you are on the right track. It may also indicate that you are completely wrong. Don't take

their criticism personally, even when it is. Recognize that it is your responsibility to make a compelling case for change. Admit your mistakes and be relentless about finding the best ideas. Sometimes, your critics will come up with them. When they do, embrace their ideas, and make a point of giving them credit for them. Leaders don't love criticism, but they hate apathy.

Focus On the Common Ground

It is easy to focus on the differences between us. There are plenty of them. And being critical, argumentative and divisive has apparently replaced civil discourse as

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the preferred way to communicate in contemporary life. Most physicians have grown up watching people debate instead of disagree and trained in learning environments where outrageous outbursts are accepted, even admired. Such cultural pathology invites the physician leader to take a different tack. An emphasis on shared history and mutual priorities minimizes the disruptive impact of malevolent contention. This atypical approach evokes positive emotions and reminds participants that different perceptions are expected. Unanimity is neither achievable nor necessary.

Build every persuasive effort on the stakeholders' common ground. We all intend to provide good service and we want our patients to receive exceptional care. We want our interventions to be evidence-based. We want our complex processes to work efficiently, and we want to minimize red tape and regulatory nonsense. We want to be successful. It is true that the emotional sensitivities and bloated egos in the hospital often obscure this common ground, but it is always there. Point it out. Recall the mutual history you have built with your colleagues over the years. Tap into their interests and experience when you can. Acknowledge and respect your colleagues' differing views. Common ground is the foundation of your success.

Make a Compelling Case

If a physician makes herself available and provides excellent service and high quality care, she will be successful. That's all it takes. To be a successful physician executive, she must be a successful physician—and produce exceptional organizational results. Just being

a good doctor is not enough. The only way to succeed at this is to become an effective persuader. And the only way to become an effective persuader is to learn how to make a compelling case. The stakes are fairly high. Present flawed proposals or present them sloppily and the physician leader's credibility will be shot. The ability to make a compelling case is the one skill the physician executive absolutely must master. Be persuaded yourself before you attempt to persuade others. When you realize that a compelling case cannot be made, withdraw your proposal quickly and gracefully. Ask permission to persuade before launching into your presentation.

When people give you permission to attempt to persuade them, you have already overcome most of their irrational defenses. Tell them only what they need to know, not everything you would like them to know. Admit the weaknesses in your case at the outset. Go over all of their options, including the option of rejecting your proposal entirely. Prepare and distribute written position papers to hold yourself and others accountable for what you've said. Make the case based on your listeners' needs—not your own. Show them how what you are proposing is in their best interest. People change all the time. But they change when they want to, not when you want them to.

Identify the Real Problem and Find the Best Option

Physician executives spend most of their time talking about problems. People love to talk about their problems and how they feel about them. Executives, in particular, think that talking about how they feel is their primary job. Without some insight and constraint, physician executives quickly acquire this bad habit. It's just so satisfying, thinking you are being paid to express your opinion.

Talking is not the point. Identifying the real problem is the point. Talking usually gets in the way of that. When the group identifies the problem, the next task is to come up with a list of possible solutions. Most people would rather just keep talking about the problem. Someone needs to break the conversational spell by asking, "What are the available options?" Next, the group needs to figure out which is the best option. There may not be any good options, but there is always a best option.

Here are some things you can do to limit the pointless gabbing and focus the discussion. Permit the talk to continue only long enough for the emotional fog to clear. During this phase, concentrate on accepting everyone's feelings. When people start to calm down, ask about the underlying problem. How we feel is

only part of the problem. If we can see no deeper than what might make us all feel better, we are unlikely to make much of a difference. When the fundamental problem emerges, encourage limited brainstorming about available options. Take notes. Propose ridiculous options to provide some comic relief. List the pros and cons for each option. Most of the time, the best option will quickly emerge. For some decisions, you will need more data. Call attention to excessive hand wringing and the tendency to veer off on tangents. Before the meeting ends, decide something. Agree on what to do next. Decide who will do it. Clarify when they will get it done. Write everything down. Just talking about the problem is not enough. Everybody knows that. Why do we spend so much time just talking then?

Explain How

It is not hard to convince people there is a problem. They will readily admit things could be improved. When leaders describe the best solution, the ideal goal, almost everyone will agree. Unfortunately, most people, including many leaders themselves, cannot figure out what they need to do to get there. Exceptional leaders recognize that laying out a compelling vision is not enough. They understand that people cannot read their minds, and they know that people don't want to think that hard anyway. Most people want a list of understandable tasks they can check off and feel good about. If leaders fail to explain

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exactly what people need to do next, all kinds of confusion will arise. People will have questions. They will come up with all the reasons this new approach won't work. They will rehash the problem and manufacture new ones. But clear, practical suggestions about what to do next provides relief from uncertainty and launches a critical step—actually doing something. Anyone can complain about what is wrong. Leaders explain how to make things right.

Recognize that explaining how to do it is one of your most important obligations as a leader. Keep your suggestions short and simple. Use action statements and dispense with elaborate justifications about why people should do these things. Break it down into small steps to generate momentum. Offer your suggested next steps along with the invitation to improve on them. Emphasize that we all want to achieve our goal with the least possible aggravation. (Remember, having to reach for multiple remote controls is too much to bear

for most of us.) Write your suggestions down to begin rudimentary process documentation. Remind everyone that unexpected bumps and detours will naturally occur.

Lead the Way

A surprising number of leaders believe it's their job to tell others what to do. They ask critical questions, issue a lot of orders and act annoyed when people don't jump. Successful physician leaders realize that the best way to set an organizational fire is to set oneself on fire first. Real leaders understand that people want to be shown, not told. Such leaders realize they must

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come up with their own action plans. This approach gives them an opportunity to go on offense. They see right away which steps are practical and which are not. Engaged leaders don't send many memos. They are too busy doing things. Effective physician leaders talk less and do more.

Encourage all of the stakeholders to have their say, but make it clear that, when everyone has been heard, you are going to do something. Accept everyone's feelings, but remind the team that it's not how they feel but what they do that matters most. By leading the way, you will make it clear that you expect them to do something too. When you observe your colleagues lapsing into distracting color commentary, ask them what they are going to do. Admit that rash action based solely on emotional arousal is not usually helpful, but emphasize that deliberate action is almost always better than just talking. If you do something and it turns out to be a mistake, just do something else. When you all agree on what needs to be done, volunteer to take the most undesirable assignment and be among the first to get it done. Report back to your colleagues about how it went. Compliment your colleagues who get to work and needle those who procrastinate.

Seek to Influence, Not Control

Physicians sometimes seek leadership positions because they lust for power. This idea that a physician leader has the power to control others is an illusion—and a dangerous one at that. Effective leaders realize that exceptional performance results from the sustained

efforts of people who are inspired and committed, not forced to accommodate. Since control over others, especially physicians, is not achievable, the longing for it or the illusion that one has it occasions much pointless aggravation. Exceptional leaders build relationships, focus on the common ground and find ways to persuade others so masterfully that they will join in the campaign. Nothing is more pathetic than an arrogant physician leader throwing his weight around. It is also a career-limiting move.

Admit your intent to influence up front and ask permission to make your case. Find a way to show that the position you are advocating is in your colleagues' best interest. At the start, emphasize what is in it for them. Acknowledge publicly that your listeners are entitled to disagree. When they do, attribute their disagreement to your failure to make a compelling case instead of their natural stupidity. Worry less about individual losses than organizational victories. Begin every persuasive campaign by building consensus around the common goals of improving the quality of patients' and physicians' lives. Avoid all temptations to minimize mistakes and failures. Make sure you are passionately committed to the positions you are asking your colleagues to adopt. And when others join you in persuading others, for heaven's sake, tell them how much you appreciate their help.

Stop Longing for People to Change

Ordinarily, people don't change much. But, predictably, leaders keep hoping they will. This frustrating longing that people will measure up to our expectations occasions much of the disappointment in the world. Those leaders who realize that longing for other people to change is a waste of energy enjoy an enormous competitive advantage over their fellows. Abandoning this quixotic campaign frees them to hone an essential leadership skill—observing, predicting and managing others. This insight reminds the physician executive that dealing with difficult people is part of the job. It diminishes pointless rumination and reminds the leaders that happiness can be independent of what others think and do. Only cult leaders enjoy unquestioning fealty. If hospital leaders decided to retain only agreeable physicians, most hospitals would close.

Identify the most difficult people in your organization and focus on observing, predicting and managing them. Give up hope that they will change. Develop a list of potential management strategies and deploy them. Discard the ineffective ones and keep looking for better ones. Remind yourself that even the most malignant people feel completely justified in thinking

and behaving as they do. Confront them appropriately and contain their poisonous emotional spills quickly, but stop trying to reform them. Most of the difficult people make net positive contributions to their organizations. Be quick to acknowledge that. When you conclude that a difficult colleague is likely to remain net negative, marginalize him and look for a chance to trade up.

Don't Take the Stars for Granted

These people are critical to every leader's success. They show up on time day after day and produce stellar results without complaint. They enrich the lives of the people around them. They are thoughtful, flexible and considerate. They give gossip exactly the attention it deserves. They are team players who are satisfied to work behind the scenes. They are calm and disinclined to disruptive emotional outbursts. They don't say much, but when they do, people listen. Because they are confident, self motivated and not given to whining, they are easy to take for granted. Don't do it.

The top ten-percent folk shoulder most of the load. They perform quietly and require none of the handholding that needy

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people demand. They understand that their less confident colleagues demand most of the attention, but they do expect their leaders to maintain an environment where high performers can flourish and where the slackers and malcontents are bothered. When they see the negative people being permitted to behave disruptively without consequence, sapping everyone's energy and enthusiasm, they begin to wonder whether there might be a better place to work. Star performers are the crown jewels of every organization. Everyone treasures them and wants to hold on to them. Catering to troublemakers and slackers is not the way to do it.

Make it clear that you recognize them as stars. Yes, lesser lights will be envious if they discover they are not included in the elite, but so be it. Create and sustain a working environment where stars flourish. Block for them when they carry the ball. Provide them with opportunities to grow. Engage them in the endless quest for excellence, and help them find a comfortable niche in the company. Encourage them to limit their disdain for slackers and complainers. Help them develop more

realistic expectations for their mediocre, thin-skinned colleagues. Top performers generally don't tolerate fools gladly. Help them overcome this weakness.

Field the Best Possible Team

The critical importance of fielding the best possible team—a lesson first learned on the playground—is quickly forgotten in the typical workplace. Here seniority and inertia rule. Having landed a job, these placeholders believe they have earned a lifetime of undeserved promotions.

Physicians are entitled to practice as long as they remain marginally competent. Physician leaders are entitled to lead only so long as they produce results.

Even physician leaders are inclined to believe this. It's not true. Fielding the best possible team is the leader's primary obligation to her organization. This commitment keeps leaders focused on performance, discourages coasting and encourages an enabling discomfort. Adopting this strategy forces painful decisions and challenges other leaders to take the same approach. It gives notice that no physician leader can take her position for granted, makes slackers uneasy and promotes teamwork. Physicians are entitled to practice as long as they remain marginally competent. Physician leaders are entitled to lead only so long as they produce results.

State your intention to field the best possible team at every opportunity. Practice what you preach. Do not let friendship or the specter of criticism keep you from doing the right thing for the organization. Insist that your colleagues take the same approach. Challenge your superiors to make this commitment and offer your resignation as evidence of your sincerity. Insist on the deployment of a practical succession plan. Set performance targets that demand sustained effort and implement incentive programs that support exceptional performance.

Be Reasonable

When they are emotionally aroused, physicians feel entitled to be unreasonable. Confronted with unreasonableness, the temptation to behave the same way is great. But reasonableness is always the best option. This perspective reminds leaders that

unreasonableness must be recognized and opposed. The mere consideration of reasonable options highlights the unreasonable ones. In most health care environments, reasonableness is neither natural nor in plentiful supply. Patently unreasonable ideas often survive unreasonably when physicians are involved.

No matter how outrageous the proposal, choke off your emotional arousal, listen carefully, ask clarifying questions and document the petitioner's demands. Most unreasonable people are hoping to cut a special deal under the table. They demand secrecy. Naturally, they don't want their unreasonableness exposed. Hold them accountable by making their demands public. Because there are so many competing interests when physicians are involved, patently unreasonable proposals stand little chance of withstanding public scrutiny. As a physician leader, strive to remain reasonable. Consider every option, and then take a reasonable position. If you allow yourself to be manipulated into taking an unreasonable position, the unreasonable people will be the first to decry your unreasonableness.

Concentrate on Being an Effective Investigator; Let Others Judge

Distressed people bring all sorts of problems to physician leaders. Their emotional arousal is contagious. Moreover, complainers are rarely inclined to present an objective case. Executives are encouraged to jump to conclusions and take immediate action to demonstrate their worthiness as leaders. Physician leaders are especially likely to fall into this trap. Physicians view themselves as decisive, and this self image inclines them to impulsive action. A request for favorable decisions and actions in the context of powerful emotional forces combined to seduce the unprepared physician leader into assuming the role of judge before an adequate investigation has been completed. Pausing to investigate thoroughly and listen to all sides reinforces the vital role that dispassionate leaders play in conflict resolution and enhances the executive's reputation as objective, thoughtful and deliberate. Silence is the strategy least often employed by physician leaders under fire; it should almost always be the first response.

Stifle your urge to do something dramatic. Pose pleasant clarifying questions and announce your intention to investigate the issue promptly. Document everyone's perceptions and behaviors. Do not editorialize. Prepare a template and ask each of the people directly involved the same questions. Interview people individually and take careful notes. Present your objective findings to appropriate decision makers. Reserve your opinion

until you are asked for it. When you are questioned, summarize the available options and make a compelling case for the best one. If you can keep your mouth shut until people ask for your opinion, you will increase the odds that people will actually listen to what you say. And you will have the advantage of having heard everyone else's opinions first. People can't help themselves.

Make a Specific Proposal

For the most part, people show up for meetings unprepared and discuss whatever comes up until they wear themselves out. They accomplish nothing and then shuffle out complaining about meetings being such a waste of time. And they think this is their job. Most groups are much better at criticizing proposals than creating them. But someone needs to develop a thoughtful proposal so the critics can feel useful. Physician leaders overlook this opportunity all of the time.

Employing this effective strategy permits the physician leader to establish the discussion parameters and to ask and answer the hard questions before others do. Since most stakeholders are much better at criticizing and brainstorming than designing,

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this approach plays to people's strengths. Presenting a draft proposal permits the leader to make a compelling case, invites the recognition of prevailing market forces and accepts the necessity for eventual compromise without beginning with the lowest common denominator. This tactic permits the physician executive to go on the offensive while forcing opponents to appear defensive. It is easier to criticize than create. But creation is more fun.

Begin by designing the ideal proposal to address the perceived need. Anticipate the questions stakeholders will have, and answer them honestly as a part of making the case. Identify key stakeholders and run the concept by them first. Exclude any provisions that have no chance of being accepted. Make it clear that you did so in response to the feedback you received. Be sure that your proposal will at least be perceived as reasonable. Remind yourself that reasonable proposals are often rejected simply because they are reasonable. That is not a bad thing.

Produce Results

Physicians readily accept their obligation to do the right thing. After that, it's up to God. People expect more than that from leaders. They must produce results! Successful physician leaders understand this is their primary obligation. This realization inclines executives to focus on meaningful indicators and to wax impatient with the widespread tendency to dither. This mandate fosters a data-driven approach and creates a demand for comparative data. It stimulates the search for best practices and encourages leaders to hold themselves and others accountable.

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Decide on a goal that matters. Figure out how to get there. Identify the stakeholders, share your passion and make a compelling case. Put together a team that will help you succeed. Select meaningful performance indicators and start driving. Anticipate bug splatter. Clean the windshield and drive on. Celebrate milestones. Arrive and plan the next journey. This is the protocol for successful leadership.

Summary

As a physician executive, you will spend a lot of time with people who are upset. You will not be able to manage their emotional arousal until you have managed yours.

Like every other executive, you will be tempted to abuse your power. Steadfastly focusing on responding to others' needs will provide the best insurance against lapsing into this fatal error.

Grow a thick skin. You will need it. Stop looking for love in all the wrong places. (The physician lounge is one of those places.)

To be an effective physician leader, you must be an effective persuader. To be an effective persuader, you must be able to make a compelling case. To make a compelling case, you must first persuade yourself.

Resist the natural executive inclination to talk things to death. Identify the real problem. This is not as easy as you think. Decide what to do. Then do it.

It is not enough to identify the problem or to explain what needs to be done. You must be prepared to tell people how to do it.

This is what being in charge means. It means you get to be the first one to charge up the hill. Leadership is about leading, not giving orders.

If you try to control people, you will be frustrated and you will fail. If you try to influence them instead, you will occasionally be successful. And you will be a lot less frustrated.

People spend much of their lives hoping other people will change. Reports of success are rare. Be different. Observe, predict and manage people instead. This actually works.

The whiners and troublemakers will demand most of your time and attention. By contrast, the organizational stars will get the work done so efficiently and quietly that you will be inclined to take them for granted. Don't do it.

You will encounter all kinds of pressure to retain marginal leaders in the organization. Resist that pressure. Field the best possible leadership team no matter what the cost.

During your service as a physician leader, a great many unreasonable people will demand that you behave unreasonably too. Disappoint them. Be reasonable.

A lot of angry people will come in to complain that they have been unfairly treated, and to demand that you do something about it right now. You will experience the urge to act. Resist that urge. Investigate instead.

People are a lot better at criticizing than creating. Play to their strengths. Give them something to criticize. Show up with a draft presentation and invite their critique. It will go a lot better than if you just show up.

As a physician leader, you will be expected to produce results. Expect that of yourself, and you won't be surprised.

Additional Reading

Stewart, Kendall L., et. al., A Portable Mentor for Organizational Leaders, SOMCPress, 2003



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Dr. Stewart is a Diplomate of the American Board of Psychiatry and Neurology and a Distinguished Lifetime Fellow of the American Psychiatric Association. He is a past president of the Ohio Psychiatric Association.

Dr. Stewart is a former Chairman of The Ohio Partnership for Excellence. He also served as a member of the Board of Examiners for the Malcolm Baldrige National Quality Award. Dr. Stewart is the senior author of, "A Portable Mentor for Organizational Leaders," a book published by SOMCPress in 2003. He and his wife, Fay, have two grown sons.