

Growing Physician Leaders: Empowering Doctors to Improve our Healthcare

BY LTG (R) MARK HERTLING

This quarter's article reviews a book central to our purpose in the leadership book review. *Growing Physician Leaders* by LTG (R) Mark Hertling is a synopsis of what he and his team have done at the Florida Hospital in Orlando to organically grow physician leaders. Relying heavily on lessons learned from the military (and yes, the book is a little "Armyish"), LTG (R) Hertling lays out the absolute importance of physician leadership (both in formal and informal positions), the characteristics and qualities essential for leadership, and lessons learned by the participants in their leadership development efforts. He concludes each chapter with a "war story" from his own career to highlight important concepts and to provide context for the principles about which he writes. For most of us, leadership and leadership training is part and parcel to our careers since the military stresses this at all levels; however, in the civilian world, institutional emphasis on growing and developing leaders is rare. I recommend reading this book not only for your own development and to remind yourself of core leadership principles, but also for perspectives on how we can create physician leaders within the military and in our future civilian careers.

GROWING PHYSICIAN LEADERS

Leadership, as we all know, is a mix of character, talent, skills, care, and dedication. But how do you create leaders? More specifically, how do you create physician leaders? LTG (R) Hertling, in his role at Florida Hospital, created the "Physician Leader Course" to answer this precise question. He begins his book by stressing the need for physician leadership and describing some of the barriers to physicians becoming engaged, competent leaders. Some of these barriers are present in our system: administrative burdens, over-prioritization of workload and relative value units, a hierarchy of non-clinical positions that greatly outnumber the physician leadership positions, and a lack of engaged physicians who desire to get in the ring and lead. He contrasts this with the military which has a very defined and tiered leadership structure that integrates both academic leadership training and opportunities for direct leadership. He also stresses that "good leaders are made, not born. And that *includes* physicians."

He then goes on to break down many of the core attitudes and competencies needed for leadership. He defines a leader as someone who "must be willing to act decisively, exhibit courage and candor when

required, and do all of this in the best interest of the organization." Furthermore, an ideal physician leader is "someone who selflessly and humbly serves patients and the healthcare organization." Successful leaders must be able to lead up (which can be doubly difficult in our organizations due to rank) and be committed to team and organizational success in ways beyond excellent clinical care. Physicians appointed to leadership roles frequently demand a voice simply

LEADER ATTRIBUTES AND COMPETENCIES		
ATTRIBUTES		
CHARACTER	PRESENCE	INTELLECT
<ul style="list-style-type: none"> ○ Values ○ Empathy ○ Service Ethos ○ Discipline 	<ul style="list-style-type: none"> ○ Bearing ○ Fitness ○ Confidence in Action, Words, and Manner ○ Resilience 	<ul style="list-style-type: none"> ○ Mental Agility ○ Sound Judgment ○ Innovation ○ Interpersonal Tact ○ Expertise and Practical Competence
COMPETENCIES		
LEADS	DEVELOPS	ACHIEVES
<ul style="list-style-type: none"> ○ Builds Trust ○ Extends Influence ○ Leads by Example ○ Communicates 	<ul style="list-style-type: none"> ○ Creates a Positive Environment ○ Seeks Ways to Improve ○ Develops Others ○ Stewards of the Profession 	<ul style="list-style-type: none"> ○ Focused on Results

by virtue of their position or title; but, in the same way that we must communicate in meaningful ways for our patients, physicians in leadership positions must be able to “speak the language” of the organization. Otherwise, physician input will not be received and integrated into decisions. This is akin to a hospital administration declaring a new policy without considering its clinical impacts; it’s frustrating, confusing, potentially disrespectful to clinicians’ value, and creates divisiveness. Often without realizing it, we can do the same thing when we don’t consider other perspectives and the needs of the organization.

CHARACTER, SKILLS, AND COMPETENCE

Successful leaders have a combination of character, skills, and competence that are reflected in their professional and personal values and ethics. Physician leaders uniquely possess the professional responsibility and skills to lead healthcare organizations. However, these skills are not fully innate. Just as we had to learn to take medical histories, place central lines, read x-rays, or have end-of-life conversations, we must invest the time in learning ways to lead. Not a single one of us will master them all; this is why leadership is a team sport. But we must be honest with ourselves and seek counsel to develop ourselves as leaders. LTG (R) Hertling describes three different leadership scenarios in which leaders must apply different approaches and skills: when you’re creating a new team, when joining a good team, and when you’re needing to sustain a great team. In all three situations, leaders must set priorities and develop trust (which have been discussed in other

leadership book reviews); but the manner in which this is done and the strategies for doing so differ. As we all move frequently in our careers, it’s imperative that we heed this advice and assess the situation we are in to determine the best path to success. And not just for your success, of course, but for the success of the organization.

To be successful, physician “leader’s words and actions must remain in sync.” And as such, physician leaders must maintain professional demeanors and attitudes at all times, and in all situations. Furthermore, “values reflect what the leader really believes and mirror what the leader sees as most important.” Think about yourself: what do your values and actions say are most important to you? We can’t just say “I’m a doctor and therefore listen to me”. We also have to quit assuming that others are too ignorant to understand the problem or make the right choice. We expect administrators and policy makers to know our perspectives; we must invest the time to know their viewpoints and constraints if we expect to be invited into the conversation. Whatever role you are in, spend the time to make relationships and understand all aspects of the problem. If you’re in a position to ensure physicians have a seat at the table, make sure it happens. Expend the resources to develop junior physician leaders and involve them in the process. Nothing states that putting physicians in leadership roles will solve all problems, but all too often (as many of us have witnessed) decisions made without physician involvement aren’t very satisfactory. Lastly, we need to hold our physician leaders accountable....this may be one of the most important, yet most difficult, tasks to accomplish.

JOINING AND SUSTAINING A GREAT TEAM	
LEADER ACTION	TEAM MEMBER REQUIREMENTS
<ul style="list-style-type: none"> ● Determine Ways to Contribute ● Continue to Build Trust ● Focus on Polishing Team Skills and Teamwork ● Quickly Respond to Issues from the Team ● Build Pride & Spirit by Challenging (But Know Limits!) 	<ul style="list-style-type: none"> ● Share Mission and Values ● Contribute to Building Greater Degrees of Trust ● Openly Share Ideas ● Assist Other Team Members in Growth

**THE TEAM OWNS IT!
THE NEW LEADER CONTRIBUTES**

A BIGGER BROADER VIEW

The final two chapters of the book deal with the perceived incompetence of those at “higher” headquarters and the need for physicians to drive solutions to the challenges in health care. In both cases, in order for physicians to be involved, listened to, and have a seat at the table, we must know the vernacular and decision-making process. All too often, as medical experts, we expect our opinions to be instituted without comprehending the full picture. As LTG (R) Hertling points out, how often do physicians know the “strategy, direction, or objectives” of the hospital or system? How well do we understand the myriad of decision makers and influencers in our own hospitals and clinics? Things like personnel management, medical logistics, policy determination, and strategy implementation must be learned in order to grasp the full situation and find complete solutions, not just the singular problem driving your involvement in the conversation.

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Just as administration needs to understand the clinical impacts of a decision from “higher,” we must understand the “business of medicine.” This imperative is then expanded by the book to our nation’s health system and how physicians are too far removed from policy making roles with a lack of understanding or involvement in the financial components of healthcare.

APPLICABILITY WITHIN THE MILITARY HEALTH SYSTEM (MHS)

With the ongoing transitions within the MHS, the need for leadership throughout all levels of the organization has never been greater. The entire system needs thoughtful, knowledgeable, clinically-minded leaders to help us reform without losing sight of what’s most important. Whether in a formal or informal position of leadership, whether a junior officer or senior leader, the principles in this book will remind you of and refresh your focus and desire to lead. I would also highly recommend this for our residents and those teaching and leading in residency programs. The book is not groundbreaking, but

JOINING A GOOD TEAM		FORMING A NEW TEAM	
LEADER ACTION	TEAM MEMBER REQUIREMENTS	LEADER ACTION	TEAM MEMBER REQUIREMENTS
<ul style="list-style-type: none"> Understand Lines of Authority Determine Goals Determine Standards and Enforce Them Trust... and Encourage Trust Monitor Progress & Performance of Teams, and Adjust as Required Ensure Cooperation... Identify and Grow Informal Leaders and the Team Build Pride Through Results 	<ul style="list-style-type: none"> Begin to Trust New Leader Make Recommendations Affecting the Team and the New Leader Share Information Cooperate with Other Team Members 	<ul style="list-style-type: none"> Set the Example, Quickly Grow Trust Communicate Objectives and Standards Listen and Learn; Analyze Strengths and Weaknesses Create Growth Opportunities for the Team Refine Tasks and Responsibilities Reward Contribution 	<ul style="list-style-type: none"> Learn About Leader Understand the Task, the Standards, and the Leader's Expectations Develop Individual and Team Skills Achieve Teamwork with Others

TEAM IS BUILDING COLLECTIVE PROFICIENCY

GENERATING TRUST IS PRIMARY REQUIREMENT

it is thought provoking and a great reminder of why we do what we do.

Physicians are inherently servers, self-sacrificing for others, and possess an obligation to help correct that which is wrong. As a whole, we can ensure the right decisions are made for the right reasons: for the care of our patients and the care of the organization. Tragically, despite having the substrate to be phenomenal leaders, too many have abdicated the

role due to frustration, fear, or laziness. If unwilling to be part of the solution, how can one complain about the result?

So what do YOU say? Ready to be in the ring and lead?

From all of us, keep leading and keep reading! We challenge you to prioritize your self-learning by reading one non-fiction book a month. And we always welcome your feedback on how we’re doing and what we can do better. Here’s to you and a great 2020!

MEMBERS IN THE NEWS

CONGRATULATIONS TO USAFP MEMBER AND COMMITTEE CO-CHAIR JANET WEST, MD

JANET WEST, MD, FAAFP, NAVAL HOSPITAL JACKSONVILLE, HAS BEEN SELECTED BY THE AAFP BOARD OF DIRECTORS TO SERVE A 2-YEAR TERM AS AAFP AMERICAN MEDICAL ASSOCIATION (AMA) DELEGATE. DR. WEST HAS SERVED THE ACADEMY THE PAST SIX YEARS AS AMA DELEGATE AND BEEN A GREAT VOICE FOR THE AAFP AND THE SPECIALTY OF FAMILY MEDICINE. DR. WEST DEEPLY UNDERSTANDS THE POWERFUL VOICE OF THE AMERICAN MEDICAL ASSOCIATION IN OUR CHALLENGED HEALTHCARE SYSTEM AND COURAGEOUSLY ENSURES THAT FAMILY MEDICINE AND THE VOICE OF THE AAFP ARE WELL-REPRESENTED.

CONGRATULATIONS DR. WEST!

