



> Developing Physician Leaders



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Developing Physician Leaders

As the national health care environment becomes increasingly complex, the need for physician leaders to manage change and shifting expectations, while continuing to provide the highest quality of care, has become more pronounced. Physicians who possess leadership qualities as well as leadership skills are in demand more than ever. The Munson Healthcare (MHC) leadership team has recognized the importance of nurturing physician leadership and has initiated a program of physician leadership education designed to develop the leaders who will oversee the delivery of health care in the future.


David McGreaham, MD, Munson Medical Center (MMC) Vice President for Medical Affairs, said, “Physicians have always been asked to lead, but most have not had formal opportunities for leadership education. Many physicians acquired leadership skills on the job, and if they were fortunate, they had good mentors.”

Some physicians may be reluctant to accept leadership positions because they believe they do not possess the skills necessary to be effective leaders. In fact, leadership skills are typically not taught in medical school, but can be learned elsewhere. A number of national companies, as well as the American College of Physician Executives, offer courses and programs of leadership education.



 **Kari Young, DO, and Tobin Fraser, DO, participate in the medical staff mentoring program.**



 **Kyle A. Carr, MD; Daniel Navin, MD; and Raymond Bohrer, MD, have all stepped into leadership roles.**

Bringing Leadership Education Close to Home

McGreaham noted, “Over the years, we have sent physicians to many national courses, but have found it most expeditious to bring the teaching to the physicians instead of the other way around.” The recent Boyne Mountain Leadership Education Seminar, a two-day retreat attended by more than 65 physician leaders from around northern Michigan, was the first step in MHC’s campaign to prepare its leaders for the challenges of managing health care in the coming years.

The seminar was facilitated by **Richard Scheff, MD, MBA** of the Greeley Company, a Massachusetts-based company with a national clientele, providing consulting and education services to health care organizations. Scheff discussed physician leadership, credentialing, and physician performance. Munson physicians also were surveyed about which leadership skills are most important to them.

“Physicians have always been asked to lead, but most have not had formal opportunities for leadership education. Many physicians acquired leadership skills on the job, and if they were fortunate, they had good mentors.” – David McGreaham, MD

The skills, in order of descending importance to the physician leaders surveyed, were:

- Performance Improvement/Quality Tools
- Peer Review
- Managing Physician Performance
- Negotiation Skills
- Understanding and Using Your Leadership Style Effectively
- Conflict Resolution
- Managing Disruptive Physicians
- Managing Organizational Change
- Strategic Planning
- Time Management and Delegation
- Health Law
- Meeting Management
- Finance and Accounting

Participants also suggested other topics of interest, as well as how to make leadership education and training more accessible to busy physicians. McGreaham said, “Using this and Scheff’s input, over the next six months, we will be developing a core curriculum for leadership education and determining how best to bring that training to a targeted group of physician leaders.”

Physician Leadership Council

Gerald Dudek, DO, Medical Director of the Wexford Mercy Physician-Hospital Organization and Chief Medical Officer, Mercy Hospital Cadillac, is a long-time family practitioner, but is relatively new to physician leadership. He appreciates



Gerald Dudek, DO

the leadership education opportunities MHC provides through courses such as the Boyne Mountain seminar, the half-day meeting facilitation seminars, and the regular meetings of Physician Leadership Council (PLC).

The PLC, composed of leaders from MHC system hospitals, meets regularly

throughout the year and provides opportunities to discuss topics of mutual interest including patient transfers, the stroke network, the electronic medical record, and future physician clinical training. Dudek said, “Different hospitals have different cultures, and that generates different points of view. As a new leader, I have an ideal vantage point to observe different ways of accomplishing goals, and that is useful to me as my own leadership style evolves.”

Are Physicians Reluctant Leaders?

McGreaham estimates that approximately one quarter of MMC’s physicians participate in either formal or informal leadership positions. For others, however, participation in leadership opportunities may not be a high priority for a variety of reasons including excessive demands on their time and a sense that a leadership position is not a step forward professionally.

Dudek commented, “I know there are physicians who would like to have more opportunities to participate in leadership, but due to the growing complexity of their practices and other demands on their time and energy, may feel that they cannot take on additional challenges. I can only say that it is



> Throughout his career, Douglas Slater, MD, MBA, shown above with his son several years ago, has worked to balance his personal life with his practice obligations.

a challenge that will repay the effort. We are governed by those who show up, and only if we as physicians show up, can we fulfill our responsibilities as community leaders and patient advocates and control our own professional paths.”

Douglas Slater, MD, MBA, Chief Medical Officer at Mercy Hospital Grayling,

suggests another reason why physicians may be reluctant to be leaders. “Physicians mistrust the pure business model. We become doctors because we want to take care of people, and we are suspicious when we think financial interests threaten quality of care.” However, that suspicion, turned inside out, is the most important reason for physicians to step into leadership roles.

Why Is Physician Leadership Critical to the Future?

“I believe that leaders must be physicians, or have the support of physicians, because they are the only ones who can truly understand and appreciate the very complex relationship between physician and patient that is the foundation of health care. Physicians are in a unique position to understand the challenges of today’s health care environment and design solutions that protect patient care and trust,” Slater said.

McGreeham concluded, “Educating the next generation of physician leaders is more important now than ever before, because the business of health care is becoming more and more difficult. It is important to promote physician leadership education in order to be the best health care system we can be. This is our health care system, and these are our patients. We owe it to them, to ourselves, and to the future of health care to ensure that tomorrow’s leaders have the tools they need to navigate these perilous waters.” **<**

Munson Medical Center Mentoring Program Provides Guidance to New Physicians

In Greek mythology, Mentor was Odysseus’s adviser, and today the name has come to signify a wise and trusted counselor or teacher. At Munson Medical Center (MMC), the new mentoring program, under the direction of **Kyle A. Carr, MD**, immediate past president of the medical staff, is designed to offer physicians new to the medical staff the opportunity to be paired with a mentor, an experienced physician who can help guide them while they adapt to the culture of the hospital and the community.

The medical staff mentoring program was modeled after a similar and successful program utilized for MMC’s new management staff. The vision for the program is that every new appointee to the medical staff will be matched with a more experienced physician who will meet with him or her regularly for the first year and as needed after that. The mentor will serve as a resource to help new physicians understand the MMC expectations and culture, and to help their families as they enter the Traverse City community.

Carr meets with each new staff member himself, and then matches him or her with an appropriate mentor. He said, “Although being a mentor requires a commitment of time, a commodity in short supply in the lives of most physicians, we have had no shortage of volunteer mentors and expect to be able to provide a mentor for every one of the ten to twenty new physicians who join the MMC staff every year.”

The mentoring program is relatively new. Carr believes it will prove beneficial in retaining good physicians and maximizing their satisfaction with their professional lives at MMC, and their families’ satisfaction with life in Traverse City.

“By the end of this year,” Carr said, “we expect to have a critical mass of new physicians and mentors participating in the program and to be able to evaluate the program to see if it is providing the benefits we expect.”

Making Physician Wellbeing A Priority at Munson

Physicians, dedicated healers of others, sometimes need care themselves. An intense work environment and little time to manage personal, social, and family concerns can contribute to exhaustion, frustration, burnout, disruptive behavior, and substance abuse. Over the past decade, Munson Medical Center (MMC), like other health care providers in the nation, has had a heightened focus on the importance of physician wellbeing and what hospitals and physicians themselves can do to enhance it.

According to **Raymond Bohrer, MD**, Chair of MMC's Physician Wellbeing Committee, "Physician wellbeing is in some ways the flip side of physician impairment, although wellbeing takes in a much broader scope. Physician impairment today is considered to be any stressor – physical or psychological – that makes it difficult for a physician to function, to safely care for patients, and to experience professional satisfaction. Stress is not unique to the medical profession, but when physicians are impaired by stress, patient care may be adversely affected."

Practice Complexity Threatens Wellness

Stress associated with the immense responsibility for patients' lives and health has probably existed as long as there have been physicians. However, other stressors on physicians have changed over the past half-century.

- The health care environment is more complex, with increasing costs, decreasing reimbursement, decreasing autonomy, increasing public scrutiny, and increasing expectations that physicians will accomplish more with less.
- Financial concerns, including medical school debt and rising malpractice premiums, are affecting an increasing number of physicians.
- Whereas fifty years ago, most physicians felt their practices came first and their personal lives a distant second, more physicians today are concerned about balancing their professional and personal lives.



physician satisfaction

patient satisfaction

These factors have created a shifting and uncertain practice environment for many physicians and may be the reason surveys administered over the past ten years show that 30 to 40 percent of practicing physicians would not now choose to enter the medical profession.

Addressing Physician Stress at Munson

Debilitating stress is in some ways more difficult to address in physicians than in others. Physicians often view themselves as immune to developing stress disorders, and typically don't take care of themselves in the same way as they would advise their patients. In addition, physicians may be reluctant to admit they feel overwhelmed.

The Physician Wellbeing Committee coordinates physician wellbeing efforts at MMC. According to Bohrer, the committee evolved from the former Impaired Physician Committee, which dealt mainly with physician substance abuse. "The name change reflects a change in both the function and the purpose of the committee. The Impaired Physician Committee monitored behavior and sanctioned behavior that threatened patient safety. The Physician Wellbeing Committee, by contrast, has a broader, more proactive focus and seeks more global ways to address physician stress. Our goal is to allow physicians to practice in a way that satisfies them while ensuring patient care and safety."

MMC's Physician Wellbeing Committee

- Raymond Bohrer, MD, Chair
- David McGraham, Vice President for Medical Affairs
- Richard Beck, MD, psychiatrist
- Daniel Navin, MD, chief of the medical staff
- Michael McManus, MD, Chair, Ethics Committee
- Kyle Carr, MD, physician liaison
- Kim McKinley, medical staff administrator



> Raymond Bohrer, MD, and Kyle A. Carr, MD, discuss appropriate mentoring matches as they pair new physicians at Munson with established physicians.

Bohrer continued, “Ours is an ongoing prevention program that aims to recognize and head off potential problems. We review incident reports and formal complaints, but we also do what we call ‘listening for noise in the system.’ We try to recognize and address patterns of disruptive behavior. We hold up a mirror to the behavior, allowing the physician to observe his or her own behavior and how it affects others on the team. We can offer resources to help address unacceptable behaviors. And of course, we can and do continue to monitor and sanction behavior that threatens patient safety.”

What Can Hospitals and Physicians Do to Enhance Wellbeing?

Bohrer believes it is the shared responsibility of hospitals and physicians to address stress and stress-associated disruptive behaviors in order to ensure good patient care, protect patient safety, and enhance physicians’ professional satisfaction.

Physicians should heed the advice given to their patients; be attentive to their sleeping, eating, and exercise habits; and find

a balance in their professional, personal, social, and family lives. They need to be aware of stresses that may affect their ability to function and to ask for help when they need it.

At the same time, hospitals and medical staff members need to work to ensure a culture that accepts the reality of physician stress, work toward minimizing system-related stress, and assist physicians in recognizing and addressing factors that adversely affect their ability to care for patients and professional satisfaction.

What does the future hold for MMC’s physician wellbeing efforts? David McGraham, MD, MMC Vice President for Medical Affairs, said, “At MMC, as at most hospitals right now, physician wellbeing is a work in progress. We are in a phase of awareness and initial problem solving. There are lots of good ideas out there, and it is not clear which ones will prove most effective in our setting. However, I believe we have made a good start with our understanding of the critical importance of physician wellbeing and our commitment to taking a positive and proactive approach to protecting our physicians as well as our patients.” **<**

A Picture of Health



Photo courtesy of the Ludington Daily News

▶ Ben Hengy, DO, performs in his latest theater production, “My Three Angels.”

“The demands of taking care of patients, managing the business aspects of a practice, making ends meet, and making time for yourself and your family can be stressful, but they can be managed. If you love medicine and taking care of patients, you can do it.” – Ben Hengy, DO

If you were asked to describe the picture of physician wellbeing, you might come up with something that looks a lot like **Ben Hengy, DO**, an ear, nose, and throat surgeon at West Shore Medical Center in Manistee. In addition to his busy practice, he fulfills administrative responsibilities including participation on the boards of West Shore and the Northern Physician Organization, and has a wide variety of outside interests. He is an avid sportsman and an active member of a local community theatre, and he helps out on his wife’s farm, where he may be found mucking out the horse’s stall or helping his neighbor get the hay in. In addition, he is the father of three children and tries to attend as many of their games, concerts, and other activities as he can.

It wasn’t always easy for him. “As a new sole practitioner,” he said, “it was pretty crazy. I was working all the time and didn’t have any time for myself or my family. I realized I had to do something different.” He took on a partner; started to involve himself in leadership roles in the hospital, serving as chief of surgery and also chief of staff at West Shore; and began to pursue his interests outside of medicine. He says that although it took four or five years, he has found a personal, professional, and family balance that works for him.

Although he believes that balance involves a different equation for each individual, there are a few principles that are useful for everyone to observe. They include getting plenty of exercise, not only for its own sake but for the opportunity to spend an hour alone; exploring and pursuing things that make you happy; continuing to learn, including things outside of medicine; and most important of all, prioritizing to make time to do what is important to you.

Hengy knows that aspiring physicians are sometimes discouraged by the prospect of juggling all the pressures of practicing medicine today. “The demands of taking care of patients, managing the business aspects of a practice, making ends meet, and making time for yourself and your family can be stressful, but they can be managed. If you love medicine and taking care of patients, you can do it.” ◀