

Taking the Lead

If you're like most physicians, you care about the way health care is delivered and the overall health of the general population as much as the health of your individual patients. That concern may inspire you to take a leadership role at your practice, hospital, medical associations, and other organizations.

Physicians bring a valuable perspective to the business of healthcare, explains Edward Hindin, vice president of Hindin

Healthcare Advisors in Hoboken, N.J. They bring an emphasis on quality, clinical service, and the integration between clinical and management goals.

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But taking the lead requires special skills. Physicians who want to help their organizations or their communities may need to broaden their perspectives and their experiences in order to prepare for leadership.

"You can't limit your knowledge to clinical skills," says Howard Forman, M.D., M.B.A., professor of diagnostic radiology and public health at Yale New Haven Hospital and professor and director at Yale's M.B.A. for Executives: Leadership in Healthcare in New Haven, Conn. "To interact with the other 90 percent of the healthcare spending in this country, you've got to have a greater level of sophistication. [Taking a leadership role

in healthcare] requires you to understand the language of business and also to interact with different people at different levels every day of the week throughout the year.”

Dr. Forman adds that some physicians who have held leadership roles and made the biggest changes or contributions in health care started from modest beginnings. Even solo practitioners can make a big impact by working with organizations ranging from state medical societies to managed-care entities.

While physicians in active practice may take on leadership roles in addition to seeing patients, Mr. Hindin says some physi-

Top 10 Qualities for Effective Physician Leadership:

Great physician leaders:

- should be high performers in the organization, who are respected by physicians for their integrity and conduct in the group, and who have the ability to influence others.
- are students of change, and understand that excellence in medicine is different from what it was 10 years ago.
- have the ability to communicate a vision and articulate a strategy so those who follow know exactly why and how performance will be achieved.
- are collaborative by nature, and have the ability to set aside a personal agenda to pursue the greater good.
- are not slowed or distracted by individual protest that runs counter to the group mission
- never hide low performance and can look honestly at data to leverage for change.
- depend on measurement, not opinion, to assess performance.
- do not depend on others to communicate difficult information; they have the ability to be totally honest and totally respectful.
- are accountable to others and themselves, and will always do what they say they will do.
- create a culture of physician cooperation and collaboration as a medical group property, and strategically pursue a mission to be the best.

Remember: Example is not the main way to influence others...it is the only way.

Source: Stephen C. Beeson M.D., Practicing Excellence: A Physician's Manual to Exceptional Health Care (Fire Starter Publishing, 2006).

cians leave clinical work because leadership roles often present exciting opportunities and more intrinsic and financial rewards than being a patient-care provider. Other physicians choose medical administration as a path because they're simply fed up with the difficulty of running a practice to earn a decent living.

But whether the opportunity to lead comes as an adjunct to practice or as a replacement for it, the transition isn't always as easy as physicians expect. While the "I'm in charge" attitude may be essential for physicians who are performing a delicate neurosurgical procedure, Mr. Hindin says that executive management is a team sport and that it's important for doctors to understand the difference.

"Understand that this is something different from what you've done before," Mr. Hindin says. "I would seek advice from others who have done it before and from other physicians involved in the organization."

Leadership requires alternative ways of thinking and behaving, Mr. Hindin explains. "[Physicians] have always been exposed to that individual focus, the 'I'm in charge,' 'I'm responsible,' 'I've got to make decisions,' 'I'm the guy' approach," he says. "If that's your approach and you don't understand how to work with a team, you can't be effective as a leader or as a participant on an executive team."

When coaching physicians for leadership positions, Mr. Hindin works with them to develop listening skills and the ability to recognize and appreciate different points of view. Being able to follow that delicate line of listening to different viewpoints, then coming to a conclusion at the right time, is an important skill that not all physicians have developed, he says.

People are "sloppy organisms" who don't always react in a clear-cut, rational way, he explains. If you're going to lead people, then you must be able to recognize and use multiple styles—one size does not fit all. In some cases, you have to be direct. At other times, you may need to be indirect and follow. But at all times, you have to learn how to ask the right questions. He says strong physician leaders develop a portfolio filled with a variety of management styles and tools that they can then apply in varying circumstances.

Leadership Models

When working to develop leadership skills, it helps to have a picture in your mind of what makes an effective leader. Think of the great leaders you have met in your life—administrators at your medical school who dealt with disputes by listening to all sides and coming to a decision, the corporate president who inspired employees to do their best, even the community volunteer who organizes neighbors to clean up a park. What are the traits these leaders have in common?

Curtis Rimmerman, M.D., M.B.A., a cardiologist and medical director at the Cleveland Clinic Westlake in Cleveland, Ohio, uses the following adjectives to define leadership: ambition, discipline, efficiency, and follow-through. He says leaders take the opportunity at a grass-roots level to try to solve problems in their work environment.

In 1995, when Douglas Wood, D.O., Ph.D., was appointed president of the American Association of Colleges of Osteopathic Medicine, he began studying the topic of leadership and came upon the Full-Range Leadership Model developed by Bruce Avolio, Ph.D., and Bernard Bass, Ph.D., at Binghamton University, part of the State University of New York.

“The model they developed is so logical and covers all of the major types of leadership that are out there,” says Dr. Wood, now dean of the college of osteopathic medicine scheduled to open at A.T. Still University in Mesa, Ariz., next year. “It’s academically based. This model has more research backing than any other leadership model out there.” Dr. Wood is certified to teach this model.

He explains that the model outlines two categories of leadership: transactional and transformational. Examples of transactional leadership are the following:

Laissez-faire or Hands-off Leadership: These leaders offer little guidance or support, avoid making decisions or taking a stand on issues, and seem unaware of employee performance.

Management-by-Exception: These leaders set standards and communicate with staff only when something is wrong. As a result, they spend most of their time putting out fires.

Contingent Rewards: This type of leadership is sometimes characterized as “Let’s make a deal,” setting up “if you do X for

me, I'll reward you with Y." These leaders set clear goals and rewards, monitor employee progress, and then provide supportive feedback.

Then there is transformational leadership, which consists of four different components, referred to as the four I's:

Individualized Consideration: Leaders can encourage continuous employee growth and development by demonstrating compassion, empathizing with individual needs, and establishing connections with employees.

Intellectual Stimulation: Leaders show this trait when they encourage others to be creative, challenge old ways of doing things, and are willing to take risks.

Inspirational Motivation: These leaders inspire others to perform, clarify the organization's future, and create a strong sense of purpose among employees.

Idealized Influence: Those who demonstrate an inclusive vision, walk the walk, and develop trust among employees are leaders whom others want to emulate.

Dr. Wood explains that people in leadership positions will vacillate among these various components of the model. Ideal leaders, however, will consistently practice the four I's.

Dr. Avolio and Dr. Bass also developed a 360-degree evaluation tool, called the Multifactor Leadership Questionnaire (MLQ), which measures leadership traits based on the responses from people who work with them. When Dr. Wood's leadership style was evaluated, he was surprised to find that roughly two percent of his time was being spent in the laissez-faire area.

"I was pretty surprised I was there—just watching the world go by—which you shouldn't be doing," he says, adding that the rest of the evaluation wasn't as good as he would have liked, either. "The model gives you something to aim at. It has helped me a lot in my professional life and life outside as a physician or medical educator."

Many Paths to Leadership

In some cases, leadership is by design. In others, it's simply an accident, an opportunity that physicians stumble onto because of circumstance.

Carl Zucker, M.D., a cardiologist at Newark Beth Israel Med-

ical Center in Newark, N.J., admits that a “lucky break” helped him establish a heart transplant program at the hospital. But he says this is just one of many ways that people get ahead. Echoing the famous Shakespeare quote (“Be not afraid of greatness: some are born great, some achieve greatness, and some have greatness thrust upon them”), Dr. Zucker says, “Some are born leaders. Some have no choice—somebody dies, leaves, or quits the job. The next thing they know, they’re the department head. Others acquire it by working hard and climbing the corporate ladder. In reality, any of those three can work.”

But managing people—and especially leading them—requires a variety of skills that aren’t necessarily taught in medical school. Leadership requires vision, strong communication skills, the ability to manage an organization’s finances, strategic thinking, the ability to motivate people and work with teams...the list

10 Tips for Instilling Teamwork

- **Find common ground:** Shared values, goals, prior experiences, perspectives, and beliefs form the foundation upon which trust and cohesiveness are built.
- **Respect each individual’s individuality:** The strongest teams are those with the broadest diversity of skills, experiences, training, work styles, and abilities.
- **Ask lots of questions:** Inquiry is a powerful tool for gaining insight, confirming understanding, showing interest in others. Ask people about their opinions, hopes, concerns, successes, struggles, expectations, and ideas. Then, of course, listen attentively to what they say (and don’t say).
- **Show people WIIFT (what’s in it for them):** The more closely people believe the team’s success is linked to their individual success, the more motivated they will be to be part of the team and to help it succeed.
- **Agree on clear goals and roles:** Who will do what, and by when? “John will hire two new nurses by Friday” is far more powerful than “We will add more staff” because it minimizes confusion and increases focus and accountability.
- **Agree on ground rules:** Specify what attitudes and actions are expected of everyone—and what behaviors are unacceptable. Some teams, for example, may insist upon promptness and candor; others

goes on and on. Just talk to the successful physician leaders in your practice, at local hospitals, or in your community. Many will reveal that learning how to be an effective leader requires just as much new and continuous knowledge, training, and effort as being a physician.

“Figure out what new sets of skills and tools and ways of interacting you need to be successful in your new endeavor,” Mr. Hindin says. “Don’t get sloppy and fall back on what always worked in the past because it isn’t necessarily going to work in the future. Simply assuming a new role without recognizing that you have to change how you operate in that role will be self-defeating.”

Mr. Hindin points out that we’re all teachers and students at various times in our lives. When the physician seeks out leadership opportunities, it can be useful to assume the stance of a student.

focus on courtesy and cooperation.

■ **Stick to your agreements:** To be meaningful, the team’s agreements must be fairly and consistently enforced. And the team must have a reasonable way of handling departures from those agreements.

■ **Disagree without being disagreeable:** Constant agreement is unrealistic. So convey respect for others even (especially) when disagreeing with their ideas. Say, for example, “I realize you think/feel ... And I think/feel ... So let’s see how we can work through this.”

■ **Share stories and rituals:** Teams build a sense of identity through repeated reference to shared experiences. If, for example, your team just launched a new Information Technology (I.T.) system, make remarks over time that “We did I.T.—we can do anything” to reinforce the team’s cohesiveness and confidence.

■ **Celebrate successes:** Work can be challenging, stressful, and exhausting. Small gestures of appreciation, short pauses to recognize what has been accomplished can help to rejuvenate and reinvigorate. And it doesn’t take much—a couple of balloons, some high-energy music, a bag of goodies, or a quick round of applause can spike the energy and strengthen the team’s sense of camaraderie.

Source: Mindi McKenna, Ph.D., M.B.A., certified physician leadership coach, healthcare leadership M.B.A. program instructor at Rockhurst University, Kansas City, Mo. Also co-author of Physicians as Leaders (Radcliffe Publishing, 2006) ©2006 copyright. Mindi McKenna. All rights reserved.

Akram Boutros, M.D., used this approach as he climbed into leadership positions. He started his career as an internist; he is now the executive vice president, chief operating officer, and chief medical officer at South Nassau Hospital in Oceanside, N.Y. In order for physicians to become leaders, he believes it's critical at least to learn general leadership principles and how to give and receive constructive feedback. Although he admits that the road was a bit bumpy in the beginning, he now tries to approach every setback, every mishap, as an opportunity to learn.

The Importance of Team-building

An area that trips up many people as they rise to leadership roles is the concept of teamwork. For physicians, this may be a special challenge because they're trained to rely on themselves and to double-check and second-guess in order to get at the correct diagnosis. Physicians are also trained to think of decision-making as an event, not a process, Dr. Boutros adds. He confesses that he held these misconceptions at one time, not realizing the value of teamwork until recently.

Mr. Hindin says the basis for solid teamwork is to recognize that it's the result of a series of trust-building steps. You build trust by listening, by communicating, by being honest, by being direct, or by having those difficult conversations. Without trust, teams can't be effective.

Here's an example: if you're the team leader and absolutely refuse to hear bad news or constructive criticism of any sort, members on your team will quickly learn not to share that type of information with you, although it may be essential in reaching the right decisions or conclusions. Leaders must always be prepared to listen to points of view they may not agree with or even be comfortable with, regardless of what is being said.

Mr. Hindin points to one client, a senior physician executive, who was burned out after working for two healthcare organizations. So he moved to a third where he was in charge of the reconfiguration of that organization. But he wasn't satisfied with his new position, either. He couldn't figure out why his leadership style wasn't working. He was absolutely focused on making the right decisions and getting people to respond to his plan. But he wasn't involving his co-workers in his process, and they

weren't responding the way he liked.

Through coaching, Mr. Hindin helped him change his point of view and "enroll" his peers and colleagues in his new venture rather than telling them what to do. Now the physician asks himself a series of questions: What do *I* need to do to make sure that my peers understand and support my plan? How do *I* communicate that to my staff? How do *I* hold them accountable for producing the results they need? How do *I* have the difficult conversations about changes in resources that I wasn't able to have before?

Another area that may be a challenge for physicians is appre-

Profile in Leadership: Akram Boutros, M.D.

Executive Vice President, Chief Operating Officer and Chief Medical Officer at South Nassau Hospital in Oceanside, N.Y.

Akram Boutros, M.D., was perfectly comfortable in his position in charge of a residency program at a university hospital. But as he became more involved in hospital-wide projects, the hospital's executives began recognizing his innate business ability and asked him to assume more administrative responsibilities.

That's when his career climb began. At the time, the only business or leadership experience Dr. Boutros had was as a principal in his family's small business. Since nothing in medical school had prepared him for management, he decided to take advantage of courses offered by the American College of Physician Executives on topics that included finance, strategic planning, and change management. He also read a book a week covering business-related topics and became a certified coach. In 2005, he graduated from Harvard Business School's advanced management program.

As he added to his training and education, he was promoted to a variety of positions that included assistant medical director, associate medical director, vice president of medical affairs, vice president for administration and strategic planning, and vice president of administration, each requiring increased responsibility.

"This was not what I had aimed to do with my life," he says, referring to medical administration. But it grew naturally out of his concern for quality and his dedication to doing a job correctly. "I made a commitment to work hard, permit myself some time for study." He also saw the value of learning how to be effective. "If we're busy doing things or doing them ineffectively, it's a horrific waste of time."

ciating the value of a broad knowledge base, as opposed to specialized knowledge.

“Physicians are taught that you gain more value from specialization,” Dr. Boutros says. “In management, there is greater value in broadening your areas of understanding. Instead of becoming more specialized, I needed to become less specialized and become a general manager rather than a specialist.”

Becoming a Leader

Often leadership is a matter of stepping-stones. If you don’t have any experience in leading people, start small, says Mr. Hindin. There are many ways to develop, enhance, and even road-test your leadership skills.

One way is to volunteer on various committees, either for non-profit organizations or professional associations. Be sure you’re focused on learning, helping, and working as a team, and ensure that you’re open to new ideas as opposed to thinking of yourself as the committee’s star member, says Mr. Hindin.

For instance, attend meetings regularly, rather than showing up only when you feel like it. Watch others who may demonstrate strong leadership skills. How do they communicate, create consensus, deal with difficult people and circumstances, introduce resolution, or build a team environment?

If you wish to take a leadership position—from serving on a committee to taking an administrative position at a hospital or other organization—first orient yourself to every department or function, says Samuel H. Steinberg, M.B.A., Ph.D., deputy chair, Department of Medicine at Temple University in Philadelphia.

“Physicians sort of parachute down into a new hospital or similar setting and just assume that because they know how to take care of patients, they ought to know how to take care of all of their hospital business,” says Dr. Steinberg. “But they don’t know how to admit a patient, what the medical records department requires, or what nurses are looking for in terms of support from physicians. They tend to spend too much time on trial-and-error as opposed to orienting themselves to the facility right up front.”

Before stepping into any leadership role, whether it’s at a large group practice, hospital, insurance company, or medical

school, he says physicians must understand the rules in their environment and the role of key decision makers. At the very least, he says, you'll have established relationships with key executives whom you can talk to every time a problem occurs.

"Physicians often want to gravitate right to the leadership of an organization," Mr. Steinberg says. But, he points out, even though physicians know the importance of understanding their

Finding the Best Training Match

During the past three years, Aurora Estevez, a gynecologist in Boca Raton, Fla., has split her workload between private practice and as a physician advisor at a local hospital, where she deals with management issues like peer review and error prevention. The latter position has been so rewarding that she has begun transitioning out of clinical work into hospital administration.

"I really don't see myself doing this [gynecology] for another 23 years until I retire," she says. "This physician-advisor position opened up a whole new world for me beyond clinical medicine. The next natural step education-wise is to get an M.B.A."

She currently attends Yale's Executive M.B.A. program, a two-year program held every other weekend. For physicians interested in returning to graduate school, she suggests they ask the following questions during the interview process:

1. What is the healthcare background and age distribution of the students in the program? Get a feel for their level of experience and maturity. Learning doesn't occur only from course material, but from other students as well.

2. How much study time is required outside the classroom? How much time will you have to commit to coursework? Get a candid idea about the professors' academic expectations.

3. Will I have the opportunity to work on a team or directly with other students? This is a very important question. It is important to work in groups or teams, she says, explaining that in some capacity, it will enable you to learn how to manage people throughout the academic process.

4. Is there an online alternative? Or is 100-percent classroom attendance required? Find out if a missed class can jeopardize your status in the program. Otherwise, consider a program that offers online access for coursework.

patient's symptoms before trying to treat them, they may not see the need to get to understand an organization before attempting to lead it. "The majority of physicians don't know anything about the administrative staff; they don't even know the names of the administrators. They have no idea who the director of nursing is and haven't taken the time to meet [him/her]. They couldn't even tell you where the medical records department is located even though those people write to them constantly."

Dr. Boutros agrees. He believes many physicians also lack an understanding about the culture of organizations, ranging from in-house practices to the medical staff. Because they place little value on culture, he says, physicians don't always understand that this "invisible hand" can impact every aspect of an organization in either a positive or a negative way.

"The time invested in understanding the environment that you're spending a lot of time in is going to pay very large returns," Dr. Steinberg adds.

He suggests setting up courtesy interviews with key individuals, such as the chief executive officer, chief financial officer, and members of the board of directors or trustees. Ask them about their responsibilities, their perspective about the hospital's problems and future direction, how you can learn more about its needs, and how they develop its budget every year. He says these individuals will be "amazed and flabbergasted" that a physician is taking time to meet with them.

Be sure that the director of nursing is on your list, he adds. Ask about the department's staffing patterns and staffing ratios. Do the same with all key departments. Understand their challenges, responsibilities, and needs.

Also check out the committee structure of the hospital. Find out which committees are more important than others. For instance, Dr. Steinberg says, the finance committee is critical at most institutions. Serving on that committee would be a very good stepping-stone because that's where the hospital leadership typically congregates. It's mainly composed of administrative leaders and trustees who make major purchasing decisions.

However, he says, the medical executive committee may actually be a less important committee. It handles a laundry list of

required activities like writing new policies or processes or observing guidelines by the Joint Commission on Accreditation of Healthcare Organizations.

Listen and Learn

Another way to get to know an organization is to set up listen-and-learn sessions with co-workers and staff members from various departments. This method can work well at larger organizations or even at a small private practice. The rules are simple, explains Karen LeLand at Sterling Consulting Group, a management consulting company in Sausalito, Calif. Just ask one or two probing questions, then sit back and listen. Take notes and never argue, regardless of whether the suggestions conflict with your own opinions.

For example, a physician may say, “We’re having a problem keeping qualified staff on board. I’d like to know everybody’s point of view about why you think we’re having this problem.” Make no assumptions regarding the source of the problem or solution. Your questions should never be accusatory, she adds, and staff must know that no punitive action will be taken against them for their candid remarks.

Several years ago, Ms. LeLand recommended these listen-and-learn meetings to a gastroenterologist who headed a hospital department and was frustrated with his staff. He said they kept making the same careless mistakes. He repeatedly talked to his staff, telling them how to fix the errors.

“He said, ‘I keep telling these people what to do but they’re not doing it,’” recalls Ms. LeLand. In a confidential survey that was later conducted regarding his leadership style, “we found that his approach was telling them what to do and that he wasn’t really listening to all the feedback that they had about what was and was not working.”

So he tried a listen-and-learn session. This time around, he actually heard some valid ideas and criticisms that he hadn’t listened to before about the way his department was being led.

Ms. LeLand says it’s common for physicians to blame their staff, over-evaluate their leadership qualities, and give themselves more credit as effective leaders than they may deserve. In many cases, she says they need to develop a more agile approach to

leadership, adapt to changing situations, and become better at recognizing, respecting, and understanding individual differences.

“You can’t [lead] a good practice without having effective communication and soliciting input from your staff,” says Ms. LeLand, also coauthor of *Water Cooler Wisdom: How Smart People Prosper in the Face of Conflict, Pressure & Change* (New Harbinger Publications, 2006). “Show resilience. Physicians who are resilient leaders keep [people] going through tough times.”

There is a big difference between those who manage and those who lead, explains Wally Adamchik, president of FireStarter Speaking and Consulting, a national leadership consulting firm in Raleigh, N.C. Managing is about control. Leaders *release* their employees so they can do what needs to be done.

Leaders also model the behavior they want others to follow. What they *do* is more important than what they *say*, Mr. Adamchik says. If a physician is talking about improving the organization’s customer-service efforts, then behaves abruptly with patients or bad-mouths them behind closed doors, the real message to staff is, “We don’t care about patients.”

He suggests that one way to find out the message that you’ve been sending is to confidentially survey your employees and patients about what they truly think about your practice. Be prepared to take some hits. Then take the information and make the necessary changes.

One of those changes may require you to take some college classes or association workshops in strategic planning. Think beyond today, he advises. What will your practice look like next year? What is your life going to look like in five years?

“Physicians need some type of future orientation,” Mr. Adamchik says. “Look beyond tomorrow and next week. It’s not about growth or a bigger practice. Show some sort of vision.”

Training Opportunities

Physicians have numerous choices for professional development in leadership and management skills. Local universities and professional associations are typically havens for educational programs that address broad management and leadership skills. Many continuing-education courses focus on leadership

and management skills. Although the coursework is not as rigorous or intensive as an M.B.A. program, you will still have the opportunity to learn some of the business skills and language needed to interact with people other than your colleagues.

Dr. Forman chose a different way of developing his leadership skills. He worked in Washington, D.C., as a Robert Wood Johnson health policy fellow in the US Senate for one year. In this

Find a Mentor

While physicians are leaders in the clinical-practice environment, their clinical expertise does not always transfer into executive or leadership roles. In fact, success in clinical practice often relies on behaviors that are not conducive to leading and managing others. Listening, delegating, coaching, and other skills learned in management programs are not in the typical medical school curriculum or residency training program, yet are required for success in most leadership positions.

One way to develop leadership skills is through a mentor. But how do you find someone who is willing, patient, and knowledgeable? Here are some tips offered by Samuel H. Steinberg, Ph.D., author of *The Physician's Survival Guide for the Hospital* (iUniverse, 2006), www.physiciansurvivalguide.com:

Determine your specific objectives. What do you want to achieve? Identify the specific skills you want to develop or enhance.

Look around you. Who is an expert in the leadership role that you will be assuming? Create a list of those who possess the required skills for the new role or who have experience in that position.

Approach the top person on your list. Remember, mentors must be willing to spend the time necessary to work with you, sharing their experiences, both positive and negative. They must be open about how they learned their new job and allow you to profit from their mistakes. They must agree to keep your discussions private and confidential. This is critical!

Set parameters. Determine how much time each of you will devote to the relationship, whether you will meet in person or by phone, and how to measure the success of the interaction. Mentoring works best when everything is agreed upon at the outset.

"Mentoring can be a low-risk, high-reward, efficient methodology for seeking assistance in learning new skills," says Dr. Steinberg. "If you are hesitant about seeking new leadership opportunities, give it a try."

role, he became exposed to a very different side of health care—the law. He helped elected officials craft legislation that would eventually have a direct impact on physicians' lives as well as the lives of their patients.

To determine which type of training is best for you, you must first decide what position in medicine you wish to pursue. Then you can identify the skills required to succeed in that job. In some hospital administration positions, for instance, a background in accounting or finance is essential. Dr. Forman says physicians—including those in private practice—sometimes find themselves in face-to-face situations with key decision-makers who possess this knowledge. But it becomes nearly impossible for doctors to exert their influence because they lack that essential know-how or expertise. And that's unfortunate because their good ideas are often ignored or overlooked. Since they can't speak the same language, they can't effectively communicate with the people who ultimately make those decisions. In the end, physicians lose and so do their patients.

Earning an M.B.A. can serve as a launching pad to move into a management or leadership position. According to Dr. Forman, physicians tend to operate on the left or logical side of the brain. But when developing or applying leadership skills, they also need to use the right or intuitive side of the brain, giving them opportunities to view problems, situations, and solutions from a variety of perspectives.

While an M.B.A. can be useful, it is certainly not the cure-all for every physician. Nor is it a guarantee for success in business.

"You don't need a M.B.A. to apply common sense to issues and head organizational [tasks]," says William Gamel, M.D., a gastroenterologist who now leads the Texas Medical Foundation's Health Quality Institute in Austin, the quality improvement organization for the state of Texas. "Most physicians are smart enough to look at the issues and learn from their experience."

But it does pay to research what it takes to do the job well. When Dr. Gamel, accepted the job of managing an insurance trust for the Texas Medical Association (TMA), he knew very little about such trusts, but he opened himself up to learning every aspect, from creating and reviewing premiums to how reserves work. Based on his knowledge, he became chairman of the trust,

then went on to serve on the legislation council for the TMA. After eight years, he became chairman of the council, then was elected to the American Medical Association's (AMA) delegation and appointed to the AMA council on legislation, which dealt with all medical-related legislation in Congress and advised the board of trustees on prudent policies for organized medicine.

Should you opt for more formal training, such as an M.B.A. program, Dr. Forman says the estimated two years you invest

Profiles in Leadership: Francis LaMorte, M.D.

*Chairman of the board and treasurer of
Emergency Medical Associates (EMA), Livingston, N.J.*

EMA is a physician-owned and -operated company that contracts for physician services with hospital emergency-room departments. Dr. LaMorte joined the company in 1986.

In the late 1990s, Dr. LaMorte says the company partnered with several other companies to create an entity large enough to qualify for an IPO (initial public offering). Since he had demonstrated some financial acumen, he became the organization's treasurer without any formal education in finance or accounting.

"I just took an interest in it and read books," he says. "I learned how to read financial statements and achieved some proficiency in it that was adequate for the position of treasurer."

However, during the last phase of the IPO, he became convinced it would fail. So while still practicing medicine, he assumed even more of a leadership role and negotiated with all of the parties involved to reverse the process and de-merge the entities. Achieving success—without any ill will or lawsuits—was almost a full-time job, he recalls. The ownership of the company had to be restructured, a process that was beyond his experience. He admits that he struggled at this level of finance, but learned along the way.

After the IPO was called off but before the de-merger, he was named chairman. At this time, the company started to grow and began operating in a more formal mode. That's when he felt that an M.B.A. degree would help him lead the company more effectively. So he enrolled in the two-year program for healthcare executives—classes are held every other weekend—offered by Yale's School of Management. One year into the program, he is already seeing benefits of the additional training.

M.B.A. Programs

Interested in getting your M.B.A. degree? To help you get started, here's a partial listing of schools that offer part-time or weekend M.B.A. programs. All are accredited by the Association to Advance Collegiate Schools of Business.

1. University Of Washington, Seattle
UW Business School, Executive M.B.A. Program
www.eMBA.washington.edu
1-866-77UWMBA.

Offers experienced managers from the U.S. and Canada a flexible program with an international point of view. Monthly or weekly formats fit your life and work schedule as you earn your M.B.A. in 21 months.

2. Florida Atlantic University, Boca Raton, Fla.
Weekend M.B.A. program
www.fauexecutiveprograms.com
561-297-2961/877-EMBAFAU

This 16-month program meets every Saturday at the Boca Raton campus. It consists of 40 credits and offers special fields of study including health-administration marketing.

3. University of Georgia, Athens, Ga.
Terry College of Business
Executive M.B.A. Program (in Atlanta)
www.terry.uga.edu/eMBA
1-404-841-8105

The 18-month program combines a traditional M.B.A. with hands-on learning and distance education. Most classes are held in Atlanta while two week-long sessions take place at the university's campus in Athens.

4. Purdue University, West Lafayette, Ind.
Executive Masters in Management Weekend Program
www2.krannert.purdue.edu
765-494-0773

A three-year program with classes scheduled on Saturdays during the academic year. Designed for people living in Indiana and in surrounding states.

5. Chatham College, Pittsburgh
Accelerated M.B.A. for Healthcare Professionals
<http://www.chatham.edu/departments/business/graduate/healthMBA>
412-365-1148

Provides healthcare professionals with managerial and marketing skills. Offered either on evenings or Saturdays with each course running for seven-week sessions. M.B.A. can be completed in one year.

- 6.** Northeastern University, Boston
 Graduate School of Business Administration
 Executive M.B.A. Program
www.eMBA.neu.edu
 617-373-5992

A 16-month, part-time program aimed at accommodating executives and professionals who have already had at least 10 years of work and management experience.

- 7.** University of Arizona, Tucson, Ariz.
 Eller College of Management, Eller Executive M.B.A. Program
 Business Administration
<http://ellerMBA.arizona.edu>
 520-621-4008

Admission in this 14-month program is reserved for accomplished managers with 10+ years of experience and executive-sponsored, high-potential professionals. Participants meet every other weekend, four days per month.

- 8.** SMU Cox School of Business, Dallas
 Executive M.B.A. program
www.cox.smu.edu/grad/MBA/eMBA
 214-768-3154

Classes for the 21-month program are held every other Friday and Saturday. Includes global-study trips to Cuba and Asia.

- 9.** Virginia Commonwealth University, Richmond, Va.
 School of Business, Fast Track Executive M.B.A. Program
www.bus.vcu.edu/
 804-828-3939/888-VCU-EMBA.

This 18-to-21-month program is offered on Fridays and Saturdays. It is an integrated-module program that combines various business disciplines into a framework for dealing with problems.

- 10.** Yale University, New Haven, Conn.
 Yale School of Management
 Yale M.B.A. for Executives: Leadership in Healthcare
<http://MB.A.yale.edu/MBA-e>
 203-432-2101

This program combines faculty and curricula from Yale's schools of management, medicine, and public health to give students sophisticated leadership skills, comprehensive healthcare system savvy, and sector-spanning professional relationships, all on a schedule designed for working healthcare professionals.

will have an enormous return both professionally and personally. One advantage of academic training is that programs can be both multi-dimensional and multi-disciplinary. People in a variety of positions and industries attend, not only to learn new skills but to exchange ideas and perspectives. Someone from manufacturing, for instance, may offer a way of solving a problem that hospital-based physicians can apply in their own environment but wouldn't have thought of on their own.

At other times, doctors believe there's only one appropriate leadership style, says Randolph Barker, Ph.D., professor of management in the School of Business at Virginia Commonwealth University in Richmond, Va. Approximately 12 physicians have graduated from its fast-track M.B.A. program since it was introduced in the late 1990s.

"Some physicians who come into the program have the per-

Profile in Leadership: Mark J. Zucker, M.D.

*Cardiologist and Director, Cardiothoracic Transplantation
at Newark Beth Israel Medical Center in Newark, N.J.*

No matter how smart or talented leaders may be, at some point, they got lucky because someone took them under their wing, explains Dr. Zucker. Perhaps it was a senior physician with important contacts who recognized raw talent. Or maybe it was a mentor who presented them with career-building opportunities. Either way, he says, they got a lucky break.

In many ways, that describes his entree into leadership. Years ago, when he was in his thirties, he met the head of the cardiac-surgery program at the hospital. The 65-year-old doctor, who was still active, wanted one more "success" just as much as Dr. Zucker needed an opportunity. Dr. Zucker was hoping to launch a heart-transplant program but lacked both contacts and name recognition.

So the older physician gave him his lucky break. He helped Dr. Zucker get appointments to boards of directors for various organizations, which exposed the young doctor to influential people and gave him the opportunity to showcase his abilities.

But would Dr. Zucker have succeeded without help from the senior physician? More than likely, his personal aspirations and internal drive would have led him down the same path. But without this physician's help, Dr. Zucker believes he would have traveled a longer and harder road.

spective that [there's] one right way as opposed to looking at other ways of dealing with certain situations," he says, adding that someone's leadership style may need to change based upon employees' work style, task, or situation at hand.

But most physicians who come to the program want to develop their interpersonal skills by becoming better communicators and listeners, learning how to work more effectively in teams, and enhancing their strategic-planning skills. When they graduate, Dr. Barker says, they develop a better appreciation of other people's ideas, collaborative thinking, and creative problem solving.

He points to one physician who felt "freed" by attending the program. He says the doctor's newly gained knowledge encouraged him to tap into employees' creative ideas as opposed to making decisions himself in a vacuum. His new behavior led to big changes in his practice. Since he became more receptive to employees' ideas, they became more involved and committed to solving work-related issues as opposed to just "offering their two-cents' worth" and walking away as they had done in the past. "It was a pretty remarkable outcome," Dr. Barker adds.

The Right Time for an M.B.A.

Francis LaMorte, M.D., chairman of the board of Emergency Medical Associates, just completed his first year in the M.B.A. program at Yale's School of Management. He believes an M.B.A. degree is probably more helpful to physicians who already have some business experience. They can better relate to some of the concepts and best practices, understanding the full impact of their application.

"The industry is in dire need of medical providers [who are] more disciplined and rigorous in their attention to cost and equal access to medicine," says Dr. LaMorte. "We have an obligation to meet that need. In a milieu of escalating costs and concerns about quality, an M.B.A. becomes an important aspect of the valued contribution that physician-leaders can make to managing and delivering health care."

Dr. Rimmerman also earned his M.B.A., with the cooperation of the Cleveland Clinic, his employer. "I approached my boss

and said I have an interest in getting an M.B.A.,” says Dr. Rimmerman. “I think he saw something in my makeup that it would be a good decision for me and my career and what I could bring back to the Cleveland Clinic. So he was agreeable to that and permitted me to alter my schedule slightly to get that done so it would work in with the rest of my clinical responsibilities.”

He says the M.B.A. program exposed him to highly successful non-physician leaders in other industries and forced him to communicate with them in areas in which he was not as well trained. The experience also stretched his organizational skills, since he was balancing his family and a busy practice with administrative responsibilities, and exposed him to human-

Profile in Leadership: Curtis Rimmerman, M.D., M.B.A.

Cardiologist and Medical Director of

Cardiovascular Medicine at the Cleveland Clinic Westlake

Dr. Rimmerman earned his leadership position through hard work, formal education, and a little luck. Years ago, when he was a front-line cardiologist at the Cleveland Clinic, he spotted some opportunities for his department to improve. Although he had been working there only six months, he scheduled an appointment with his boss—the department chairman—to share some of his observations, which were detailed in a written document.

Shortly after that meeting, the chairman asked him to work for one-half day each week at a sister facility to start a regional medical practice. He was the first cardiologist to go off site to do so, he recalls. Within several years, the practice grew to the point where the organization ended up hiring another cardiologist dedicated to that facility.

Over the next decade, his leadership opportunities started to snowball. He was asked to serve on a variety of in-house committees, such as physician recruitment, where he interviewed potential interns and resident applicants. Since he was effective in this role—a number of these candidates joined the clinic’s residency program—he was soon asked to join the leadership group of the internal medicine residency program as associate program director.

Next he became section head within his department of cardiovascular medicine, where he managed up to 20 people for four years. After that, he says he was tapped to oversee the clinic’s cardiovascular medicine program in Florida. Then he was promoted to his current posi-

resource management issues, which was an extremely valuable component of the program.

“It was a stressful period not only for me but also for my family,” he says, adding that he earned his M.B.A. degree in 21 months. “If any physician is seeking an M.B.A. degree concurrent with his/her professional practice, the first group of people I would suggest they seek consent from is not their boss but their family. That is really key—to get the endorsement of your family at the front door of that program, because there will be times where your kid will have activities that you should be at, but you’re closed off in one room of your house working on a paper or group project.”

tion in spring 2006, which he says was a big jump in responsibility.

Years ago, when Dr. Rimmerman first began working at the clinic, he says its executives were asking doctors to be more productive by improving patient access. At the time, the physicians in his department had varied schedules: some were seeing more patients than others. So he wrote a letter to the department chair, suggesting that every physician see the same number of patients throughout the year in order to meet these new productivity goals.

His boss liked his suggestion and sent a letter informing staff doctors of the change. Dr. Rimmerman says the idea redefined the organization’s expectations of each cardiologist and leveled the playing field. But, not surprisingly, not everyone was thrilled with the added workload at first. But in the end, the doctors pulled together to help their department reach its new goal.

“When you take risks and make suggestions, you also expose yourself to criticism because you’re an agent of change,” says Dr. Rimmerman. “You have to be ready to take some arrows. You’re not going to win a popularity contest. You’re not going to be everyone’s friend doing that.”

Dr. Rimmerman says that career planning is difficult for physicians because of life’s unpredictability, such as chance meetings, as well as the people they choose to surround themselves with. He says physicians with inflexible career plans may be setting themselves up for disappointment. Instead, his approach has always been to do the best job possible, establish positive relationships, and be respectful to his peers; then good things will happen.