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Physician to Manager and Leader

A difficult transition

Dr Lee Gruner: President Royal Australasian College of Medical Administrators

Outline of talk

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- Understanding the characteristics of physicians and managers
- What makes the transition difficult
- Why leadership is a two-edged sword
- What are the solutions to a successful transition

How are physicians made?

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- A long period of formal study for qualification and specialisation
- A long period of experience to develop unconscious competence
- In a position of trust as soon as they graduate and highly trusted by all patients without needing to earn that trust:
 - Just the initials Dr/ MD indicate trust
 - The patient knows that the physician is there to help them- this is implicit in the interaction
 - The patient (generally) listens to and takes the advice that the physician gives them
 - The patient (generally) is very respectful
- The physician therefore expects this sort of behaviour from all they come in contact with professionally
- Physicians who refer patients to another physician are also respectful

How are physician managers made?

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- Usually take on a management position without any specific training (certainly this is so in Australia)
- Very often come to this position through leadership capabilities and ambitions, but in a narrow sphere
 - Common motivations are that they can do it better than others, want to improve the system, power and influence
- Take on roles that require management rather than leadership skills
- Leadership often not accepted by colleagues and colleagues are also difficult to manage

How are physician managers made?

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- Those who take on formal positions (generally), already think of themselves as leaders
- They are often the ones with good ideas, the ones who want to make changes
- However, their leadership is not organisationally based. It is clinically based with little concept of how their ideas fit into the larger organisational context
- Their leadership capabilities and aspirations need to be harnessed by the organisation to align with organisational goals
- The changes they experience in moving from physician to physician manager and leader are often unexpected

The 3 A's key to being a physician

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- Autonomy
- Authority
- Accountability

These change when a physician becomes a manager leader

The three A's

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Physician

- **Authority:** high related to knowledge and technical skills, trusted at the outset
- **Accountability:** high but only to the patient or referrers
- **Autonomy :** decisions can be made alone and rarely questioned

Physician manager

- **Authority:** low- little management knowledge, needs to demonstrate achievement and build trust
- **Accountability:** high and broad -expected to perform as a manager
- **Autonomy:** low- make unilateral decisions at your peril!

Key skills

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Physician

- **Communication:** talking to patients and families / explaining features of illness and how to treat
- Diagnostic skills
- Ability to impart knowledge of clinical issues
- Keeping abreast of clinical issues

Physician Manager

- **Communication:** talking to colleagues and other managers
- **Influencing:** able to get colleagues and other managers to do something different
- Managing people and resources
- Understanding how the system works

Changing paradigms

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When the paradigm changes, we all
go back to zero

Joel Barker
The Business of Paradigms

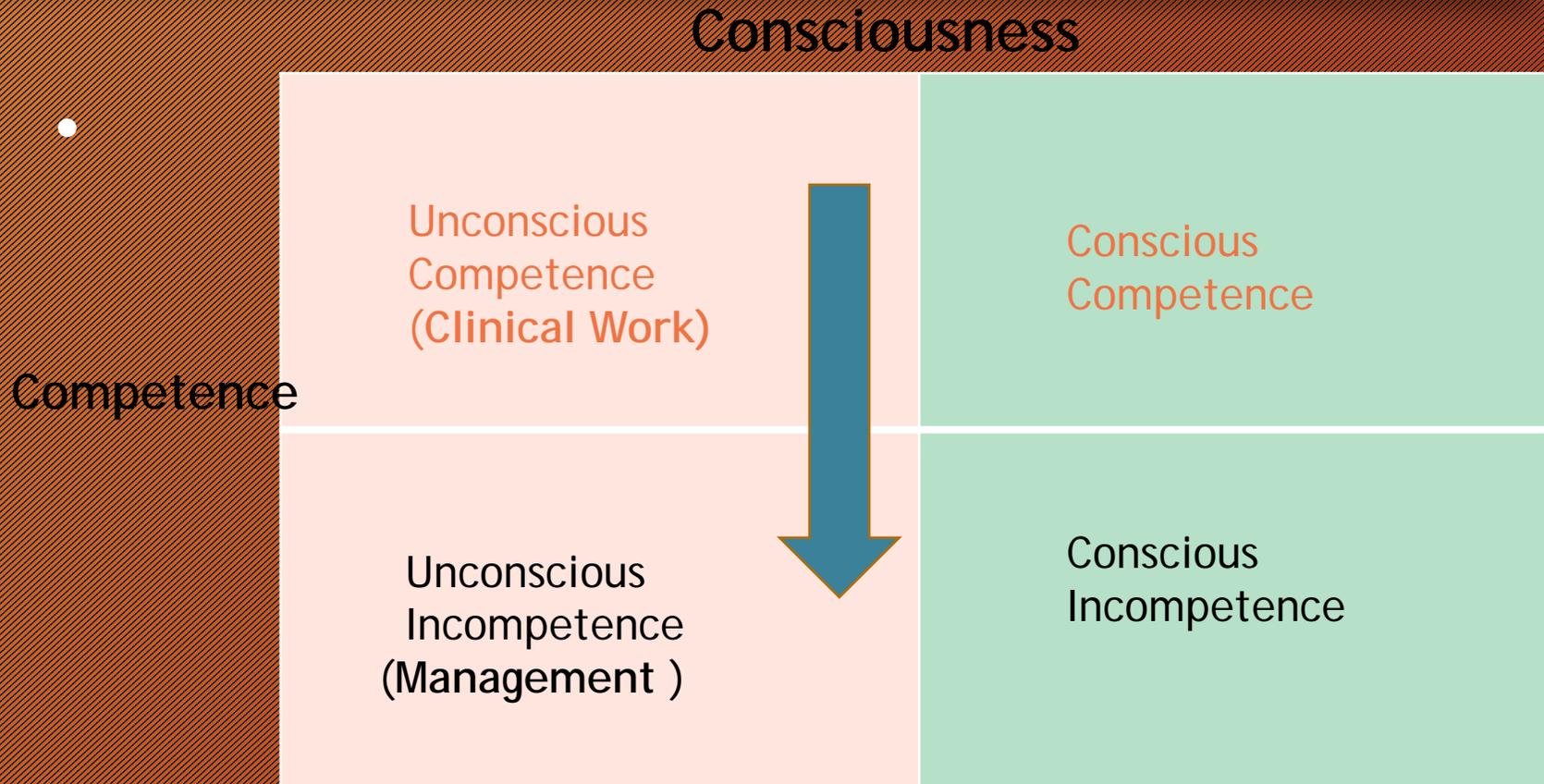
The problem is:

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- Many clinicians who move into management don't realise that the paradigm has changed:
 - They expect to be trusted as a matter of course
 - They expect everyone to listen to them
 - They expect to get what they want
 - They don't understand the need to consult
 - They don't know how to build non clinical teams and work collaboratively with large numbers of colleagues
 - They don't know how to deal with difficult colleagues
 - They use a clinician approach instead of a management approach
- **They don't know that they have gone back to zero and are now in the unconscious incompetence zone**

4 stages of learning- Howell W.S (1982)

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What about leadership?

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- What are the characteristics of leadership we want our physician managers to display?
 - The benefits of being in partnership with their organisation: role modelling this for their colleagues
 - A willingness to understand the need for change and to drive this where needed in alignment with organisational goals
 - A passion to be part of making their organisation a place to be proud of
 - A willingness to learn new skills and change their paradigms
 - An understanding that as a physician manager, the good of the organisation as a whole must be paramount

Physician leaders as partners

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- Our aim as professionally trained medical managers is to have physicians work in partnership with the organisation
- This means, those engaged solely in clinical work as well as those who have a management role
- The manifestations of partnership are different for the physician and the physician manager
- How do we get our physicians to be leaders in partnership with the organisation as well as effective managers of resources?



Experience 70%

Coaching 20%

Training 10%

But experience alone is of little value unless we learn from it

Assisting physicians to make the transition

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- How do we assist physicians to become both good managers and leaders in partnership with the organisation?
 - Provide some education at the beginning of their tenure in management roles and then continuously so that they can build their skills as their experience grows
 - Ensure that during the initial education they are able to identify the paradigm changes and the need to change themselves to be successful in the management role
 - Discuss partnership with and within the organisation so that they know what this is, how it will benefit themselves, other staff and consumers

Where should education be directed?

- In the zone of their unconscious incompetence so as to tip them into conscious incompetence as quickly as possible. This is very much about understanding paradigm change
- This will make them receptive to learning and to developing conscious competence in both management and organisationally based leadership
 - How to build teams
 - Implementing and managing change processes
 - Influencing skills
 - Report writing skills
 - Time management skills
 - Resource management
 - Managing difficult people

Continuing education and support

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- Because experience is important, these skills need to be taught and practised
- Then the skills learning needs to be consolidated by further learning
- During the process of gaining experience, some ongoing coaching will be of value
- Continuous nurturing of the partnership is essential. This is the role of executive management so that the physicians feel like partners and then are prepared to work as partners

In summary

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- Moving from physician to physician manager and leader requires a paradigm shift
- Understanding the paradigm change is the first step to making the transition
- Learning management skills and how to be a leader in partnership with the organisation is critical to being successful in the role
- The professional medical administrator is a key element in teaching skills, providing coaching and nurturing the partnership so that physician manager/leaders can provide maximum value to the organisation