

Physician Whiplash

Board support is essential in helping doctors take on and succeed in leadership roles

By Gordon Barnhart

The emerging health care environment requires far more physician leadership than has been needed in the past. But there is a natural barrier to physicians who answer the call to lead, and it is best described as “physician whiplash.” This barrier is one that senior executives and trustees need to be aware of and manage effectively because it has the potential to undermine otherwise well-designed physician leadership initiatives.

Physician whiplash is almost inescapable because the preparation and approach that makes for good medicine is, in many ways, 180 degrees from what makes for good leadership. This is not a question of problem individuals, nor is it a right-wrong issue. It is simply a natural challenge facing highly competent people stepping into new roles with different requirements for success.

Face the Differences

The differences in the traditional practice of medicine versus the traditional practice of leadership illustrate the scope of the challenge facing physicians in taking on leadership roles (see *Medicine vs. Leadership*, page 34). Although these differences are natural and fundamental, their im-

pact will vary widely depending on the individual physician as well as the specific leadership challenges faced.

Directly addressing this challenge does not intimidate physicians. It gives them a model to help make sense of the experience of taking on leadership roles as well as a map for

growth. If unaddressed, however, these natural differences can result in frustration, a lack of confidence and certainty, anger, diminished commitment and, ultimately, partial or complete withdrawal from the leadership role.

As the practice of medicine becomes more team-based, more focused on managing patient populations over time and more focused on care that is integrated across many boundaries, the differences between the practices of medicine and leadership are shrinking. This is particularly true where physicians are leading multidisciplinary teams or are closely partnered

with administrative leaders. These are healthy trends and they are emerging rapidly, but they will not dramatically reduce the differences between the two skill sets in the short run. As a result, executives and trustees will need to focus on the whiplash phenomenon for some time.

Physicians' Challenge

The good news is that physicians can bring to the challenge of mastering the practice of leadership many of the same qualities that helped them master the practice of medicine. For example, physicians typically:

- demand credibility, then commit fully;
- focus on and take responsibility for outcomes;
- are highly intelligent and multifaceted;
- are exceptional learners;
- perform well under pressure and have been tested in the past;
- have high expectations of self and others;
- have a sense of purpose and significance.

These common strengths can help

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physicians to be open to the challenges on the journey required to master leadership. In brief, that journey will require letting go of many of the approaches that work in medicine, mastering the new ways that work in leadership, and dealing with the uncomfortable world that lies in between letting go and new mastery. It can be an exciting and rewarding journey when physicians commit to it and are supported by their organizations.

Board, C-suite Commitment

Supporting physicians in mastering the practice of leadership requires

laying out the challenge as well as committing to the physicians who answer the call to lead. If senior teams and boards can make the following statements and follow up with credible sustained actions, they can be confident that they are well-positioned to support their emerging physician leaders.

1. We understand the challenge of practicing great medicine and great leadership in today's world and commit to helping you to achieve both.

2. We will support you as you begin to lead projects and assume other organizational leadership roles to shorten your learning curve and begin to achieve good outcomes quickly.

3. We will provide leadership development that is focused on you and your leadership role.

4. We will draw upon what you brought to the mastery of medicine and apply those qualities to the challenges of mastering leadership, and we will increase our own leadership capabilities as we learn from you.

5. We will address any barriers to your entry into leadership, including being welcomed into the existing leadership structure.

6. We will ensure that you have the relationships, information and other resources required.

7. If you are still practicing medicine, we will protect your time so you can balance your leadership and clinical commitments.

THE NATURE OF MEDICINE	THE NATURE OF LEADERSHIP
Prescribe and expect compliance	Lead, influence and collaborate
Immediate and short-term focus and results	Short-, medium- and long-term focus and results
Procedures/episodes	Complex processes over time
Relatively well-defined problems	Ill-defined, messy problems
Individual or small-team focus	Larger groups crossing many boundaries, integrated approach
Being the expert and carrying the responsibility	Being one of many experts and sharing the responsibility
Receiving lots of thanks	Encountering lots of resistance
Respect and trust of colleagues	Suspicion of being a "suit"

ical commitments.

8. We will track the experience and outcomes with you and respond collaboratively.

Physician whiplash can be a problem or it can be a guide to early success and dramatically increase the pace at which physicians master the practice of leadership. If ignored, it will be a problem. If addressed with

a sense of positive urgency, it will be a guide. **T**

For a quick assessment of how well your board and organization's leaders are addressing physician whiplash, please visit www.greatboards.org.

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