



The Physician Leadership Series

PHYSICIAN WHIPLASH

• Going from Great Medicine to Great Leadership

GORDON BARNHART
Senior Partner, Physician Leadership

 **O'BrienGroup**
Lead Better. Live Better. Achieve More.

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This white paper looks at the whiplash experience of physicians stepping into leadership roles – going from the practice of medicine to the practice of leadership. It explores the natural and almost inescapable reasons for that whiplash (Part I), how whiplash is experienced in reality (Part II), and the solutions that can be employed to counter whiplash and gain the benefits of physician leadership (Part III). For new physician leaders this will help make sense out of the experience. For seasoned physician leaders this will give you a tool to use with those you may be coaching or mentoring. For administrative leaders this will provide a tool as well as guidance in supporting the transition of physicians from excellent clinicians to excellent leaders.

A Problem “For” Individuals not “Because” of Individuals

The preparation and approach that makes for good medicine is, in many ways, 180 degrees different from what makes for good leadership. This is not a question of problem individuals, but simply the way the world works. The art of medicine and the art of leadership are quite different and “different” is the key term. It’s not a right/wrong issue.

That difference does, however, present a tough and almost inescapable challenge and it can dramatically undermine physician leadership performance. Given the demands of the emerging healthcare environment, we cannot afford to allow physician leadership to be undermined. In fact, we need to dramatically increase the amount of physician leadership that is brought to bear. Fortunately, physician whiplash is solvable if addressed directly and with an adequate commitment to support the transition of physicians into leadership roles.

So What? Who Really Cares?

CEOs care because they have experienced this barrier to effective physician leadership for years, but it is now becoming a critical issue, not just a problem. Because the healthcare game is changing so much and in such uncertain ways, CEOs know they need more physician leaders and higher performing physician leaders, whether it’s dealing with quality, cost and revenue challenges or truly integrating delivery

systems. Change is too slow and too uncertain without physician leadership and that fact is becoming more and more evident in this environment.

Physicians care because they are being asked to take on more leadership and see the need for it, but they have experienced physician whiplash in previous roles or have seen colleagues experience it. Whiplash causes a lot of physicians to hesitate or say “no” to taking on leadership roles. Even when they say “yes” they often approach the roles hesitantly or with a lack of excitement or confidence. Physicians need to know that the CEOs and Boards understand the whiplash phenomenon and are prepared to help them deal with it – upfront and powerfully.

Unfortunately, most Boards don’t care because they have been one step removed from the problems caused by physician whiplash. That will soon end, for two reasons. First, the demand in the healthcare environment for effective physician leadership will surface the issue for the Board. Second, the CEOs will bring it to the Board because they will need Board backing for the investments they will need to make in both attention and resources. The Boards will care in the near future because they are composed of smart people who are committed to their organizations and they won’t miss the message from their CEOs and physician leaders.

That matters because the best approach to developing sufficient effective physician leadership within any healthcare organization or system is aligned commitment among Board, CEO and current physician leaders.

PART ONE:

• Why Whiplash is Natural and Almost Inescapable

The Nature of Medicine vs. the Nature of Leadership

The following illustrative differences in the nature of medicine vs. the nature of leadership make the point.

Please Note: This list is illustrative, not exhaustive. It also has the usual liabilities of a general list, primarily the danger of over or under stating a point – and not every point applies to every physician or every setting. Take it as the broad-brush illustration it is intended to be.

The Nature of Medicine

vs.

The Nature of Leadership

- | | |
|---|--|
| 1. Prescribe & expect compliance | 1. Lead, influence and collaborate |
| 2. Immediate & short term focus and results | 2. Short, medium & long term focus and results |
| 3. Procedures/episodes | 3. Complex processes over time |
| 4. Relatively well-defined problems | 4. Ill-defined and messy problems |
| 5. Consistently effective solutions, protocols, best practices, processes | 5. Frequent environmental shifts requiring complementary changes in solutions, processes, best practices, style and approaches |
| 6. Increasing focus on specialization | 6. Increasing need for comprehensive and integrated approach |
| 7. Focus on “patients” interests | 7. Focus on “patients” interests (sometimes called the problem of the apostrophe) |
| 8. Working with a person or family | 8. Working with many diverse stakeholders |
| 9. Being “the” expert | 9. Being one of many experts |
| 10. Relating primarily to the physical being | 10. Relating to whole beings |
| 11. Relating to sick/injured people | 11. Relating to healthy people |
| 12. Working solo or with small teams | 12. Working with larger teams and complex networks |
| 13. Receiving lots of thanks | 13. Encountering lots of resistance |
| 14. Respect and trust of colleagues | 14. Suspicion of being “a suit,” a potential adversary |

2+2 = 17 and Trouble

As these factors pile up, and many of them will be in play, they create an extraordinarily different world and experience. It isn't a matter of $2+2=4$. Adding two of these factors to two more factors feels more like seventeen factors at play. Physicians taking on leadership roles are naturally thrown into a deceptively difficult experience that is a major challenge to performance.

Note: A number of trends in medicine have begun to lesson the differences between the practice of medicine and the practice of leading, but only minimally in most cases. Examples of those trends include the increased use of teams and collaboration in the provision of care and an increasing focus beyond episodes of care to the bigger picture. The influx of women physicians has also brought more of a focus on relationships, networking and collaboration, dealing with the whole person and multi-tasking, which are all key to leadership. Those capabilities aren't restricted to women, nor do all women bring them, but they are more characteristic of women and they are critical for healthcare at this point in its evolution.

Whiplash Example: Implementing Patient Centered Medical Home

This is a good example of a change in which the classic preparation to master medicine is 180 degrees from what is required in leadership. Most of the whiplash factors will be in play and the physicians taking a leadership role will almost certainly have to confront some of the experiences noted above. Physicians with a lot of good leadership experience may not have a major case of whiplash, but even they will be challenged by the complexity and interdependence of the factors in flux.

Consider how the following characteristics of PCMH implementation differ from the domain of medicine:

1. Time

Eighteen to twenty-four months to full implementation and institutionalization

2. Complexity

Changes in:

- Clinical and administrative processes
- Roles
- Structure
- Relationships (patients, physicians, staff, office and hospital staff, other organizations)
- Capabilities required
- Corporate culture
- Funding
- Quality measures
- Technology

3. Overlap

Change in these areas will need to happen in an overlapping, not linear, fashion – sometimes feeling like “rebuilding the plane in flight”

4. Changing Game

The game of restructuring the provision of care will change as it is played, particularly in regard to funding, the measurement of quality and value, and the strategies, tactics, roles, etc. that are employed

5. Few Examples of Success.

There are few proven models for the changes and the required changes vary significantly from setting to setting, even within a system

6. Integration

The integration of care will be essential, counter to tradition and the known world and it will span functions, professions, divisions and whole institutions

7. Many Players/Experts

A broad array of stakeholders will need to change and contribute to the change process, often rapidly and in a collaborative fashion (including patients)



PART TWO:

• The Experience of Physician Whiplash

The Normal Experience of Whiplash

When physicians used to being masterful in their chosen domain are thrown into the profoundly different domain of leadership they can experience whiplash in a number of ways. The experience will vary from individual to individual and from setting to setting, but the following experiences are common:

- being disoriented in the new role/world
- being unsure and tentative (not normal experiences)
- having a higher level of doubt and a lower than normal sense of confidence in performance
- anxiety about success, place, image, relationships, and demands on time
- changes in old relationships and the demand to form new ones
- frustration at pace, level of outcomes, lack of definition of challenges
- anger and defensiveness
- discouragement – loss of heart – when support and guidance doesn't materialize
- anxiety about having to depend so much on so many others
- the desire to withdraw and return to former clinical roles

Physicians have seen their peers go through leadership whiplash and can imagine themselves going through it, so physician whiplash becomes a recruiting challenge as well as a performance challenge.

The Experience of Leading is Worth Dealing with the Whiplash

If all that physicians got out of stepping into leadership roles was whiplash, there would only be a few masochistic physician leaders – and they wouldn't be much fun to follow. On the positive side, physician leaders report that getting beyond the whiplash can result in a range of benefits well worth the effort. Those benefits come in many forms, but the common categories seem to be:

- the ability to make a difference – from a large to a small scale
- the ability to maintain influence in a particular setting
- connecting with peers, other clinical staff and administrators in the pursuit of meaningful outcomes
- feeling like an author vs. a victim or target in an ever changing healthcare environment
- feeling “on the inside” of an organization – knowing what's going on
- developing aspects of one's self in the process of leading – personal growth and mastering a range of new competencies – the joy of learning and pride in mastery
- job enrichment and possible new career paths

These factors are fundamentally much more powerful than the whiplash factors, but they are realized only if the whiplash experience is managed.

Analogy #1: From the Golf Team to the Rugby Team

Sometimes sports analogies work and sometimes they don't. There is one that works exceptionally well for physician whiplash, although it has its limits. In many ways the practice of medicine is like the game of golf and the practice of leadership is like the game of rugby.

Golf is primarily an individual game – the golfer and the course. Golfers have caddies and coaches, but it's the golfer who ultimately plays the game and carries the responsibility for success. Even with golf teams, the teams win based on the addition of individual members' scores. Golfers have opponents, but the real opponent is his or her self. It is a precision game requiring tremendous focus, extensive practice and nerves of steel.

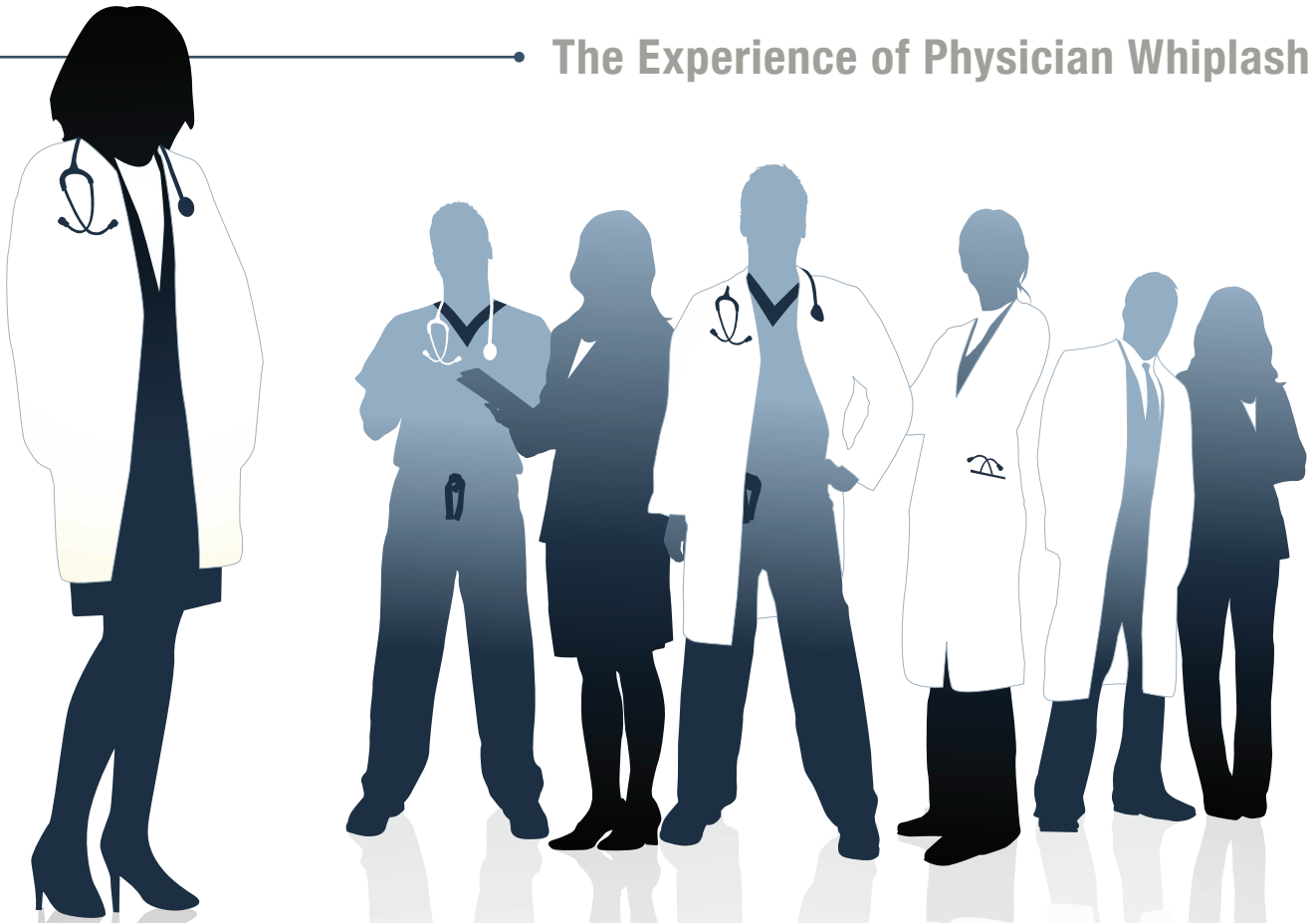
Rugby is a fluid, ever-changing game where the team wins based partly on individual performance, but

primarily on how well the individuals play as a team. Individuals must know and play their roles and understand the game plan and opponent, but they must also play effectively as a team if they expect to win. Rugby unfolds as it progresses and any stops in the action are brief. Players must read the game as it plays out and react (together) quickly. Players must also know each other, know what to expect of each other in a game, trust each other and support each other.

It's not that one game is better than the other – they are just profoundly different. The challenge for physicians saying "yes" to leading is to learn a new game that has different rules, opponents, and requirements for success. It's not easy for a golfer to walk onto a rugby field (pitch) and survive, let alone succeed.

We are essentially asking physicians to learn a new sport and play it well – often immediately, with little preparation and with little ongoing coaching. That doesn't work in sports – why would it work in healthcare?





Analogy #2: Parenting Children vs. Parenting Teenagers

From a totally different perspective, the experience of leadership whiplash is like parenting a three-year-old and a five-year-old one day and waking up the next day to find that you're the parent of a thirteen-year old and a fifteen-year-old. You don't have to be a parent to get that picture. Note: This is not about equating medicine with children and leadership with adolescents. It's just another illustration of the profoundly different dynamics at work in different scenarios.

- with children we have a high degree of control – with teenagers it's a question of varying degrees of influence
- with children we usually know whom it is we're relating to from day to day – not so with teenagers
- with teenagers, effective adult guidance depends on a larger network of adults than is the case with children

- with children, specific activities and experiences and interactions are critical –with adolescents, it is more the rhythm and pattern of interactions and experiences over time that are critical
- the strategies that work with children tend to work throughout a developmental period. With teenagers, parents need to frequently change strategies (and expectations) while maintaining an overall integrity to parenting.

Teenagers bring a whole new level of challenge to our emotional competence, relationships, endurance, patience, flexibility, reliance on others, confidence, knowledge and skill sets and selfcontrol. As parents we encounter that challenge over time, even though adolescence does seem to set in at warp speed. For physicians, however, the experience of stepping from the practice of medicine to the practice of leadership rarely comes with sufficient preparation and is more abrupt and revolutionary than evolutionary. Hence, the experience of whiplash.

PART THREE:

• Solutions Countering Whiplash and Gaining the Benefits of Becoming/Being a Leader

Because of the current demand for change in health-care organizations – and the practice of medicine – it is essential that more and more physicians step into leadership roles and that they play those roles at high levels of performance.

That means dealing with physician leadership whiplash effectively and rapidly, and that requires a commitment on the part of physicians and a complementary commitment on the part of the organizations. It is a partnership with each partner bringing certain qualities to the challenge.

The Challenge for Physicians

For physicians the challenge is to bring many of the qualities that led to mastering the practice of medicine to mastering the practice of leadership. In brief, mastering the practice of leadership will require (a) letting go of many of the approaches that work in medicine, (b) mastering the new ways that work in leadership, and (c) dealing with the uncomfortable world inbetween letting go and mastering the new. That all has to happen while dealing effectively with real meaningful challenges.

Physician Strengths –The Good News

Fortunately, physicians bring some common strengths that provide a very strong foundation on which to build leadership capability. For example:

- they demand credibility – then commit fully
- they are outcomes focused and used to taking responsibility for outcomes
- they are highly intelligent & multifaceted individuals
- they are exceptional learners
- they are fast
- they perform well under pressure and have been tested in the past
- they have high expectations – of self and others
- they have a sense of purpose and significance

Leadership is not mastered without a significant commitment over time to that mastery.

Physicians have demonstrated that capability in mastering the practice of medicine.

A similar approach needs to be brought to leadership.

• Solutions Countering Whiplash and Gaining the Benefits of Becoming/Being a Leader

The Challenge for the Leaders of Organizations

Successfully confronting physician whiplash requires a very direct and very honest approach. It is important for leaders to be able to say to new physician leaders, “We get it – we understand the natural reality of physicians stepping into leadership roles from clinical roles. We appreciate the strengths you bring to the challenge and we are confident in our ability to deal with the challenges in collaboration with you. In other words, you will be appreciated, connected and supported as well as challenged.”

Healthcare Organizations’ Commitment to Their Physician Leaders

Leaders of healthcare organizations need to be able to make the following statements to physician leaders and then back them up with credible actions.

1. We will help you confront the whiplash factors directly, orient you about them, and help you manage your transition to leadership successfully.
2. We will help you deal with the whiplash factors as you begin to lead projects in order to shorten your learning curve, build confidence and begin to get good outcomes quickly.
3. We will draw upon the characteristics that you brought to the mastery of medicine and deploy them against the challenges of mastering leadership – and increase our own leadership capabilities in the process as we learn from you.

4. We will assess the barriers that may exist to your entry into leadership and address them directly with you. These barriers may range from how we are structured and how we operate to assumptions and expectations we may have about physicians as leaders.
5. We will ensure that the ground is prepared for you so that you have the relationships, information and other resources required.
6. We will track the experience and outcomes and respond collaboratively.

In Conclusion

The emerging healthcare environment is requiring far more physician leadership than has been required in the past.

Physician whiplash is a major barrier to the performance of the physicians who are willing to say “yes” to that leadership call. To successfully achieve the level of physician leadership required it is critical to acknowledge that the practice of leadership is profoundly different from the practice of medicine—a different game. It is essential that physicians truly commit themselves and bring their best to mastering the practice of leadership. At the same time the organization’s senior leadership must commit to their physician leaders by putting a support architecture in place that minimizes the impact of physician whiplash.

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Physician Integration & Leadership Performance

A White Paper for Health System Boards and Executives

The O'Brien Group is an executive leadership consulting firm that works with healthcare CEOs, Boards, Physician Executives and their teams to strengthen team dynamics, better manage conflict and improve their readiness for reform.

The results: The health systems they work with now tackle big problems with a renewed sense of alacrity, lead their peers on numerous operational measures and have won Top 10 Best U.S. Health System Awards (Thompson-Reuters).

For more information on this topic, contact Gordon Barnhart at 513-608-4142 or gordon@obriengroup.us. Or you may contact Dr. Michael O'Brien, (513) 821-9580 or michael@obriengroup.us; www.obriengroup.us.

