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Developing the Physician Executive: From the Surgical Suite to the Executive Suite

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DEVELOPING THE PHYSICIAN EXECUTIVE: FROM THE SURGICAL SUITE EXECUTIVE SUITE

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Introduction

The changing landscape of the current health care system, with its mix of delivery and financing models and advances in technology, calls for improved performance and greater accountability among executives in the health care industry. Physician executives have an especially important role to play. As O'Connor and Fiol (2004) point out, physician executives offer a perspective that other leaders cannot:

> "Some physician executives are viewed as educated defenders of physician rights… while others are seen as senior leaders responsible for delivering the physician constituency to the support of organizational goals" (p. 48).

The perspective of physician executives is "crucial to shaping the future health care system" (Leatt, 2004, p.171). With the increasing need for physician leadership comes a need to increase executive education for physicians and to better define roles and responsibilities. This article will suggest eight models for educating physician executives, as well as recommendations for those seeking to start or improve programs to educate physician executives. This article will focus on physician executive education in the United States although there may be some lessons for physician executives in other nations with different health systems.

The need for physician executives in part depends upon the characteristics of the health system in a particular nation. Given this article highlights educating physician executives in the U.S. health system, a brief review of the core characteristics will be presented: (1) health care in the U.S. represents 16% of the gross domestic product [GDP] (Kingson & Cornman, 2007); (2) most U.S. citizens are covered by employment-based health insurance (Forman, 2007) although employers are increasingly not offering health insurance due to rising costs; (3) the U.S. "…wastes more on health care bureaucracy…(Himmelstein, Woolhandler, & Wolfe, 2004, page 79)" than other nations like Canada; and (4) U.S. health care consumers are becoming increasingly dissatisfied with the health care system (Kingson & Cornman, 2007).

As single-payer health systems increasingly adopt some of the employer-based and privatization models common in the U.S. health system, this article also could guide the curricula development and delivery of executive education for physicians in other nations with different health systems. In particular, Munn and Wozniak (2007) discuss the similarities and differences among the following health systems: United, States, Canada, the United Kingdom, Australia, China and India. Given that "[A]ll health care systems are striving to achieve a sustainable equilibrium among accessibility, cost, and quality of care (Munn & Wozniak, 2007, page 7)," then the basic need for physician executives

remains the same across different health systems although each system has some specific nuances that need to be addressed in physician executive education programs. In the end, Fabius (2007) writes, "The opportunities for well-trained, hard working and passionate physician executives have never been greater (page 74)."

Need for Physician Executives

Organizations require leadership and management to achieve goals effectively, efficiently, and ethically. Health care organizations across the globe are no different. Physicians "are involved in health care management and leadership whether they like it or not" (Kumpusalo, Virjo, Mattila, and Halila, 2003, p. 457). Ottensmeyer and Key (1994) noted the increasing need for physician executives ready to make the switch "from the administrative/technical/bureaucratic positions to genuinely executive roles" (p.71).

Need for Executive Education for Physicians and Physician Executives

As health care delivery becomes more complex, the need for physician leaders with formal management training is increasing (Shalowitz, Nutter, and Snarr, 1996). In one empirical investigation of physician executives, it was concluded that "physician leadership may be trainable" (Xirasagar, Samuels, and Curtin, 2006, p.107) and that "formal management education appears to impact leadership style" (Xirasagar, Samuels, and Curtin, 2006, p.107)

It is relatively well-established that medical school, internship, and residency education do not focus on cultivating management, leadership, and executive skills. But such education is needed. Dating back to 1994, physicians realized they needed to fill the gap in their knowledge and skill set to function as physician executives:

> Lack of academic preparation for management is a clear shortcoming of most physician executive candidates. With a medical education alone, physicians do not have adequate backgrounds or formal training in management disciplines…While much of their past management training has been experiential and on-the-job, physicians are now seeking post-graduate education. (Ottensmeyer and Key, 1994, p.75)

Furthermore, several empirical studies have found that the need for educating physician executives exists (Longnecker, Patton, and Dickler, 2007; Elina et al., 2006; McAlearney, et al., 2005). Referring to physician executives, Longnecker, Patton, and Dickler (2007) describe one of the needs for executive education:

> "they seem to find value in this additional education, perhaps because it provides credibility among their administrative colleagues, just as their medical training and experience provides credibility among clinicians" (p.261).

Moreover, three current trends suggest the need for providing executive education to physicians. First, there are several organizations dedicated to offering executive education for physicians. For example, the American College of Physician Executives (ACPE) offers a range of leadership and management courses for physicians at all levels. The ACPE has grown from 96 charter members in 1986 to nearly 10,000 members since 2001. Second, university-based programs offered by business and management programs have increased significantly (Levin, 2000; Larson, Chandler, and Forman, 2003). The Weatherhead School of Management's Physician Executive Institute offers a certificate

program, while Tulane University offers a masters degree in medical management and Auburn offers the Physicians Executive MBA program. Third, continuing medical education (CME) has evolved to include leadership and management training (Backer, 2001). For instance, the University of Chicago collaborates with Medical Business Solutions, LLC, to offer CME credit at its annual anesthesia billing and management seminar.

Not only does the need exist, but hospitals "are increasing their investment in formal leadership development for their current and future physician leaders" (McGowan, 2004, p.42). This need has surfaced not only in the United States but also in Taiwan, Central America, and India as evidenced by Tulane University offering a Masters in Medical Management in these countries. Moreover, the ACPE has similar organizations in Canada (Canadian Society of Physician Executives), the United Kingdom (British Association of Medical Managers), and Europe (European College of Physician Executives). The curricula for physician executive education programs should reflect the roles, responsibilities, and challenges facing physician executives, as well as the competencies of good physician leaders. The roles, responsibilities, and challenges described below are addressed primarily from the context of U.S. health care delivery.

Roles

There are two types of physicians serving in leadership and managerial roles: full-time physician executives and clinician-executives (Detmer, 1984). Unlike full-time physician executives, clinical executives often experience significant role conflict (Ruelas and Leatt, 1985). This leadership role has been described as "boundary spanning" because of the need to balance traditional management tasks and clinical management tasks (Kindig & Lastiri-Quiros, 1989). Physician leaders also play a governance role by in health systems, hospitals or medical schools (Longnecker, Patton, and Dickler, 2007).

Responsibilities

Given the "boundary-spanning" role that many physician executives assume, the responsibilities can be many and varied. In order to reduce role conflict, one must distinguish the typical responsibilities of a physician functioning as a clinician from a physician functioning as a physician executive. Table 1 draws upon the work of Adams (1986) and Wallace (1987), to list the key responsibilities of a clinician and a manager as characteristics. For instance, a physician is a "doer," while a manager is a "delegator." This list can be used as a curriculum development template and even as an evaluation tool.

Williams (2001) reports on the leadership and technical skills required for training physician leaders based on a national survey. This survey was organized into four domains. Table 2 illustrates the top needs for each domain.

Challenges

In a study of 340 physician leaders in 281 academic medical centers (Longnecker, Patton, and Dickler, 2007), the most frequently reported challenges were: finance (63%); clinical operations (53%); human resources (44%); information systems (17%); legal or regulatory issues (11%); education (7%); and research (5%). These challenges can be used to develop the curriculum for physician executive education. Physicians also face a

lack of training in management and leadership (Leslie et al., 2005). Providing executive education programs will help close this gap.

Competencies

In 1988, in a study of 16 medical leaders, the attributes of a good physician leader were described as follows:

> "recognition as an authority in one's own field, good communication and interpersonal skills, a willingness to be open-minded, and finally an ability to maintain a strong sense of personal values (ethics) in the face of challenges" (Barrable, 1988, p.30).

These attributes can be easily translated into competencies that can be assessed, developed, taught, and evaluated.

Organizations and medical associations/societies also are developing competency models. The American College of Preventive Medicine has established four medical management competencies: delivery of health care; financial management; organizational management; and legal and ethical aspects (Halbert et al., 1998). Among public health leaders, including physicians, the National Public Health Leadership Development Network formulated a Leadership Competency Framework to serve as the foundation for curriculum design (Wright et al., 2000). The Physician Leadership Competencies questionnaire in 2002 surveyed 110 physician leaders to find their top three competencies: interpersonal/communication skills, followed by professional ethics and social responsibility, and then financial acumen and resource management (McKenna, Gartland, and Pugno, 2004).

Executive Education Models for Physicians and Physician-Executives

There are several models for educating physicians aspiring to serve as executives as well as those currently serving in executive roles. This section will be organized into two domains: pedagogy of executive education and the presentation of eight different executive education models for physicians and physician executives.

Pedagogy of Executive Education

The pedagogy of executive education will be succinctly reviewed as it relates specifically to educating physicians. Actual on-the-job experiences ought to be part and parcel of any physician's formal education. Kaplan (2006) describes the combination of education and experience needed for the physician CEO as "a series of successive doors" (p. 44).

As will be shown later, it takes an array of executive educational offerings to match the diverse needs, learning styles, and interests of physician executives and sponsoring organizations. Kindig and Lastiri-Quiros (1989) assert that an "appropriate management curriculum for the physician executive must take into account the boundary-spanning role" (p.45) and further argue that they are "not convinced that two full years of graduate management education are required for such individuals" (p.45). This assertion clearly supports the unique role of executive education beyond the delivery of degree programs.

Some executive education programs, such as the medical leadership program at Columbus Children's Hospital, are designed around the Kotter's transformational change

model (Kotter, 1996) and the differences between the culture of medicine and the culture of leadership (Friedson, 1972; Peters, 1994). Regardless of the approach, all providers must heed the advice of Horowitz and Curry (1998). They point out that physicians learned in medical school through the rote memorization of facts rather than using team-based problem-solving and dealing with ambiguity. They offer the following advice: "Physicians who pursue medical management must be prepared to re-learn the process of learning" (p.171).

The executive education models that follow will be organized by type of executive education provider, such as universities or associations, and the five-stage career model (Shalowitz, Nutter, and Snarr, 1996) used to describe where a masters degree in management is optimally delivered. The five stages are: medical school; residency training; immediate post-residency training; early physician career; and later career stage, 10-15 years after residency training. Shalowitz, Nutter, and Snarr (1996) argue that executive education programs are best delivered at the later career stage:

> "Individuals at this level tend to have been identified for positions of higher responsibility in health care organizations prior to entering management training. They may also seek and move into such positions immediately after they complete their schooling" (p.311-312).

Eight Executive Education Models

Eight executive education models will be described below. Each model represents one way that executive educators can design and deliver leadership, management and business training for physician executives.

Masters Degree Programs

A growing number of masters degree programs target physician executives. The University of South Florida offers a master's in business administration for physicians. The University of Southern California's Marshall School of Business offers a master's in medical management. The Harvard School of Public Health offers an MS for physicians only in health care management. All of these degree programs are offered in an executive education format. There are also dual-degree programs, for instance, The Association of Medical Colleges (AAMC) lists 49 such programs. Most of these programs are MD/MBA programs.

University Sponsored Certificate Programs

To provide a rigorous executive educational experience without committing physician to earning yet another degree, a number of universities sponsor certificate programs. For example, the Johns Hopkins' business of medicine certificate is a four-course graduate certificate program that allows 12 credit hours to be transferred into the 54-credit hour Medical Services MBA.

Association Sponsored Certificate Programs

Many medical associations and societies are starting to provide education and training in the business aspects of medicine. The Medical Society of Virginia Foundation sponsors a grant-funded one-calendar year physician leadership training program. Johnson & Johnson Pediatric Institute, LLC, and the American Academy of Pediatrics are collaborating on a 3-day training program, followed by a leadership-related behavior change to be implemented within 6 months. The medical societies who are potential partners for executive education professionals include some listed at http://www.omnimedicalsearch.com/associations.html.

Association Sponsored Certification Programs

Akin to board certification in a clinical specialty, The Certifying Commission in Medical Management (CCMM), the national certifying body for physicians specializing in medical management, offers the Certified Physician Executive (CPE) designation. The CPE is earned after demonstrating knowledge in core domains and skills in leadership based upon experience and educational achievement.

University Sponsored Individual Courses

Colleges and universities have traditionally provided short stand-alone courses for professionals in medicine. In the past, the vast majority of these courses were housed in schools of medicine and public health. Harvard School of Public Health's Leadership Development for Academic Physicians is such a one-week individual course.

Association Sponsored Individual Courses

Associations and societies also sponsor a number of courses. For instance, the American Association of Neurological Surgeons offers a one-day course for CME entitled "Neurosurgeon as CEO: The Business of Neurosurgery." The American Society of Plastic Surgery sponsors a two-day course entitled "Medical Spas: Does This Business Make Sense For You?" for 12 CMEs. Finally, and The American College of Surgeons three day course "Surgeons as Leaders: From Operating Room to Boardroom".

Joint Association/University Sponsored Masters Degree, Certificate and Certification Programs

In an era of academic-association partnerships, an increasing number of certificate and certification programs are being marketed to physician executives and aspiring physician executives. For example, the American Orthopedic Association partners with Northwestern University's Kellogg School Management to offer a five-module leadership series spanning one calendar year. The Fuqua School of Business at Duke University collaborated with the Renal Physicians Association to provide a two-day health management course for nephrologists. St. Thomas College and The Minnesota Medical Association joined to offer an 18-month physician leadership college.

In-House Programs

Many health care organizations rely upon in-house expertise to design and deliver executive education for physicians. Others outsource this expertise by partnering with universities. The University of Oklahoma Health Science Center offers leadership training in its Executive Healthcare Training Academy. UNC Kenan-Flagler School of Business has partnered with the Carolinas Center for Medical Excellence.

Executive Education for Physicians and Physician-Executives: Recommendations for Design and Implementation

These recommendations rest upon the solid foundation of critical success factors for developing a successful executive education program (Jahera, 2006): strong academic leadership; competent and reputable faculty; innovation in delivery and programming; quick response ability; effective marketing and promotion of programs; and willingness to take risks. In their conceptual model for an executive education initiative, Conger and Xin (2000) describe the key components:

- Learning needs: A shift from functional knowledge to strategic leadership and organizational change (p.80)
- Learning content: A shift toward ever-greater customization (p.81)
- Pedagogy: A shift toward action-learning and feedback pedagogies (p.81)
- Participants: A shift to learning in executive cohorts (p.82)
- Integrating mechanisms: A shift toward the cascading of learning experiences (p. 83)
- Instructors: Growing use of the executive teacher (p.84)

Any successful physician executive education must build upon the cornerstones of a basic executive education program, then take the unique needs of the physician executive into consideration.

The curriculum design must be tailored for physicians as illustrated by Young, Hough and Peskin (2003):

> "Programs designed to educate physicians and other health care professionals -- in private practice, academia, or industry -- about the business aspects of medicine can be effective but need to be designed carefully to integrate business theory and application to the medical setting" (p.1000).

Another crucial decision is determine which physicians may be able to achieve the greatest benefit from leadership development (McGowan, 2004). One of the best ways to assess this is to use the five-stage career model described by Shalowitz, Nutter, and Snarr (1996). Table 3 demonstrates the relationship between each of the eight executive education models and the appropriate career stages.

Conclusion

Executive education programs targeting physicians should incorporate learning assessments and program evaluations into their initial design to facilitate continuous quality improvement and program redesign. Shalowitz, Nutter, and Snarr (1996) suggest that such assessments include the following criteria:

> "physician's career path; chosen industry sector; position; assessment of the usefulness of skills taught; value placed on early acculturation

regarding attitude and thinking; and recommendations for alternative training, methods, timing, or content" (p.312).

Kincaid and Gordick (2003) discuss the growing requirement to determine the ROI for leadership development. One way is to determine the impact of leadership development on key performance indicators within the sponsoring organization (Martineau & Hannum, 2003). Conger and Xin (2000) described the purpose of executive education as targeting both the individual and the organization. Executive education providers should remind themselves that the opportunity to work with physician executives serves not only the physicians, but also the organizations that they lead and ultimately the patients who receive care.

Serio and Epperly (2006) assert that "like the Cadillac, the concept of leadership in family medicine is in need of a makeover to suit a new generation of leaders" (p. 51). Will executive education programs innovate and bring to market distinctive programs for physicians serving as leaders and managers? Will they be prepared to transform the delivery of health care to improve the health and well-being of current and future patients? Our very lives may rest upon the education and training of physician leaders.

Table 1: Traditional Characteristics of Differences between Physicians and Managers

A Physician:	**A Manager:**
Is autonomous; makes decisions alone.	Uses teamwork; is probably involved in line reporting.
Works one-to-one.	Works primarily in groups.
Is patient-oriented.	Is organization-oriented.
Is empathetic.	Is objective.
Is crisis-oriented.	Is a long-range planner.
Is quality-oriented.	Is cost-oriented.
Enjoys immediate tangible results.	Must often delay gratification and enjoy process.
Accustomed to controlled chaos.	Has a planned schedule, with more inherent flexibility.
Sees people as materials or objects.	Sees people as resources to be managed.
Is a doer.	Is a delegator; gets things done through others.
Reacts.	Proacts.
Is authoritarian in practice style.	Delegates authority; deals with antiauthoritarian as it pertains to people as equals-participative leadership style.
Has a specialist orientation.	Has a generalist orientation.
Is classical scientist.	Is a social scientist.
Is discipline-oriented.	Is socially oriented.

Source: Ottensmeyer, D. & Key, M.K. (1994).

Table 2: Top Five Training Needs for Physician Leaders by Domain

Medical Leader/Knowledge Areas Essential Now	**Medical Leader Management Training Needs for Leadership Skills**	**Medical Leader Management Training Needs for Technical Skills**	**Medical Leader Management Training Needs for Practical Skills**
1. Quality Assurance Expertise	1. Leading change	1. Information Systems	1. Time Management
2. Decision Making Under Uncertainty	2. Conveying a Vision	2. Conflict Resolution & Mediation	2. Oral/Written Communication
3. TQI Expertise	3. Systems Thinking	3. Planning	3. Meeting Presentations
4. Clinical Benchmarking	4. Building Trust	4. Team Building	4. Meeting Management
5. Strategic Planning	5. Effective Listening	5. Quality Assurance	5. Networking

Table 3: Cross-Walk Between Eight Executive Education Models and Career Stage

Executive Education Model	Career Stage
Masters Degree Program	Stage 4 & 5 (Stage 3 for MD/MBA programs)
University Sponsored Certificate Program	Stages 4 & 5
Association Sponsored Certificate Program	Stages 3, 4, & 5
Association Sponsored Certification Program	Stages 4 & 5
University Sponsored Individual Courses	Stages 4 & 5
Association Sponsored Individual Courses	Stages 4 &5
Joint Association/University Sponsored Masters Degree, Certificate, and Certification Program	Stages 4 & 5
In-House Programs	Stages 4 & 5

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