



GROWING  
[PHYSICIAN] LEADERS...

***AN UPDATE***

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# AGENDA

- ❖ REVIEW THE BACKGROUND
- ❖ WHAT SOME HOSPITALS DO
- ❖ OUR COURSE OBJECTIVES & EXECUTION
- ❖ RECENT RESEARCH & RELATED METRICS



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# Where It All Started

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The CEO/CMO to ME (2014):

“ WE WANT OUR DOCTORS TO  
BE INCLUDED IN DECISION-  
MAKING...AND WE WANT  
THEM TO LEAD MULTI-  
DISCIPLINARY TEAMS! ”





MY EARLY BFO:  
PHYSICIANS  
**ARE LIKE**  
SOLDIERS

# Both Have

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# Professional Requirements

- Code of **ethics** and prescribed set of **values**
- Unmatched **knowledge, skills, attributes and competence**
- Prescribed **standards**, with a **requirement to discipline and dismiss** those who do not adhere to the professions standard's and behaviors
- **Constant training and education** in prescribed skills, values, knowledge and attributes (SVKA's)
- **A prescribed function** within a society which cannot be performed by others because it requires unique leadership



# But there are Challenges...

- Doctors live by a **CODE OF ETHICS**, but no prescribed **VALUES**.
- Doctors are required to have unmatched **COMPETENCE** in a **BODY OF SKILLS, KNOWLEDGE, VALUES & ATTRIBUTES**, but there is desire for increasingly lower associated costs of medicine, with more served, in an era of increased technological advancement.
- The Healthcare Profession has **STANDARDS** that must be reinforced, but they vary and there are different approaches on how to discipline (and dismiss) professionals who do not adhere to prescribed procedures, norms and behaviors.
- There is a requirement for **CONSTANT TRAINING AND EDUCATION** in SKA's (but currently more emphasis is on the science than the art in healthcare)
- Doctors have a **UNIQUE RESPONSIBILITY** which cannot be performed by others in society, yet they are 1/3 of the healthcare **INTER PROFESSIONAL BODY...AND OTHERS ARE INTERFERING IN WHILE DRIVING HEALTHCARE IN COMPETING DIRECTIONS.**





"COULD YOU DESIGN AND  
EXECUTE A COURSE PART-TIME?"

"TRUST ME, THIS WILL BECOME  
THE MOST IMPORTANT THING YOU  
DO HERE!"



CLASS OF 2019



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# How Is Healthcare Tackling Physician Leader Development?

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# WHAT SOME HOSPITALS DO ...

## TOP 50 NON-PROFIT HOSPITALS IN U.S.

(“Top” Defined by “Number of Beds,” Range: 2478-830)

Letter to CEO asking for Survey Participation, with request for  
Leader Development Point of Contact

Participation:

- 16 (32%) committed to sharing information
- 11 (22%) admitted to not having any leadership program
- 1 (2%) unwilling to share information about their program
- 22 (44%) did not respond to query

*Hertling, Dennis, Bartlett (2018). Approaches to Physician Leadership Training at Top NonProfit Hospitals. Physician Leader Journal, November 2018*

# KEY SURVEY QUESTIONS

- ☐ Number of hospital employees/number of privileged physician?
- ☐ Does your hospital have a formal leadership development program?
- ☐ Does your hospital have objectives for leadership development program?
- ☐ Is there a formal program for physicians/are they incorporated into other programs?
- ☐ How is the physician leadership development conducted?
- ☐ What are the objectives for the physician leadership program?
- ☐ How long has your hospital conducted a program for physicians?
  - How many physicians have matriculated from your program?
  - How many hours of instruction make up the physician program?
  - What is the length of the physician program?
  - What is the approximate/estimated cost of the physician program?
  - How are physicians selected to attend the program?
- ☐ What methods does your hospital use in measuring the effectiveness of your program?
- ☐ Is attendance at courses required before physicians assume a leadership role?

# KEY CEO INTERVIEW QUESTIONS

## Objective information

- ☐ Time in position and personal familiarity with Organization's Leadership Development Program?
- ☐ Objectives of your program?
- ☐ Are physicians incorporated into interprofessional programs, or conduct their program separately?
  - How are physicians selected to attend?
  - What are specific objectives for physician leadership development?
  - Are there positional requirements for attendance, or post attendance placement, for physicians?
  - What resources (costs) are specifically allocated to the physician program?

## Subjective Opinion

- ☐ After graduating, how do you see attendees contributing to quality improvement in healthcare?
- ☐ How is your leadership program contributing to the culture of the organization?

## Sensory (Anecdotal) Experiences

- ☐ Anecdotes of physicians who have improved or not improved as a result of program?
- ☐ Stories of physicians who have taken on new roles as a result of program?



# WHAT SOME HOSPITALS DO ...

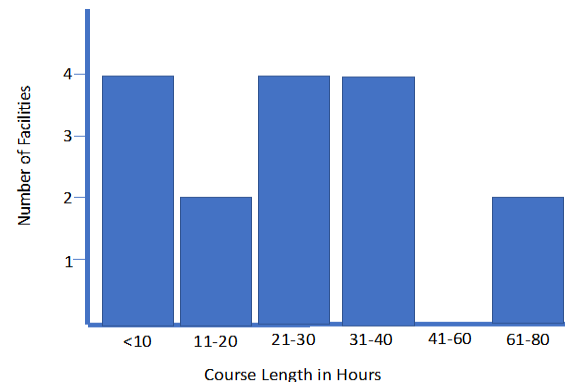
Various types of people in charge of Healthcare Leader Development:

- Within Organizations: HR, COO, Chief of Org Eff/Leadership, CMO
- 2 of 16 use Consultants
- 5 have "fly away" programs, 4 of those for physicians only

Spectrum of "Start of Program" from "just now" to 12 years running.

Average was 3.1 years in operation

Length of Leader Development Program Varies:



Medium Course Time: 32 Hrs

Course Length:

Span of 3-18 Months

Range: 1 hr/week-5 hrs/month-1 weekend/qtr

Mean: 9.4 months, Medium 9 Months



# Some *Critical* Findings Regarding Programs

11 of 16 hospitals reported they had “***programs for physicians:***”

- Four conducted by external consultants, apart from executive program
- Four send physicians on available “fly-away” programs
- Three hospitals recently designed initiatives ***specifically for physicians***
  - Two of those three were “interprofessional” programs
- Two “supported” physicians pursuing MBA/MHA not part of a program

For physician attendee selection:

- Five programs had attendees personally selected by CEO, COO, CMO
- Two took recommendations from Exec Med Staff
- One selects from recommendations received from Med Group
- One holds formal boards to select from volunteers (an annual program)
- Two...didn’t know how physicians were selected

Cost per physician:

- Range from \$1,100 (estimated) to \$20,000 (“fly-away”)\*
- Cost of MBA/MHA “dependent” on school
- Average estimated cost from programs: \$5,937/physician



# Other *Critical* Findings Regarding Programs

“What are your Objectives for the Program?”

- 4 of 16 hospitals could provide stated course objectives
- 2 of those 4 reflected extensive Admin-CMO coordination
- 1 of those 2 had completed path from resident-CMO requirements
- ***Disconnects between Program Objectives and CEO/CMO desires***

“How are you measuring program effectiveness?”

- 7 used post-training surveys (5 were email “thoughts on the course”)
- 2 used physician/employee engagement score metrics and comments
- 1 was attempting to use HCAPCS scores
- 1 was continuously using pre-post course survey quantitative growth comparison metrics and qualitative input from physicians/peers

***Q the CEOs/CMOs: “Is Your Program Worth It?”***





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Now . . .

What's Your  
Assessment of  
Physician  
Leader Development?

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# The Healthcare Leadership Challenge

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What kind of leaders do we have...what kind do we want?

What are the leadership **attributes and competencies** we desire?

What **influence technique** will work in healthcare?

How do we better develop diverse Healthcare Teams?

Who are on the **teams**?

How do we improve **communication and information exchange**?

What are the roles of **formal versus informal** leaders in healthcare?

How do these leaders contribute to **'improving the organization'**?



TRANSFORMATIONAL

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## Leadership

*Leadership is the art of understanding motivations, influencing people, building teams and communicating purpose in order to accomplish stated goals while improving the organization and contributing to its culture*



**ALL OF  
THAT  
DRIVES**

## **PHYSICIAN LEADER COURSE OBJECTIVES**

- Understand leader **attributes & competencies** & various **influence techniques**
- Enhance **leadership & management skills**
- Understand how to **build teams**, and **lead up**
- Positively contribute to population health and **the desired culture of the organization and the community**
- Strengthen the **healthcare leadership network**

# EXECUTION: "A WAY"

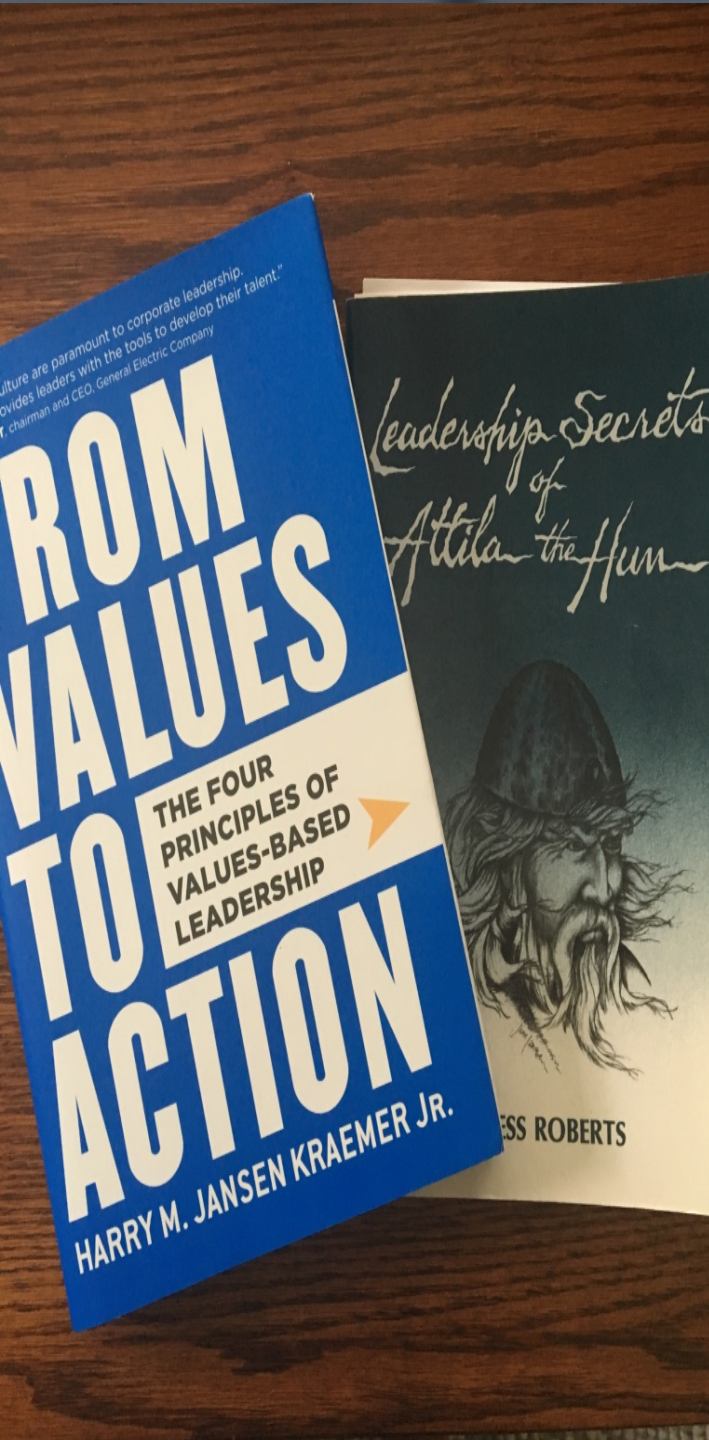
## ADVENTHEALTH PHYSICIAN LEADER COURSE EXECUTION

- Objective-based course design
- Physician participants are volunteers
- Sessions meet once per month for Six Months
- Five-hour monthly seminars
  - Readings, Exercises, LSAs, Panels
- A 1 ½ day off-site exercise (the "staff ride")
- Chatham House Rules; one excused absence
- Interprofessional mix (35-10-5)

A blurred background image of a medical professional in a white lab coat. They are holding a smartphone in their right hand and a tablet in their left hand. A stethoscope is visible around their neck. The text 'Course Approach' is overlaid on a dark blue rectangle on the left side of the image.

# Course Approach





## Lesson 1& 2 : Knowing Yourself

### The Profession

- ✓ Four Circle Mode
- ✓ Leadership Attributes and Competencies
- ✓ Self Assessment (MBTI), Physicians as part of the profession
- ✓ Application of personal and professional values
- ✓ Healthcare Culture

### BOOKS

- ✓ 'Leadership Secrets of Attila The Hun'
- ✓ 'From Values to Action' or 'Becoming a Leader of Character'

**LSA:** Lesson 1: "Observe & Report on Attributes/Competencies"  
Lesson 2: "Values"

# 2 OF 3 KEYS TO LEADING

## ATTRIBUTES

WHO THE LEADER IS

## COMPETENCIES

WHAT THE LEADER DOES

# ATTRIBUTES

WHAT KIND OF PERSON ARE YOU?

HOW DO OTHERS SEE YOU?

WHAT DO YOU KNOW,  
AND HOW DO YOU SEE  
THE WORLD?

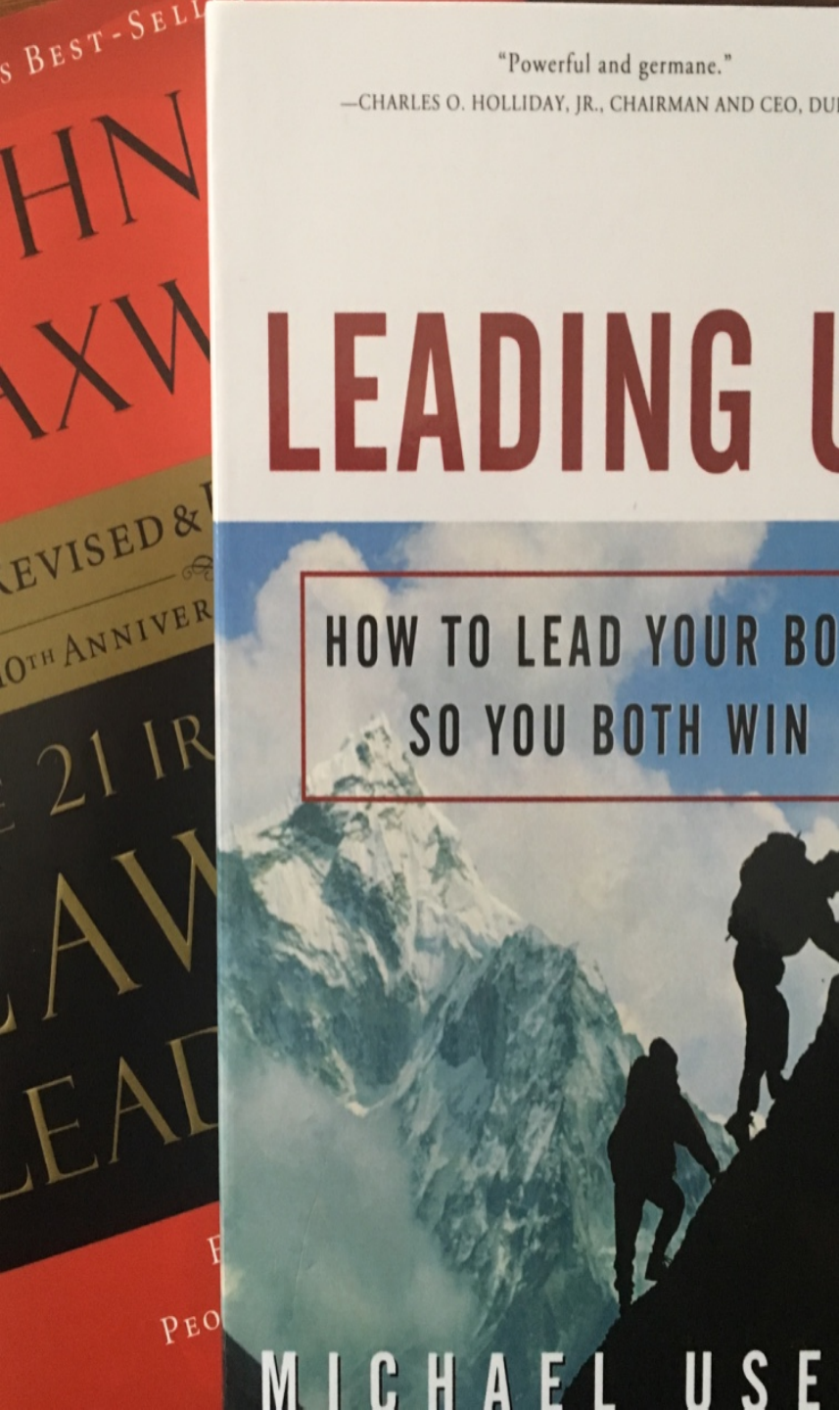
# COMPETENCIES

HOW DO YOU GENERATE TRUST BETWEEN INDIVIDUALS & WITHIN TEAMS?

HOW DO YOU BUILD YOUR TEAMS?

HOW DO YOU MAKE STUFF HAPPEN!





## Lesson 3 & 4

### Dyadic Leadership--

### 'LEADING OTHERS' (to include 'LEADING UP')

- ✓ The influence Model
- ✓ Influence Techniques and the Art of Influence
- ✓ Communication methods
- ✓ Leading your "boss"

## BOOKS

- ✓ '21 Irrefutable Laws of Leadership'
- ✓ 'Leading Up: How to Lead Your Boss So You Both Win'

## LSA:

Lsn 3: Observing various influence techniques; Coaching, Counseling and Mentoring Techniques

Lsn 4: Observations of your leadership from your team

# THE INFLUENCE MODEL (THE 3D KEY)

## PURPOSE

The "Task" from the leader or the organization

## *MOTIVATION*

The individual's reason for doing - or not doing - something... and their associated level of enthusiasm to contribute

## INFLUENCE

How the Leader influences others, and how the leader communicates the goal or task

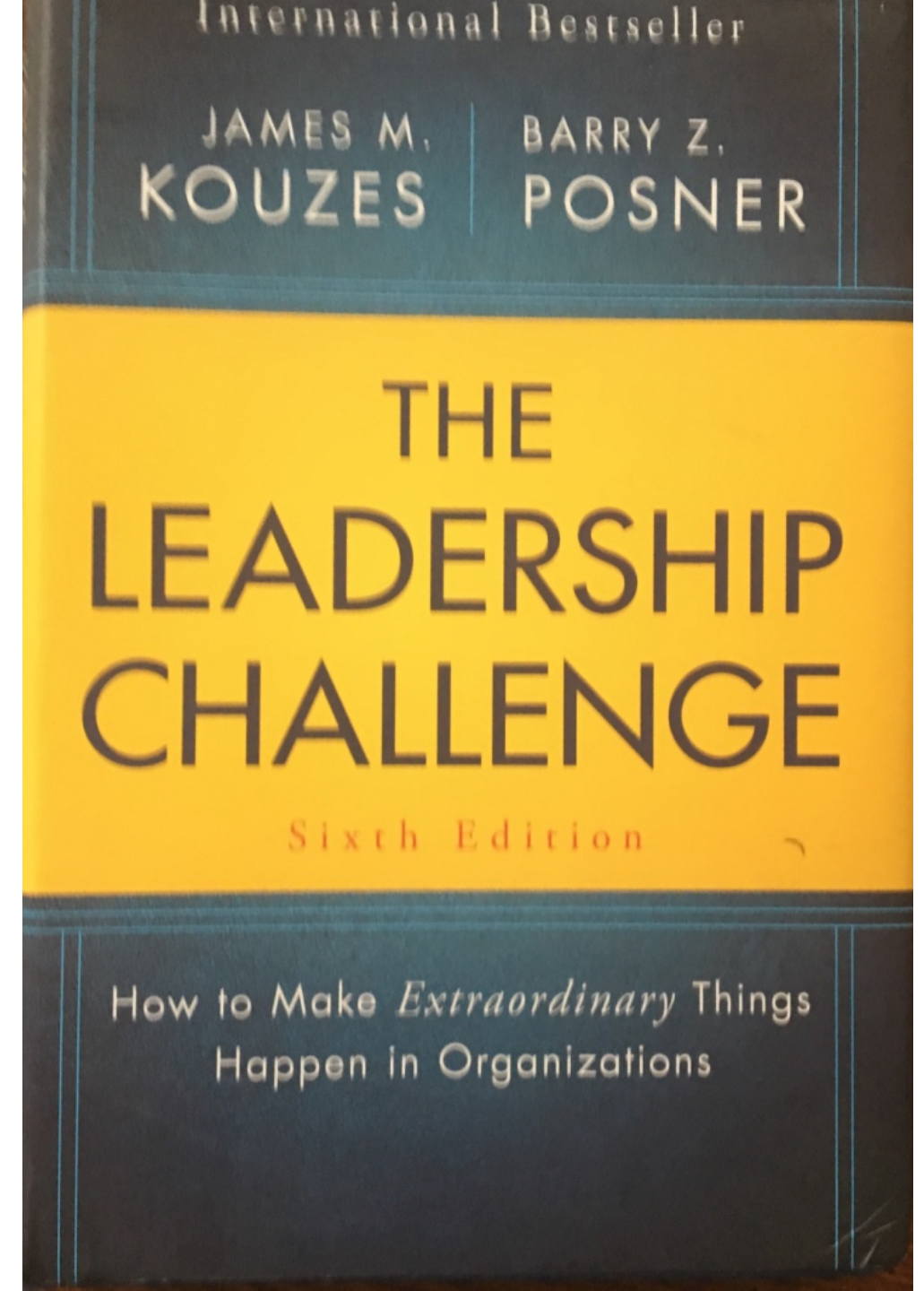
## Lesson 5 : Leading Teams

- ✓ Team Formation
- ✓ Team Dynamics
- ✓ “Framing” to Solve Problems
- ✓ Organizational Contributions

## BOOK

- ✓ The Leadership Challenge

**LSA:** How Teams are Formed in your space  
Who is needed on teams  
How can teams address the “Triple Aim”







# Gettysburg Battle Staff Ride



## Lesson 6: Leading the Organization & the Profession

- ✓ Hospital and System Strategic Overview
- ✓ Market Orientation
- ✓ Financial and Budgeting Strategies
- ✓ CEO/C-Suite Panel
- ✓ Graduation





# MEASUREMENTS

- Myer-Briggs (MBTI)
- Pre-Post Research Self-Surveys
  - Leadership/Followership
  - Communication Delivery
  - Information Exchange
  - Supportive Behavior
- Maslach Burnout Inventory (1981)
- Pre-Post “mini-360”
  - Physician Colleague
  - Nurse Colleague
  - Spouse



# A Mixed-Method Comparative Study of Two Approaches to Physician Leadership Development

# Key Questions

- Will participation in an outcomes-based physician leadership development program change the self-reported leadership behaviors of physicians?
- Will participation in an outcomes-based physician leadership development program contribute to behavioral changes that are observed by colleagues on the healthcare team?
- Does participation in a physician leadership development program contribute to changes in behavior observed by the participants' personal relations (spouses/partners)?
- Does the type of program make a difference?

# Physician Participants

- Robust Messaging for **Volunteers** resulted in 122 physician applications for 85 class slots (nurses and administrators assigned)
- Quasi experiment necessitates “counter-balancing” participants

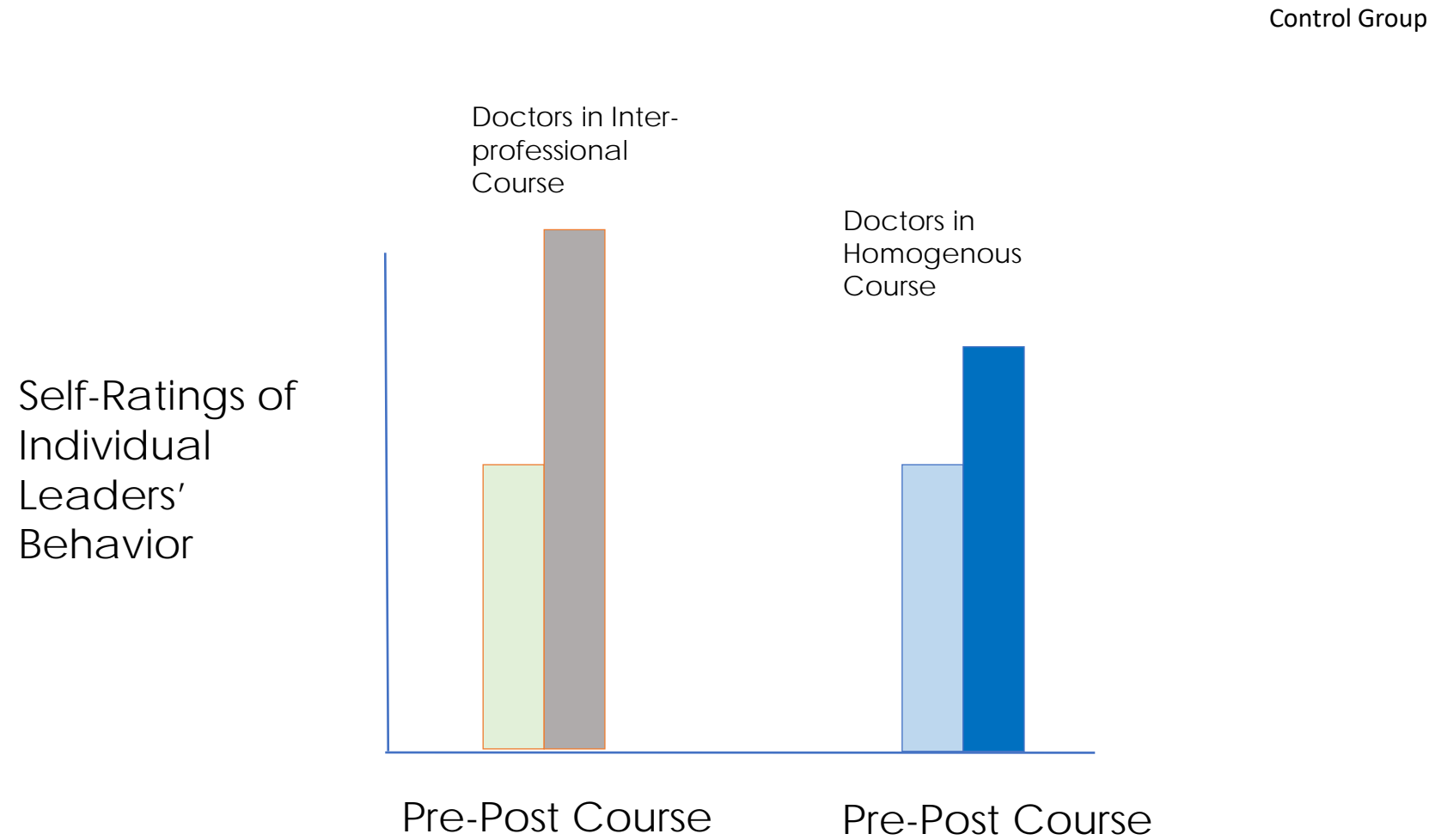
## Blue Group (Homogenous, 50 physicians)

- 14 women/36 men (28%/72% ratio)
- 21% Family practice
- 14% Surgeons
- 10% Obstetrics or OB/GYN
- 10% Internists
- 8% ED or Acute Care
- 10% Pediatric
- 5% Radiologist
- 10% Psychiatrist
- 12% “Unique” specialty (neurologist, pulmonologist, etc)

## Green Group (IPE, 35 physicians, 10 nurses, 5 execs)

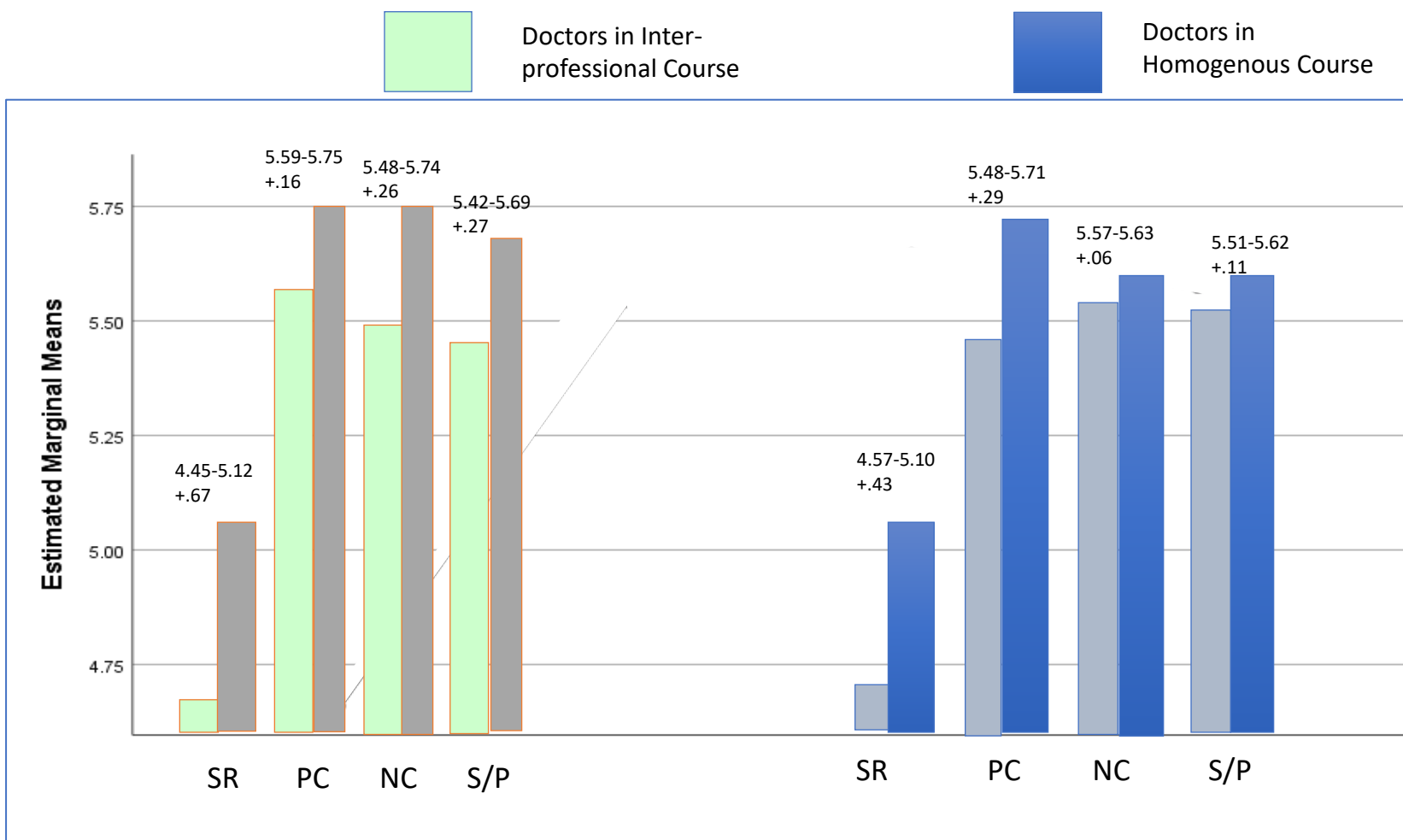
- 10 women/25 men (29%/71% ratio)
- 21% Family practice
- 17% Surgeons
- 8% Obstetrics or OB/GYN
- 8% Internists
- 16% ED or Acute Care
- 5% Pediatric
- 6% Radiologist
- 5% Psychiatrist
- 12% “Unique” specialty (neurologist, pulmonologist, etc)





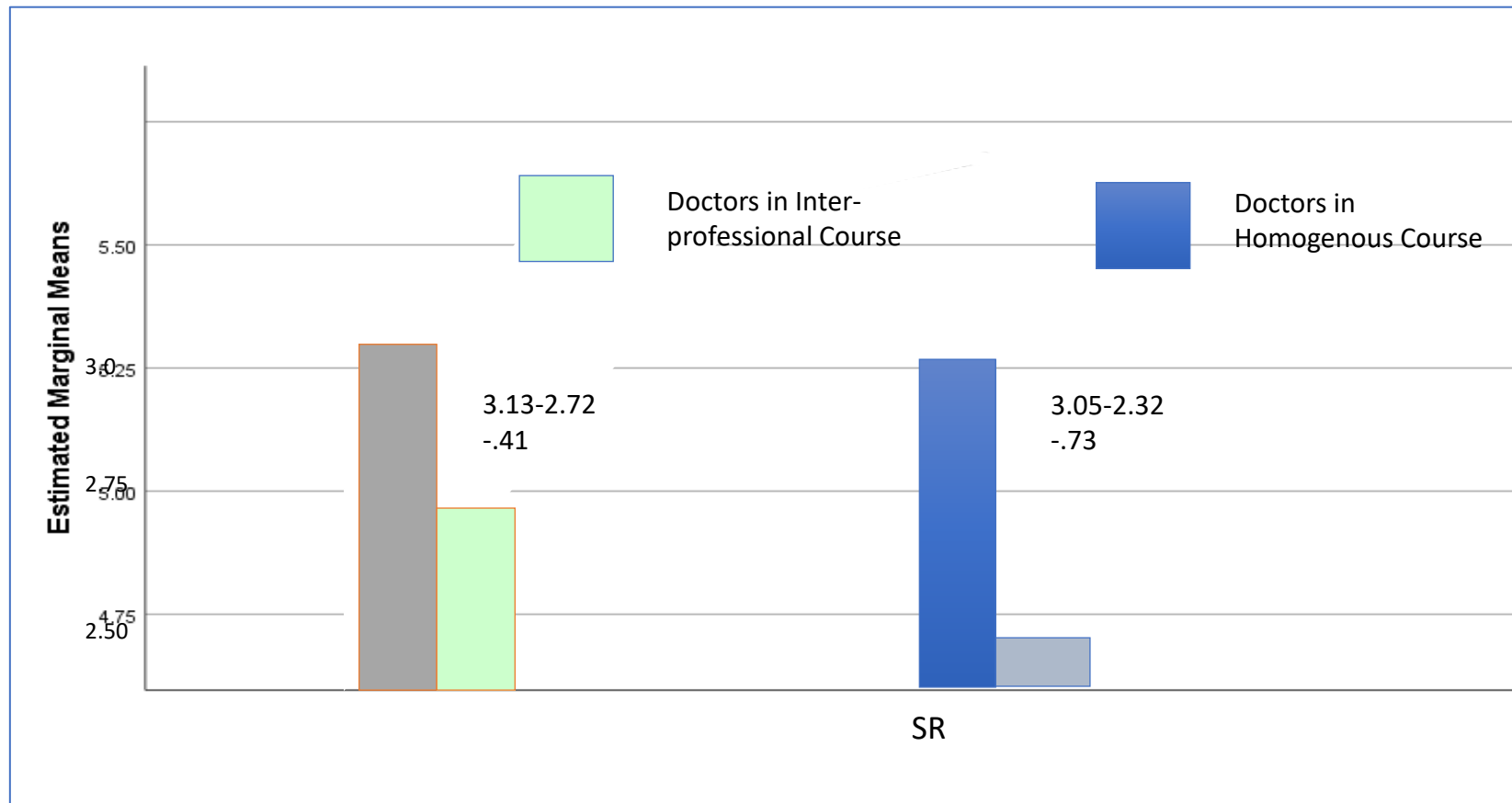
# *Descriptive Data Comparison*

Pre-post surveys, within-subjects ANOVA indicators, participants and observer comparisons



# *Burnout Data Comparison*

Pre-post test within-subjects ANOVA indicator for four burnout questions:





# Qualitative Questionnaire Responses

- Participant responses associated with the three leadership themes (leadership, communication and information exchange) and the eight key words were **similar and interchangeable** in both groups
- Participant responses regarding the theme of “Healthcare Collaboration” and the four key words of team collaboration, trust, mutual respect and organizational commitment showed **dissimilarities**

# Examples of Qualitative Responses

## IPE Group (23 of 35 respondents):

- If we're going to build strong healthcare teams, **we need to better understand each other**. Our connection in this class – to include some of the heated discussion and even one of the fights! – help us to do that.
- I have also **really been surprised in meeting and engagement with the nurses and administrators in our class** who clearly have a different view than I thought they had about what is important about patients and what we need to do in healthcare.
- I was **surprised and humbled** when **one of our administrators** said that he had read up on a medically complex issue, so he could understand what I as a physician, would face in caring for that patient.

## Homogenous Group (19 of 50 respondents):

- I certainly hope this course will create a better environment within the organization. I believe physicians have been craving some input, but **it's up to the Administration** to truly allow a partnership.
- I am currently trying to match the influence technique you provided with the appropriate groups I work with. I find that **nurses are pretty responsive to "authoritative requests" and "pressures,"** but I'm **still trying to figure out what technique works best with specialty physicians and administrators.**

The background image shows a doctor in a white lab coat standing at a dark desk. The doctor's hand is visible, holding a smartphone. On the desk, there is a stethoscope and a laptop. The scene is softly lit, suggesting an office or clinical setting.

# GROWING [PHYSICIAN] LEADERS

MARK HERTLING