

### 2. Baby boomers, born between 1946 and 1964.

They tend to be near burnout in their careers or may want a career shift. These physicians crave rejuvenation opportunities. Develop sabbaticals, ways for them to work part time, or give them the chance to work in an area where they've never worked, says Aloi.

### 3. Generation Xers, born between 1965 and 1975.

Generation X physicians want to be in the thick of things at your practice. They thrive on the feedback provided by senior doctors and practice administrators, and are willing to work long hours for the benefit of the practice. Take advantage of their enthusiasm, set clear guidelines, and provide the feedback they seek.

Your orientation program should work for any new physician who comes on board. However, don't be afraid to consider a physician's specific qualities or unique needs during orientation.

"We usually do an initial general orientation program where we have the director of billing, the

director of marketing, and all the special departments involved. Then we offer the physician the chance to meet one-on-one with anyone else, to obtain additional information," says Aloi.

#### Add a mentor component

After you create your program, you'll have to decide who will lead it.

"The hardest part about putting together an orientation, whether for a large or small group, is making sure that the program is interesting, informative, an appropriate length, and appropriately delivered," she says.

Many practices have success using physician mentors, she adds. "There's just something about being oriented by a peer, listening to what he or she says. It allows new physicians to ask questions and get answers that an administrator may not know."

Mentors should be available to answer questions and offer support as often as the new physician needs, particularly the first month of employment. "This really helps to let the new physician know he or she is not alone out there," adds Aloi. ■

#### ■ Physician leadership

## R/X for leadership success—Part I

### The management skills physician leaders need

Physician leaders set the tone and direction for the team and are ultimately responsible for the success of your group practice.

Those challenges can quickly become overwhelming if you don't have a firm grasp of what it takes to be the best physician leader you can be.

"Many physicians are struggling to lead improvements in health care because they don't really have the language, the mental models, or concepts to develop their leadership potential," says Mindi McKenna, an assistant professor of health care leadership in Kansas City, MO.<sup>1</sup>

"They need more role models to set the example for them."

In the first of a four-part story on the management

skills you need to be an effective physician leader, we look at the necessary administration skills; next month we'll tackle interpersonal skills. In the spring, we'll bring you tips on how to assess and improve your skill set.

Here are thumbnail sketches of the administrative managerial skills today's physician leaders need to excel:

- **Delegation**—It's not easy to give up control and allow others to take on the responsibility of producing the expected results—especially if you've tried it before only to be disappointed.

But delegation is an important quality in effective physician leaders, > p. 8

**"Many physicians are struggling to lead improvements in health care because they don't really have the language, the mental models, or concepts to develop their leadership potential. They need more role models to set the example for them."**

—Mindi McKenna

<sup>1</sup> McKenna is the assistant professor of management at Rockhurst University's Health Care Leadership MBA program in Kansas City, MO. She was principal speaker on effective physician leadership at the MGMA conference in October. Contact her at 816/501-3174; e-mail [mindimckenna@rockhurst.com](mailto:mindimckenna@rockhurst.com). [www.mindimckenna.com](http://www.mindimckenna.com).

<sup>2</sup> Brennan is an executive coach and consultant with Brennan Associates in Tuscon, AZ. Contact her at 520-797-6645; e-mail [diane@coachdiane.com](mailto:diane@coachdiane.com). [www.coachdiane.com](http://www.coachdiane.com).

**Leadership success**

< p. 7

according to Diane Brennan <sup>2</sup>, an executive coach in Tucson, AZ. “Allow others to take on processes,” she says. “You can’t do it all for very long without sacrificing yourself somewhere in your life.”

Since good delegation means hiring people who excel in areas where the physician leader may be weaker, it may also mean choosing *not* to hire your

best friends, according to Brennan. “Finding the strengths you need in others really does make the group stronger,” she says.

• **Decisive action**— Good leaders don’t let fear keep them from taking action in a timely manner, Brennan says. The best leaders can be decisive without being dictatorial. They set the tone, direction, and boundaries, but they also solicit infor-

**“Allow others to take on processes – you can’t do it all for very long without sacrificing yourself somewhere in your life.”**

—*Diane Brennan*

mation and input. Instead of saying, “This is what needs to be done, and this is *how* it needs to get done,” leaders tell staff what they need and then trust them to create a plan to complete it.

• **Risk-taking**—Good physician leaders are willing not only to take calculated risks, but to learn from mistakes, Brennan says.

Physician leaders need to delegate in a way that sets clear goals so staff know what they have to achieve and think of creative things they can do to achieve them.

“Maybe it will work and maybe it won’t,” Brennan says, “but the leader would know about it, they’d discuss it, and there wouldn’t be blame, but a long look at [the process] and what the next step should be.”

• **Financial understanding**—“Too many doctors over the years have said either, ‘I don’t have time to learn how to read my financial statement,’ or ‘That’s beneath me,’ or ‘That’s not my job,’ and they haven’t gotten involved,” McKenna says.

Unfortunately, some unscrupulous vendors know and take advantage of that during contract negotiations, or by defrauding these doctors, or targeting them for get-rich-quick schemes. It’s important for a physician leader to be comfortable enough with the numbers that even though they delegate book-keeping and other financial tasks, they feel comfort-

able checking in on that process from time to time and negotiating contracts that best serve the practice.

• **Staffing**—Given the current shortage of both clinical and administrative employees, it’s more important than ever that physician leaders are savvy about recruiting and training—especially in smaller practices.

“Missing one 1 out of 30 people feels very different than having one out of four people gone,” McKenna says.

• **Data Management**—Physician leaders need to be able to use technology to comply with changing laws and regulations. HIPAA and the recent changes in Medicare have demonstrated just how completely and quickly the picture can shift. Just managing clinical data is not enough.

Physician leaders need to make sure that their entire staff manages data effectively. “If they’re the physician leader, and especially if they’re the owner, the burden ultimately comes back to them,” says McKenna. ■

**What kind of leader are you?**

Mindi McKenna, assistant professor of management at Kansas City, MO–based Rockhurst University’s Health Care Leadership MBA program, identifies four basic types of physician leaders: managers; standard bearers; pioneers; and reformists. Here’s the breakdown:

- **Managers**—These leaders try to achieve organizational excellence and need to know how to manage budgets, run meetings, etc.
- **Standard bearers**—These leaders push for clinical excellence within their specialty, and generally sit on their examining boards or medical societies and diffuse best practices into the mainstream.
- **Pioneers**—These inventor physicians create drugs, devices, new information technology or procedures.
- **Reformists**—These leaders want to fix the system’s faults and tend to end up working with tort reform and policy issues.

Which kind of leader do you want to be? According to McKenna, in group practices, managers are the most common physician leaders. ■