Developing Physician Leaders from Within
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Overview

Changes in health care have created a significant demand for physician leaders. Effectively assessing physicians for these jobs is challenging and complex. Many executives admit as well that on-boarding new physician leaders is not something that they do effectively. Hiring missteps at this level can be disastrous. The purpose of this white paper is to outline how a more scientific, structured, and objective assessment process can improve physician leadership at US hospitals and to describe the importance of a robust on-boarding in ensuring success of new physician leaders.

Assessment Process Rationale

Most physicians enter leadership ranks at age 40-50 without the apprenticeship in leadership that non-physician executives have had. Because of this deficit, effective assessment and robust on-boarding takes on a new level of importance. Those who have made hiring mistakes at the physician leader level report that there is more fallout from removing a physician leader than any other executive. With the cost of replacing leaders estimated at 2.5 times salary, reducing the chance of hiring mistakes and providing more effective on-boarding provides great return.

Assessment

An assessment process requires:

- A solid understanding of leadership
- A well-thought-out selection model to understand the decision steps taken during the selection process
- The use of leadership competencies to assess leadership skills and personality principles relevant to leadership
A structured decision-making process for assessment and selection

Nine key factors drive hiring decisions:

1. *Intelligence*: Hiring decision makers make assumptions about the intelligence and cognitive ability of candidates, often making comments such as, “She is pretty smart,” or “He is a quick learner.”

2. *Personal Values*: Primary, deep-seated beliefs that individuals consider meaningful and desirable, individuals’ values are often developed by the time they reach their early 20’s and guide their behaviors and actions. People who make hiring decisions often form strong opinions of the values of their candidates with comments such as, “He is a good fit with our mission.”

3. *Motivation/Drive*: Factors that refer to the enthusiasm and passion to perform on the job prompt hiring authorities to make comments such as, “She has fire in the belly that will make her a great hire,” or “He is driven to excel and achieve.”

4. *Experience/Education/Skills*: These three items are typically the ones displayed in a resume. They are combined because education is a given and prior experience trumps most everything else, especially if the candidate is already performing the job duties. Ultimately, hiring authorities conclude, “We really like what this person has done and believe that she can do the same for us,” or “He is already doing the exact same job and it is clear he can do ours.”

5. *Context/ Work Setting*: Where candidates have worked, including the type of organization (for-profit versus not-for-profit or academic versus community), the culture (formal versus informal or collaborative versus top-down), and the competitiveness of the market, where a candidate has done the job is a significant selection factor. Comments may include, “I like where this person has worked—their situation is similar to ours”, “I like the team with whom this person has worked – they are top-notch,” or “She has worked for one of the best organizations in our industry.”

6. *Chemistry*: Often described as the “halo” or “similar-to-me” effect, this is typically the one factor that causes the most mistakes. Hiring authorities conclude, “I really like her,” or “I could get along quite well with him.” They also often think, “He’s just like me.”
7. **Presentation**: Similar to chemistry, candidate’s charisma may include their sense of humor, body language, listening skills, empathy, communication, and interpersonal skills. These behaviors can often eclipse candidate weaknesses. Hiring authorities note, “He has great speaking skills”, “She looks like a leader,” or “She has a poise about her that shouts ‘executive.’”

8. **Culture**: This factor may be overlooked because quantifying it is not easy and because people may not be forthright about their own culture. For example, they may describe it as collaborative when it is really autocratic. Sample comments include, “She would be a great fit in our organization,” or “He has a set of values that goes well in our organization.”

9. **Leadership Competencies**: Includes an extensive grouping of knowledge, skills, abilities, and characteristics, such as values (ethics and integrity), interpersonal skills (communicating and listening), embracing diversity (such as tolerance and respect), and change management (strategic planning and risk-taking). The challenges in trying to gauge or measure competencies often block hiring managers from using them meaningfully in selection. Yet they are critically important factors.

**On-Boarding**

Ideally, a program ensures that a physician leader is coached by another leader who has more management/leadership experience and that one leader fields questions, coaches, and provides productivity tips and encouragement. Expectations for the primary mentor include familiarity with management/administration and relationship development. The emphasis on the word “relationship” is critical because physician effectiveness depends on interactions where the physician has influence but not authority.

New physician leaders should be coached and on-boarded using the knowledge gained about their leadership style and strengths in the assessment process. An effective on-boarding program has three goals, to:

1. Create and maintain a quick but sophisticated entry into leadership for the new physician leader;
2. Retain a high percentage of new physician leaders by reaching out to them and their spouses;
3. Help new physician leaders by achieving early wins, helping them develop a high performance team, and teaching them win-win negotiation skills.

For more information on how you can cultivate physician leaders at your organization, please contact Carson Dye at carson.dye@gmail.com or Dr. Cohn at ken.cohn@healthcarecollaboration.com, 978-834-6089.

References


You may download these articles for free at http://healthcarecollaboration.com/articles-to-download/. Signing in will allow you to receive Dr. Cohn’s monthly Healthcare Collaboration newsletter, which takes approximately two minutes to read. You may unsubscribe at any time.

Brief Biographies

Carson F. Dye, FACHE, is a senior partner with the search firm Witt/Kieffer. With over 40 years of health care executive, search, and consulting experience, Mr. Dye conducts CEO, senior executive and physician executive searches for a variety of organizations. He also provides consultation in succession planning and leadership assessment. He is certified by the Hogan Assessment Systems to utilize their psychological inventories for selection, executive assessment, and coaching. Mr. Dye is the author of nine books, including the 2014 and the 2001 James Hamilton ACHE Books of the Year. He is a frequent coach to physician leaders and consultant to organizations in physician leadership.

To the best of his knowledge, Dr. Kenneth H. Cohn is the only general surgeon/MBA in the US who speaks, consults, writes, and teaches about physician-hospital relations. Using real-life stories from his work in 43 states, he demonstrates ways that collaboration improves retention and clinical and financial outcomes. His four books, Better Communication for Better Care, Collaborate for Success, The Business of Healthcare, and Getting It Done, have sold over 5,000 copies. Dr. Cohn has been mentoring physicians in leadership development over a decade, finding that they enjoy learning from a fellow physician.