Developing Physician Leaders Today Using the 70/20/10 Rule

Dr. Smith had been the vice president of medical affairs of an integrated health system for two years. A highly skilled clinician with an MBA, one day Smith found himself seriously stuck. Blind-sided, he was passed over for a plum new leadership position. The feedback he received was that something was still missing. He wondered, “What went wrong?”

Health care delivery today requires a fundamentally different approach — and a new breed of physician leaders who can rally around new requirements resulting from changes in health care financing, physician reporting requirements, standards for accountable care organizations, clinical process improvements and team-based care.

Today, physician leaders are being measured by the results they achieve, the value or efficiency with which they achieve good outcomes, and improvements in performance resulting from a focus on teamwork through superior coordination, information sharing, and teaming across disciplines.

Chief medical officers, department chairs, vice presidents of medical affairs, and other physician leaders must rally around these new requirements and bring teams of clinical and administrative leaders together.

Challenges

Research with a sample of 52 physician executives from the American College of Physician Executives revealed several leadership challenges resulting from the changing U.S. health care landscape. The top five cited include new challenges for physician leaders:

1. Identifying and communicating metrics to define physician value to patients and health partners.
2. Understanding clinical systems thinking and applying the concepts to new models of care delivery.
3. Communicating effectively to engage physicians and other health care providers to work as a high-performance team.
4. Employing patient-centered clinical integration.
5. Leading culture change rooted in trust between physicians and the health systems they support.

Competencies

For decades, studies have been conducted in corporate America that identify the key behaviors of successful leaders in multiple industries and job categories. Most widely accepted models include some dimensions of impact and influence, team leadership, initiative and team development.

Given the emerging insights about the needs and challenges of physician leaders, we reviewed the literature on top executive leadership behaviors to identify the behaviors that successful physician leaders ought to exhibit to navigate the rocky waters of health care reform. Our research reveals that effective physician leadership requires competence in four main leadership areas:

1. Leading Self

   • Self-awareness — Recognizing one's emotions and their effects, knowing one's strengths and limitations.
   • Self-management — Ability to manage emotions and impulses, taking responsibility for personal performance.
   • Self-development — Demonstrating commitment to personal development.
About 70 percent of leadership development/organizational learning should take place on the job, through solving problems and through special assignments and other day-to-day activities.

2. Leading Others

• Building effective teams—Understanding the individual competencies required for success in the key positions on the care coordination team, building trust, commitment and alignment with patient and organizational goals.

• Developing, communicating and inspiring—Creating and communicating a compelling and inspired vision or sense of core purpose, recognizing and leveraging team members’ strengths and providing developmental opportunities.

3. Leading Change

• Resiliency—Demonstrating personal flexibility, being comfortable handling risk and uncertainty, able to shift gears in response to emerging priorities.

• Courage and authenticity — Keeping one’s word, fulfilling one’s promise, identifying and acting upon appropriate risks, saying what needs to be said.

• Change management—Ability to rally teams and entire organizations against a burning platform for change.

4. Leading for Results

• Decisiveness—Making sound and defensible decisions in a timely fashion, especially in times of uncertainty.

• Systems thinking—A mind-set for understanding how things work. A perspective for looking for patterns to seek underlying systemic interrelationships that are responsible for the patterns of behavior or events.

70/20/10 rule

How do we enable physician leaders to develop these critical leadership competencies? Best practice from corporate America offers the 70/20/10 rule of thumb for leadership development.

About 70 percent of leadership development/organizational learning should take place on the job, through solving problems and through special assignments and other day-to-day activities.
Another 20 percent of development ought to occur through drawing on the knowledge of others in the workplace, from informal learning, from coaching and mentoring, and from support and direction from managers and colleagues.

Only 10 percent of development ought to occur through formal learning, whether classroom, workshop or, more recently, e-learning. However, current physician leadership learning programs rely too heavily on formal learning, with limited opportunity for on-the-job development options, coaching and mentoring.

Dr. Smith finally figured what was missing. On advice of a trusted colleague, he began working alongside a highly respected physician leader as a mentor. He engaged with a coach to help him identify his core strengths and motivators to unlock his change management and team-building potential. One year later, Smith flourished. He found his groove. He had learned important navigation skills, including how to relate to others, how to listen, how to reflect and how to validate. He was recognized as a high potential leader, and eventually became CMO of his organization.

We propose a radical shift in learning emphasis to incorporate the best strategies and learning formats from corporate America that help to cultivate leadership competencies in current and emerging physician leaders. Physician leadership education programs must effectively pull upon all three learning methodologies in varying degrees, namely on-the-job experiences most often, coaching and mentoring to support on-the-job experiences, and, to a lesser degree, formal classroom learning. The most effective programs will likely build upon experiences and training and translate them to business thinking applied to health care management.
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