

Preparing Physician Leaders for the Future

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In an extremely challenging healthcare environment, the expertise and perspective of physician leaders are needed more than ever. The benefits and value of physician leadership have been well-proven during the past few decades. Evidence shows that physician-led hospitals outperform other hospitals, and effective physician leaders are associated with better well-being in the physicians they supervise. Non-physician healthcare executives have welcomed physician leaders into their ranks, and top-performing organizations recognize the need for more physician leaders. Insufficient leadership development may limit the effectiveness of individual physician leaders and the number of physicians who successfully rise into formal leadership positions. Physicians practicing and contributing administratively as informal leaders across a variety of environments will also benefit from the opportunity to develop similar skill sets. Healthcare organizations and physician practices should prioritize physician leadership development to ensure a pipeline of leaders to tackle the ongoing challenges they face.

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America's healthcare challenges require all hands on deck, but some of the most useful hands are not being put to full use.

Physician leaders are essential to healthcare leadership teams, and their expertise has been embraced by their leadership colleagues in finance, human resources, and other administrative positions. The importance of their role was underscored during the COVID-19 pandemic, when patients and the public relied foremost on physician leaders for guidance to navigate the crisis.

As the pandemic recedes from the crisis-management stage, the healthcare industry is returning its attention to other challenges that require physicians to help create and execute successful strategies across a wide variety of clinical delivery environments, including the move to value-based care delivery, the need to address myriad social determinants of health, the imperative to reduce health and healthcare disparities, and others.

In this milieu, the full potential for physician leadership has not yet been tapped. Medical graduates are superbly trained to practice clinical medicine but very few are trained to manage their careers as physician leaders, growing into the roles in which their expertise would be invaluable.

Leadership — the ability to motivate others to contribute to an organization's success — and management — the

responsibility of overseeing others to achieve specific goals — are essential components of every physician's career, regardless of whether they serve in formal leadership or management positions.

Although physicians are at the heart of the healthcare enterprise, some physicians who have formal leadership and management responsibilities lack key skills and attributes that would improve their effectiveness. They need technical expertise and skills in many areas that are not part of their medical training and not necessarily acquired outside of it, such as financial acumen, collaboration and team building, and communications. Equally important, many physicians have not received training or other support to develop leadership skills, even though every physician, by the work they do, is a leader at some level.

Physicians who are in formal leadership positions, as well as those who are not, are committed to helping the healthcare industry move successfully through this challenging time. They need training, education, coaching, and mentoring to fulfill their potential as leaders, and they need it now.

BENEFITS OF PHYSICIAN LEADERSHIP

The contribution of physician leadership to healthcare progress in recent decades is nothing short of extraordinary.

Until recently, physicians rarely took on executive duties. Today, however, almost all provider organizations include physicians in their executive ranks, including at the very top.

The benefits of physician leadership for healthcare delivery systems, for practices, and for individual physicians themselves are well-established.

Healthcare System Leadership

Research documents that when physicians are CEOs of healthcare delivery systems, those organizations achieve scores on some well-recognized quality metrics that are up to 33% better than those of comparable institutions that don't have a physician at the helm.¹

The advantage of physician leadership can also be viewed this way: The top tier in the *U.S. News & World Report* annual "Best Hospital Honor Roll" is perennially dominated by health systems with CEOs who are physicians. In the most recent honor roll, 15 of the top 20 systems on the list are headed by physicians.

A 2022 study by NDP Analytics found:²

- Physician-led hospitals are more efficient than hospitals with non-physician leadership. While 51% of all hospitals had lower Medicare-spending-per-beneficiary costs than the national median hospital in 2022, 59% of the nation's 250 physician-led hospitals have lower Medicare costs per beneficiary than the national median.
- Physician-led hospitals provide high-quality care. Of the 399 hospitals recognized by Healthgrades for outstanding patient experience in 2022, 55 are physician-led. In other words, although physician-led hospitals account for fewer than 5% of hospitals with patient experience ratings, they received nearly 14% of the outstanding-performance awards.
- Physician-led hospitals provide a superior patient experience. In the most recent Centers for Medicare & Medicaid Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) report, physician-led hospitals had an average patient experience rating of 3.9, compared to 3.2 for all hospitals. Just 6% of hospitals overall received the highest rating in this category, but 41% of physician-led hospitals did.

Physician Practice Leadership

Effective physician leaders are associated with higher job satisfaction and lower burnout rates among the physicians they supervise.

In a study conducted by Tait Shanafelt, MD, the leading researcher on clinician burnout, and his colleagues, the researchers assessed burnout levels of more than 2,800 physicians and scientists and their ratings of the leadership qualities of their immediate supervisors.³

Each 1-point increase in a leader's composite leadership score was associated with a 3.3% decrease in the likelihood of burnout among their direct reports and a 9% increase in the likelihood of satisfaction. The researchers' conclusion: The leadership qualities of physician supervisors appear to impact the well-being and satisfaction of individual physicians working in healthcare organizations.

Individual Physician Well-Being

Being an effective physician leader is associated with better well-being.

More recently, Shanafelt and colleagues compared the well-being assessments of 57 physician leaders with their direct reports' assessments of their leadership.⁴ Their finding: The burnout, professional fulfillment, and self-care practices of physician leaders were associated with their leadership effectiveness, as assessed by the physicians they supervise. "Training, skill building, and support to improve leader well-being should be considered a dimension of leadership development," the authors said.

PHYSICIAN LEADERSHIP TODAY

The industry wants more physician leadership, as evidenced by the number of organizations that have started their own physician leadership training programs. Recognizing the demand for formal education, some universities offer master's-level business administration and health administration programs specifically developed for physicians.

These efforts reflect the increasing recognition that physician leadership development benefits organizations in terms of performance, but its benefits extend more broadly. Physicians in leadership roles report higher satisfaction with their work and lower rates of burnout than non-leaders. Most importantly, patients benefit from the improved outcomes, as evidenced by quality scores, when physician leaders are on the job.

This does not suggest that physicians are better leaders than their administrative colleagues, and their "secret sauce" is no secret. The patient-physician relationship is simply the dominant driver in healthcare, and helping organizations leverage that relationship and deliver better care is the physician leader's innate capability.

Physicians understand clinical care delivery, not just a list of protocols but also the underlying science of why diagnostics and treatments work. And they grasp the complexity of delivering care to an infinitely varied patient population in a way that only trained clinicians can fully appreciate, with compassionate patient-centered care being a dominant priority.

However, many physician leaders lack the management skills and leadership attributes that their administrative colleagues acquired as part of their formal education. Most

medical schools and residency programs devote little or no time to educating students and trainees about how a health system works, let alone how to effectively manage people and processes in one of the most complex industries imaginable.

For many current physician leaders, leadership and management skills have been acquired informally as they have assumed greater responsibilities. On-the-job training is a great way to learn, of course, but physicians who have not had formal education or training in leadership and management may not realize what they do not know.

Management skills, such as analyzing a financial report for decision-making or preparing a successful budget request, are easily acquired compared to learning to perform heart surgery or manage a patient's end-stage kidney disease. But physician leaders who have not been trained in those basic skills risk being overshadowed by administrative colleagues who have honed them through formal classroom instruction.

Equally important, physician leaders who have not had leadership training may not recognize how they could be more effective. Barking out orders may be appropriate when an emergency room overflows with trauma patients, but that communication style will not work for the physician leader debating budget priorities as a member of a team.

For these reasons, formal leadership development is essential for physicians who are, or who aspire to be, leaders in their organizations.

HEALTHCARE LEADERSHIP TODAY

America's fragmented healthcare industry has always been incredibly complex, with conflicting financial incentives and no consensus on best practices for many routine tasks. There is widespread agreement, however, that today's healthcare leaders face the most challenging — and, in some ways, most distressing — problems ever.

A survey conducted by The Physicians Foundation in late 2022 documented the current difficulties of managing a physician practice.⁵ One-third of the physicians responding said their practice is overextended and overworked. More than 80% of respondents reported shortages of registered nurses, nursing assistants, physicians, and other staff, and they identified administrative burdens, increased working hours without compensation, and reduced salaries/benefits as contributing factors to those shortages. Nearly a quarter of physicians said violence in the workplace was also contributing to staff shortages.

For the past two decades, policymakers, payers, and provider organizations have agreed that the safety, quality, and efficiency of healthcare delivery must be improved. The most effective way to accomplish this is not yet clear, but momentum is building in ways that put physician leadership at the center of decision-making and implementation:

- The adoption of value-based payment models — shared risk, capitation, bundled payments, and others — requires the physician-led redesign of clinical care models that reduce waste while improving the quality of care delivered.
- Consumers' preference for person-centered care and shared decision-making means physicians must be trained and coached to interact with their patients in new ways.
- The focus on population health management, prioritizing prevention, and proactive management of chronic disease to reduce the need for acute care, requires physicians to be supported by multidisciplinary care teams and system-level initiatives.

In addition to these sweeping changes to the delivery and payment of care, new challenges have emerged, forcing healthcare leaders to focus attention on problems that have not traditionally been in their purview.

They know, for example, that patient outcomes improve and care costs drop when a patient's social needs are effectively met. But the range of needs, including housing instability, food insecurity, domestic violence, inadequate transportation, and many more, is vast, and ways health systems can effectively address them are not clear.

Healthcare leaders know that embracing diversity, equity, and inclusion (DEI) throughout their organizations can improve staff satisfaction and retention, build trust in historically marginalized patient populations, and ultimately improve patient outcomes. But successful DEI initiatives require challenging both systemic and individual-level norms, and the more work an organization does to promote equity it sees more that needs to be done.

Healthcare workers are four times more likely to experience workplace violence compared to those in private industry, and every healthcare leader must focus on violence prevention and the safety of their staff.

Many physicians, angry about the administrative burden of electronic medical record systems, are wary of technologies that will interrupt their workflows. Still, artificial intelligence and machine learning have arrived in healthcare, and in the very near term, clinical care delivery will be disrupted in significant ways because of it.

Early adopters are already using AI-enabled tools to help with diagnoses, and physicians are incorporating patients' health data from AI-enabled wearables into treatment plans, even though AI experts warn that many of the healthcare AI products being marketed may be fraught with problems. Health systems must learn how to vet AI tools, implement them, and maintain them, all with an eye to improving patient care without making work more difficult for physicians.

Meeting these challenges requires healthcare leaders to collaborate effectively.

THE NEED FOR INTER-PROFESSIONALISM

The important role that physician leaders have in today's challenging healthcare environment does not mean that they are more important than leaders from other disciplines. Their expertise is essential, and so is the expertise brought by their colleagues in other professions.

In medical school and residency, physicians are trained to think independently, act autonomously, be accountable for their decisions, and expect others — nurses, pharmacists, lab technicians, and everyone else involved in patient care — to follow their orders.

That mindset does not support the multidisciplinary, collaborative approach that is needed for high-quality patient care or for solving the huge challenges facing health system leaders.

Medical education is changing gradually, but for the foreseeable future, physicians will be trained as command-and-control experts and expected to work as collegial members of teams. This cognitive dissonance can be jarring, even for physicians who recognize that teamwork is essential for both patient care and health system management.

Physicians may think the pride and passion they have for patient care logically makes them the quarterback of every team, and that being the quarterback equates to physician leadership. In reality, everyone in healthcare — nurses, chief financial officers, human relations professionals, community health workers, and all others — has pride and passion for their work. Leadership requires effectively advocating for one's perspective while collaborating, and not commanding over, other members of the team.

This need to collaborate pertains to physician leadership at several levels, including:

- **Team-based care.** Physician leadership means working effectively with pharmacists, nurses, clinical administrators, and others to improve patient care. The physician who writes a prescription is important, but the nurse who calls the patient periodically to make sure the medication is being taken correctly is equally important.
- **The increasing complexity of physician practices** — single and multi-specialty alike — demands effective and cohesive inter-professional care delivered with a diverse set of team members and administrators. Additionally, how these practices interface to other clinical delivery entities requires an appreciation for the inter-professional aspects of optimal patient care.
- **Dyad and triad management.** Many organizations use a dyad (a physician paired with an administrator) or triad (a physician teamed with a nurse and an administrator) model to jointly lead services and programs. Physician leaders must understand and respect the perspectives of their co-leaders to effectively carry out their missions.

- **Executive teams.** Physicians who hold C-suite positions, including chief medical officers, chief medical information officers, chief clinical officers, and others, share leadership responsibilities with colleagues trained in finance, law, human resources, supply chain management, and other fields. These physician leaders must understand the language and priorities of these professionals and help educate them about physicians' perspectives so the best decisions can be made for the organization.

As they pivot from command-and-control to collaborative team membership, physician leaders need education, training, coaching, and mentorship. These supports can increase their self-awareness, improve their communication skills, and equip them with the knowledge necessary to participate effectively in management discussions such as how to evaluate return on investment or address supply chain issues.

SKILLS AND ATTRIBUTES FOR FUTURE LEADERS

To support the maturation of physician leadership, organizations, including the American Association for Physician Leadership and Korn Ferry, have developed lists of competencies — leadership characteristics and technical management skills — that will support their success. These lists can help search committees evaluate candidates for leadership positions and guide physicians who wish to prepare themselves for leadership roles.

Looking to the future, we highlight the attributes that will be most essential for all healthcare leaders in the foreseeable future.

Technical skills required for success include:

- **An understanding of the social determinants of health (SDOH) and how to effectively address them,** focusing on patients' individual needs and the community needs necessary to support good health, such as more affordable housing or better public transportation.
- **The ability to create, grow, and maintain workplace wellness and safety programs.** The burnout epidemic among clinicians and administrators alike requires proactive and sustained prevention and intervention strategies. The threat of workplace violence must be addressed at the level of patients, visitors, intruders, staff members, facilities, and the organization overall.
- **The ability to share leadership with diverse team members,** including more women, underrepresented minorities, and physicians from a wide variety of specialties that have traditionally not been included, such as primary care and public health.
- **Strong business acumen that supports well-informed decisions about budgets, resource allocation, strategic**

planning, and the development of successful value-based care models.

- The ability to help clinicians adopt technologies — generative and transformative artificial intelligence models, telehealth platforms, and digital health technologies, as well as ever-changing electronic health record systems — to improve patient care without making their work lives more onerous.
- Awareness of the health policy landscape, which is essential to guiding organizations through complex regulatory changes, new payment models, and shifts in healthcare delivery models.

Equally important as those technical skills are several characteristics required of all who aspire to lead healthcare organizations during these turbulent times. These include:

- A vision for the future, a plan for achieving it, and the ability to implement the plan. Whether it's a vision for a single practice, department, or a \$20 billion health system, leaders need to articulate a vision and convince others to help bring it to fruition. A leader does not necessarily have to craft the vision — at the system level, for example, a chief medical officer might embrace the vision set by the CEO — but all leaders need to embrace and communicate the organizational mission and inspire their own constituents to support it.
- The ability to attract and inspire followers. People want to follow individuals they respect because of their knowledge, their integrity, and their vision. For finance professionals, the respected knowledge would come from extensive experience with all aspects of healthcare finance. For physician leaders, it is a deep understanding, based on personal experience, of how clinical care works and a reputation for delivering high-quality care.
- A “big picture” perspective on how their organization functions internally and how it interacts with other organizations, such as payers, other provider organizations, philanthropic organizations, regulators, and patient advocacy groups. Leaders must understand how their organization provides value to the community it serves, how it can increase value, and how the community would benefit.
- The ability to collaborate with stakeholders from a wide range of disciplines and to participate effectively as a team member. In some cases, physician leaders are responsible for organizing teams and team building, nurturing the team members to trust one another, so they work to the greatest advantage. In other situations, physician leaders are team members, participating actively but willing to respect someone else's role as leader.
- Respect for patient-centered care. Leaders must commit to improve the patient experience, including patient satisfaction, safety, and outcomes, by working

collaboratively with other healthcare professionals, including nurses, pharmacists, and administrators.

- Excellent communication skills, including the ability to understand the language used in other disciplines. Leaders must practice active listening, know how to convey empathy, and be willing to tell hard truths honestly and with compassion.
- Emotional intelligence — the ability to recognize and manage one's own emotions and understand and influence the emotions of others. Self-awareness, an element of emotional intelligence, allows leaders to analyze their own strengths and weaknesses, acknowledging where gaps need to be filled.
- An appreciation for leadership development through all stages of a career. Just as continuing medical education strengthens a clinician's skills over time, ongoing leadership training provides leaders with new tools needed as their responsibilities change and grow.

LEADERSHIP DEVELOPMENT FOR ALL PHYSICIANS

Forward-thinking organizations recognize that, at some level, all physicians are leaders, and leadership development will benefit the physicians and the organizations where they practice and serve.

With the rise of physician employment by health systems, national medical practice groups, and others, many physicians feel they have less autonomy than they would have as self-employed practitioners. Those who believe they have little control over their workflow, working conditions, and other dimensions of their professional lives may perceive that they are not leaders, but rather are subject to the will of others.

Regardless of their self-perception, the general public absolutely considers physicians to be leaders. Surveys consistently find physicians and nurses are among the most trusted professions in our society. That likely reflects the persistent significance of the patient-physician relationship in which patients entrust their health — and sometimes their life — to physicians and rely on their leadership toward better health.

The people who work with physicians also look to them as leaders. In some cases, this means the entire staff of a medical clinic because it is owned by physicians. In others, it's the nurses, medical assistants, schedulers, and other team members who support an individual physician. In either situation, physicians are leaders, whether they embrace that status or not.

Most physicians inherently have leadership potential. Individuals who choose a career in medicine are highly intelligent, altruistic, idealistic, and want to care for others — all of which are important leadership attributes.

Physicians believe they can make things better for their patients; that is the core belief needed to be a change agent, which is the very definition of leadership.

Unfortunately, most medical school and specialty training programs do not include much formal training or education in leadership or management. For this reason, organizations need to provide training opportunities to their physicians. Likewise, physicians need to proactively seek out education and training that will help them fulfill their potential.

The benefits of offering formal internal, external, or hybrid leadership development programs for physicians at all levels within an organization are two-fold.

First, such programs help build a pipeline for leadership talent in the future. Training opportunities allow individuals who aspire to become future leaders to receive the support needed to succeed on a leadership track within the organization. Also, when division heads or other physician leaders spot potential in younger physicians, they can encourage them to engage with the leadership development program as a way of gauging their interest in a leadership track.

Equally important, offering leadership development is a strategy for increasing physicians' job satisfaction, mitigating burnout, and improving retention rates. Giving physicians the time and resources needed to learn leadership skills can be viewed as part of an incentive package when recruiting physicians. It shows that the organization is willing to invest in their careers and that physicians are not seen as cogs in the wheel, but valuable assets who are expected to evolve and advance in their careers over time.

SUCCESSION PLANNING

One of the important responsibilities of physician leaders is building and maintaining a pipeline of talent for all leadership positions in their purview. A succession plan includes identifying which individuals in an organization have the potential and desire to move into higher levels of responsibility and making sure they have the training, education, and experience to step into a bigger role.

This starts with the leader's own position. Chief medical officers, for example, should know which individuals could step into their role in the case of an emergency and make sure those individuals are prepared. Likewise, each of a CMO's direct reports should identify the best candidates to succeed them in their positions. The pattern continues through each level of the organization.

Ideally, of course, the transitions are not triggered by an emergency and can be implemented in an orderly fashion pursuant to a well-developed succession plan.

Unfortunately, many physician leaders do not pay adequate attention to succession planning. They may perceive that their staff includes many competent individuals who

could take on bigger responsibilities and the right candidate will float to the top when a vacancy is announced.

When a vacancy occurs, however, that failure to plan may cause problems if those promising individuals have not acquired all the skills necessary to fulfill the job description. There should always be at least one strong, competitive internal candidate ready to step into the next higher level of responsibility; when that's not the case, it suggests that succession planning has been inadequate.

For high-level healthcare leadership positions with sufficient lead time, recruitment professionals like to have 12 to 18 months to support a smooth transition. Ideally, there will be a pool of internal candidates — for example, five division chiefs might be qualified to fill the department chair position — that can be considered. At that time, the organization determines whether to conduct a full search that includes external candidates; to compare the likely internal candidates against potential external candidates; or to focus exclusively on internal candidates.

The search firm can assess the candidates in two areas: (1) gaps in skills and experience and (2) leadership traits. The results of these assessments are used to create development plans spanning several months, if possible, to make sure the candidates have sufficient opportunity to meet all the requirements of the job description.

CAREER PLANNING

In many fields, the potential career trajectory of a new hire is obvious. Individuals who start in entry-level positions could expect to move through several job titles — for example, lead, supervisor, manager, director, assistant vice president, and so forth — as they gain skills and experience.

In most healthcare settings, no straightforward career path is in place. Indeed, the default assumption may be that a physician will serve as a full-time clinician throughout his or her career. It may not be clear how a physician can gain the experience and skills needed to assume leadership positions.

Department heads and others in leadership positions should help physicians develop a career path that supports their goals. Serving on committees and work groups can prepare a physician to chair a committee, for example. That experience might lead to a part-time administrative appointment which, in turn, may lead to new opportunities.

More experienced physician leaders can sponsor emerging leaders, advocating that they be chosen for task-force assignments and other opportunities to develop leadership skills and build their professional network.

MENTORING

Because mentor relationships between trainees and faculty members are an important part of medical training,

physicians typically are familiar with this type of support. After their medical training ends, many physicians benefit from mentoring as a way to develop their careers and leadership skills.

Unlike coaches, mentors typically are unpaid. The mentor and mentee determine how frequently they want to meet, whether they meet in person or online, and what topics they will discuss.

It is often beneficial for physicians to have several mentors. For example, having a direct supervisor as a mentor can be a good way for a physician to learn what is needed to advance within the organization. But it is unlikely that physicians will feel comfortable sharing their vulnerabilities, job concerns, and criticisms of the workplace with their boss. For that reason, having a mentor who is retired or from another organization may be just as important as an internal mentor.

Personal friends can be mentors, but the key attribute of a mentor is knowledge and insight based on experience. For example, a physician who aspires to become a division chief would benefit from a mentor who has filled or is currently in that position.

Many professional organizations have mentoring programs in which seasoned physician leaders are matched with mentees based on the mentee's career aspirations.

COACHING

Medical training teaches physicians to be independent-minded, accountable for unilateral decisions, and comfortable giving orders to others. The training typically does not emphasize the so-called soft skills needed for harmonious relationships and effective team membership.

That is why some physicians who are successful in their clinical careers lack the self-awareness needed to be successful leaders. They are hardly unique; although most people perceive themselves to be self-aware, only 10–15% truly are, according to research conducted by organizational psychologist Tasha Eurich.⁶

She and her team identify two types of self-awareness:

- Internal self-awareness, which means how clearly individuals see their own values, aspirations, reactions, and impact on others. This is associated with higher job satisfaction, social control, and happiness.
- External self-awareness, which means how accurately individuals perceive the way others see them. This attribute is associated with empathy and good relationships with their employees.

Eurich and her colleagues found that having one type of self-awareness — either internal or external — does not increase the likelihood of having the other. Moreover, increased experience and power tends to decrease self-awareness.

Seeking frequent feedback from others, however, does increase self-awareness, and this is one reason physicians

often benefit from working with coaches. Coaching should not be viewed as remediation for bad behavior, but as a way to understand one's own strengths and weaknesses, identify areas ripe for further development, and recognize how to leverage one's strengths.

Unlike mentors, coaches are trained professionals who are paid for their work. They may use psychometric testing and other types of assessment to get a fuller picture of the individual they are working with.

Some physician leaders negotiate for coaching services as part of their employment package. Some health systems offer coaching to their executives. And some physicians pay for coaching services themselves as a way to advance their careers.

Regardless of who is paying for the coach — the organization or the individual — it is imperative that the physician has a say in choosing the coach, possibly even interviewing several individuals to find the right fit. A good coach for one person may not be effective with another. Physicians who are comfortable with their coach are more likely to accept the feedback and guidance that the coach offers.

FORMAL TRAINING

Physicians are smart and fast learners, and many are able to pick up management and leadership skills by observing others. But expecting them to absorb everything they need to know to be effective leaders without formal leadership training sets them up for failure.

Physicians who aspire to leadership positions may choose to pursue a master's-level degree in business, medical management, health administration, or a related discipline. Some universities offer a healthcare-oriented master's degree specifically for physicians.

Physician leaders who have completed a master's program to support career advancement almost invariably say that the effort was worthwhile, but that the curriculum did not cover everything they needed to know. Indeed, ongoing training and education on leadership topics is standard for the most effective leaders.

More than 4,000 physicians have earned the Certified Physician Executive (CPE) credential since the American Association for Physician Leadership introduced it in 1997. The rigorous, competency-based CPE curriculum and capstone event provides physicians with a well-rounded set of knowledge, skills, and core competencies needed to effectively lead healthcare organizations.

Unlike other types of advanced degrees or credentials, the CPE program is oriented toward practical, clinically relevant leadership and contemporary management learnings. In addition, alumni describe the project-based component of the program as being transformational, not only for themselves, but also for the organizations where they work. CPE alums share that the CPE program has

proven more valuable over time, and that the credential is complementary compared to other leadership development initiatives.

Some organizations offer internal or outsourced independent leadership-development programs and expect all physicians on a leadership track to complete certain modules. The advantage of this approach is that all physician leaders in the organization experience the same curriculum, which may have been tailored specifically to that organization's unique situation.

In other organizations, physicians who aspire to higher leadership positions are assessed to identify the gaps in their knowledge and individual training/education plans are developed to fill those gaps.

In either case, the goal is to have a systematic approach that ensures physician leaders have the knowledge they need to be successful. The AAPL Solutions Program and Korn Ferry's approach are examples of how individual and organizational leadership development initiatives are customized for a variety of sizes and types of institutions.

Generally, physicians benefit from the counsel of more experienced healthcare leaders or human resources professionals to choose training and education courses. The phrase "you don't know what you don't know" applies here. For example, new physician leaders may be familiar with the term "change management" but not recognize what they need to do to effectively manage change, let alone that there are courses, specifically developed for physicians, that can provide that information.

The field of physician leadership is sufficiently mature that a wide range of online self-study, virtual classroom, and in-person courses have been developed to hone the talents of physician leaders. These include courses that:

- Delve deeply into key aspects of physician leadership, such as influence, negotiation, and communication.
- Illuminate important trends that physician leaders need to support, such as population health management and value-based care.
- Provide theoretical and practical information on concepts such as the science of high reliability and the neuropsychology of strategic thinking.
- Train leaders on tactics to support improving quality, managing physician performance, leading innovation, enhancing physician wellness, increasing physician engagement, and other key responsibilities.
- Hone specific leadership skills, including conflict resolution, team building, problem solving, strategic planning, strategic thinking, and strategic decision-making.
- Educate on management basics such as developing a business plan, financial accounting, health law, presentation skills, project management, and managing task forces, committees, and work groups.

- Help physicians improve their emotional intelligence, the ability to understand and manage their own emotions and to accurately perceive and influence the emotions of others.

CONCLUSION

Managing a healthcare delivery system, running a physician practice, and being a physician in today's world is harder than ever. The healthcare sector is grappling with longstanding and emerging challenges that, in many cases, require a physician's perspective to find effective solutions. Consequently, physician leadership is critical.

Physician leaders have already proven that they are valuable assets on a leadership team. We know that physician-led hospitals are among the most respected in the country, and with good reason. Hospitals led by physicians outperform their peers in the quality of care they provide, the efficiency with which they deliver care, and the volume of outstanding patient experience assessments.

Fortunately, physician leaders have been embraced by their administrative colleagues who recognize the importance of a physician's perspective. As we move forward, it is essential that physician leaders have the technical skills needed to collaborate effectively with their peers in finance, human resources, and other administrative areas. Equally important, physician leaders must have the self-awareness and team orientation needed for effective inter-professional relationships.

The healthcare sector wants more physician leadership. Forward-thinking organizations have developed systematic programs, delivered internally or outsourced, to provide leadership development for their physicians. Meanwhile, thousands of physicians each year are taking responsibility for their own professional growth by enrolling in master's-level degrees in administration, pursuing the CPE credential, or taking individual courses to hone specific skills.

All physicians are leaders, and universal leadership development for physicians is an effective strategy for retention and recruitment, increasing physician well-being, and improving the well-being of the people they supervise.

A physician leadership development program includes thoughtful plans for succession planning, career planning, formal training opportunities, coaching, and mentoring.

Succession planning identifies and prepares physician leaders to assume greater levels of responsibility when opportunities emerge. Career planning provides the roadmap physicians use to drive their professional lives in the direction of their choosing. Formal training is typically required to ensure that physician leaders are optimally effective. Just as setting a bone is a skill that must be taught, so is creating an organizational budget.

Many physician leaders benefit from working with a professionally trained coach who can formally assess their

strengths and weaknesses, providing the self-awareness needed to collaborate effectively with other team members. Likewise, they benefit from mentors who offer advice and insight on advancing their careers.

Physicians have dedicated their lives to helping others, and they are ready and willing to help their organizations meet the challenges of the day. Their passion for making things better deserves support in the form of leadership development.

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