15 Medical Career Leadership and Development

Transformational Strategies for the Next Generation of Physician–Executives

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A plethora of educational materials have been published on professional career development and leadership skills; far fewer for physicians of course, but the basics remain the same. Why such a proliferation on this topic? Perhaps, it is due to the fact that health care leadership today is now considered very different from the leadership style of yesterday. Every aspect of leadership has been under intense scrutiny, by employees, industry experts, physician–executives, and business management gurus. Much like health, the internet, and 2.0 today, the very form of leadership is in a state of evolution—changing, modifying, and redefining core values. Many leadership theories or models have been developed, revised, reviewed, and assessed by the experts. What is needed, therefore, is

an integration of several models specifically appropriate for today's health care business environment and modern health care executive (1).

YESTERDAY'S DEATH KNOLL FOR MEDICINE?

Replication of the leadership skills of yesterday is the death knoll for business today; especially for the business of health care. Leadership is no longer based on managing, directing, or supervising (top-down or command and control model). As stated by James S. Doyle in his book, *The Business Coach* (A Game Plan for the New Work Environment):

> "Today's employees . . . do not respond well to bosses. Quite simply, they have plenty of other options where they will be treated as full members of a team. Societal norms, generational beliefs and expanding diversity in healthcare are, in part, contributing to the new business environment. Likewise, medical leaders are required to respond, react and re-direct in the moment."

Please confirm the change.

Without an appreciation of this new philosophy and cultural sea-change, the result can be career disillusionment, burnout, depression, emotional distress, and more (2).

SCENARIO

Jimmy's mother called out to him at seven in the morning, "Jimmy, get up. It's time for school." There was no answer. She called again, this time more loudly, "Jimmy, get up! It's time for school!" Once more there was no more answer. Exasperated, she went to his room and shook him saying, "Jimmy, it's time to get ready for school."

He answered, "Mother, I'm not going to school. There are fifteen hundred kids at that school and every one of them hates me. I'm not going to school."

"Get to school!" she replied sharply.

"But, Mother, all the teachers hate me, too. I saw three of them talking the other day and one of them was pointing his finger at me. I know they all hate me so I'm not going to school," Jimmy answered.

"Get to school!" his mother demanded again.

"But mother, I don't understand it. Why would you want to put me through all of that torture and suffering?" he protested.

"Jimmy, for two good reasons," she fired back. "First, you're forty-two years old. Secondly, you're the principal."

Many of us have had conversations with medical colleagues at which time sentiments of those expressed by Jimmy have been voiced. The career choice that was made many years ago is now, for some reason, no longer as exciting, interesting, and enjoyable, as it was when we first began in the field. The career that was undertaken with great anticipation is now something to dread.

The reason for this occurrence is not that difficult to understand. Two of the most important decisions individuals are asked to make are ones for which the least amount of training is offered— choice of spouse and choice of career. How many college students receive a degree in the field they identified when they first enrolled at the college or university? In fact, how many entering freshmen list their choice of major as undecided? It is only during the sophomore year when a major must be declared is the choice actually made. Therefore, career choices made at the age of 19 years might be due to having taken a course that was interesting or easy, appeared to have many entry-level jobs, did not require additional educational or professional training requirements, or was a form of the "family business." Now as an adult, the individual is functioning in a career field that was selected for him or her by an 18-year-old.

JUDGING CAREER SUCCESS

How do we judge career success? A career represents more than just the job or sequence of jobs we hold in a lifetime. The typical standard for a successful career is by judging how high the individual goes in the organization, how much money is earned, or one's standing attained in the profession. Career success actually needs to be judged on several dimensions. Career adaptability refers to the willingness and capacity to change occupations and/or the work setting to maintain a standard of career progress. Many of you did not anticipate the changes in your chosen medical profession, or specialty, when you began your training.

A second factor is career attitudes. These are your own attitudes about the work itself, our place of work, your level of achievement, and the relationship between work and other parts of your life.

Career identity is that part of your life related to occupational and organizational activities. This is the unique way in which we believe that we fit into the world. Our career is only one part of our being. We play many roles in life; each of which combine to make up our totality. At any point in time, one role may be more important than another. The importance of the roles will generally change over time. Thus, at some point, you may choose to identify more with your career, and at other times, with your family.

A final factor is career performance—a function of both the level of objective career success and the level of psychological success. How much you earn and your reputation factor into, and reflect, objective career success. To be recognized as a "leader" in a field and asked to submit chapters for inclusion in books such as this may be a more important indicator of career success than money.

Psychological success is the second measure of career performance. It is achieved when your self-esteem, the value you place on yourself, increases. As you can see, there is a direct relationship between psychological success and objective success. It may increase as you advance in pay and status at work or decrease with job disappointment and failure. Self-esteem may also increase as one begins to sense personal worth in other ways such as family involvement or developing confidence and competence in a particular field, such as consistently shooting par on the golf course. At that point, objective career success may be secondary in your life. This is why many persons choose to become active in their church or in politics. Even though some may have slowed down on the job, or in their professional career, they can be extremely content with their life.

Consider the following situation. You are traveling on business. Although you are on a direct flight, you have a one-hour layover before the second leg of the flight and your final destination. Leaving the plane, after having placed the "occupied" card on your seat, you walk down the concourse. On the way, you encounter a friend that you knew in high school. The two of you sit to have a cup of coffee and then you realize that your departure time is rapidly approaching. In fact, you will be cutting it quite close. Running down the concourse, you return to the gate only to find that the door has been closed, the Jetway is being retracted, and the plane is being backed away from the gate. You stare out the window watching the plane go to the end of the runway and then begin its takeoff. Something goes horribly wrong and the plane crashes on takeoff, bursting into flames. It is apparent that there will be no survivors. To the world, you are on that plane (remember the occupied card). Traveling on business, your generous insurance policy will be activated. In anticipation of being in a location where they may not have automated teller machines, you have a good deal of cash, sufficient for at least a month. The question for you to consider is: What do you do? For many of you, this will be a good indicator of your career as well as personal success (3).

MEDICAL CAREER PATHS

In retrospect, how many persons are truly aware of their own interests, values, strengths, and weaknesses during their teen years? As with much of human behavior, career choices actually go through

a series of stages. Psychologists have for years identified stages of human development. Kohlberg discussed stages of moral development.

In the 1970s, Daniel Levinson published *The Seasons of a Man's Life,* a project he undertook when he began to look inward and tried to understand his behaviors, values, and attitudes to work. Discussions with his university colleagues indicated that what he was experiencing was not unique to him.

For many years, the prevailing thought was that the correct way to function in the labor market was to gain employment with a company progressing through the years until such time as you were eligible to receive the "gold watch," the symbol of retirement. If you entered a professional discipline such as medicine or law, you did that for the rest of your life.

Today, there are still individuals who follow these traditional patterns, but there are other career paths that may be taken.

The most traditional career route follows a linear path, one that most of you have rejected. This entails gaining employment in a large, bureaucratic organization with a tall pyramidal structure. It involves a series of upward (hopefully) moves in the organization until the career limit is reached. As the individual progresses upward in the organization, he or she may work in different functional departments such as marketing, finance, and production. Organizations having these paths seek employees who tend to be highly oriented toward success defined in organizational terms and exhibit "leadership" skills. In general, these people demonstrate a strong commitment to the workplace. A person with this type of orientation (organizationalist) exhibits the following tendencies:

1. A strong identification with the organization; seeking organization rewards and advancement that are important measures of success and organizational status
2. High morale and job satisfaction
3. A low tolerance for ambiguity about work goals and assignments
4. Identification with superiors, showing deference toward them, conforming and complying out of a desire to advance; maintains the chain of command and compliance, and views respect for authority as the way to succeed
5. Emphasis on organizational goals of efficiency and effectiveness, avoiding controversy and showing concern for threats to organizational success

As readers of this book, you have followed the expert career path, building a career on the basis of personal competence, or the development of a profession (professionals). As you are so painfully aware, you invest heavily, personally, and financially in acquiring a particular skill and then you spend the major portion of your life following that skill.

Unlike the pyramidal structure of the linear path, career paths are found in organizations that tend to be relatively flat, have departments in which there is a functional emphasis, emphasize quality and reliability, and have reward systems containing a strong recognition component.

Medical professionals are persons who are job centered—not organization centered—viewing the demands of the organization as a nuisance that they seek to avoid. However, that avoidance is impossible because the professional must have an organization in which to work. This is even more prevalent in today's era of managed health care. At work, professionals experience more role conflict and are more alienated. Medical professionals exhibit these four tendencies:

1. An experience of occupational socialization that instills high standards of performance in the chosen field; highly ideological about work values.
2. Sees organizational authority as nonrational when there is pressure to act in ways that are not professionally acceptable.
3. Tends to feel that their skills are not fully utilized in organizations; self-esteem may be threatened when they do not have the opportunity to do those things for which they have been trained.

4. Seeks recognition from other professionals outside the organization, and refuses to play the organizational status game except as it reflects their worth relative to others in the organization. Professionals are very concerned with personal achievement and doing well in their chosen field. Organizational rewards serve to reflect the professional's importance relative to others in the system. This recognition may be extremely fulfilling, especially when he or she is accorded higher status and pay than others. In the absence of organizational rewards, the professional may use material objects (large homes, expensive cars) as a way of reflecting status and accomplishment.

Medical professionals are of the opinion that successful performance, not compliance with authority, is more reinforcing. With this mindset, it is not surprising why many medical practitioners balk at working in the managed health care environment. Many professionally oriented people come from the middle class and have become successful through a higher level of education or by other efforts to acquire competence.

Those on the spiral career path make periodic moves from one occupation to another. Individuals who follow this career path tend to have high personal growth motives and are relatively creative. These changes usually come after you have developed competence in the occupation you are working in and you think it is time to change what you do. The ideal spiral career path is to move from one occupation to an area related to it. This enables you to use some of the basic knowledge that you developed in your past work and to transfer it to your new occupation. The difference between this path and the linear path discussed above is that in this case, the mobility pattern is lateral, not upward.

People who take the transitory career path cannot seem to, and perhaps do not want to settle down. The pattern is one of consistent inconsistency in their work. These are individuals who may find a great deal of satisfaction working as consultants.

The work style is marked by an ability to do many things reasonably well. They value independence and variety, and they work best in relatively loose and unstructured organizations that tolerate the type of freedom they demand in their work.

We have so far discussed the four types of career paths and two career orientations. A final form of career orientation is that of the indifferents—those who simply work for a paycheck. These are individuals who do their work well, but they are not highly committed to their job or the organization. Some characteristics of indifferents are

1. More oriented toward leisure, not the work ethic ("Is it Friday yet?"); separates work from more meaningful aspects of life and seeks higher order need satisfaction outside the work organization
2. Tends to be alienated from work and not committed to the organization
3. Rejects status symbols in organizations
4. Withdraws psychologically from work and organizations when possible

Indifferents are not necessarily born that way; some are actually a product of their work experiences. People who once had an organizational orientation and were highly loyal may no longer follow orders without question. For example, you may have had an officer manager who very early in his or her career was extremely committed to you and your organization. He or she may seek rewards and want to advance. However, in later career life, after having been passed over several times for promotion, the person seeks rewards elsewhere. Thus, it is possible that through office practices, your organization may turn highly committed organizationalists (or professionals) into indifferents.

MEDICAL CAREER EVALUATION

Studs Turkel, in his outstanding book *Working*, makes the comment that work is the mechanism by which many of us get our daily bread and our daily purpose. If this is to be the case, then the

workplace needs to offer us something more than a paycheck. The Wilson Learning Corporation surveyed 1500 people asking "If you had enough money to live comfortably for the rest of your life, would you continue to work?" Seventy percent said that they would continue to work, but 60% of those said they would change jobs and seek "more satisfying" work.

Each of us has in fact been put in charge of our own careers. Our personal career management is a lifelong process. Our task is to be able to discover our place in the world where we will be able to enjoy a high level of wellness. This requires us to now assess our career, not from the eyes of the 16-year-old that initially chose the career. The career you are now pursuing needs to be compatible with your own unique skills, knowledge, personality, and interests. It is important to keep in mind that no one is married to his or her job. When it comes to the workplace, most of us are in dating relationships.

As part of your examining your current medical career, answer the following questions: Why do you work? What does work mean to you? What do you want from work?

Research shows that most people work for three major reasons. The first of these is money. Not only is this necessary for our most basic needs; it also serves as a means of determining our self-image. A second reason is to be with other people. Being at work enables us to belong, to be part of something beyond ourselves. We become part of a team. Some offices consider co-workers to be part of an extended family. The work setting affords us the opportunity for receiving feedback, recognition, and support. The third most often given reason is that work validates us as people if we consider what we do as having meaning. "I chose the medical profession so as to make a difference." Individuals with career success have a sense of purpose—a feeling that their work has meaning and contributes to a worthwhile cause. This is not a trick question. How well does what you do in your office every day meet your needs for money, affiliation, and meaning?

Without a sense of purpose on the job, the chances are that your performance, while adequate, will not place you in the excellent category. Therefore, it is necessary for each and every one of us to be able to succinctly answer the question, "What is the purpose of your job?" That is a tough question to answer. As a medical professional, you may have seen what you considered to be the purpose of your job radically changed due to changes in the way services are now delivered. While we cannot bring back the past, we can work around the present. Think about this for a moment, "If you want something to happen make a space for it" (4). What this means is that whether you remain in your current profession or move elsewhere, there is a need for you to establish long-range, medium-range, short-range, mini-, and micro-goals.

Long-range goals are those concerned with the overall style of life that you wish to live. Regardless of your current age, these goals are necessary. Long-range goals do not need to be too detailed, because like the federal budget surplus, changes will come along. Just as the government is making projections into the future, you too need to be making projections, including but not limited to retirement.

Medium-range goals are goals covering the next 5 years or so. These are the goals that include the next step in your career. These are goals over which we have control and we are able to monitor them and see whether we are on track to accomplish them and modify our efforts accordingly.

Short-range goals generally cover a period of time about 1 month to 1 year from now. These are goals that can be set quite realistically and we are able to see fairly quickly whether or not we are on track to reaching them. We do not want to set these goals at impossible levels, but we do want to stretch ourselves. After all, that is the reason you are probably reading this chapter.

Mini-goals are those goals covering from about 1 day to 1 month. Obviously, we have much greater control over these goals than you do over those of a longer term. By thinking in small blocks of time, there is much more control over each individual unit.

Micro-goals are goals covering the next 15 minutes to an hour. These are the only goals over which you have direct control. Because of this direct control, micro-goals, even though modest in impact, are extraordinarily important, for it is only through these micro-goals that you can attain your larger goals. If you do not take steps toward your long-range goals in the next 15 minutes, when will you? The following 15 minutes? The 15 minutes after that? Sooner or later, you have to pick 15 minutes and get going. At some point, procrastination has to be put aside.

PERSONAL ASSETS EVALUATION

In thinking of your goals, it now becomes necessary to evaluate your personal assets. Conducting this personal inventory requires you to identify your assets as well as your shortcomings. First, look at a time in your life when you were performing at your best. What were your thoughts and feelings? How did you behave? What were you doing? Now look at the reverse when you were doing poorly. What were your thoughts and feelings at that time? How did you behave? What were you doing?

If you are like others when you were at your best, you described yourself as being confident, enthusiastic, organized, relaxed, focused, in control, friendly, and decisive. The flip side, when at your worst you were fearful, apathetic, messy, anxious, lacking direction, out of control, argumentative, and frustrated.

As you can see, the emotions when we are at our best are all positive. This leads to the conclusion that it is to our advantage to be at our best as much as possible. Being at our best derives from working in those areas where we contribute our talents to something we believe in. As we continue our own personal inventory, we need to look at our special abilities. That is, what are you good at and find easy to do. Think of the following questions. It is not necessary to write down you answers; just think about them.

1. How would you like to be remembered?
2. What have you always dreamed of contributing to the world?
3. Looking back on your life, what are some of your major contributions?
4. When people think of you, what might they say are your most outstanding characteristics?
5. What do you really want from your life and your work?
6. In what way may you still feel limited by the past? If so, by what?
7. What will it take to let go of what has happened, no matter how good or bad? Are you willing to let go?
8. How might the rut of conformity or comfort be limiting you? Why?
9. How different do you really want life to be? Why?
10. Have you ever stated what it is you truly desire? If no, why not?
11. How good could stand life to be?

The meaning is unclear. Please clarify.

Thinking about remaining in your present career or moving into another one is not easy. You are at the edge of a cliff and need to decide if you are going to turn back or to trust in yourself to successfully make it down to the bottom. People who are afraid of the dark lose their fear with just the slightest of a light in the room. As you have been going through this chapter, you have been shining a light, however dim it may appear to you. You can see all of the items around you. The obstacles are there, but with your advanced knowledge, you can anticipate ways to avoid them.

Having looked at and possibly re-evaluated your plans, you can now do a thorough analysis of your assets. The assets requiring the most scrutiny are the following:

1. Your talents and skills
2. Your intelligence
3. Your motivation
4. Your friends
5. Your education
6. Your family

Your talents and skills are more than likely what has gotten you to the point you are at in your present career. For purposes of definition, talents are innate, whereas skills are acquired. Some have talent in interpersonal relations and some in artistic pursuits. Skills may be selected to complement the already present talents. It is skills that are necessary for expanding your options. As you seek out

new skill areas, ask yourself these questions. Do the skills provide occupational relevance? Might you be able to get others to pay you to teach them the skill? Will the skill be useful throughout life? Will the skill help you conquer new environments and gain new experiences? In addition, of course, is it something you like to do?

Intelligence is considered to be the ability of the individual to cope with the world. Originally, intelligence focused primarily in the area of cognitive skills. Recently, attention has been directed to what is called emotional intelligence, a concept that directs attention to social skills. Whether you were able to breeze through your courses in college or you truly had to work hard, earning your degrees demonstrates a better than average amount of cognitive intellectual ability. In order to maximize your brainpower, challenge yourself regularly.

Motivation looks at how hard you are willing to work, your level of persistence, and the degree to which you want to do well. Different things motivate each of us and our personal motivators can vary from day to day. How many times have you had people say that they could not do your job? What are the activities that are attractive to you? More than likely, an important motivator for you is to do something worthwhile. It has also been found that we tend to perform at about the same level as those people who are close to us. What this means is that those people with whom you work are going to have a substantial impact on your motivation.

Friends of course are invaluable assets. We use our friends as models for our own behavior. Those persons we consider friends share many of our attitudes, actions, and opinions. With time, we will change to be like our friends, and they will change to become like us. Associating with those like us tends to temper our behavior. We try not to associate with the "wrong crowd" lest we become like them.

Education needs to be ongoing. Recently, it was reported that "all careers and businesses will be transformed by new technologies in often unpredictable ways. The era of the entrepreneur will make 'boutique' businesses more competitive with the behemoths, as mid-sized institutions get squeezed out. And medical breakthroughs and the ongoing health movement will enhance—and extend—people's lives." The implication of these changes is that new technologies often require a higher level of education and training to use them effectively, and new biotechnology jobs will open up. The authors state that all the technological knowledge we work with today will represent only 1% of the knowledge that will be available in 2050. The half-life of an engineer's knowledge today is only 5 years; in 10 years, 90% of what an engineer knows will be available on the computer. In electronics, fully half of what a student learns as a freshman is obsolete by his or her senior year. The implication here is that all of us must get used to the idea of lifelong learning.

Family influences who and what we are and do. They can be a support group or they can be a deterrent to your goals. It is incumbent on every individual reading this chapter to consult with immediate family members at all stages of your career planning process.

WHAT MAKES A LEADER?

In a prominent Harvard Business Review publication, *What Makes a Leader*, and book *Primal Leadership: Learning to Lead with Emotional Intelligence*, author Daniel Goleman, PhD suggested that the desired traits most often cited were intelligence, toughness, determination, and vision. A sufficient level of technical and analytical ability is even more essential now that we have moved into the Health 2.0 era. However, the leadership skills of this era are placing much more emphasis on the so-called 'soft skills' or 'emotional intelligence' and this may very well be the key attribute that distinguishes outstanding health care leaders, and successful physician–executives, from those who are merely adequate (4).

CHANGING HEALTH 2.0 PARADIGMS

In the health care space, the fundamental shift for physicians and public health professionals occurred in the landmark 2003 Institute of Medicine (OPM) report from Academic Press—*Who*

Will Keep the Public Healthy? (Educating Public Health Professionals for the 21st Century). A key recommendation was to work on integrating leadership skills and related training within medical, nursing, and all allied health care programs.

MULTIGENERATIONS

Today, it is common to have three generations represented in any health care organization. We have the Baby Boomers, Gen X [generation following the baby boom (especially Americans and Canadians born in the 1960s and 1970s)], and now, Gen Y (Millennial Generation, Echo Boomers, or the Trophy Generation). This newest generation of physicians has grown up with Facebook and Google, with Twitter and YouTube, and with Sermo.com and the MedicalExecutivePost.com. They "get" the technology, but do not always understand how its use affects their efforts to forge identities as medical professionals.

Generations X and Y have a very strong work ethic, but seek balance and satisfaction in their work and professional lives. Moreover, this is applicable to both men and women. Bruce Tuglan, a consultant who works with younger generations, opines that Gen X and Y are going to be

> "The most high-performing civic-minded workforce in the history of the world, but they are also going to be the most high-maintenance workforce in the history of the world."

Gen Y is completely unchained and comfortable with Health 2.0 initiatives. They have been using technology for years now. Therefore, rather than trying to get them to conform to traditional health care models, and society membership, they should be empowered to lead the way themselves into the future.

On the other hand, the Baby Boomer generation is saying with some sadness, "Medicine sure isn't what it used to be!", while Generation X is saying "It's about time things changed!" and the latest generation to enter the medical workforce, Gen Y's, are saying "Ready or not, we're here, get used to it."

Each generation is extraordinarily complex, bringing various skills, expertise, and expectations to the medical work environment. Determining the best methods to unite such diverse thinking is one of the many challenges faced by health care leaders. Is it any wonder that many leaders in the Baby Boomer generation find themselves at a loss? The days of functional leadership are gone and, suddenly, no one cares about the expertise of the Baby Boomers or how they climbed the corporate ladder, in medicine, or elsewhere. The concept of 'paying your dues' is as foreign to the younger generations as is life without email, wikis, or social networks. Still not convinced? Just think about the election of Barack H. Obama as 44th president of the United States. Leadership in the era of Health 2.0 is no longer about controlling or dictating with intense focus on the bottom line; it is about collaboration, empowerment, and communication.

LEADERSHIP VERSUS MANAGEMENT

Many times, individuals will use the terms management and leadership synonymously. In actuality the terms have significantly different meanings. Warren Bennis describes the difference between managers and leaders as "Managers do thing right, Leaders the right thing."

Managers are those individuals who have been managing, as their primary function, a team of people and their activities. In effect, managers are those who have been given their authority by the nature of their role and ensure that the work gets done by focusing on day-to-day tasks and their activities. On other hand, a leader's approach is generally innate in its approach. Good leadership skills are difficult to learn because they are far more behavioral in nature than those skills needed for management. Leaders are also very focused on change, recognizing that continual improvement can be achieved in their people and their activities can be a great step toward continued success.

Perhaps some of the best training grounds for the development of leaders are the military. The Marine Corps slogan is "A Few Good Men" and the military academies at Annapolis (Navy), New London, Connecticut (Coast Guard), Colorado Springs (Air Force), and West Point (Army) all have as their main mission, the development of leaders. This is done by a number of different techniques. At graduation, the new officers, regardless of the branch of service, have been taught, and more importantly, have internalized the following—communicate the missions, sensitivity matters, real respect is earned, and trust and challenge your soldiers. It is due to these lessons that many graduates of the military academies go on to positions of leadership in the private sector as well as in the government. Communicating the mission refers to conveying to those who work with us what our practice is hoping to accomplish and the role of each employee in achieving that goal. Given an understanding and awareness of the mission, when confronted with a barrier, employees are able to face hard problems when there is no well-defined approach by which to deal with them.

Sensitivity does matter—A leader treats each employee with respect and dignity, regardless of race, gender, cultural background, or particular role they actually perform in the practice. Consider how many legal suits are filed against any type of organization, whether it is a medical practice or a large manufacturing facility due to perceived disparate treatment toward the employee based on race, religion, gender, sexual preference, or other non-work-related issues.

Real respect is earned—Having initials after one's name and the wearing of a lab coat does not automatically entitle an individual to respect. Formal authority has been found to be one of the least effective forms of influence. Only by earning the respect of your staff as well as your patients can you be sure that your intent will be carried out when you are not present. Setting the example in performance and conduct, rather than "do as I say, not as I do," level of activity enables one to exert influence far greater than titles.

Trust and challenge your employees—How many times have practices sought to hire the best and brightest, only to second guess the employee. Eric Schmidt, the former CEO of Google, describes his management philosophy as having " . . . an employee base in which everybody is doing exactly what they want every day." Obviously, there are certain policies and procedures, but at the same time, the leader enables decision making to the lowest possible level. This also enables employees to question why certain policies and procedures are still being followed when more effective and efficient methods are available (*How the Army Prepared Me to Work at Google*, Doug Raymond, Harvard Business).

The phrase "Physician, heal thyself" (Luke 4:23, King James Version) means that we have to attend to our own faults, in preference to pointing out the faults of others. The phrase alludes to the readiness of physicians to heal sickness in others while sometimes not being able or willing to heal themselves. By the same token, it now is necessary for us to learn how to manage ourselves. It suggests that physicians, while often being able to help the sick, cannot always do so, and when sick themselves are no better placed than anyone else (Gary Martin, phrases.org.uk/meanings/281850.html, 2010).

"We will have to learn how to develop ourselves. We will have to place ourselves outside the boundaries where we can make the greatest contribution. And we will have to stay mentally alert and engaged during a 50-year working life, which means knowing how and when to change the work we do" (Peter Drucker, Managing oneself, *Harvard Business Review*, Jan. 2005, pp. 100–109). Although one's IQ and certain personality characteristics are more or less innate and appear to remain stable over time, there are individual capabilities that enable leadership and can be developed. Enhancement of these capabilities can lead to the individual being able to carry out the leadership tasks of setting direction, gaining commitment, and creating alignment. These capabilities include self-management capabilities, social capabilities, and work facilitation capabilities.

Without question, while it is possible to cram for a test and graduate at the top of one's class, that does not assure leadership ability. We all know at least one person who scores at the highest levels on cognitive measures, but would be incapable of pouring liquid out of a boot if the instructions were written on the heel (5).

New Rules of Physician–Executive Leadership

There are more than 950,000 physicians in the United States. Yet, the brutal supply and demand, and demographic calculus of the matter is that there are just too many aging patients chasing too few doctors. Compensation and reimbursement is plummeting as Uncle Sam becomes the payer-of-choice for more than 52% of us. Furthermore, in recent years, many large health care corporations, hospitals, and clinical and medical practices have not been market responsive to this change. Some physicians with top-down business models did not recognize the changing health care ecosystem or participatory medicine climate. Change is not inherent in the DNA of traditionalists. These entities and practitioners represented a rigid or "used-to-be" mentality, not a flexible or "want-to-be" mind-set. Yet today's physicians and emerging Health 2.0 initiatives must possess a market nimbleness that cannot be recreated in a command-controlled or collectivist environment.

Going forward, it is not difficult to imagine the following rules for the new virtual medical culture, and physician–executive leader.

A. Rule 1

Forget about large office suites, surgery centers, fancy equipment, larger hospitals, and the bricks and mortar that comprised traditional medical practices. One doctor with a great idea, good bedside manners, or competitive advantage can outfox a slew of insurance companies, Certified Public Accountants, or the Associate Management Accountant, while still serving patients and making money. It is now a unit-of-one economy where "ME Inc.," is the standard. Physicians must maneuver for advantages that boost their standing and credibility among patients, peers, and payers. Examples include patient satisfaction surveys, outcomes research analysis, evidence-based-medicine, direct reimbursement compensation, physician economic credentialing, and true patient-centric medicine.

For example, physicians should realize the power of networking, vertical integration, and the establishment of virtual offices that come together to treat a patient and then disband when a successful outcome is achieved. Job security is *earned* with more successful outcomes; not a magnificent office suite or onsite presence.

Please confirm expansion for CPAs.

Please confirm expansion for AMA.

B. Rule 2

Challenge conventional wisdom, think outside the traditional box, recapture your dreams and ambitions, disregard conventional gurus, and work harder than you have ever worked before. Remember the old saying, "if everyone is thinking alike, then nobody is thinking." Do traditionalists or collective health care reform advocates react rationally or irrationally?

For example, some health care competition and career thought-leaders, such as Shirley Svorny, PhD, a professor of economics and chair of the Department of Economics at California State University, Northridge, wonder if a medical degree is a barrier—rather than enabler—of affordable health care. An expert on the regulation of health care professionals, including medical professional licensing, she has participated in health policy summits organized by Cato and the Texas Public Policy Foundation. She argues that licensure not only fails to protect consumers from incompetent physicians, but, by raising barriers to entry, makes health care more expensive and less accessible. Institutional oversight and a sophisticated network of private accrediting and certification organizations, all motivated by the need to protect reputations and avoid legal liability, offer whatever consumer protections exist today.

C. Rule 3

Differentiate yourself among your health care peers. Do or learn something new and unknown by your competitors. Market your accomplishments and let the world know. Be a non-conformist. Conformity is an operational standard and a straitjacket on creativity. Doctors must create and innovate, not blindly follow entrenched medical societies into oblivion.

For example, the establishment of virtual medical schools and hospitals, where students, nurses, and doctors learn and practice their art on cyber entities that look and feel like real patients, can be generated electronically through the wonders of virtual reality units.

D. Rule 4

Realize that the present situation is not necessarily the future. Attempt to see the future and discern your place in it. Master the art of quick change with fast, but informed decision making. Do what you love, disregard what you do not, and let the fates have their way with you. Then, decide for yourself if you are of this ilk—and adhere to the above rules? In other words, *get fly!*

Or, become an employed, or government doctor. Just remember that the entity that can give you a job, can also take it away.

ASSESSMENT

Popular health care CEOs and their leadership blogs:

 1. Paul Levy, President/CEO of Beth Israel Deaconess Medical Center in Boston
 2. Bill Roper, CEO of University of North Carolina Health Care System
 3. Bruce Bullen, CEO of Harvard Pilgrim Health Care
 4. Dr. Bill Atkinson, CEO of WakeMed Health & Hospitals in Raleigh
 5. Marty Bonick, CEO of Jewish Hospital in Louisville
 6. Rob Colones, CEO of McLeod Health in South Carolina
 7. Scott Kashman, CEO of St. Joseph Medical Center
 8. Todd Linden, CEO of Grinnell Regional Medical Center
 9. Tom Quinn, CEO of Community General Hospital
10. Francine R. Gaillour MD, physician leadership coach

CONCLUSIONS

This chapter has presented an overview of initial career selection, career pathing and development, career change, and leadership in order to help you determine what you truly want to be when you grow up. As we wrote it, we could not help but reflect on an anecdote shared by a colleague. An individual came to see him expressing concern that at 40 years of age he still had not reached a satisfactory point in his life. Our colleague then asked him where he wanted to be. The response was "I don't know" to which he responded in unison, "Congratulations, you've arrived. Too many times we encounter physicians and medical practitioners who express the same statements. Unhappy with what they are doing they have no idea as to what it is they would like to be doing" (6).

Victor Frankl, MD, a psychiatrist who was a holocaust survivor, created an entire school of psychotherapy based upon his experiences in the German concentration camps. In his book, *Man's Search for Meaning*, he makes reference to the fact that it became possible for him to determine when a fellow prisoner was going to die simply by that person's behavior—giving up. Frankl writes, "Evermore people today have the means to live, but no meaning to live for."

ACKNOWLEDGMENTS

CASE MODEL

**SEEKING A CHIEF MEDICAL DIRECTOR FOR A MISSISSIPPI
HEALTH MAINTENANCE ORGANIZATION**

Centene Corporation is seeking a Chief Medical Director (CMD) for Magnolia Health Plan (Magnolia), a wholly owned subsidiary and Health Maintenance Organization for the state of Mississippi. The regional headquarters for Magnolia are located in Jackson, MS.

ABOUT CENTENE

A Fortune 500 company, Centene is a national leader in low-cost solutions for high-quality health care services for uninsured and underinsured patients. Centene's subsidiary health plans bring better health outcomes to their 1.5 million members. Centene's core philosophy is that quality health care is best delivered locally. This local approach enables them to provide accessible, high–quality, and culturally sensitive health care services to their members in their own communities.

VISIONARY LEADER NEEDED

The CMD will establish the strategic vision and attendant policies and procedures for Magnolia Health Plan. The CMD will provide leadership and direction to the medical management, quality improvement, and credentialing functions for Magnolia Health Plan based on, and in support of, the company's strategic plan. The CMD will review analyses of activities, costs, operations, and forecast data to determine progress toward stated goals and objectives. Also within the purview of CMD will be oversight for compliance with National Committee on Quality Assurance and/or Joint Commission on Accreditation of Healthcare Organization standards as determined for accreditation of the health plan.

IDEAL PHYSICIAN CANDIDATES

Successful candidates will be physician leaders with thorough knowledge of quality improvement practices and familiarity with medical information systems, medical claims payment processing, and coding. Knowledge of managed care, Medicaid, and case management programs are also essential. Board certification in a recognized medical specialty and an active medical license are required.

We welcome your interest, or nominations, for this highly visible role.

SEARCH FIRM CONTACT

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CHECKLIST 1: Leadership and Career Development	YES	NO
Review leadership qualities at your facility[ies].		
Could the operations managers do a better job of communicating the capabilities and limitations of the operations management function to managers of other functional areas?	o	o
Would increased involvement of physicians and other stakeholders in the strategic planning process improve performance?	o	o
Could operations managers benefit by increasing their knowledge of clinical areas?	o	o
Do operations managers have the necessary communication skills to collaborate with other functional and clinical areas?	o	o
Could board composition be improved by adding representatives from the community who are concerned with community health status?	o	o
Could the level of participation in reporting and monitoring of community health be increased?	o	o

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CHECKLIST 2: Human Resources	YES	NO
Determine your human resources development needs.		
Would training in service-encounter management improve the perception of quality by patients?	o	o
Could training in the operation of equipment or software improve utilization of facilities?	o	o
Could an infusion of personnel from other organizations bring in new skills and attitudes to existing personnel?	o	o
Could training and development aid in the implementation of patient-focused health care?	o	o
Could training and development aid in the implementation of consumer-driven health care?	o	o
Could training and development aid in the development of a safety culture?	o	o

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Please confirm the change from NOTES section to REFERENCES section. Only the first six references were cited in the text. Please cite the other references in the text and amend the reference entries accordingly.

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