HealthManagement
Promoting Management and Leadership

Next generation of physician leaders & the 'triple aim' goals

There are important challenges in healthcare today, in particular regarding the needs to pivot from volume-based care to value-based care and in doing so, to satisfy the goals of the “triple aim” — enhanced population health, experience of care (including quality and safety), and lower per capita cost. These challenges cry out for effective leadership and underscore the need to develop healthcare leaders, notes James K. Stoller, MD, MS, Cleveland Clinic, in his article published in the journal CHEST.

There is robust evidence that teamwork among caregivers drives the excellent clinical outcomes to which physicians aspire for their patients. The authors cites several examples in support of this evidence: 1) surgical mortality is lower among teams trained in teamwork than among untrained control groups; 2) mortality rates correlate favourably and significantly with the effectiveness of teamwork in the ICU; and 3) accuracy in diagnosing rounded atelectasis increases when the pulmonologist and chest radiologist review films together rather than when each assesses the films separately.

The author makes use of this compelling evidence that teamwork matters in patient care to highlight the "leadership paradox" in healthcare.

“The paradox, then, is that although teamwork is critical to achieving the highest quality and patient experience in healthcare, physicians have traditionally been selected and trained as 'heroic lone healers' or as 'cowboys,'" the author writes. "Simply put, the paradox is that although teamwork matters immensely, physicians are neither selected nor trained to be team players."

As mentioned earlier healthcare's current challenges demand great leadership, hence it's time that we "rethink how we select and train physicians and we must teach and cultivate leadership skills in medical curricula through the continuum of training," says Dr. Stoller, who is chairman of the Cleveland Clinic's Education Institute.

Generic leadership competencies have been amply studied and articulated and many leadership models have been espoused. According to Kouzes and Posner, great leaders must “challenge the process, inspire a shared vision, enable others to act, model the way, and encourage the heart.”

Leadership competencies for healthcare have also received much attention. For example, the National Center for Healthcare Leadership model bundles 26 individual competencies into 3 rubrics: transformation, execution, and people. At the Cleveland Clinic the leadership model and curriculum is organised around 4 pillars — leading change, developing self and others, fostering teamwork, and demonstrating character and integrity. Emotional intelligence (EI) figures prominently in developing these leadership attributes, Dr. Stoller points out.

Indeed, ample evidence suggests that EI is a critical leadership competency for healthcare providers. For example, in surveying ICU caregivers regarding the determinants of the best bedside clinician in the ICU, Dine et al. reported that the essential characteristics included teambuilding with a participatory style; vision by creating and modelling enthusiasm; communication in articulating the clinical plan and identifying any obstacles to execution; and humility, integrity, being encouraging, and being respectful — all core features of emotional intelligence.

Moreover, in a 10-year follow-up of participants of a physician leadership programme at Cleveland Clinic called “Leading in Health Care,” 43% of participants were promoted to an organisational leadership role in the decade following the course. The EI attributes that were significantly associated with leadership promotion (all $P < .05$) included being a change catalyst, achievement orientation, and self-confidence.

"The emphasis on developing EI as a critical leadership competency for healthcare is buttressed by the observation that EI can be taught and that enhancements in one’s emotional intelligence are sustainable long-term," says Dr. Stoller

Despite the fact that effective leadership development programmes are signature features of the world’s most successful corporations, healthcare organisations — with some notable exceptions — have generally been slow to implement such programmes. "Interest and activity does seem to be growing," according to the author.

Notably, premier programmes to help develop physician leaders are now being developed and are offered through different organisations, for example, by medical societies (including the American College of Chest Physicians with its 1-day annual post-graduate course [also directed to fellows and early career physicians], and the longstanding CHEST Leadership Development Programme which pairs emerging with senior CHEST leaders; the American Thoracic Society with its “Emerging Leaders Programme” [which was launched for early career, high potential emerging leaders]; and the American Association for Physician Leadership), by business schools (including Wharton and its collaboration with DeLoitte, Harvard Business School, etc.), and healthcare organisations (like Cleveland Clinic, Mayo Clinic, Virginia Mason, Hartford HealthCare, McLeod Health, and the Drexel University College of Medicine).

In conclusion, the author says "the power of and the need for effective leadership to meet the challenges of healthcare will propel physician leadership development forward. Early career physicians are encouraged to seek such training and to create an appetite for such programmes to which their organisations should surely respond."

Source: CHEST
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