

Physician Leaders in Training

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Of the countless terms that enter the medical field's lexicon each year, the phrase "physician leader" has garnered significant attention in the recent past. According to *Hospitals & Health Networks* magazine, medical school deans, health system administrators and physicians themselves, sizing up the clinical and economical shifts in the health care industry, are calling for a growth in the comprehensive leadership skill development afforded to physicians. In Washington, the Washington State Medical Association (WSMA) is providing just such an

opportunity with our biannual Physicians Leadership Course.

In 2010 the WSMA conducted a survey and series of focus groups to assess our members' needs regarding the expertise outside the patient care realm. The results revealed that approximately 40% of our members practice in a group of 100 or physicians, and that the incident of leadership responsibilities was frequently disproportionate to a member's level of leadership training.

Through our focus group discussions we found that physicians in those larger practices, particularly younger physicians, were being asked to serve on committees or head sections and didn't feel prepared to do so. In addition, our members wanted to seek out the necessary training, but between their practice and personal life they didn't have the time to commit to getting a MHA or MBA.

With the help of a grant, guidance from our physician advisory board, which includes Dr. John Vassall from Swedish, Dr. Jeff Collins from Providence, Dr. Joyce Lammert from Virginia Mason Medical Center, Dr. Hugh Maloney and Dr. Edward Walker from the University of Washington Healthcare Leadership

Development Alliance, we created a convenient introduction to physician leadership

The WSMA Physician Leadership Course is a partnership with the UW Graduate Programs in Health Administration, and UW Professional and Continuing Education. The course represents the intersection between physicians' needs and interests and their time constraints. Our 10-week course consists of eight weeks of online assignments and group work bookended by two in-person weekend meetings. The first in-person session spans two days and involves forming six groups of five physicians, who will collaborate throughout the rest of the course, and learning about each participant's personal and leadership style, in addition to how differing styles can interact productively.

The in-person sessions are held in either Seattle or Spokane. The online portion is formatted in a Moodle — an open source course management system — through which groups spend roughly two hours a week completing assignments and working toward a final capstone case. The course is rooted in the constructivist theory that advocates learning by actively building and doing rather than passive reading.

Divided into four units, the course covers leadership and management, quality and patient safety, planning and budgeting, and the synthesis and application of those principles.

Contributing to the Broader Picture

For Julie Mattson, M.D., family medicine physician at The Everett Clinic, leadership training had always been a goal, but time limitations had pushed the pursuit to the backburner. The changes in health care, coupled with her conviction that physicians should play an active role in health care improvements, prompted her to enroll.

“Prior to the course, I had heard terms like ‘quality improvement’ tossed around so much, but never really

knew or understood the background or logical approach for starting such a project,” says Dr. Mattson. “The course granted me basic skills and vocabulary and self-confidence for being more involved in my organization’s leadership activities.”

According to Dr. Mattson, those lessons will apply directly to her career and professional involvement at The Everett Clinic. For Dr. Walker, the direct relationship between what participants learn in the course and what they take back to their respective organizations is crucial.

Just as important is the familiarity physicians gain through exposure to financial, planning and interpersonal management concepts and how that exposure may spark an inter-

est in individuals, leading to further leadership development.

“I think that trained physicians make very good leaders, because they understand how to balance what the organization needs and what the individual patient needs,” says Dr. Walker. “Administrators of small and large health care organizations need strong, well-trained physician partners to help them partner with the medical and nursing staff, and these are the doctors who are most likely going to be able to do that.”

For more information or to register for the upcoming WSMA/UW Physician Leadership Course, please visit the WSMA website at www.wsma.org or call 206.441.9762 (1.800.552.0612).

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