Abstract/Strategic Context

Although the presence of physicians in formal leadership positions has often been limited to roles of department chiefs, MAC chairs, etc., a growing number of organizations are recruiting physicians to other leadership positions (e.g., VP, CEO) where their involvement is being genuinely sought and valued. While physicians have traditionally risen to leadership positions based on clinical excellence or on a rotational basis, truly effective physician leadership that includes competencies such as strategic planning, budgeting, mentoring, network development, etc., is essential to support organizational goals, improve performance and overall efficiency as well as ensuring the quality of care. In this context, the authors have developed a physician leader development and succession planning matrix and supporting toolkit to assist hospitals in identifying and nurturing the next generation of physician leaders.

Leadership Competencies and Skills – The Physician Leadership Challenge

Extensive literature has been published on leadership competencies in the healthcare domain (NHS Institute for Innovation and Improvement 2002; Guo and Anderson 2005; Mulec 2006; National Centre for Healthcare Leadership 2006; OHA 2008, 2010). More recently, an increased focus on the specific role of physician leaders in the healthcare sector has generated a number of articles focused on physician leadership competencies (Lane and Ross 1998; Schwartz and Pogge 2000b; Birrer 2002; Tuso 2003; Lobas 2006; Chaudry et al. 2008; Stoller 2008; Xirasagar 2008; Clark and Armit 2010). These articles make special note of the challenges that (aspiring) physician leaders face in reconciling both their own clinical autonomy and that of physician colleagues with organizational expectations of collective accountability for organizational outcomes (Shortell et al. 1998; Xirasagar 2005; Quinn and Perelli 2011).

Desirable physician leadership competencies mirror those that are identified in the broader healthcare domain. The most commonly identified competencies and skills include strategic thinking and planning, building strategic partnerships, organizational awareness and industry knowledge, financial know-how, business acumen and results orientation, organizational management, collaboration, team building and conflict resolution, emotional intelligence and effective communication.

While many physicians inherently possess the character, or affective, traits necessary for leadership positions (e.g., integrity, passion, judgment, compassion, etc.), few possess the requisite competencies and technical skills (the so-called cognitive skills) to effectively lead organizations in an environment where organizations must make strategic choices, build alliances and partnership and focus not just on quality of care, but doing so in the most efficient and effective way possible (Schwartz and Souba 2000, Schwartz and Pogge 2000a). Historically,
physicians, in general, have been promoted to leadership positions as a consequence of one of two circumstances. In many organizations (typically smaller hospitals with small medical staff), leadership roles (Department Chief, Chair of MAC or Chief of Staff) are rotated among staff members. In many cases, there is an implicit or explicit expectation that each physician will, when called upon, take their “turn” as leader. Others are “promoted” to a leadership role because of their demonstrated clinical or academic expertise and professional competence rather than their leadership qualities. However, while physicians may be competent in clinical care and research, knowledge in the areas of strategic planning, finance, management, organizational behavior, etc., is essential to leading an organization in the planning, delivery and transformation of patient care services and creating a shared sense of responsibility for the success of a financially viable organization.

Recognizing the increasingly important leadership roles that physicians are playing in healthcare organizations, many healthcare organizations encourage and offer practicing physicians the opportunity to gain broader exposure to leadership concepts, skills and competencies. These opportunities may be offered by a collaboration of professional organizations or by business schools or faculties of medicine. These leadership development programs focus on identifying, developing and enhancing leadership qualities and skills. In our experience, however, in the absence of a structured development and planning model, healthcare organizations continue to struggle with the process of identifying, nurturing and recruiting (potential) high-performing physician leaders to take on prominent roles in their organization and positioning them for success.

Creating a Physician Leader Development and Succession Planning Matrix

In 2011, an Academic Health Science Centre engaged Hay Group to define the cognitive and affective skills necessary for their Chief of Perioperative Services role. In the course of this undertaking, the initial focus was to identify critical capability areas and development experiences necessary to succeed in the role.

However, as the work proceeded, several key issues arose. It became clear that it would serve this (and likely most) hospital’s interest to have a “template” that could be used to identify the core skills necessary for a physician to serve in a senior administrative role. Once these competencies were identified, it raised the issue of whether it might be possible to “tailor” the experiences of younger physicians to ensure that they had an organized, systematic approach to the acquisition of leadership skills before assuming such a role. It was also realized that such a template could also be used by search committees as a tool on which to build both the screening tools and interview process for applicants seeking senior medical (or hospital) leadership positions.

There are many approaches to designing and implementing advanced leadership development programs, executive coaching and team building, emotional intelligence training, competency model development and implementation as well as leader selection system development and implementation. We believe, however, that the process and outcome described below are distinctive from the perspective of developing a structured and defined development and succession planning matrix for a physician in a senior administrative role. In deriving the model, we combined our experience in this area, a comprehensive literature review on leadership competencies in healthcare and in-depth interviews with key internal and external stakeholders. We also reviewed the “leadership Skill Development System” that was developed by the Department of Oncology at the University of Calgary in 2010 (Craighead, Anderson and Sargent 2011).

Key healthcare leadership competencies and skills identified during our literature review were briefly summarized in the preceding section. Our interviews with key internal and external stakeholders confirmed the necessity for these skills and competencies and identified two additional areas of focus: (1) a focus on clinical work, research and education; and (2) a drive towards innovation. These additional areas of focus could, in theory, be seen as a reflection of the fact that the development of this profile and matrix was for an academic hospital. Importantly, however, stakeholders interviewed as part of this engagement were unanimous in their conviction that so long as an aspiring candidate possessed the leadership competencies that had been identified and had the benefit of sufficient exposure and experience in various positions, the candidate could come from a variety of backgrounds (e.g., community or academic health sciences centre coupled with a background in teaching, research or clinical work.) Conversely, it can be argued that the additional experiences and competencies would be of benefit in any clinical environment.

We first provided two “Foundational Documents” to the hospital: A Key Competency Definition Document and a Skills Matrix. These documents succinctly summarized the essential “Domains of Activity” (i.e., competencies and skills) and recommended experiences that any physician seeking to fill a leadership role should, ideally, undergo as part of his or her development. Once these documents were completed, it became clear that they could also be used to tailor the experiences of physicians with either an interest in or aptitude for leadership, starting as early as their postgraduate training. It was also clear that the tools could be used for succession planning, as they would allow a department chief or other senior leader to more effectively mentor a colleague, ensuring that he or she acquired the experiences necessary.
The ability to motivate and influence internal and external stakeholders and, as a result, get desired results using innovative programs that are responsive to these issues. Further, the individual leads or supports the implementation of new behaviours, directions, technology, innovation and clinical practices. The individual seeks to reflect not only current standards and literature but the ability to conceptualize new models. The individual seeks to identify and nurture emerging leaders and demonstrates genuine commitment to their development by dedicating time, resources, energy, mentorship and coaching to developing new skills and competencies. The individual promotes an environment for success for all staff by modelling a positive and supportive approach to learning and skills development.

Network Development and Relationship Building
The ability to identify initiatives and bring to a successful conclusion, initiatives undertakings and change processes that require or would benefit from enhanced relationships and partnerships to facilitate the collaborative advancement of the program’s and hospital’s agenda. This competency allows individuals to successfully seek out, establish, develop and nurture strong relationships with both internal and external stakeholders and individuals. Individual’s possession of this competency will allow them to recognize the subtle nuances of relationships with differing stakeholder groups and to facilitate meaningful engagement with various colleagues and groups.

Strategic Planning and Thinking
The ability to engage in strategic planning and thinking allows the individual to plan for the future and make difficult decisions while considering the organization’s mission, vision and values. The individual is able to identify and define broad system issues and challenges and to propose feasible solutions that take the broad implications of their implementation into consideration. The individual demonstrates a deep understanding of the healthcare system, external/internal environments and current policy directions and appreciates how these factors impact hospital policies, initiatives and directions. This competency becomes particularly relevant when taking on roles within the organization that require a broad perspective of various issues and strategic vision.

Leadership, Mentorship and Coaching
This competency reflects the ability and commitment to effectively champion, motivate and influence others to adopt new behaviours, directions, technology, innovation and clinical practices. The individual recognizes the importance of identifying and nurturing emerging leaders and demonstrates genuine commitment to their development by dedicating time, resources, energy, mentorship and coaching to developing new skills and competencies. The individual promotes an environment for success for all staff by modelling a positive and supportive approach to learning and skills development.

Communication
The ability to motivate and influence internal and external stakeholders and, as a result, get desired results using effective oral and written communication skills. The individual facilitates the flow of information both within and beyond their respective program area and has the capacity to use a variety of different communication methods that reflect the unique needs and perspectives of the audience. These skills will not only allow an individual to engage in meaningful and respectful communications with internal and external parties but will enable them to display appropriate media relation skills.

Team Building/Conflict Resolution/Awareness of Regulatory/Legal Environment
The ability to establish a collaborative and engaging environment that fosters close and integrative working relationships within and between teams and individuals. The individual is able to mitigate arising or existing conflict within and between groups and individuals using effective dispute and conflict resolution, mediation and communication skills. The individual promotes mutual support, respect and partnerships among various stakeholders and individuals by modelling participatory and accountable behaviour and articulating expectations of others. Further, they demonstrate familiarity and comfort with regulatory and legal undertakings and the ability to ensure that personal, departmental, program and institutional initiatives and decisions comply with the regulated environment.

Financial Planning and Acumen in the Domains of Clinical Activity/Research/Education
This competency reflects the individual’s ability to understand financial planning concepts and skills. The individual effectively employs these skills by participating in or leading the development of program financial plans, the negotiation of AFPs, research infrastructure, budget planning, the nature of academic funding, lead a program/department to answers and, where appropriate, funding models.

Conceptualizing and Implementing Innovative Programs
The ability to think innovatively to conceptualize, plan and implement innovative programs and initiatives that reflect not only current standards and literature but the ability to conceptualize new models. The individual seeks out opportunities to learn about new approaches to existing issues and challenges and promotes the adoption of innovative programs that are responsive to these issues. Further, the individual leads or supports the implementation of new programs, processes, technologies and best practices to ensure continuous quality improvement.

Key Competencies
Based on our review of the literature, our interviews with key stakeholders and our experience and expertise in leadership development programs and succession planning activities, we identified the following seven key domains of activity for the chief of perioperative services role in an academic hospital: (1) network development and relationship building, (2) strategic planning and thinking, (3) leadership, mentorship and coaching, (4) communication, (5) team building/conflict resolution/awareness of regulatory and legal environment, (6) financial planning and acumen in the domains of clinical activity/research/education and (7) conceptualizing and implementing innovative programs. While the Key Competencies Definitions document defined the seven competencies required for successful leadership of the perioperative services portfolio, it also, we believe, outlines the competencies necessary for any physician leader (Table 1).

**TABLE 1.**

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<th>Key Competency Definitions – Hay Group Limited</th>
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<td><strong>Network Development and Relationship Building</strong></td>
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<td><strong>Conceptualizing and Implementing Innovative Programs</strong></td>
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Skills Matrix
As a next step in this process, we created a Skills Matrix that examined each of the seven essential competencies in greater detail and articulated how, in a logical stepwise progression, each competency could be acquired and “mastered” throughout an individual’s career. Behaviours and activities associated with three different career stages were also identified.

From Theory to Practice – A Toolkit for Implementation
To assist the hospital in translating and operationalizing the competencies and skills identified in the development of the foundational documents, we developed a supporting “toolkit.” The toolkit included three separate documents: (1) a Development Tracking Tool (DTT), (2) a Self-Assessment Questionnaire and (3) an Interview Discussion Guide.

Development Tracking Tool
The DTT was designed to support the development of a physician’s leadership competencies by articulating a plan to acquire and/or enhance skills required to accomplish their future leadership aspirations. The tool was developed with the intention that its completion would be approached as a collaborative (or mentorship) effort between the candidate and their supervisor/leader (or another individual in an organization with an interest in mentoring junior colleagues) and would be informed by ongoing informal and formal discussions between the two parties. The DTT identifies the developmental need, relevant developmental actions, objective criteria for success, time frame for achievements and a mentor, and includes an area to note interim/ﬁnal status and progress/results.

Self-Assessment Questionnaire
The Self-Assessment Questionnaire was designed for candidates interested in pursuing an administrative/leadership role. The questionnaire included a descriptor of each of the competencies that had been identified in the Key Competencies Definitions document as well as a scale of “behaviours” aspiring (and actual) leaders would be expected to exhibit. Each scale describes related behaviours of increasing sophistication to support a definitive way of determining how a candidate is progressing on a linear path of development. A candidate would complete the questionnaire by reﬂecting on their current demonstrated behaviours for each competency. Completion and review of the questionnaire allows both the candidate and his/her supervisor to understand how the candidate is progressing on a linear path of development. As an example, one of the competencies identified for physicians pursuing an administrative leadership role was “strategic planning and thinking.” The self-assessment questionnaire provides a clear description of the competency, and assists candidates in assessing their level of competency by providing descriptors for each level; e.g., a Level 1 candidate is more focussed on developing awareness and demonstrating interest, whereas a Level 4 candidate is seen to actively contribute to the development and implementation of a strategic plan.

Interview Discussion Guide
The Interview Discussion Guide outlines the process for conducting an interview with selected candidates for the Chief of Perioperative Services position. The Guide provides a script and a series of questions to be discussed at an interview. “Green Lights” and “Red Flags” were listed for each question to assist the interviewer in identifying the candidate’s strengths and weaknesses. The objective of this guide is to provide the interviewer with a better understanding of how the candidate’s experiences and capabilities aligned with the requirements of the role (identiﬁed in the foundational Key Competencies and Skills Matrix documents). It was also designed to help identify speciﬁed behaviours that would contribute to the interviewee’s success in the role that the hospital is seeking to ﬁll. Although the interview discussion guide was designed to assess a candidate’s suitability for the Chief of Perioperative Services position, it was designed so that it can be easily adapted to assess individuals for other clinical or administrative leadership roles within the organization. For example, one area of focus during the interview is “network development and relationship building.” The interview discussion guide includes speciﬁc questions to pursue with the candidate such as “tell me about an occasion when you had difﬁculty establishing and/or maintaining rapport with a colleague, group or stakeholder to achieve an organizational or program goal?,” directs the interviewer to probe on key actions as well as results and outcomes that would enhance the interviewer’s understanding of the candidate’s experience and highlights speciﬁc themes that would be considered green lights (e.g., values relationships network and partnerships, demonstrates ability to inﬂuence others, champions new relationships, etc.) and other themes that would be considered red lights (e.g., career driven at the expense of others, operating in isolation of others, lack of emotional intelligence, dogmatic/authoritarian approach, etc.).

Used together the tools outlined above have the potential to shift the paradigm of physician leader mentorship and recruitment from historic patterns to a new model that emphasizes the timely and sequential acquisition of the knowledge and skills necessary to ensure that physician leaders not only “serve” in the role, but make outstanding contributions to hospitals’ clinical, academic, strategic and operational planning and activities.

Conclusion
At the current time, hospitals are increasingly and appropriately focused on the need to mentor and/or recruit physician leaders who will bring the necessary and appropriate cognitive
and affective skills to their role. Historically, physician leaders have either been co-opted to the role (in some cases) or selected because of their excellence in domains such as their academic achievements or their clinical expertise. While these experiences are valued, it is felt by many healthcare organizations that they are insufficient to ensure that physician leaders have the necessary knowledge and skills to ensure the organization optimizes its quality, fund raising and other functions.

We present a model to assist in the career development, mentoring, screening and interviewing of current and potential future physician leaders. While thus far, our tool and implementation kit have only been trialed in one healthcare organization, we believe that the more rigorous approach, focused on opportunities to identify and mentor potential physician leaders, assist in the career planning of practicing physicians and the screening and interviewing of leadership candidates, will assist greatly in ensuring not only the success of the recruitment process, but also of future physician leaders.

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References


