

Strategies For Being A Successful Physician Administrator Of A Rehabilitation Program

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INTRODUCTION

Purpose:

The purpose of this paper is to provide rehabilitation physicians with suggestions that will assist them in becoming successful program leaders/managers/administrators. The content of this paper is based upon the experiences and observations of the author who has had extensive experience in developing, leading and managing rehabilitation programs.

Comments on Physician Leadership/Management:

Physicians may perform one or more of several different roles. These include clinician, educator, researcher and leader/manager/administrator. Each of these roles requires its own expertise; being an expert in one does not imply expertise in the others. Physicians often mistakenly assume because they are experts in clinical medicine they require no additional knowledge to be leaders/managers/administrators. This is not true. There is special knowledge needed to be a successful leader/manager/administrator. Management for organizational success is a separate and independent academic discipline. It deals with complex concepts, strategies, knowledge, skills and attitudes. Like other disciplines, it has specific definitions for its concepts and components.

The principles of leadership/management apply to organizations that provide different products or services; expertise in the technical aspects of the organization's products or service is not necessarily needed. However, it can be very helpful, especially when the product is as complex as medical or rehabilitation services. Rehabilitation physicians bring to medical and rehabilitation organizations in-depth understanding of the technical aspects of their services. Perhaps, more importantly, they bring an understanding of the cultural values required of these organizations, including professionalism, ethics, quality and safety.

Comments on Title of Paper:

In the context of a discussion of program leader-

ship, an analysis of the words in the title of this paper provides insight into its topic. Defining them contributes to an understanding of the concepts they represent.

"Strategies" refer to plans and methods to achieve goals. They tend to be longer term and broader in contrast to tactics that are short term and very specific. For strategies to have any value they must be implemented. Too often organizations develop strategic plans but fail to initiate them.

"Success" means achievement within some context. Achievement may be measured by the attainment of specifically identified goals, or by comparison to some informally accepted standard. Successful organizations clearly identify their goals and the measures that will be used to indicate success. Rehabilitation organizations and those who judge them have used different measures for success. These may include patient care outcomes, operational costs, revenue surpluses or the number of patients or clients served. Which of these measures is considered most indicative of success often depends upon who is making the judgment.

"Physician" refers to those who have demonstrated the competencies needed to practice medicine. However, these are not sufficient to be successful as a physician medical director of a rehabilitation program. The Commission on Accreditation of Rehabilitation Facilities (CARF) in its standards manual outlines many more skills needed by medical directors.^[1] For example; they must be able to participate in strategic planning and program performance improvement.

"Administrator" refers to one who works as a manager in a business, agency, government or school.^[2] This is a term that has been used for many years, and as can be seen from its definition, is often used inter-

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changeably with "manager". Administration is a term that has referred to organizations of variable complexity, from rather simple ones to the very complex.

In a recent discussion of leadership within the medical context, Wiley Souba focuses more specifically on the terms "management" and "leadership".^[3] His taxonomy identifies management as dealing with complexity in a way that produces a degree of order, predictability and consistency. It focuses on planning and budgeting, organizing and staffing, and controlling and standardizing. These functions require establishing objectives, structuring processes including the use of personnel, measuring achievements and restructuring the processes when found not to be optimal.

Leadership deals with change, assuring that it is constructive, in depth and sustainable. It includes setting direction through developing an idealized vision for the organization that is focused on the future. It includes the selection of the right leaders, communicating to them the vision and motivating them to work towards it.

After this discussion, the original title might more specifically be reworded to: "How physicians might improve their abilities to lead rehabilitation programs that successfully achieve the goals necessary to achieve their vision."

LEARNING TO LEAD

Rehabilitation physicians must be willing to allocate time, attention and intellectual effort towards learning leadership if they wish to be successful. The process of being a successful leader includes continuous effort towards improvement, even after the achievement of leadership positions. Major elements of the process include (a) self knowledge, (b) experiential learning, (c) feedback, (d) advice and (e) scholarly learning.

Self Knowledge:

Knowledge of oneself and ones impact on others is a key component to successful leadership. Leaders benefit from knowing how and why they personally approach their responsibilities. Similarly, they are better able focus others on the goals of the organization when they understand their interactions with these staff members.

A key element of self knowledge or awareness is to understand why one is interested in having a leadership position. Motivations of leaders have been quite variable. Some relate to personal needs, such as receiving additional income, exerting control, or gaining prestige. Others include promoting personal agendas through controlling organizations. For instance, an academic physician may seek the chair of a department in order to allocate its resources to a specific area of research. At times physicians have accepted leadership roles in order to advance their specialty. A more positive motivation is having a genuine interest in the activity of the organization or program and wishing to be a part of its implementation. The motivation most consistent with success is a commitment to facilitating the organization or program in achieving its purpose and goals. This most closely aligns the interests of the leader with those of the organization.

Research has shown that the individual behaviors of leaders can be organized into categories of leadership styles. These have become the basis of personality inventories; one frequently used is the Myers – Briggs Type Indicator.^[4] The MBTI describes 16 distinctive personality types based on dichotomous preferences in four categories: ① Extroversion or introversion, ② Sensing or Intuition, ③ Thinking or Feeling and ④ Judging or Perceiving. All types are equal, there is no best type. Knowing ones personality type helps in understanding how one will approach leadership roles and interact with others. Feedback on ones personality type can assist in avoiding excessive drift towards the extreme of a personality category.

Experiential Learning:

Learning through experience contributes significantly to improving ones leadership skills. Observations of others are important components of experience, especially early in careers. They also are of value throughout careers. One should incorporate into ones own activities those techniques that seem to be successful and reject those that are dysfunctional.

Enthusiastic participation can lead to experiences that increase leadership skills. These skills can be gained either through the actual experiences, or through being selected to assume greater responsibility. Volunteering to do added tasks or projects pro-

vides opportunities to learn, often in circumstances that include more independent project management. Similarly, serving on committees can provide experiences of leadership that extend beyond those available in ordinary positions. Medical settings frequently have committees for program development or performance improvement among others that seek members. Professional organizations are additional settings that can provide opportunities to develop leadership skills.

When first assigned to work groups or committees, volunteering to prepare the meeting minutes results in recognition as having a commitment to the activity and leads to fuller understanding of its purpose and operations. When attending meetings, be prepared to ask questions and make comments, demonstrating an ability to analyze and communicate. All of these suggestions are ways for those seeking leadership opportunities to become visible to those who make the selections.

An organized approach to experiences can maximize their contributions to developing leadership potential. Such an approach involves ①identifying the purpose of each activity, ②establishing related goals and objectives that are measureable and realistic, ③developing an action plan and ④evaluating the outcomes and identifying lessons learned.

Feedback:

external input is needed to fully determine how well one performs in leadership roles. This input adds to what is learned from analyzing the measures that were established during planning. The feedback of individuals can be much more comprehensive than metrics alone. It can include observations, both subjective and objective, on style, communication, empathy, commitment and consistency. This is an extension of the concept of learning from each activity. It includes seeking the observations of others in addition to a personal assessment of how well one performs. The input should include observations of behaviors and evaluations of their appropriateness and impact. It should be sought from all with whom there were interactions during the activity, including senior, junior and peer colleagues.

Advice:

beyond feedback, one should seek counsel on

how to improve ones leadership. This counsel should be sought from those likely to have insights into what techniques are likely to provide improvement. Generally, such advice is sought from other program leaders, department chairs and directors or from national experts. Many well known experts often are surprisingly generous in responding to telephone calls or e-mails that seek advice on well articulated issues. National or international meetings are other places where they might willingly share their views.

Scholarly Learning:

physicians need formal learning to understand the discipline of management science. Those who informally assume leadership roles frequently fail to incorporate important elements of leadership and management into their activities. The author notes the most frequently underutilized management activities are strategic planning and knowledgeable personnel and financial management. Physicians gain major advantages from participating in structured management educational programs. These are insights into strategic planning and understanding of conceptual frameworks for the various components of leadership and management.

Information about the management sciences is available from many sources. There are continuing education courses, journals, other publications and degree programs.

The American College of Physician Executives (ACPE) provides a comprehensive number of short live continuing education courses, most of which have comparable distant learning versions. Journals published in the US include the Harvard Business Review and Medical Economics. A free periodical, ADVANCE, is available to Directors of rehabilitation programs.^[5] Most of these sources should be available to physicians from outside of the US.

There are numerous structured management programs leading degrees in the US, often designed for the busy schedules of physicians. The Masters of Medical Management of the ACPE combines either live short courses or distant learning courses with limited time at partnering universities.^[6] Many universities have degree programs with different designations such as Masters of Business Administration (MBA),

Masters of Hospital Administration (MHA), Masters of Public Health (MPH) or Doctor of Public Health (DPH). These are often structured to enable part-time students to earn the degrees. An on-line search found there are 21 MBA programs in China; most providing part-time opportunities.^[7]

CARF MEDICAL DIRECTOR STANDARDS^[1]

CARF is an international accreditation standard setting organization for rehabilitation programs. It accredits more than 38,000 programs at over 12,000 sites in over 4900 organizations in the US, Canada, Europe and South America. It bases its decisions on peer-reviewed on-site surveys emphasizing a quality framework. CARF has developed standards for the administrative roles of physicians since the late 1980s. These standards identify a number of activities required of physician administrators or medical directors that CARF deems necessary for successful physician administration of rehabilitation programs.

For inpatient rehabilitation programs including those with special emphasis on patients with spinal cord injury and brain injury, CARF requires the medical director to be a rehabilitation specialist or a physician who is board certified in another specialty and demonstrates appropriate training and experience to provide rehabilitation services. This training and experience minimally requires at least two years of experience as a collaborative team member in Physical Medicine and Rehabilitation.

CARF requires that medical directors participate in advocacy activities, ethics management, strategic planning, financial planning and decision making, developing ongoing relationships with stakeholders, outcomes measurement and management, performance improvement activities, establishing the responsibilities of the rehabilitation physicians providing services and program development. They must ensure that in-

dividual treatment prescriptions are adequate including notations of the contraindications and precautions developed by the team; they must oversee the decision making process for the admissions and continued stays of patients. Medical directors must continue their education through regular continuing medical education courses.

CONCLUSIONS

Being a successful physician administrator of a rehabilitation program requires additional knowledge and skills in the complexities of leadership and management. Leadership can be learned, but requires participation in activities that provide this learning. Much can be learned from observations and through participation in leadership activities. Organized self-assessment is needed for continued improvement. Organized academic learning of leadership and management principles can be very helpful. Accreditation standards such as those of CARF can provide guidance on the needed credentials and expected activities of physician administrators.

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