



**Washington State
Medical Association**

Physician Driven, Patient Focused



Overview of the **WSMA Physician Leadership Course**

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Washington State Medical Association



Overview

- Why did this course come about?
- The case for physician leadership and the return on investment
- What's in the course and why is it different than other courses?
- Does it make a difference in physician effectiveness and satisfaction?
- Can this much online learning be enjoyable and productive?
- What learning modalities will we use?
- What have been the reviews so far?
- What questions do you have?

The new world of online learning

- This is not just another series of Zoom Meetings!
- Online learning can be as enjoyable and engaging as a classroom
- Let's try some of the ways the course works





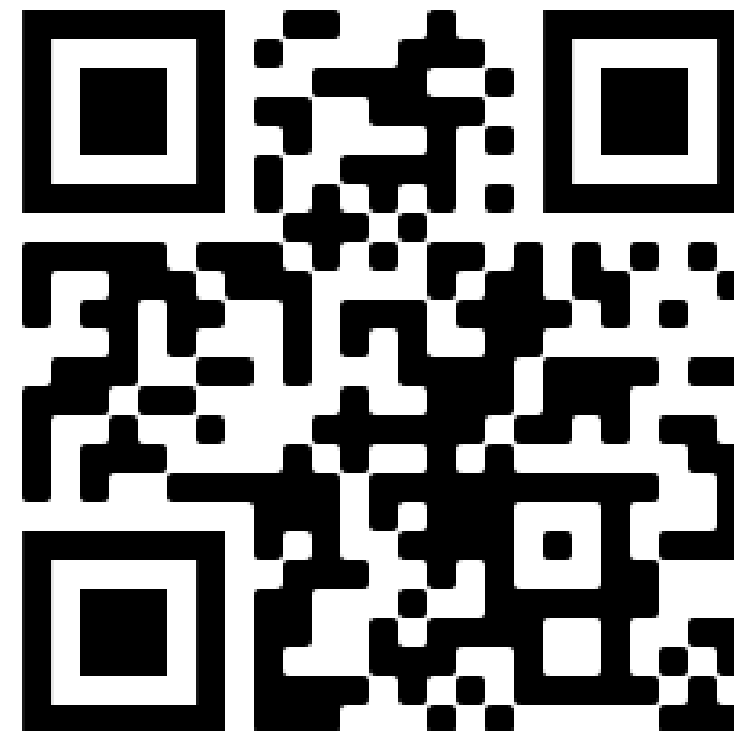
On your laptop:

<https://pollev.com/wsmapi1586>

Or on your phone:



Enter **wsmapi1586** to participate



What were the design specs for the course design committee?

General
overview,
introduction
to
leadership

Evidence
- based
content

Based on
recognized
leadership
competency
system

Respectful
of busy
clinicians'
time

Goldilocks
principle
– not too
much, but
not too
trivial

State of
the art
education
technique

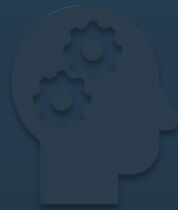
Both in-
person &
online
delivery

Taught by
physician
who has
run
something
larger than
a meeting!

The course is designed to help 3 groups of physicians: the one-room schoolhouse



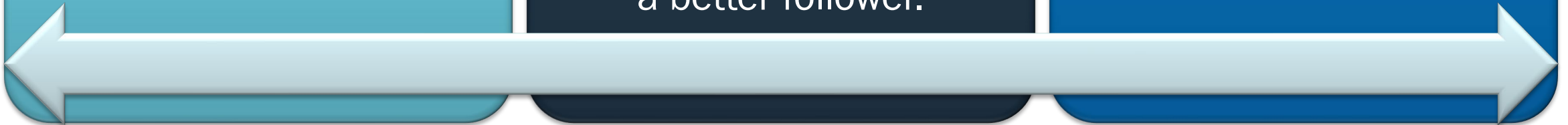
I'm currently a clinic medical director and I need help... NOW!



I am thinking about leadership in the future, but right now I want to be a better follower.



Get out of my way, I want to be a CMO!



Course Objectives

2 days IN-PERSON

- State the case for physician leadership
- Describe the characteristics of the self-aware leader
- Demonstrate emerging competence in influencing others
- Build and maintain high-performing teams
- State how to influence medical care cultures

9 weeks ONLINE

- List the basic techniques in performance improvement
- Design and implement basic error reduction strategies
- Describe error disclosure and Just Culture
- Demonstrate personal and short-range planning skills
- Describe basics of strategic planning
- List principles of finance and budget
- Detail diversity, equity and inclusion
- Outline a capstone project

1 day IN-PERSON

- Detail the process of communication, influence and persuasion in physician behavior change
- Demonstrate emerging competence in providing feedback, conflict resolution and negotiation techniques
- Outline your future personal leadership development plan



How has the content evolved over the past 15 years?

Over 1400 physicians
have taken the course
locally and at
Piedmont Health
System Atlanta

Over 45 iterations

Continuous evolution
and improvement of
content

Focus on learning, not
teaching

Uniformly positive
ratings

Many successful
graduates in
leadership positions

Schedule



0800 – 0950 BLOCK A

0950 – 1010 **Break**

1010 – 12:00 BLOCK B

1200 - 1300 **Lunch**

1300 – 1450 BLOCK C

1450 – 1510 **Break**

1510 – 1700 BLOCK D



THE CASE FOR PHYSICIAN LEADERSHIP

How Physicians Can Change the Future of Health Care

Michael E. Porter, PhD, MBA

Elizabeth Olmsted Teisberg, PhD,
MEng, MS

THE HEALTH CARE POLICY DE-

“If physicians fail to lead these changes, they will inevitably face ever-increasing administrative control of medicine.”

Today's preoccupation with cost shifting and cost reduction shifts the focus from improving health and health care value for patients. We propose a strategy for reform that is market based but physician led. Physician leadership is essential. Improving the value of health care is something only medical teams can do.

Value-based competition on results—will drive improvement. With such positive-sum competition, patients will receive better care, physicians will be rewarded for excellence, and costs will be reduced. Physicians can lead this change and return the practice of medicine to its appropriate focus: enabling health and effective care. Three principles will guide this change: (1) the goal is value for patients, (2) medicine must be organized around medical conditions and care cycles, and (3) outcomes and costs—must be measured. Following these principles, professional satisfaction will increase and current pressures on physicians will decrease. If physicians fail to lead these changes, they will inevitably face ever-increasing administrative control of medicine.

Improving health and health care value for patients is the only real solution. Value-based competition on results provides a path for reform that recognizes the role of health professionals at the heart of the system.

“Physician leadership is essential. Improving the value of health care is something only medical teams can do.”

MD Leadership: What do we know?

Traditional criteria:

clinical accomplishments
rather than leadership
competencies

Little formal leadership
training

Learn by observation of
established leaders and “in
a hit or miss fashion”

We are competitive,
independent thinkers -
hampers effective
communication & teamwork





MD Leadership: What do we know?

Historically we lacked the
desire to lead - cultural divide
between physicians and
administrators

Physicians experience
difficulties in followership and
working in teams

Physicians are good at
influencing the behavior &
satisfaction of other physicians

Medical centers are beginning
invest in MD leadership
training



Does it make a difference?

Physician leaders
positively influence
patient outcomes, quality
and error reduction

Effective teamwork and
communication often
produce better results

Improved patient
satisfaction, reduced
length of stay, and better
integration of clinical
care across service lines

An organization's
commitment to physician
development is positively
associated with quality



How I became a clinic leader – Manager view

“I always wanted to be a manager - I have a masters degree in health management.”

“I worked my way up the ladder and got experience and training over about a decade.”

“There was a manager who mentored me daily over a period of several years.”

“There are so many ways to get the training as you go along – your performance reviews force you to focus on what you need to be successful.”

“Every interview I had gave me a chance to understand what I still needed to learn to be successful.”

How I became a clinic leader – Physician view

“I was a clinical team leader, so I figured this couldn’t be that much different.”

“I got fed up with things not working so I just started telling people what to do.”

“Someone asked me to do it.”

“someone told me I needed to do it.”

“I missed a meeting”



BECOMING A COMPETENT PHYSICIAN LEADER

LET'S START WITH A SURVEY...

When poll is active, respond at pollev.com/wsmapol1586

Text **WSMAPOLL586** to **22333** once to join

The person to whom I report is an accomplished and effective leader who provides excellent mentorship for me

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

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Text **WSMAPOLL586** to **22333** once to join

I feel that I am part of a competent leadership team

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

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Text **WSMAPOLL586** to **22333** once to join

**When given responsibility for an outcome I am given the
necessary resources and authority to achieve it**

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

When poll is active, respond at pollev.com/wsmapol1586

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My organization has a strong commitment to leadership development

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

What word best describes my current leadership situation?
(multiple-words-use-dashes)

I feel burned out

Not at all - I've never felt more engaged and fulfilled

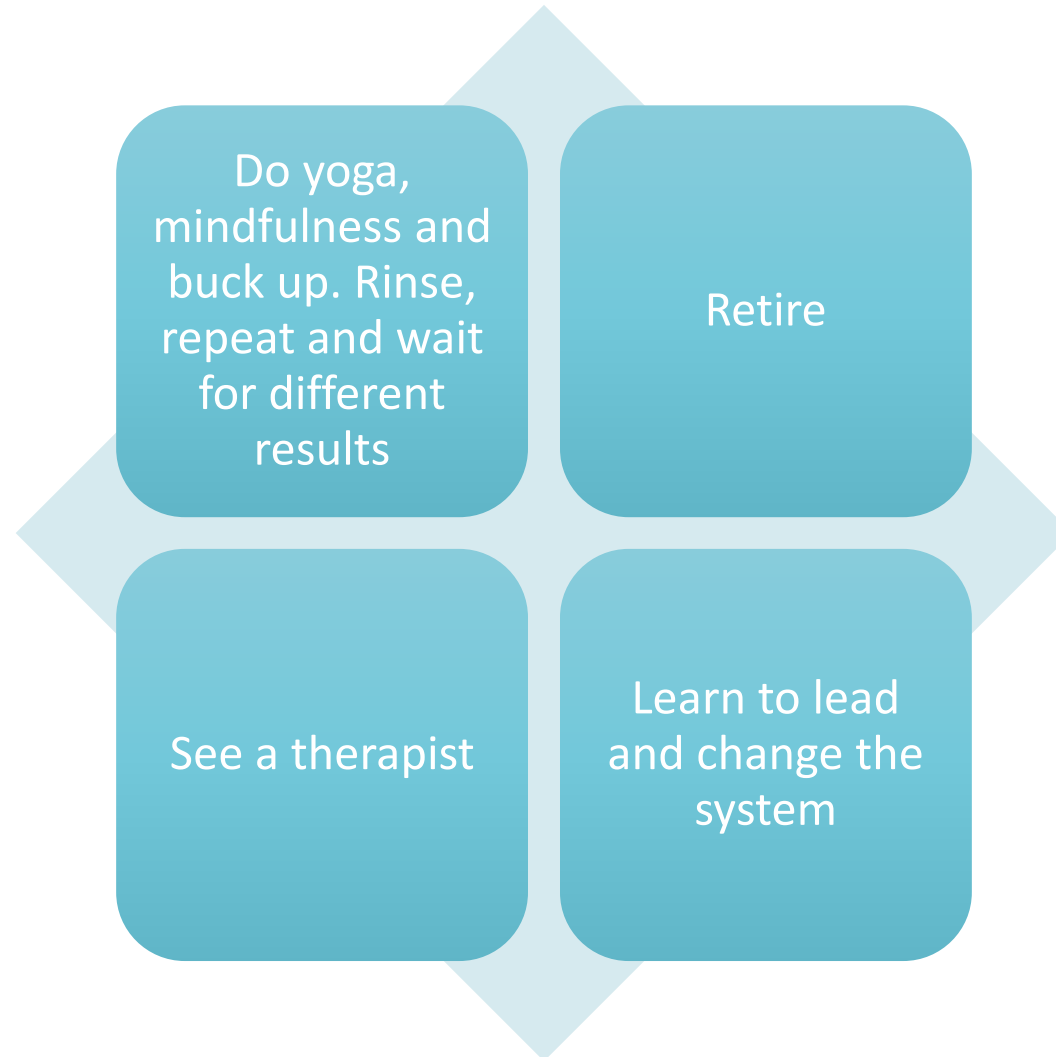
Not really - everyone has a bad day once in a while

Neutral - Normal stress, but nothing overwhelming

Starting to fry - Most days I'm struggling

Completely crisp - I'm ready to leave medicine

Our medical care system is designed to produce burnout. Here are your choices:





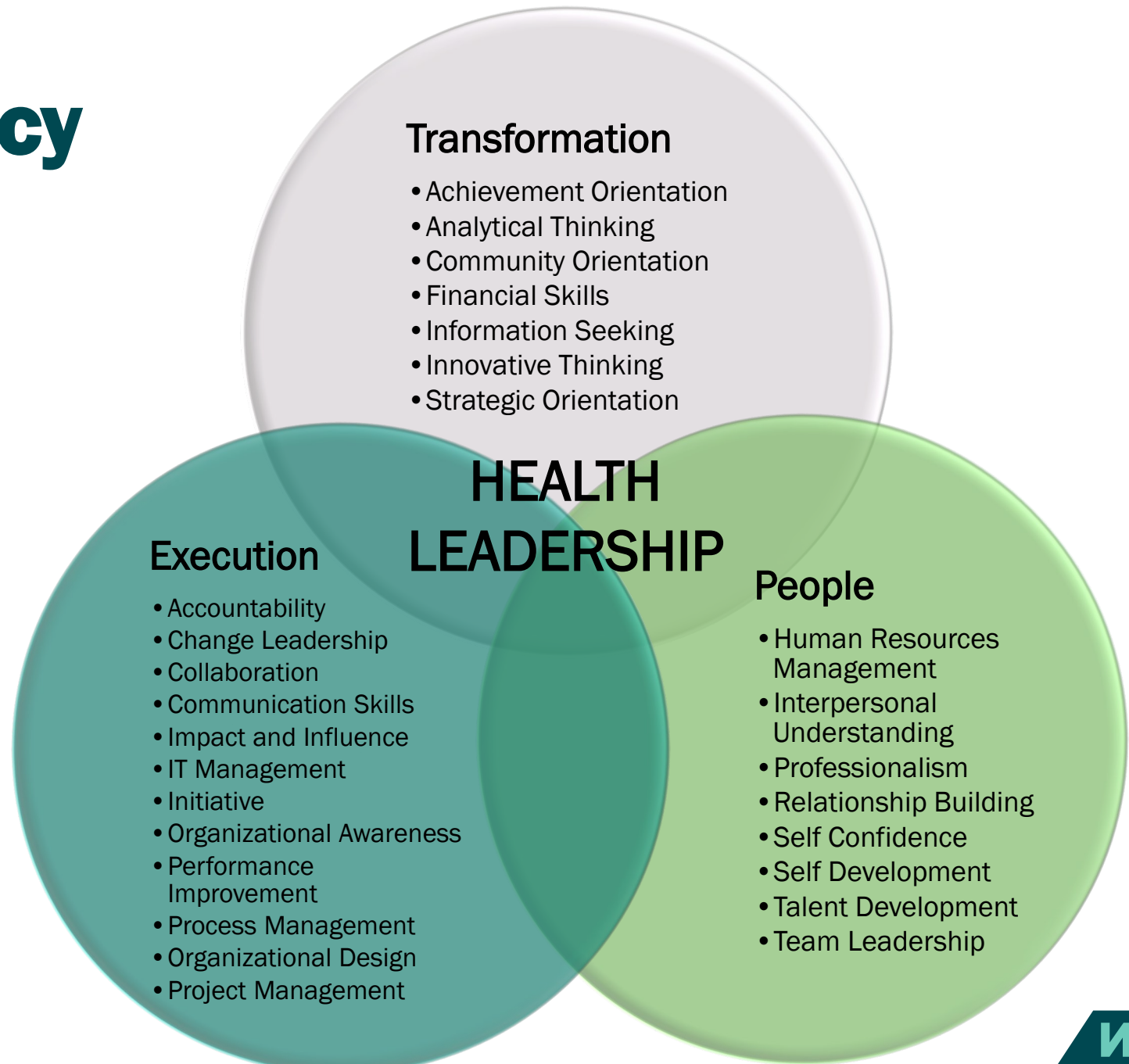
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Breakout Group Discussion:
**What do you feel you are missing to
be successful as a medical leader?**

NCHL Competency Model

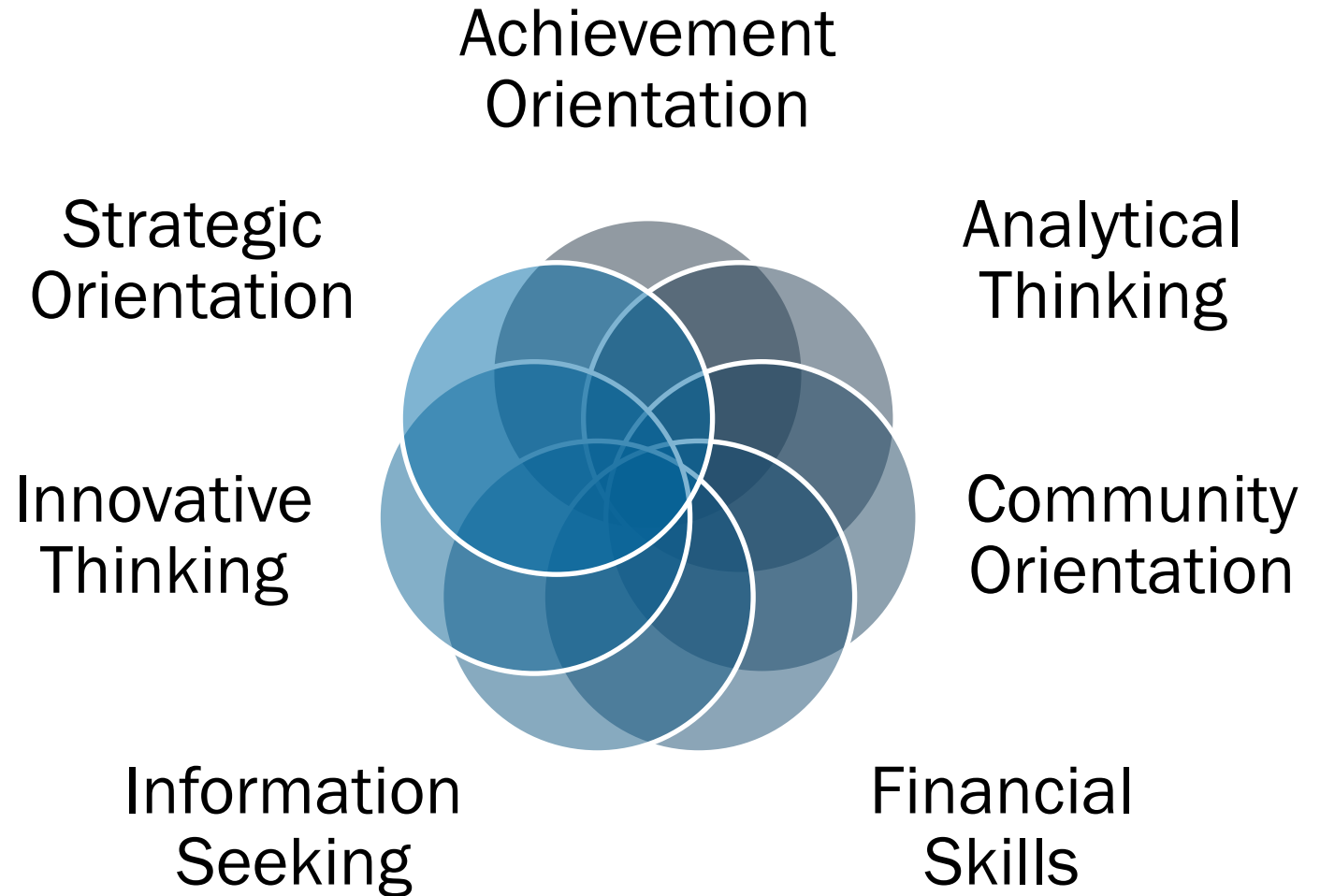
The NCHL model provides breakthrough research and a comprehensive database for defining the competencies required for outstanding healthcare leadership for the future



Adapted from the National Center for Healthcare Leadership

Transformation

Visioning, energizing, and stimulating a change process that coalesces communities, patients, and professionals around new models of healthcare and wellness



Execution

Translating vision and strategy into optimal organizational performance.

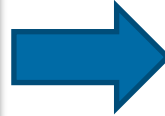


People

Creating an organizational climate that values employees from all backgrounds and provides an energizing environment for them. The leader's responsibility to understand his or her impact on others and to improve his or her capabilities, as well as the capabilities of others



This is not your mother's or father's classroom





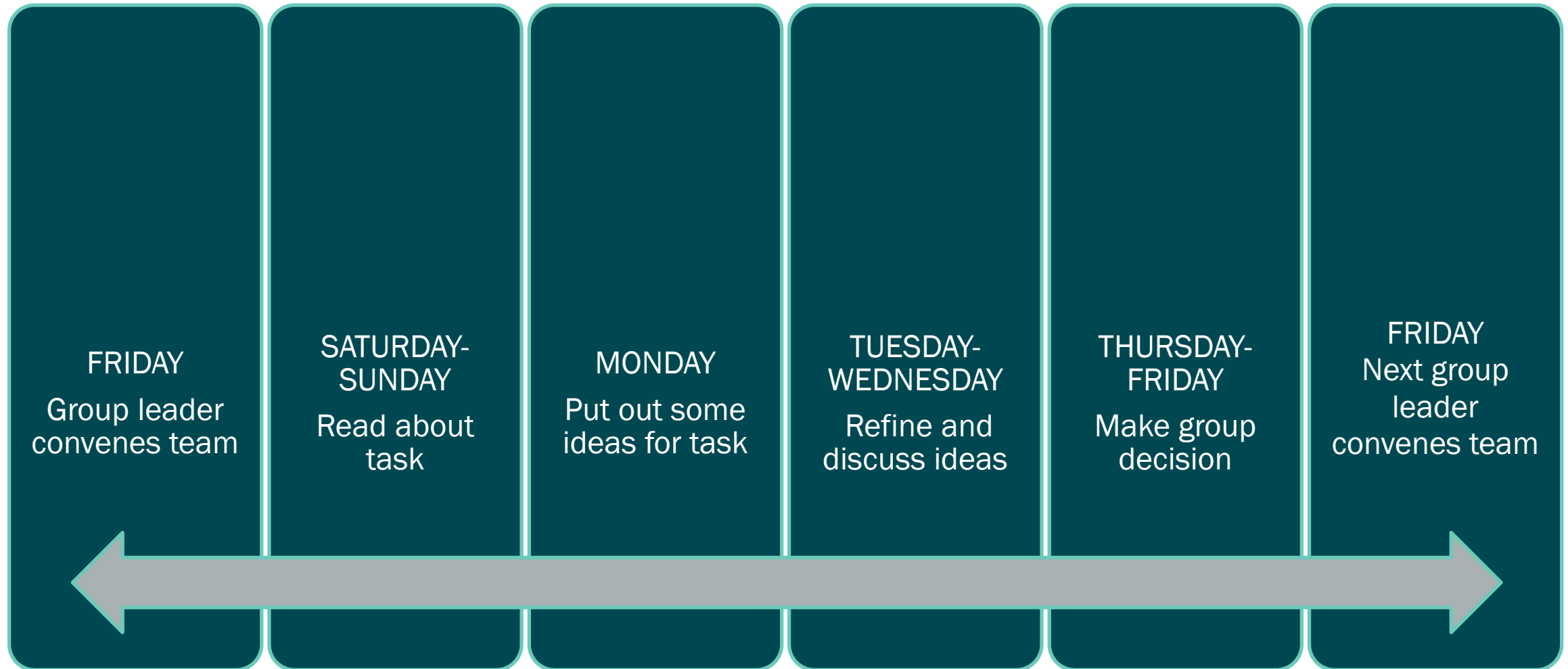
How we will work together

We use a constructivist philosophy articulated through team-based learning.

Adults learn best by applying and building on what they already know, working together in teams.

Team-based Learning is the method that accomplishes this

Format of the facilitated online portion

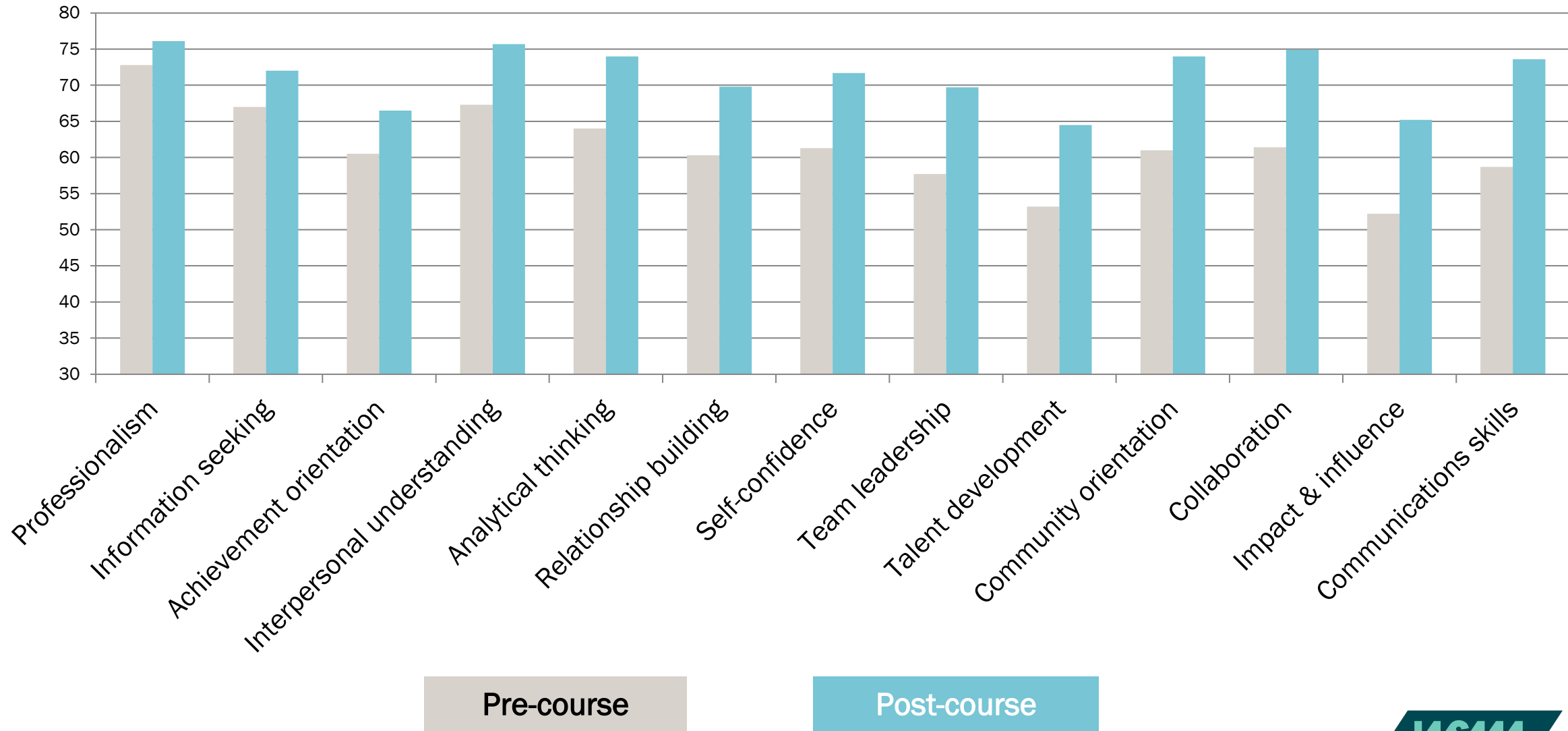




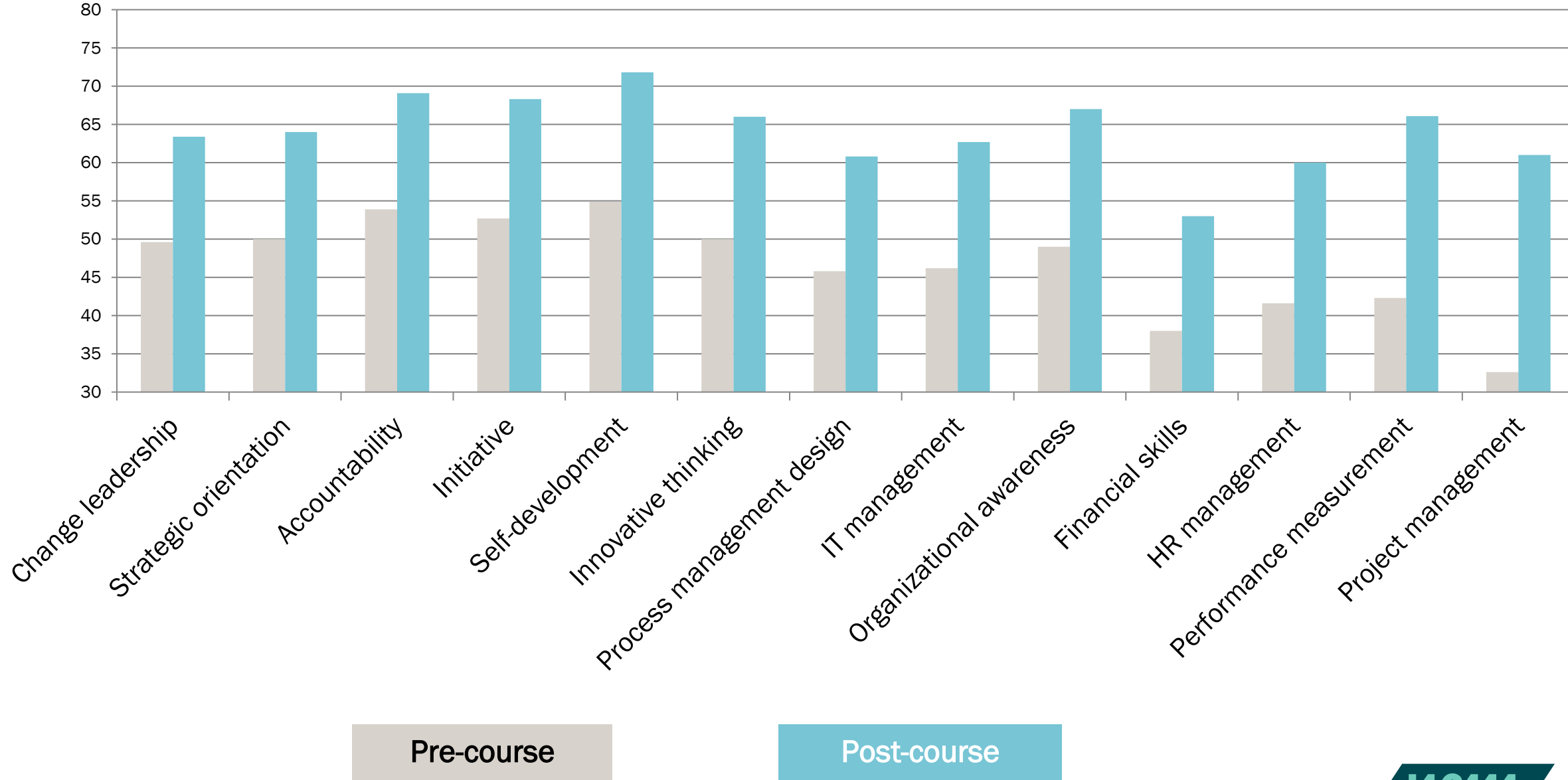
**LET'S LOOK AT THE
WEBSITE**

Does the Course Make a Difference?

Self-Assessment of NCHL Competencies



Competencies With Larger Levels of Self-Reported Changes



What We Heard from Participants

“Valuable, practical information that I continue to use in my clinical leadership role.”

“Have since become Chief of Staff. The course helped to prepare me for this role. I have instituted a new program as a result of the course.”

“I am applying for a leadership role in my company, and I feel the course gave me the confidence to do so, as well as the knowledge that physicians need to step up be those leaders.”

“This course exceeded my expectations regarding learning about personal management, personalities, and effective leadership!”

“One of my key learnings was the difference between how physicians think/operate and how administrators think/operate.”

“I have taken on more leadership responsibilities within my group and am now on my department's Quality Committee.”

A female doctor with long brown hair and bangs, wearing a white lab coat over a dark top, is shown in profile, facing right. She is gesturing with her hands while speaking to a patient whose back is to the camera. The patient has dark curly hair. The background is a bright, out-of-focus clinical setting. A yellow diagonal bar is on the left, and a teal diagonal bar is on the right.

DISCUSSION AND QUESTIONS:

ASK LIVE, OR POST A CHAT COMMENT OR QUESTION