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Technical Skills Not Enough for Medical Leaders

by Marie Peeler



Nearly all of the leaders of clinical programs, hospitals, medical practices, and other medical enterprises are physicians, many of which maintain, in addition to their leadership responsibilities, some level of clinical practice.

That leaders of such endeavors would come up through the ranks is only logical. Medicine, like many industries that employ a similar practice of promoting their best technicians – or clinicians – to leadership, requires that its leaders have a thorough understanding of the technical aspects of the field.

Historically, the logic has prevailed that “If you can do, you can lead.” If a physician has developed a new technique, pioneered a new treatment, or invented a new process, all the better to put him or her on the leadership fast-track.

A challenge arises when medical leaders find that the skills necessary for successful leadership are very different than the skills that have served them well in their clinical practice. The drive, ambition, and downright perfectionism that may have helped the physician become distinguished as a medical innovator may very well derail the well-intentioned leader.

This can be frustrating to leaders, as is evidenced by the comment made to me recently by a surgical division chief at a large urban hospital. “I’ve learned the hard way,” he said with a tone of annoyance. “If you run a world class program and you set high standards, you simply won’t be evaluated favorably by your staff.”

Unfortunately, such sentiments are common as achievement-focused medical leaders feel that they must choose between striving for excellence in their programs and being inspirational leaders. In reality, in order to optimize results and achieve personal satisfaction, the successful medical leader must do both.

When I facilitate leadership development programs, I often have students write down the names of three leaders, past or present, that they respect and would genuinely want to follow. Then I have them write down three brief one- to three-word statements about what made each of the leaders stand out as someone worthy of following. As we discuss whether the traits and behaviors the students have listed fall into the categories of technical skill, intelligence, or emotional intelligence, the students are consistently amazed to see that what they most admire in leaders falls into the latter category which broadly encompasses skills of self and relationship management.

Technical skill and intelligence are also essential. But they are the “price of admission” to being a physician. By

themselves, they are not enough to inspire, influence, or develop the people that leaders must cultivate in order to be entirely successful.

A study conducted by Patel, Warren, et al and published in a paper titled, “What does leadership in surgery entail?” in the ANZ Journal of Surgery (2010) concluded that “modern surgical leaders will be required to manage the business of medicine, have emotional competence and resilience, be excellent communicators, mentor and teach others, and work effectively in teams.” While speaking specifically about surgical leaders, Patel and Warren’s research applies to other medical leaders as well.

Physicians in the U.S. spend 11 or more years on their post-secondary education before they even achieve licensure and, typically, none of that time is spent on leadership or practice management. Physicians who would be successful leaders would be well served by supplementing their medical education with opportunities to develop the full spectrum of skills required for successful leadership. Medical leaders might consider:

- 360-degree feedback gathered either by survey or interview from stakeholders such as peers and direct reports. Such feedback can often jumpstart a leader’s self-awareness.
- An executive coach who can provide a customized approach to learning that is tailored to the medical leader’s specific competencies and developmental needs
- Mentors and role models who are themselves strong in the desired competencies.
- Leadership workshops and seminars.
- Self-directed reading and study.
- A reflective practice consisting of observation, data-recording, structured thinking, and planning.

As medical organizations continue to grow in complexity, it will be essential for the leaders of these organizations to invest in a well-rounded suite of skills that includes not only technical skills, but the leadership skills necessary to engage, inspire, and influence the support and performance of others.

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