



# Two Habits of Successful Physician Leaders

**Experience can be a cruel teacher, but it can shape us into better leaders.**

I'm an old dude. At least that's what my kids say. I don't know the current slang, the music I listen to can officially be labeled "oldies," and my fashion sense is solidly locked into the last millennium.

Someone once said with age comes wisdom. I'm not sure about that, but age does bring experience.

Ergo, I have experience. Since the early days of my career, I've been lucky to do both clinical and administrative work — always simultaneously. I've never wanted to give up seeing patients in exchange for sitting in meetings all day, nor do I want to swap creating a useful PowerPoint presentation for yet one more annual wellness visit. I like the balance, and I've always found interest in the different skill sets required.

Over the course of my career, I've observed two things about successful physician administrators.

**First, successful physician leaders listen more than they speak.** I'm sure you are aware of the study showing physicians interrupt patients after only 18 seconds, on average.<sup>1</sup> While I'd like to think family physicians do better than that, taking charge is in our DNA, I suppose. We are busy, analytical, critical thinkers, and we want to know certain data points. So we interrupt and ask. In an administrative setting, I've found that the information often will be presented in a structured way and you just have to be patient and let it unfold. A good presentation will lay out the problem, some background, and then finally

the "ask." By listening to the whole thing and *then* following up with questions, it allows for a more productive outcome. Also, logistically, if everyone is shouting out questions, then nothing gets accomplished. In a one-on-one situation, like meeting with another physician, I try to keep in mind I'm there to help solve a problem. I want to be like a detective, and my main tools are listening and observing.

Many years ago, a chief executive of the accountable care organization (ACO) I worked with needed to speak with a doctor who was having some quality issues and refusing to work with support staff. He asked me to come along. Sitting in the doctor's break room, the executive launched into a presentation of data and numbers and charts and graphs. Each question from the doctor was followed by another speech from the executive. Probably 90% of the words spoken during the meeting came from the executive. The doc eventually stood up, walked to the doorway, and pointed us in the direction of the exit. Getting kicked out of that office was eye-opening. It reminded me people want to be heard, so listen to them!

**Second, successful physician leaders understand that, when they do speak, it's just one opinion in the room.** This is different from when we see patients; we gather a thorough history and physical, and then announce our treatment and plan. "OK, Mrs. Smith, I think you have hypertension, and I would like to start you on medication." Sure, there's shared decision making, but the physician makes the diagnosis and decides how it needs to be treated. In an administrative setting, this approach doesn't work so well.

Early in my career, I prepared a presentation for an outside group on our ACO's foundational relationship with the patient-centered medical home model. Before delivering my presentation to the outside group, I had to present internally to senior leadership. It was a little intimidating to be in a fancy boardroom, surrounded by all these smart folks with more experience than me, but I was the only one who understood primary care. I lived it every day! I was sure they would rubber-stamp my efforts. Wow, was I wrong. About 45 minutes later, they were still nit-picking my presentation. Some of their critiques were legitimate (e.g., my phrasing didn't quite align with their strategy), but others seemed petty (e.g., they didn't like the font I chose). I had made the mistake of thinking everyone would agree with me, and some of them had made the mistake of asserting opinions as facts.

The good news is that these uncomfortable experiences have shaped me and helped me become a better physician leader. That's the great thing about being an "old dude" — tomorrow I'm going to be even older and more experienced. I'm still waiting for the wisdom, though. Wish me luck. **FPM**

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1. Beckman HB, Frankel RM. The effect of physician behavior on the collection of data. *Ann Intern Med.* 1984;101(5):692-696.