Physician Leadership Skills –Reasons Doctors Make Poor Leaders and What You Can Do About It

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One of the big practice challenges most of us face is a frustrating gap in our physician leadership skills. We step out of residency and are instantly installed as the leader of a multidisciplinary team charged with delivering the highest quality care to our patients.

This new physician leadership role can be daunting. We are prepared to diagnose and treat … but what about all the other questions that come our way?  At times it can feel like you don’t “have what it takes” when, in fact, this physician leadership [vacuum](http://www.thehappymd.com/blog/bid/290715/Physician-Leadership-Skills-3-Reasons-Doctors-Make-Poor-Leaders-and-What-You-Can-Do-About-It) is a natural consequence of our medical training and medicine’s unique business model.

Here are three challenges to acquiring physician leadership skills that are hard wired into our training process – with suggestions on how to bypass them for a better day at the office for you, your staff and your patients. Without these skills you are doing all the heavy lifting for your team and working WAY too hard.

**1) A Dysfunctional Default Physician Leadership Style**

Our [medical training](http://www.thehappymd.com/blog/bid/290715/Physician-Leadership-Skills-3-Reasons-Doctors-Make-Poor-Leaders-and-What-You-Can-Do-About-It) is almost exclusively focused on our clinical skill set. We take a minimum of 7 years in medical school and residency to learn and practice the ability to diagnose and treat. That [knowledge base](http://www.thehappymd.com/blog/bid/290715/Physician-Leadership-Skills-3-Reasons-Doctors-Make-Poor-Leaders-and-What-You-Can-Do-About-It) is nearly overwhelming all by itself and it is unfortunately not sufficient once we are out in practice.

Once we graduate we quickly recognize that the act of seeing patients and delivering our treatment plan is dependent on a whole team of people. We are meant to be an effective team leader right out of the gate, but were never taught the basic physician leadership skills to play this role. We automatically adopt a dysfunctional physician leadership style based on “giving orders”

The clinical actions of diagnosis and treatment are simply adopted as our default physician leadership style. When faced with any practice challenge, we assume we must be the one who comes up with the answers (diagnose) and then tell everyone on the team what to do (treat).

We learn a “top-down” physician leadership style naturally and automatically. This default “command and control” physician leadership style – the same one used in the military – has its consequences.  It turns your team into sheep.  Here’s what I mean …

It will seem to you like they have lost the ability to make independent decisions.  Everything they perceive as a problem — from the front desk to the billing office — is brought to you for a solution.

Have you ever felt overwhelmed by people asking you non-clinical questions about scheduling, billing and such? The top-down physician leadership paradigm produces that naturally. They all look to you for answers because you are the apex of the top-down pyramid. It does not have to be that way. A simple change to a more collaborative and team centered physician leadership style can make a huge and immediate difference.

**What you can do differently**

Physician Leadership begins when you understand there are multiple areas of your practice where YOU ARE NOT THE EXPERT — and start to use the whole team’s expertise to address the problems you are facing.

After all, you are in the room with the patient, doing your best to solve the clinical issues while the rest of your staff spends their day actually working in your scheduling and [billing systems](http://www.thehappymd.com/blog/bid/290715/Physician-Leadership-Skills-3-Reasons-Doctors-Make-Poor-Leaders-and-What-You-Can-Do-About-It). They are the experts in what is going on in those areas … not you. The key to leveraged physician leadership is not you figuring out the answers … it is easier than that.

The key is to ask more questions … and give fewer orders. Try becoming more of a facilitator … not “the boss” and source of all the answers.  A more effective physician leadership style is to ask your people what THEY suggest as the solutions to the problems they discover. You might even tell them to only bring you a problem if they bring their thoughts on a solution at the same time.

Have regular [meetings where you work “on” the practice](http://www.thehappymd.com/physician-leadership-monthly-staff-meeting-team-venting-process/) and deal with these issues as a collaborative team … rather than spending all your time working “in” your practice. This is the key to a much more effective physician leadership style. You begin leveraging the skills and experience of your entire team.

When you work together to systemize and delegate you won’t feel like you are doing all the work and your team will feel honored and more involved. A better practice experience for you, your staff and your patients will result.

**2) No Physician Leadership Training & a Nonsensical Business Model**

When did you ever receive training on physician leadership skills? Didn’t happen in my residency. It is foreign territory for most of us. Physicians as a group tend to see physician leadership, facilitation and the meetings required to coordinate the actions of a team as necessary evils we would like someone else to address.

I have heard this over and over. “I just want to be left alone and see patients.” That is because you were only trained to perform that activity. The subjects of physician leadership and organizational development are absent in our medical training and yet become crucial to our success out in practice.

Then there is our business model … which often makes no sense at all.

Imagine the CEO of a automobile manufacturer who is simultaneously the only person who can put the doors on the cars in the assembly line. The boss is the biggest bottleneck in the system. Who would design a business like that? Welcome to the world of medicine. You are the leader and the piece worker on the line at the same time.

You have the complete skill set to do your work on the line … seeing patients behind a closed door in the office. Unfortunately your physician leadership skill set is ignored at the same time that it is required to fill the other major role you play in the practice.

**The key is to respect, understand and begin acquiring physician leadership skills.** Understand how to lead effectively will make your life easier and your team and patients happier and healthier.

A great place to start is to beef up your physician leadership skills with some of best books on the general subject of business leadership. Books like these classics.  
“First Break All the Rules”  
“The E-Myth”  
“The Five Dysfunctions of a Team”  
“7 Habits of Highly Effective People”  
“The Leadership Challenge”  
“What Got You Here, Won’t Get You There”