

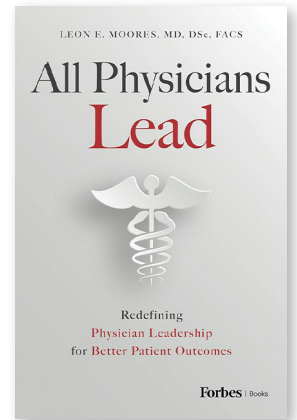


# Executive Book Summaries<sup>®</sup>

## All Physicians Lead

Redefining Physician Leadership for Better Patient Outcomes

by **Leon E. Moores**



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### THE SUMMARY IN BRIEF

We expect from physicians a lot more than we've ever anticipated from these professionals in the past. A doctor is always viewed as a leader and that role impacts every aspect of a physician's job. Physicians also need extensive strategic and decision-making skills to optimize outcomes and always protect a patient's interest.

*All Physicians Lead: Redefining Physician Leadership for Better Patient Outcomes* focuses on the strategic roles healthcare service providers have to embrace. From convincing their patients a certain treatment is the best choice to expediting the work of labs or imaging departments, doctors have to communicate, persuade, and inspire every single day. Unfortunately, many medical professionals lack the training and the skills to embrace that important role.

Author Leon E. Moores, a neurosurgeon, and a seasoned healthcare leader, shares his insight on physician leadership. Moores has chosen a focus on the "concentric circles" model – learning about oneself in order to become a better personal leader and a confident professional who can eventually start leading others. Primarily targeting physicians, the book also speaks to medical schools and healthcare organizations where leadership isn't considered a bonus but rather a core competency.

### IN THIS EXECUTIVE BOOK SUMMARY:

- Realize how our perception of physician leadership needs to change.
- Why does physician leadership matters so much in the context of healthcare service provision?
- What's the best physician leadership development model?
- Learn how leadership circles work.

## Introduction

All physicians are leaders. That may not sound like a profound statement, but it really is. And it has vast implications for our healthcare industry. All physicians lead, not just those with designated leadership titles, such as Department Chief, Chief Medical Officer, or CEO. Leadership is foundational to the role of the doctor. Every single interaction with patients and healthcare team members requires managerial acumen and precise, persuasive communication. Luckily, leadership skills can be learned and acquired.

Improved physician leadership leads to better teamwork, higher morale, and improved decision-making at every level of the healthcare delivery system. This leads to higher-quality medical treatment, which leads in turn to better health outcomes—for patients. This simple but powerful idea is the premise of this book: better physician leadership leads to better patient health. But this idea has not yet been institutionally embraced by the medical community. I hope this book plays some small part in changing that.

## Section 1: The Value of Physician Leadership (Why It Matters)

### Chapter 1: Redefining Physician Leadership

Physician leadership is almost always approached in the context of reaching a managerial position within a healthcare setting. The definition of the term leadership, however, is pretty simple: influencing thought and behavior to achieve desired results. It's easy to see how this skill can help anyone become a better physician, regardless of their experience level or career pursuits.

It's a given that people look for leadership in their doctors. Physicians are expected to make critical decisions that affect everyone – from the patient and their family to the healthcare organization as a whole.

That's why the chapter argues the minute you put the long white coat on, you start leading patients. As a physician, you'll also have to lead healthcare teams, medical students, and anyone else involved in the complex process of healthcare service provision.

According to the Accreditation Council on Graduate Medical Education, the six core competencies for physicians are:

- Interpersonal and communication skills
- Professionalism

- Systems-based practice
- Practice-based learning and improvement
- Medical knowledge
- Patient care

The connection of most to leadership is obvious. Hence, the author makes the important argument that leadership in itself should be ranked among the core competencies. In the absence of good leadership, outcomes deteriorate. Its absence has been linked to disruptive behaviors, low performance and high stress for teams, low morale, high employee turnover, and ultimately – poor patient outcomes.

The reasons for leadership not being embraced as a core competence, however, are systemic and in need of broad addressing. Formal medical education lacks an emphasis on leadership. It's qualified as one of the non-essential soft skills that can't be crammed into an extensive medical curriculum. It's also a well-known fact that choosing a managerial direction in healthcare can be frowned upon. These complex factors lead to the exclusion of leadership skills from the qualities every physician needs to acquire.

### Chapter 2: Qualities and Components of Leadership

A good leader is more than a checklist of positive attributes. They often are the “sum that is more than its parts.” And yet there are many identifiable characteristics that good leaders almost uniformly possess. These characteristics include:

- Truthfulness
- Accountability
- Professionalism
- Good communication skills
- Service-mindedness
- Empathy and emotional intelligence
- Character

At the same time, the role of leaders is evolving. They're no longer perceived as supervisors or managers. They also have to provide a sense of consistency in everyday processes, psychological safety, good problem-solving, transparent communication, cultural modeling, and even inspiration.

When looking at what makes a good leader, we distinguish between positive and negative leadership. Negative leadership is a traditional, autocratic rule. People aren't inspired to do their best, they are driven by a fear of negative consequences.

Negative leadership is often the result of a failure to realize one's leading role and confusing authority with actual leadership.

Positive leadership encourages and inspires. It creates a vision that every team member can get on board with. Clear communication, as well as rewards for positive accomplishments, are also hallmarks of positive leadership.

Many physicians adopt a negative leadership style and that's not because they're bad people. Negative leadership is often the result of a failure to realize one's leading role and confusing authority with actual leadership.

Over-regulation in the healthcare sector can also make things difficult. Introducing changes can be a nearly impossible task if a certain way of doing things has become institutionalized.

That's why positive leadership requires the right attitude and a commitment to the desired outcome. Physicians have the responsibility of leading the change, which means they often clash with traditional views of authority and management in the healthcare sector. Making small adjustments every single day, however, can pave the way for more innovative thinking and a completely new way a leadership role in healthcare settings is being perceived.

### **Chapter 3: Benefits of Better Leadership**

The moment your leadership skills improve in the clinic or the operating room, you begin improving your patients' healthcare experience and health outcomes. The better you get at leadership, the more improved results you will continue to see over time.

Leadership benefits every level of health service provision. It motivates everyone to bring their A-game. It empowers and stimulates people to perform and apply their skills and knowledge for optimal outcomes every single day.

When you feel cared for by leadership, you want to care for your teammates and your leader in return. That's what it all boils down to. Good leaders create a sense of camaraderie, a shared mission everyone can embrace as their own.

The effects of leadership, however, aren't just immediate. They extend way beyond the team or individual unit. The organizational benefits of effective physician leadership are

numerous – improved patient satisfaction and financial results, better staff retention, better relationships between physicians and the administration, and better succession scenarios.

All that sounds amazing but how do you start practicing when you don't feel like a natural-born leader? The following chapters of *All Physicians Lead* provide in-depth information on building those skills and making them a part of everyday practice.

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## **Section 2: The Concentric Circles of Leadership**

### **Chapter 4: Leadership Circle #1: Leading Yourself**

Leadership development can be viewed as a series of concentric circles that build upon each other. These circles “grow” from the center outward, much like the rings of a tree. All of the circles interact with each other, back and forth, increasing strength and perseverance. This means the center is never “completed.” It continues evolving and interacting with the other circles – a mechanism that adds strength and supports growth.

At the very heart of this model is learning how to lead yourself. If you don't know how to do that, you'll never be capable of becoming a true physician leader for others. In learning how to lead yourself, you also become the model of leadership behavior others can emulate with success.

Self-leadership starts with a very accurate and intimate self-assessment. Knowing your strengths and your weaknesses, reflecting on your performance, and taking full ownership of your behavior all lie in the foundations of being a good leader.

Begin the journey towards better leadership with self-awareness, both internal and external. When you realize there is an aspect of yourself that is more fundamental than your mental and emotional activity, you begin to gain the ability to look at your thoughts and feelings more objectively. Internal self-awareness is a lifelong process that deepens understanding of your own emotions. External

self-awareness, on the other hand, is the ability to look at your behavior with a measure of objectivity and imagine the effect it is having on others.

The desire to develop self-awareness is the most important first step on the journey towards becoming a better leader. When you have it in place, you can start doing the actual work.

Self-leadership involves all these essentials:

- Doing an honest and detailed self-assessment
- Seeking feedback from others
- Developing a practice for continuous self-awareness (that can include meditation, counseling, mentorships, or guided retreats)

Self-leadership can also benefit from the development of a few additional skills. A growth mindset allows you to continue learning, inspiring others to do the same. Working on your confidence but maintaining a sense of humility at the same time will also be vital to your practice. You can probably recall immediately someone whose confidence is quiet and natural, seeming to flow from within. These people have exceptional self-awareness and they don't need external validation to recognize their value.

Finally, self-leadership needs direction and a sense of purpose. A personal mission statement gives you the "why" that will help you continue even during difficult moments. Purpose is the spark that inspires others to follow you and perform on a high level.

To be a good leader, you have to focus on yourself. That also involves self-care. Being a physician is demanding and stressful. Your ability to perform is heavily dependent on addressing your needs in four domains – physical, mental, emotional, and spiritual.

### Chapter 5: Leadership Circle #2: Leading Another

Every successful leader has the ability to influence other individuals, whether such interactions occur on a one-on-one basis or the leadership scenario involves entire teams or departments.

Your ability to form a positive relationship with another human being, even if you spend only five minutes with them, helps create a basis of caring and trust that allows you to influence thought and behavior to achieve a desired result.

So, what does it take to become an effective leader that

other people will be willing to trust and follow? Influencing another individual is a complex endeavor and one that certainly merits more focus and training in physicians' careers.

One skill is the key to forming sustainable one-on-one relationships. That skill is active listening. Active listening is the art of being fully present and fully engaged with another person. It depends on doing a number of things, the most important ones being the creation of an optimal physical environment for an interaction, maintaining good eye contact throughout a conversation, giving necessary feedback, clarifying, engaging beyond the spoken words, reflecting back, and asking open-ended questions.

Active listening is something that can be practiced every single day. It's a part of building relationships and developing trust.

As a physician, you will have to work with and influence specific individuals. One-on-one encounters will occur in multiple settings and the chosen communication approach will depend on context and the very nature of the interaction.

Dealing with patients and family members, for example, will work well if you have the ability to put yourself in these people's shoes. You should always assume a patient is fearful or anxious before talking to you. When you adopt such a worst-case scenario, you'll work on building trust, even if a routine interaction is involved.

When having one-on-one interactions with team members, remember they are human beings with their health issues. Also, keep in mind they have other bosses. Conflicting agendas may exist. Dual lines of authority will almost always be a real problem. If a teammate is struggling with the recognition of your leadership, they may be responding to conflicting directives.

Interactions with fellow doctors depend on a few cultural and professional specifics. All doctors are conditioned to be strong, autonomous figures. Doctors will often ask tough questions. They may be resistant to change. Presenting convincing arguments and being strategic, especially when attempting to initiate change, may be the difference between success and a complete fiasco.

When influencing doctors-in-training, try to model the kind of respect you want them to give their peers and patients. At the same time, don't coddle them. Sometimes, making residents uncomfortable will be the key to building knowledgeable, confident professionals.

Good team leadership is an outcome of being a good self-leader and also a master of one-on-one interactions. Leading teams, however, comes with more complexity because of the group dynamics.

Finally, you have to master one-on-one interactions with bosses. Trying to influence the thoughts and behavior of those above you on the organizational chart can be the one thing needed to promote lasting positive change. You do this by having good communication skills, asking questions, building trust, and acting with integrity. Knowing the parameters of your role will also help you be seen and heard.

### **Chapter 6: Leadership Circle #3: Leading Teams**

Leading teams in healthcare can be extraordinarily rewarding. Here is where you get to see, in real time, the difference your leadership skills can make. A high-performance team has undeniable effects on patient care and these positive outcomes are experienced on a daily basis.

Good team leadership is an outcome of being a good self-leader and also a master of one-on-one interactions. Leading teams, however, comes with more complexity because of the group dynamics.

Addressing a team as a group is dependent on multiple aspects of being a good leader. Active listening is once again vital. The behaviors of people tend to be more revealing in group settings, which is why you have to be very attentive of all cues and signals.

While working with the team as a whole unit is essential, you'll also need to know how to interact with each member individually.

To do so, you need a good understanding of team dynamics and also an effective approach to interact with natural team leaders who may be in open or covert disagreement with you. To do so, you have to get those people understanding that you're on the same team and you're pursuing the same goal. Your leadership style will matter, especially in such challenging circumstances.

Self-awareness and authenticity are also assets that team members will sense. You will have to make conscious choices about how you present yourself to team members. You'll also want to be seen as a full and genuine human being.

Striking the balance between being strategic and being yourself isn't easy. Adding the power differential to the equation can also make things challenging.

Some of the leadership practices that yield the best results in team dynamics include giving people a sense of direction, paying attention to everyone, calling attention to people's strengths, encouraging debate, showing that you care, and celebrating victories. Achieving victories is what high performance is all about. Celebrating your wins – never becoming blasé about them – helps keep the high performance going.

### **Chapter 7: Leadership Circle#4: Leading Organizations**

Moving on to lead on an organizational level entails massive change that can be terrifying. You need to remind yourself, however, that this next professional step is no different from the challenges you have faced and overcome in the past.

The good news is that running an organization is a team effort. You will have the support of colleagues who will be subject matter experts in niche organizational fields. Drawing from their experience and being a good listener will help you embrace the new leadership role.

The move to organizational leadership, however, also requires a mindset shift. The change from clinical to executive settings will be challenging. An ego adjustment and a new thinking model will both have to be embraced for the shift to work.

As an organizational leader, you are now a questioner rather than an answer provider. You have to inspire teams to look for solutions. You also have to question the effects change is going to have on the organization and this once again involves team effort in the quest to find answers.

Leading organizations depends on the development of various skills. A multidisciplinary approach is imperative. You'll no longer be a vertical thinker – you'll now have to examine the horizontal lines through active input from all the departments you manage.

Your leadership style will also have to be adjusted, given

the fact you'll be dealing with department heads now. Humility and a more democratic approach toward decision-making are both going to yield a much better outcome than an authoritarian approach.

As a physician, you have unique perspective that can be very beneficial when leadership occurs on an organizational level. At the same time, broadening your horizons and seeking active input from others (HR teams, compliance experts, IT professionals) will help you develop a holistic managerial approach that produces the best answers and solutions benefiting the entire organization.

Leading organizations involves multiple steps, the most important ones being:

- Setting the tone
- Assessing challenges and opportunities
- Assessing your own strengths
- Having a good understanding of organizational culture
- Communicating a mission effectively
- Working on culture establishment and enhancement
- Making change gradual and manageable for everyone across the organization

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### Section 3: Redefining Physician Leadership at the Institutional Level

#### Chapter 8: The Four Essential Lines of Effort

A line of effort (LOE) is a line that links multiple tasks using the logic of purpose... to focus efforts toward establishing a desired end state. Lines of effort are essential to long-term planning.

The four LOEs recommended in the context of physician leadership at the institutional level include:

- Develop interest – early exposure to leadership theory and practice
- The Foundation – provide leadership education
- Apprenticeship Refined – mentorship and coaching
- Building the Bench – identify, recruit, and build experience for future senior leaders

These four LOEs should form a multipronged approach to training physicians as leaders, both in their current role as practicing doctors and for future promotion within organi-

zations. This will involve coordinated work among educational institutions, healthcare systems, and professional societies for physicians.

#### Chapter 9: Schools, Systems, and Societies

It is my belief that we should be teaching leadership as a core competency for all physicians. The three entities that will play the largest roles in revamping the way we train doctors as leaders are physician training institutes, healthcare systems and organizations, and physicians' professional societies like the American College of Surgeons and the American College of Physicians.

Right now, leadership skills are missing from educational curricula that are extensively focused on teaching physiology. At the same time, a physician who is a less effective leader is a less effective doctor. That's why a change in the educational paradigm is essential to instruct better doctors.

Standardization would benefit healthcare system leaders as they would know that newly hired doctors possess a base level of leadership competency, much as they now know that all doctors possess a base level of clinical competency.

The vision sounds promising but we are a long way from seeing it in reality. This kind of change doesn't happen overnight. Changes in the medical establishment occur slowly but advancing the conversation is a definite step in the right direction.

So, what can institutions do to promote such change?

Physician training entities like medical schools can begin teaching foundational courses that aren't necessarily leadership-labelled. Teaching medical students about organizational skills, communication, and cultural competency will deliver the kind of training needed to build the physician leaders of the future.

Once medical universities start doing so, residency training programs and physician employers can also embrace the trend and build upon the foundation.

Numerous schools have already recognized the need for leadership education in the medical field. Curricula are already being revamped to embed leadership training in a progressive manner over the duration of the entire medical program.

Healthcare systems and organizations should reinforce and continue the training that begins in medical school.

Residencies and fellowships allow new doctors to interact

with skilled professionals who can observe and fine-tune a resident's leadership development. This whole idea is once again based on the concentric circles model, especially the first three circles mentioned earlier in the book.

Residency also provides good opportunities for personalized learning and focusing on one's specific needs. This is also a chance to address some of the inconsistencies resulting from curricula differences between medical schools.

Finally, professional societies deliver another excellent resource to both make the case for better leadership training for physicians and provide some of that training.

Membership in physician societies has benefits. Conventions and even small seminars organized by those entities provide chances to present new ideas and offer ongoing education. Focusing on physician leadership in the coming years can have a serious impact on the way physicians train and acquire professional skills. Looking at specific leadership-related issues will help to track and trend important shifts and performance measures.

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## Conclusion

Being a doctor means being a leader.

If you are a physician, you should want to be the kind of leader who inspires people through your words, your actions, and your very presence. And if you are in healthcare management, you should want to have a staff full of physicians who possess this kind of leadership ability.

My hope is that every physician who reads this book makes a commitment to review their own leadership skillset and takes concrete steps toward filling any gaps. My even great-

er hope is that medical school deans, residency and fellowship program directors, healthcare administrators, and leaders of physicians' societies feel inspired to work together and take up the cause of teaching better leadership skills to physicians. In doing this, we will enrich the future of medicine, create higher performing healthcare teams, and improve patient outcomes.



**Leon E. Moores, MD, DSc, FACS** is a neurosurgeon and seasoned healthcare leader who literally “wrote the book” on physician leadership for the U.S. Army. A West Point graduate, Moores became an officer and a surgeon in the Army and recognized how the lack of formal leadership training for doctors impacts physician effectiveness, team performance, and patient outcomes. Moores now shares his leadership wisdom, and the lessons he has learned through decades of healthcare organization leadership, with physicians everywhere and with all readers passionate about improving healthcare.

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