



Physician as Leaders in Rural Hospitals

David F. Schmitz, MD

Professor and Chair, Department of Family and Community Medicine

University of North Dakota School of Medicine and Health Sciences

3RNET Annual Meeting - September 15, 2021



Disclosures

- Nothing to disclose

Objectives

- Discuss the potential for physicians to provide effective leadership in rural hospital settings
- Review leadership attributes among the specific competencies identified as important for physicians in rural communities
- Discuss the relationship between physician leadership and physician performance, job satisfaction, and physician recruitment and retention
- Identify opportunities for physician professional development as related to effective leadership

Many Physicians have the Potential to Lead

- **What makes an effective leader?**
- Why might physicians be “naturally” good leaders?
 - Experience in roles of authority
 - Subject Area Knowledge
 - Communication Skills

Many Physicians have the Potential to Lead

- **What makes an effective leader?**
- What might make physician leadership less effective or even difficult?
 - Dysfunctional team dynamics/use of authority
 - Difficulties related to communication skills
 - Time limitations/competing priorities
 - Degree of alignment in Goals/Objectives
 - Example: quality vs. cost containment

Many Physicians have the Potential to Lead

- What makes an effective leader?

Integrity of Mission

- Alignment of Goals and Objectives vs. Mission Alignment
 - What role(s) will the physician leader have?
 - Task facilitator
 - Team-builder
 - Negotiator (e.g. providing checks and balances)
 - Strategist
 - Visionary

Many Physicians have the Potential to Lead

- What makes an effective leader?

Clear Expectations and Knowing your Environment

- **Be clear about role(s), communication, and governance:**
 - What role(s) will the physician leader have?
 - Task facilitator (e.g. physician-led clinical protocol change)
 - Team-builder (e.g. Morbidity/Mortality QI reviews)
 - Negotiator (e.g. building planning committee)
 - Strategist (e.g. chief of staff at hospital board meetings)
 - Visionary (e.g. changes in health care trends)

Competence in a Rural Context

Professional Practice in a Rural Community

Educational Development



Measurement of Achievement (Application)



Continuous Quality Learning

Competence in a Rural Context

- **Competence Revisited in a Rural Context**
 - Longenecker, et. al. Fam Med. 2018;50(1):28-36.
- Defines eight rural competency domains
- Proposes these domains as a common framework for addressing the unique challenges and opportunities that *training and practicing* in a rural setting present
- Designed by rural medical educators for rural medical education and sustaining rural practice

Competence in a Rural Context

Domains and Capabilities for Rural Practice:

- Adaptability
- Agency and Courage
- Collaboration and Community Responsiveness
- Comprehensiveness
- Integrity
- Abundance in the Face of Scarcity and Limits
- Reflective Practice
- Resilience

Leadership in a Rural Context

Domains and Capabilities for Rural Practice:

- Adaptability
- ***Agency and Courage***
- ***Collaboration and Community Responsiveness***
- Comprehensiveness
- ***Integrity***
- Abundance in the Face of Scarcity and Limits
- Reflective Practice
- ***Resilience***

Competence in a Rural Context

Domains and Capabilities for Rural Practice:

Agency and Courage

Demonstrates self-efficacy: “I am capable of doing it.”

“As a rural doctor you need to be able to deal with complexity and uncertainty.”

Competence in a Rural Context

Domains and Capabilities for Rural Practice:

Collaboration and Community Responsiveness

Engages the community in responding to need, including health inequity

“[Respect for] the patients’ and community’s culture; tolerance and appreciation of differences are important.”

Competence in a Rural Context

Domains and Capabilities for Rural Practice:

Integrity

Negotiates dual relationships with integrity

“Integrity is very, very important. ‘Do the Right Thing’ for your patients, your family, and also for yourself.”

Competence in a Rural Context

Domains and Capabilities for Rural Practice:

Resilience

Demonstrates boundary-setting and margin; the ability to set limits, to set aside time for self and family care and renewal

“One needs life management skills, especially as they relate to spousal and family needs, happiness, and satisfaction.”

Application to physician leadership

- How are these skills developed?
- How are these skills maintained and improved?
- How is your rural community context important for successful application and refinement of these leadership skills?
- How does having “contextual competence” relate to your **confidence, resilience, and satisfaction in practice**?
- How can development of physician leadership skills also improve resiliency (and help prevent burnout)?

Resilience-Burnout under Stress

- Stress
 - imbalance of demand and resources
- Control (or lack thereof)
 - Sense of purpose (or meaninglessness)
- Support (or lack thereof)
 - Sense of team strength (or vulnerability)

Mission Alignment and Effective Leadership

- Stress
 - imbalance of demand and resources
- Control (or lack thereof)
 - ***Sense of purpose*** (or meaninglessness)
- Support (or lack thereof)
 - ***Sense of team strength*** (or vulnerability)

Continued Professional Development

- Education
 - Physician leadership training
- Experience by association
 - Professional organization leadership
 - Academic affiliation and development (teaching, research)
- Support of local leadership opportunities

TIME + SUPPORT => Expectation of Local ROI

– “The right people doing the right things for the right reasons”

Discussion

Time for discussion

Contact Information:

David F. Schmitz MD

david.f.schmitz@und.edu