**CFAS Connects: Exploring Leadership in Academic Medicine**

**Speaker:** Rober Simari, MD, executive vice chancellor for KU Medical Center

**Moderators:**
- Nita Ahuja, MD, CFAS Chair-elect
- Brad Barth, MD, CFAS School Rep for the University of Kansas School of Medicine

**Presentation from Dr. Simari:**

Dr. Simari previously served as executive dean for the KU School of Medicine from March 2014 through August 2019. Before joining KU, Dr. Simari served as vice chair for the Division of Cardiovascular Diseases and co-principal investigator of the Center for Translational Science Activities at the Mayo Clinic in Rochester, Minnesota, where he also served as a physician scientist, cardiologist, and professor of medicine at the Mayo Clinic College of Medicine. Dr. Simari recently published his book, *A Prescription to Lead: How Medical Training Prepares America’s Physician Leaders*. The preface of the book is written by AAMC President and CEO David J. Skorton, MD. Over the course of the pandemic, Dr. Simari interviewed three dozen physician leaders and leaders who work with physicians to write the book.

“Nearly all physicians take on significant leadership responsibilities over the course of their career but unlike any other occupation where management skills are important, physicians are neither taught how to lord nor are they typically rewarded for good leadership.” Rotenstein, Sadun and Jena Harvard Business Review Oct. 17, 2018.

Despite this, some of the most outstanding leaders in our society are physicians. Why is this?

Dr. Simari’s view of leadership: One must be able to perceive a future outcome or state and then lead a group of people to achieve that future outcome or state. Servant leadership is important for medical leaders. Becoming a physician has aspects for what one would consider a paradigm for leadership: Physicians get trained to gain knowledge to be able to perceive issues with patients as well as perceive a future state of health. Leaders of organizations have same capacity: they try to envision a future state for their organizations and then try to achieve that future state.

Throughout each person’s medical career, there are situations that arise when they must lead. Some embrace these opportunities, some fear them. Medical training uniquely prepares one for leadership and this can be generalized to our PhD colleagues too.

How does medical/scientific training develop future leaders?

1. Firstly, the candidates for this training are already achievers and some of the brightest in our society.
2. The pillars of medical/scientific education include a focus on written and verbal communication, students gain institutional knowledge because they rotate throughout their entire organizations, they experience gradually increased responsibility throughout their education, and they have to undergo continuous assessment. These all can provide valuable leadership preparation.
3. Medical/scientific training requires students to work within teams and also to them.
4. Medical education cultivates a culture of service.
5. Medical education provides a mindset and the tools to solve problems.
6. Medical education provides an externally focused work ethic.
7. Many students are surrounded by a culture of support and have access to mentors.
8. Medical education cultivates humility.

How do we transfer medical/scientific training to leadership?

1. In medical education, we work with different people and different teams, but everyone works toward the same external mission focus.
2. There’s still the same externally focused work ethic because leaders have to have meetings with people all day long, just like physicians have to have meetings with patients.
3. There’s a continued dependence on the right ways to communicate in leadership.
4. Leaders continue to serve others, but at new and higher levels.
5. Leaders must continue to learn, just like physicians must commit to lifelong learning.

There are some unique aspects of leadership for physicians and scientists:

1. Many of us work deep within the organizations we lead, similar to the TV show “Undercover Boss.”
2. We have unique organizational structures where lower level “employees” can have access to leaders (deans, higher level execs, etc.) Everyone in the organization seems to be one step away from the organization’s leaders.
3. Physician leaders deal with high levels of burnout associated with the profession.
4. Physician leaders experience discomfort from failure.

Where medical training and development of leaders needs to improve:

- A significant lack of diversity can be found among physician leadership across the country.
- Well-being concerns.
- There is a lack of focus on innovation - physician leaders are often not chosen for their skills in innovation.
- Physician leaders often become identified only later in their careers.

As physicians and scientists, our training supports the development of a leadership career. Trust and develop these skills as necessary and as desired. Remember, you are not alone. Find and be a mentor, a supporter, and an advisor.

Discussion:

Sponsorship needs to be emphasized more than mentorship because mentorship can often foster the same ways of thinking.

There was discussion about how to help physicians step into and prepare for leadership roles after they’ve been selected, since it can be assumed that just because they were successful in their labs, clinics, etc. that they will automatically be successful in their new leadership positions.

Leadership tracts in medical school and leadership tracts in residency are good starting efforts.

For sponsorship, we need to focus more on succession planning. When certain people leave, a lot of institutional knowledge goes with them and sets the organization back.
To become a physician leader, one often has to go from being a specialist to a generalist once again, and there’s currently not good training for that. How do we cultivate this? It’s important to identify potential leaders who have curiosity and empathy. These are important attributes for leaders.

There was discussion on how to select for physician leaders. Are we considering the right criteria?

Leaders need to be self-aware, but how well do we cultivate this in medical education? Continuance of assessment and guidance by others can help us become more self-aware.

You have to be a good physician to be a good physician leader, and you need to be trusted by your colleagues.

Often as a physician, we are tasked to find the right solution, but in leadership there’s often no one right solution and so sometimes physician leaders fall prey to paralysis by analysis.

Physician leaders don’t always need specialized training in leadership (i.e. having an MBA) because there are correlates to leadership training already in what they already do.

**Chat:**

Women tend to be overmentored and undersponsored.

In addition to sponsorship, we can also do more with respect to succession planning.

Wonderful Presentation, Dr. Simari. One of the hallmark traits of effective leaders is the ability to be self-aware and introspective. Can you comment on how medical training does or does not foster self-awareness and should we do more intentionally?

ACGME has started an Health Care Administrative Leadership and Management fellowship. Two sponsoring institutions have started theirs.

Very well-made point, nowadays you also cannot be confident how long someone in going to stay at your institution and can leave at any time.

Empathetic and curious and also unafraid to show that they don't know it all.

A lot of time leader are selected based on successful research portfolio which are not necessarily the best leaders. Leadership skills should be assessed independent of research/academic excellence.

As we recruit, we sometimes look for the best in one area and then there are deficits in others. Is someone with 200 peer reviewed articles going to be a better leader than someone with 100?

Potentially inversely related.

Why do we identify people with extraordinary excellence in one area and then promote them out of that area into something that they aren't trained to do?

The leadership paradox.

I think oftentimes too, leaders are chosen that (we find out later) have a difficult time making tough decisions - which is a hindrance to being an effective leader.