

The Essential Difference Between Management in Medicine and Managing in Business

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I trained as a family physician and spent more than 16 years taking care of patients, primarily in an outpatient setting in Denver, Colorado. I did everything from delivering babies to delivering bad news. I loved every minute, but eventually, I was attracted to challenges offered on the business and regulatory sides of medicine. I applied to and was accepted by the University of Colorado, Denver MBA program in 1985. When I graduated, I started working part-time as a consultant and part-time in clinical care. As a communications consultant, with an MBA in management and marketing, hospitals engaged me to work with

physicians to become better leaders and better communicators with patients. My public health experience enabled me to work with large companies to craft workplace safety policies.

In 1994, I landed my first big management job at the US Department of Health and Human Services, quite a place to start. I had 1,200 employees and 14 direct reports.

Toward the end of my first month on the job, I gave an order to an employee from another office. And then I waited to see the response. To my surprise, absolutely nothing happened. Apparently, no one had heard me. So, I gave it again . . . and got exactly the same result. Giving orders had worked well for me when I was a doctor. For better or worse, that's the way the healthcare system works.

Not the way business works.

This was just the beginning of my extended, rocky path of learning how to put the management and leadership methods and tools that I learned during my Master's of Business Administration (MBA) courses into practice and, along the way, shed the management practices of my clinical life. It turns out, the learning was easy, but the doing it was tough.

Making the transition

As medicine began its tortuous transition from traditional doctor-dominated decision-making to managed care, more and more administrators and executives were required as healthcare's attention began focusing on productivity and profits.

The problem is physician executives were landing in their posts for the same reason that physicians became department chairs in academic medicine – not because they were good at management, but because they were well-respected clinicians. Physicians are trained in a different kind of problem-solving from business managers. We are trained to acquire clinical information for a careful history and physical examination that allows us to formulate a preliminary list of diagnoses. Using additional information from laboratory and imaging tests, we methodically remove from the list those diagnoses that are obviously wrong, to come up with a preliminary working diagnosis. Our next challenge is coming up with potential treatments, analyzing each of them using yet more information from the literature and from expert colleagues to formulate a treatment plan.

This is a completely different process and requires different communication skills, influence techniques and leadership styles from those used to solve business problems.

Dr. A prided himself on being “straightforward.” He said it like it was and asked for what he wanted. “I don’t have time for cups of coffee,” he told me. He had their respect for him as a clinician – brilliant, analytical and nearly always correct in his clinical assessment. When he was the

Acting Chair of his department he wanted his colleagues to do what he wanted. No questions.

Over time he realized he had to earn his colleagues' engagement, which involved not only coffee; it also involved listening, compromise and maybe even lunch.

Leadership coaching

As a leadership coach for physicians, I ask questions to guide my clients into their own solutions. I spend a lot of time listening, either to words or to silence. I am a combination honest broker, translator, facilitator, adviser and teacher – all in service of my clients.

What makes for a successful, satisfying transition from clinician to physician executive?

1. Knowing that becoming an effective leader is not solely about acquiring new skills, learned through courses in handling conflict, financial acumen, strategic planning, cost accounting, giving effective feedback and meeting management. Becoming an effective leader is about who you are.
2. Developing long-lasting relationships with colleagues, instead of only calling them when you need something from them.

3. Including colleagues with a variety of backgrounds and opinions, not those who think like you and are an echo chamber for your ideas.
4. Understanding systems and thinking in polarities to balance paradoxes for sustainability and the excellence of the organization, rather than thinking only in a linear, cause-and-effect manner.
5. Keeping up with management and leadership literature and courses, and facilitating the learning of your colleagues, rather than focusing on financial data and productivity metrics.

Who you are as a leader is who you are as a person. How do you move from strictly tactical thinking to strategic thinking? How do you move from advocating for your patient, or your department, to advocating for your organization in the context of the regulatory, political and economic environments? You can develop skills, such as managing conflict, meetings and operations and delivering and accepting constructive feedback. These are the arrows in your quiver.

A former client, Dr. N, wasn't sure how to speak with the physician's assistant who would be working with him because the PA reported through a separate chain of command. After several attempts to elicit suggestions from my client, I asked, "What would happen if you sat next to him in the male changing room and said something like, 'You and I will be working together. What works for your schedule for us to get together and talk?'" My client did this, it worked and he was thrilled. He now does this routinely.

Which leads us to the second trait – develop relationships with your colleagues before you need them. Dr. F, a new specialty chairperson, created a spreadsheet to help him keep track of each time he stopped by a department member’s office to say hi and ask how things were going. Brilliant solution! I’ve shared this tool with my clients.

The third reason is critical for considering alternate viewpoints. We’re programmed to surround ourselves with the predictable, with those who will support us and who will not challenge our thinking. Dissenting views may delay decisions at the front end; at the back end they add to buy-in. A friend told me Richard Lamm, a three-term Colorado Governor, encouraged disagreement with his ideas and active discussion among his cabinet members, behind closed doors. Once the decision was made, all cabinet members were committed to the solution they crafted together.

The most effective leaders ask for feedback, and say, “Thank you.” Some leaders ask for feedback and then shoot the messenger. The result? Everyone is quiet, afraid to speak out.

While I was at a large Federal government department, in the Central Office, where policies are churned out, top executives would hold “listening sessions,” and ask for candid feedback. I remember one of my mentors raising his hand, standing up and doing just that. The response from the executive was “I refuse to answer that! Next question.” No one said a word after that, for any of the three listening sessions.

The clinical expertise that makes you technically successful in the examining room and operating room is augmented by the skills that add to your success in business, public health and the private sector. Surgeons who are effective leaders have fewer patient deaths and medical errors. Effective leaders are competent in their clinical expertise AND have the strength of character to implement.

The employees of one of the best leaders I've ever worked with, Charlie Tomm, all told me the following, during our one-on-one interviews.

1. "If CT agrees to do something, 'you can take it to the bank,'" and
2. "I may not agree with everything CT does, but I know he's fair."

Always keep learning. Add to your ever-growing perspective of life. Learn to think in shades of gray rather than black and white. Have fun and think of creative ways to engage your colleagues and show them you value them – it adds to their engagement, and to your well-being.

Margaret Cary is CEO of [The Cary Group Global](#). She coaches and develops physician executives and their teams to increase productivity, decrease patient error and maximize their joy in work and at home. She co-founded A Whole New Doctor, the initiative to create resilience in and provide executive coaches for medical students.