

Michigan Health & Hospitals

Physician Engagement and Shared Accountability

Buzzwords, dilemma or choice?

EDDIE ERLANDSON, MD

"I didn't know that you were expecting a response from me."

"The Emergency Department was just insane last night."

"I can't control how the doctors talk to patients."

Sound familiar as you walk the halls of your hospital and medical center? Have you, perchance, uttered these very words? One of the biggest frustrations in healthcare today is lack of physician engagement and accountability—terms frequently used to suggest what somebody else should do. Accountability and engagement, though, result from the interaction of everyone involved in any issue.

When administrators talk about physician engagement, they are generally speaking in code for what they would like physicians to do but can't get them to do it. When physicians speak about engagement, they are speaking in code for what they already give that is not appreciated, valued or supported by the administration. Both sides stake out viewpoints, positions and interactions that make real progress, change or collaboration impossible.

Common issues involve in-house clinical services coverage, emergency department specialist coverage, staffing for clinical service areas, and marketing and educational programs. The chief of the medical staff, the vice president for medical affairs, clinical department head, CEO and the hospital board, hospital staff, community and patients are frequently locked in an endless and exhausting game of villain, victim and hero. The formula for change seems elusive, yet the steps are simple—stop blaming and only hold others accountable after you first own your part of the problem; notice the gap between what's wanted and what's actually created (the commitments and the deliverables); and take 100 percent responsibility, rather than abdicate. The result will equal engagement for both physicians and health care leaders.

STOP BLAMING AND HOLD OTHERS ACCOUNTABLE ONLY AFTER YOU FIRST OWN YOUR PART OF THE PROBLEM.

In learning to take a medical history, caregivers are taught

to begin with the "chief complaint." Somehow the chief complaint has become the mantra of our health care interactions and discussions. When you complain and explain, you pretend you're not responsible for your failure and this does nothing to change the reality. In fact, you contribute to an increasing trend of poor results. Explanations (no matter how good) mean you're dead in the health care water. Conversely, telling ourselves and others the impeccable truth about how we get in our own way and then clearing the path, is the only route to success.

This happened recently at a meeting to hash out issues with neurosurgeons at a major metropolitan health center that took a hard line about ER coverage for trauma, demanding large subsidies from the already contracted hospital. The vice president of medical affairs made a bold move toward engagement when she candidly admitted that she had contributed to this problem by gossiping with colleagues about physician greed and arrogance. The head of neurosurgery then sheepishly admitted he had taken an arrogant and selfish stand and had encouraged his colleague in orthopedics to join him. At that moment, the group began to move towards a solution.

Notice the gap between what's wanted and what's actually created—the commitments and the deliverables.

In the care of our patients, we urge personal accountability for health. We must do the same for our organizations, making the radical assumption that the outcome is what we collectively intended or else take the steps to create a different result. Otherwise, the game continues. Following are some questions that increase accountability and engagement:

- What is it about my attitude or behavior that keeps this going?
- Do I have a hidden, unexamined personal agenda?
- Is there anything I'd like to communicate but haven't?
- Have I broken or missed any agreements?
- What about this situation feels familiar? How do I con-

Physician Engagement and Shared Accountability

tinue to create this problem?

- What can I learn from this situation?

TAKE 100 PERCENT RESPONSIBILITY RATHER THAN ABDICATE.

Are we willing to face what we have not been willing to face-our own part in creating the problems? No matter how small a role he plays, each participant in an issue is 100 percent responsible for the part over which they have control and can take action. The vice president of medical affairs referenced earlier took 100 percent responsibility for her part in the ongoing ER coverage dilemma.

After coaching more than 1,000 top executives, we've found the Rule of Three particularly useful when monitoring a person's commitment to responsibility. For example, if the internal medicine department chairman refuses to discuss sharing resources with family practice after the vice president has carefully worked out the plan and beneficial results, the vice president is not responsible. However, after the third sound collaborative initiative is dismissed without open dialogue, the vice president might ask, "How am I creating this outcome?" Instead of loudly complaining about the chairman's lack of engagement when he's not around, an accountable leader might approach the chairman directly, owning a full role and inviting a shift to create a different outcome.

An enlightened chief of staff we work with recently set the agenda for a medical executive committee meeting by facilitating a discussion of the current issues with the following model:

- What is the issue as you see it?
- How have you contributed to the issue?
- Are you willing to resolve this issue?
- What changes are you willing to make and lead others to make?

The meeting stayed within the prescribed time limits for the first time in anyone's memory. The outcomes were impressive. Old issues no longer appeared on the agenda, so there was room for solving the new issues. Most in attendance said that although it was hard, it was fun and they felt more connected than ever before. They'd become engaged.

As you live and work with the new accountability, you'll no longer make excuses or blame others. Instead, you'll ask how you can be more, better, faster, smarter-and then you'll make it happen. As we seek a better health care system, the prescription of accountability is the best drug around and comes from the internal pharmacy without concerns for side effects of drug interactions. We suggest that you try this engagement formula for a week or even a day to confirm

the experience of many creative leaders and organizations, creating health and longevity along the way.

Contact info@worthethic.com or refer to www.worthethic.com for more information.



Eddie Erlandson coaches executives to transform entrenched leadership habits, especially leaders who need to make their style more inspiring or more trustworthy. As an accomplished physician, Eddie draws on his knowledge of the physiological aspects of change, he's also developed a strategies from competing in endurance sports that he applies to leadership. He's worked with executive teams across a number of industries,

including consumer products, education, government, high tech, heavy industrial, medical care, pharmaceutical, and the military.

Previously, Eddie served as Chief of Staff at St. Joseph Mercy Hospital in Ann Arbor, Michigan, where he also practiced as a vascular surgeon for over 20 years and co-directed a wellness program.



Worth Ethic
CORPORATION

309 W. Main, Suite 116
Round Rock, TX 78664
(512) 493-2300 • info@worthethic.com
www.worthethic.com