By Arl Van Moore Jr, MD, FACR

DEEP BENCH of Physician Leaders Needed
Good leadership connotes different mental images depending on the individual. Frequently a mental image of a famous military figure, political figure, or personality in a religious or social cause first comes to mind. For example, I have indelible images of actors portraying famous people: George C. Scott as General George S. Patton; Russell Crowe as British Navy Captain Jack Aubrey; and Ben Kingsley as Gandhi. Now you may be thinking of your own favorite movie leader portrayal.

Within our profession, each of us can conjure up a mental image of a person that we have known or watched in action. This individual is a good leader whether he or she is a department head, a section head, a medical staff leader, a group leader, or hospital administrator. Although the relatively mundane course of medical leadership isn’t likely to be portrayed in Hollywood, leadership remains a critical element in our continued success as a profession and is crucial for providing the best possible care to our patients.
As the landscape of medicine changes both the practice of medicine and how physicians take care of patients, there are challenges on many fronts. To navigate through these difficult times, physicians need to be represented by strong physician leaders in many venues. One problem is that while physicians are well trained to take care of many patients in highly sophisticated ways, in my opinion the profession does not do a good job—both in medical schools and in residency programs—in training physicians from the ground up for the leadership roles and their challenges. To gain leadership training, a medical student or resident must seek sources outside the medical community to access pathways to learn even the most basic of these skills.

This is a critical juncture in medicine—a deep bench of strong and capable physician leaders is essential to the long-term success of the profession. However, I believe all levels in the profession suffer from a relative paucity of strong, trained, and dedicated leaders. We have become adept at training terrific doctors; the problem is that we don't do anything to teach those who enter the profession anything about leadership or what good leadership entails. And while it is difficult taking good care of patients day in and day out, being a good physician and a good physician leader is even more difficult.

So if leadership isn't being taught, are we in essence training a host of individuals to be followers? If someone doesn't know how to be a good leader, how does he or she learn to be a good follower? Increasingly, medicine is changing and transitioning from independent physician practices to hospital-based practice networks, large multispecialty practices, or large corporate medical practices. For patients and for the profession, physicians need to take an increased role in providing leadership to foster these changes and ensure that patients’ needs come first.

Therefore, if leadership development in the profession does represent a major deficiency, how do we change the way in which leaders are developed? My premedical school experiences may give a somewhat unique insight on what might be done.

**My Experience with the U.S. Navy**

As a college freshman and rising first-year Naval Reserve Officers Training Corps (NROTC) midshipman at the University of Mississippi, I began a nearly 10-year association with the U.S. Navy that included classes, reading, and training and indoctrination in leadership. Leadership training and development began on Day One and continued throughout my tenure. At the time it seemed the logical thing to do. After all, in less than four short years, I was to be commissioned as an ensign in the Navy. I needed to learn a great deal about leadership if I was going to assume some fairly significant leadership responsibility in a branch of the Navy that was yet to be determined.

Being an NROTC midshipman was somewhat different than going through Annapolis as a midshipman. Both institutions had rigorous academics. However, while there was a military tradition in NROTC, the emphasis was not as intense as it was for the midshipmen at Annapolis. Why do I mention the difference? I believe that it is the basis of a concept or focus that can be cross-walked to medicine and the way leadership is taught to physicians.

Throughout my time at the University of Mississippi earning a chemical engineering degree, I spent time each semester, as well as each summer, being taught leadership skills by the Navy. Each ensuing semester and summer built on what I had learned in the past. The doses were small individually, but the cumulative effect over time was considerable. In the end I passed all the basic requirements for being a commissioned officer. That knowledge and those skills have served me well throughout my career in medicine.

**Leadership Training in Medical Schools**

As a profession, I believe we can easily duplicate my experience in being trained as a Navy leader and incorporate it into medical school curriculums and residency education and training programs. Medical schools seem to find time to introduce all manner of training on a wide variety of topics to medical students. I believe that over four years of medical school, enough of a kernel of leadership training—if done appropriately—can be instilled into students and that this durable foundation can be easily built upon in residency programs. All physicians don't have to be leaders or serve in leadership roles. But if students know what it takes to be a good leader and they choose not to lead, they will be better followers and better facilitators in helping leaders do what is best for patients and the profession.
Similarly, residency programs can, working through the Accreditation Council for Graduate Medical Education, develop a series of leadership training objectives that all programs could uniformly follow. These residency leadership development programs can expand upon the basic curriculum that medical schools provide their students over the course of their respective programs.

If we as a profession determine that it needs to be done, we could make the intrinsic and durable changes in the medical education system that are required. However, these changes matter only if we believe that there is a need to make learning about leadership an important and integral aspect of becoming a physician and in taking care of patients and in nurturing the profession.

If you believe that a leadership deficit exists, then the next question is, how does the medical profession collectively begin the journey and start making the changes needed for success in the future? Who is best suited to do this? It is the direction of our own future that is at stake.

**Professional Societies Must Be Involved**

Medicine is a diverse profession with many members and many specialties. While physicians meet in various forums, none of these represents a concentration of individuals that can initiate an unstoppable chain of events like a nuclear chain reaction. What needs to be done, I believe, is to engage professional societies, such as ASCP and the American Medical Association (AMA), so their leaders and membership become involved and energized to effect a change in how future physicians are trained. The more professional societies that are involved, the more medical school educators and respective residency review committees can be pressed to institute and coordinate an organized leadership training effort.

I would like to take this opportunity to challenge you, the leaders and members of ASCP, as I have challenged the leadership and membership of my own specialty, radiology, to get out in front of this issue and work to effect a change. This needs to be an organic and durable change in the training of the profession’s future leaders. The task will not be easy. But, as President John F. Kennedy said at Rice University when he was introducing the moon mission to the nation, “We choose to go to the moon in this decade and do the other things, not because they are easy, but because they are hard, because that goal will serve to organize and measure the best of our energies and skills, because that challenge is one that we are willing to accept, one we are unwilling to postpone, and one which we intend to win.”

I believe that we should take on the mission of leadership development as a critical need for the profession and for patients with the same zeal and desire to win. It is important to our survival. Working together, we can accomplish many things and we can change our future, but it is up to us.

**Are you ready to effect change?**

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