HOW TO IMPROVE PHYSICIAN EFFECTIVENESS ON HOSPITAL BOARDS OF DIRECTORS

Having Board members who come from different cultural perspectives is sometimes viewed as unwelcome "noise."

And sometimes it can be viewed as black holes for wasting time.

This paper addresses a specific Board of Director culture clash we observe in our work with hospital Boards: physicians versus business professionals.

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FAX CITY MEDICAL CENTER BOARD

Fax City Medical Center is a well known world-class urban teaching hospital whose 15 member Board is dominated by Fax City business leaders. Included in this group are three physicians: the Chief Medical Officer, the President of Fax City's major physician group practice, and the Chief of Surgery.

Prior to our intervention as coaches, the physicians would sit together as a group at the Board table. The business leaders would begin saying "Why don't we….." and one or more of the physicians would respond with "You can't because……."

As a result, the business leaders would canvass with themselves without the physicians being present. During the formal Board meetings the physicians were then presented with the accomplished fact that their concerns were outvoted. It didn't matter what they said…..

This situation put the hospital President in a dilemma: the physicians were consistently outvoted by the business leaders. And yet these same physicians would be the ones responsible for implementing the Board's ideas.

The current situation was not working.

The President did not perceive he was a politically capable of changing the dysfunctional dynamics of the Board: the physicians no longer trusted the President and saw the President as in the "pocket" of the business group.

Board Options, Inc. was retained to change the Board culture.

STEP 1: GAINING COMMITMENT WITH ONE QUESTION

We met with the three Board level physicians for lunch. At some point in the lunch, we asked group the following question, "If the group dynamics and the politics continue at the Board just the way they are, what is likely to happen to you and to Fax City Medical Center?" This question stimulated negative discussions around publicly quitting the Board and seeing a once valued institution become a second tier

player in Fax City. The President of the physician group practice spoke about his members making more referrals to competing hospitals.

Once these dire predictions were aired, we made the following observation: "Group dynamics was not a course provided to you at Medical School. It should therefore come as no surprise that you aren't winning in the Board room. You always have the option to keep things going just the way they are.

Another option is to learn how to play "The Board Game."

The physicians agreed to learn how to play the Board Game.

We find that "if the situation doesn't change, what will happen?" is a key question to get commitment or to clearly determine that there is no commitment to be had.

STEP 2: GET PHYSICAL

Physical change is the easiest to make.

We suggested that the most negative of the physician in the physician group avoid sitting with his physician colleagues at the next Board meeting. Instead, this physician would sit next to the Chairman of the Finance Committee. The physician was instructed not to be confrontational. Indeed, engage in positive conversation about the Chairman's family.

This physician readily agreed.

At our next physician meeting, we discussed the consequences of a simple change of seating.

The physician reported that he was delighted that merely by changing his customary seat there was a new tension in the room! He relished the fact that he could make such an impact so easily!

The polite conversation with the Finance Committee Chair started off as mutually strained but soon was easy as they found common ground in discussing their mutual passion for fishing.

STEP 3: BE PROFESSIONALLY UNPREDICTIBLE

Once we had achieved credibility through our simple intervention, we suggested that consistency and reliability is of great value in conducting medical procedures. But predictability is the bane of communications at the Board level.

The physicians had become irrelevant by being too predictable.

Winning The Board Game requires being both professional and unpredictable: others will listen to what you have to say if they can't predict your statements in advance. If you are too predictable, it becomes too easy to pretend to listen.

We suggested one way of achieving professional/predictable interventions is to stop thinking of every new idea as negative. We phrased it by saying, "the hallmark is a great Internist is an obsession with finding flaws/problems. Medical tests and physician exams are nothing but a search for the negative. This type of thought pattern makes for successful medicine. But it doesn't help win The Board Game.

We suggested that the physicians should come to a common agreement between themselves about what three issues are non-negotiable. And be more flexible on everything else. On the negotiable issues, try saying "yes" sometimes. Trying also saying "yes ….and" by showing how the ideas could be implemented instead of why they could not be implemented.

Use "yes…..but" like pepper in a gourmet dish.

Avoid being predictable.

STEP 4: THOSE WHO SET THE AGENDA RULE THE BOARD

The CEO and the Chairman typically sent around the meeting agenda a week before the event. And the physicians only glanced at the agenda when it is presented.

The Board Agenda sets the framework. Items that are placed at the end of the agenda are often the most sensitive/volatile issues while the routine matters are placed at the top of the list. When the Board meeting is in its last fifteen minutes, people are bored and eager to get to their next appointments. This tactic allows for a rushed job of discussion of the most sensitive issues. The Board Game requires that you understand the dynamics of agenda setting: insist that your important agenda items be positioned as close to the beginning of the meeting as possible. Drive the routine items to the end of the meeting.

MEASURING SUCCESS

The CEO reported a positive change in the decision making at the Board level. The frequency of "Why Don't We/You Can't" dropped off. There was more time spent focusing on the future and planning concrete actions. The Board requested that management stop presenting so many Dog & Pony Shows.

Finally, the Board member who was CEO of Fax City's largest physician practice organization recommended to his Nominating & Governance Committee that we work with the PPO's Board in teaching them the Board Game.

In our business, repeat work is the hallmark of consulting success!

LESSONS LEARNED

1. Our first question to the physicians was "If Things Continue as they are What Will Happen?" This is a classical clinical question to determine motivation to change. Had the physicians stated that the institution would continue to function well and they would continue to serve, we would know there is no motivation to intervene as coaches.
2. Technical/scientific/medical professionals resent being told they are required to change their behavior. In our first meeting we spoke in terms of options/choices. And we were clear that they had the option to not change.
3. We did not frame our intervention as "we are coaches and we are here to help you be more effective." Instead we gained commitment by framing the intervention as a gap in medical education. We were here in the role of helping them in an educational sense rather than seeking to fix a psychological flaw in their personality. This made our intervention more acceptable. The intervention was framed as helping physicians get to "higher levels of effectiveness" in their Board roles rather than to "fix" them.
4. We did not use the term "coach" or "coaching" since those are words that are emotionally rich: when people here that word, they may have a positive or negative association with their tennis coach as a youth or a Work/Life Balance Coach their neighbor employed, etc. We wanted to select an unfamiliar concept that did not have emotional weight. Thus we used the term "The Board Game." And we described ourselves as organizational interventionists. These words were neutral or novel.
5. Our approach as coaches was cognitive-behavioral. We had a structured system of behavioral-oriented interventions that were presented as small steps. As the behaviors changed we helped them reflect/change their thinking. Changing behavior and attitudes is complex and scholars have long debated which comes first: attitude change or behavioral change. The correct answer is that the arrow of directional change can point both ways at the same time. We elected to first focus on simple behavioral change and work from there simply because it is an easier intervention.
6. We gained commitment and trust by focusing first on a simple initial intervention that we were confident would produce dramatic results: change the seating pattern. We built on this platform of success to more complex interventions.

CONCLUSIONS

Culture clashes within Boards of Directors infect and inform Board deliberations. We have described an intervention called The Board Game to teach group dynamics appropriate for the Board of Directors to a willing audience of competent professionals. We have described how we determine if they are willing to make behavioral changes.

The culture dynamics described in this paper should also be appropriate for venture backed technology companies where the Founder/CEO is a first time CEO and trained in science/engineering but must contend with powerful Board members who come from a culture that is based on transactional-oriented business.

It should also be of value with Boards where leaders from different countries must problem solve but tend to problem solve in different ways.

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