Turning Good Doctors into Good Leaders: 
PMC Reenergizes Medical Staff through Leadership Training 
A Good Governance Case Study

Governance Institute faculty Brian D. Wong, M.D., M.P.H., cofounder of The Bedside Project, LLC, recently interviewed George Mikitarian, CEO, and Lisa Alexander, M.D., vice president for medical affairs at Parrish Medical Center in Brevard County, Florida for this case study.

Throughout the country, leaders at healthcare organizations are grappling with a problem that can lead to high turnover among staff, distraction from a focus on quality care, and loss of market share. The problem is not about buildings or budgets but about people. It is physician disengagement, a falling away of the medical staff from their commitment to the patient and the organization. Physicians may become disengaged from their institutions because they feel the effects of declining reimbursement, managed care scrutiny, and other pressures. Whatever the specific reason, the result is diminished performance throughout the organization.

The leadership at Parrish Medical Center realized that the problem of physician disengagement was devastating morale and thwarting attempts at process improvement. These leaders decided to tackle the problem head-on and turned to Dr. Brian Wong of the Bedside Project for guidance. Dr. Wong worked to achieve medical performance improvement by providing physicians with a structure for communicating openly and honestly and developing their own leadership skills. Physicians now take the lead in addressing performance problems and making improvements. The resulting turnaround in staff attitudes has led to gains that are measurable in financial terms and obvious in human terms.

Description of the Organization

Parrish Medical Center (PMC) is a publicly owned, not-for-profit, acute-care hospital, serving Titusville and North Brevard, Florida, with 210 beds and more than 1,300 physicians, nurses, staff members, and volunteers. PMC's care has been recognized by national accrediting organizations including VHA, the Commission on Cancer, and the Joint Commission. PMC operates a comprehensive cancer program, primary stroke center, health and fitness center, wound healing center, home health program, and other services. Areas of specialization are cancer treatment, cardiac care, orthopedics, neurosurgery, and women's and children's health services. Located just a few miles from Kennedy Space Center, PMC has been designated by NASA as the primary receiving hospital for U.S. space program astronauts and ground support crew.

The Turning Point

Just a few years ago, PMC was a fractured organization, said Lisa Alexander, M.D., vice president for medical affairs. Physicians had no sense of commitment or loyalty to the hospital. The administration and the physicians had a history of distrust and competing agendas, and they lacked a shared vision. A small number of physicians had become disruptive, creating a hostile atmosphere for the entire medical staff and intimidating some physicians from cooperating with management on process improvement.

Results of employee surveys confirmed that staff relationships were extremely poor, putting stark numbers to what everyone was experiencing. All of the employees could feel the lack of cohesion, and the patients felt it, too. "We saw this as an opportunity," said Dr. Alexander. "In healthcare today, the relationship between physicians and the administration is so important. And most of the physicians were there for good purposes. We needed to build their loyalty to our community, our organization, our board, and ultimately to the patient."

To engender loyalty to an organization, it's necessary build trust. Trust in turn requires opportunities for open, honest dialog. To that end, PMC asked Dr. Brian Wong to address the underlying issues of communication and trust among medical staff. Dr. Wong began working with PMC to introduce the Bedside Project's signature program, Physician Advisory Leadership (PAL). PAL's purpose is to provide
physicians with the leadership training and relationship skills that they simply do not learn in medical school or on the job.

PMC had an existing structure for the medical staff, with elected officers, which was dominated by a small number of disgruntled physicians. The PAL group did not replace this structure but instead created an alternate structure, a safe haven where concerned physicians could give their views without fear of political repercussions.

To join PAL, a PMC physician had to be a medical staff member in good standing, respected by and respectful of all key stakeholders in the organization, with a positive and optimistic attitude. The first group of PALs—19 physicians—was established in the spring of 2006.

The group met regularly to work their way through a curriculum designed and led by Dr. Wong. The curriculum included training and exercises in:

- Personal leadership
- Leadership communication
- Team leadership
- Organization leadership
- Strategic planning
- Leadership in a changing organization

**Turnaround in Attitude**

During the first session with Dr. Wong, the participants were quiet. “They were obviously asking themselves, what is this program? What’s our role here?” said Dr. Alexander. Among the learning tasks, Dr. Wong asked them to come up with their own personal mission statements. Most had never been asked to do such a thing. At the end of that first session, the physicians were no longer quiet but stayed to talk, and according to Dr. Alexander, this was a new and positive development.

With each subsequent training session, the PALs became more cohesive, honest, and open. They began coming up with their own ideas for process improvements at the hospital, asking for one another’s opinion, and respectfully disagreeing with one another. Dr. Wong helped the PALs create clarity around their problems and understand how to organize themselves to develop and execute the solutions.

PMC CEO George Mikitarian said, “Brian Wong was instrumental to this success. He’s a good strategist with an incredible talent for weaving through the minutia to connect the dots. He gets to the point in an un-intimidating, positive way. He gets people pumped up, so they identify the true issues, and then he crafts initiatives and mechanisms to get people involved in fixing their own problems. What was a silent majority is now an active majority, contributing positively to our process improvements and our plans for the future.”

As the PALs worked through the leadership curriculum, they were also working on process improvement for the organization. Dr. Wong led them through exercises to determine what brought out their best performance in the hospital setting. What brought out their worst? What drove them crazy? Under his guidance, they developed a list of improvement projects in priority order. For the first time, they had been trusted to set those priorities. They came to understand the process improvement would make their professional lives more rewarding.

The second “class” of PALs joined the group in the spring of 2007. Senior PALs are now mentoring and encouraging the newer members, transferring information and soliciting their opinions. In addition, medical staff and other employees are bringing ideas for process improvement to the PALs because they know the ideas will receive respectful attention.

Dr. Alexander explained, “There is a palpable difference in how open the physicians are now with the administration and the board. There is respect and loyalty. There’s even a difference at the social level, where physicians and administrators are developing comfortable relationships. We had a retreat for PALs
and their families, and we explored ways in which we can help the spouses and children of our busy physicians. Now, something good happens every day with PAL. Each day, it grows."

**Benefits from the Boardroom to the Bedside**

- PALs now take the lead on process improvement rather than waiting for management directives. One example among many: PMC reduced the average door-to-bed time for direct admissions from 36 minutes to six minutes.

- PALs work directly with the board of directors, on a regular basis, on strategic planning and capital budgeting. What was previously an adversarial relationship is now cooperative and productive.

- PALs have "pushed back" against the few disgruntled physicians and defeated their efforts to undermine progress.

- New physicians are directed to the PALs for mentoring and guidance, so they begin to receive positive feedback and support immediately.

- Employees recognize the PALs as an asset and routinely seek out their input on issues.

- Employee and patient satisfaction measures have improved dramatically.

- Relationships are built on trust.

**Lessons Learned**

Mr. Mikitarian noted that if an institution can create a safe haven for the majority of physicians to give their views freely, the influence of the few disgruntled physicians will be greatly diminished. But it takes time. Executive officers must set out and implement a strategy for building support among board members and other decision-makers for organizational change.

The process of organizational change must be systematic. "Just as you don't wake up one morning and say you're going to open an ICU," says Mr. Mikitarian, "you don't wake up and say you're going to change the medical staff." Change can be accomplished only through a step-by-step process, such as the introduction of the Physician Advisory Leadership program for building staff relationships and developing opportunities for performance improvement. The result is nothing less than a "cultural transformation," he said.