The Story Behind The Patient Driven Leadership Practice
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I’ve spent many years caring for patients as a physician, a physician executive, and a consultant/coach. From my earliest days, like most of us in healthcare, I found myself overburdened with countless patient quality and safety initiatives. I kept asking myself a series of questions that continued to pop up and challenge me. My search for answers led to the creation of The Patient Driven Leadership Practice.

It began when I found myself wondering about an elemental question I believed I already knew the answer to, “Where does improving patient care actually begin?” We all believe that everything we’re doing is about improving patient care. But, is there a way to ensure that what we do is always in the best interest of our patients? If I was ever going to have the ability to design organizations that effectively improve patient care every day, I had to first figure out where improving patient care began.

Knowing that leaders have the most impact in every organization, I eventually concluded that we have to start with those who were ultimately responsible for creating the conditions for change. But, before I could tell leaders that patient centered care began with them, I had to truly define what being patient centered really is. I asked many different leaders and physicians, and got many different answers... and they all made some degree of sense. There was just no consensus.

I needed to discover what patient centered care really looked like, and how to translate or leverage it into a leadership competency. Everyone talked about the term “patient centered”, but never in a leadership context. Surely there must be an opportunity to help leaders connect how they lead, to this thing we call being “patient centered”?

With so many healthcare leaders having diverse definitions of being “patient centered”, the lack of a universally accepted definition made the goal less actionable and more intangible. Leaders couldn’t possibly be held accountable to create something based on such a nebulous definition.

After repeatedly asking myself what being patient centered truly means, I finally realized that I needed to go to the source... to find out what really matters most to patients, I needed to talk to patients. I needed to figure out questions that would really get to the root of my patient’s most important concerns, and then I needed to just plain listen.
When I asked and listened, just as I had been doing as a family doc for years, I revalidated the power and value of the one-to-one doctor patient relationship. I learned that what really mattered most to patients was their need to trust the people caring for them... to trust that everyone who came in contact with them, and even those who didn’t, worked together to solve problems on their behalf. I knew that if we truly wanted a patient centered culture, we must make instilling patient trust our number one priority.

With a working definition of being “patient centered” in hand, I began the process of mapping out how to distill creating patient trust into a leadership competency. I asked myself, “What will being patient centered actually require leaders to do?”

I began to connect the dots. If I am going to tell leaders that they’re responsible for creating the conditions that best contribute to patient trust, I will have to be able to show them the actions and competencies needed to make it so.

As I worked to come up with specific leadership competencies, I was continually traveling across the country, interacting with healthcare leaders and physician executives. They led me to wonder, were there certain leadership skills specific to healthcare that could impact patient trust more than others? I didn’t know it then, but my time on the floors of all of those hospitals, listening to hundreds of leaders, medical staff and patients, was leading me to the discovery and development of The Patient Driven Leadership Practice.

My first given finally began to take shape. I figured out that if we were going to successfully deliver what our patients wanted, then healthcare leaders must practice... must lead, based on what matters most to patients. So I began to assess the current state of my clients across the industry, and it became apparent that leaders were so overwhelmed with managing day-to-day tasks and problems, that many of these fine administrators, physicians and nurses, had little time to lead, if any. For so many of us, healthcare had become a mostly reactive environment, overloaded with initiatives. It’s next to impossible for even the most seasoned of executives to not spend 95% of their day solving other peoples’ problems... they were managers more than leaders. Many of my colleagues and clients reported that they were lucky to have 5 minutes in their day to think about leadership. It dawned on me that we can’t control being over burdened with management related duties, so we had better maximize that small portion of time to actually lead.
That led me to the realization that leaders were primarily focused on their jobs and related tasks, and too overwhelmed to even think about their organizational roles. What they really needed was a dose of “Role Clarity”. I realized that if leaders were ever going to contribute to creating a culture of patient trust, then we’d have to start making a distinction between our jobs and the role we all must play as leaders. By distinguishing between managing and leading... our jobs and our roles, we could better design a leadership practice grounded in patient needs.

Patients require us to work as a team, and every high performing team must be led by a coach. I knew that healthcare leaders had the aptitude and capacity to become coaches, they just needed to learn the skill-sets necessary to lead like one. It was time to start putting as much emphasis on coaching and role description as they did on job description. By leveraging our role as coaches, we’ll have the most influence on improving patient care.

I began challenging my leaders to become coaches, and create a culture of high performing patient centered teams. To understand how to best assist leaders in leveraging their coaching roles most effectively, I began walking and listening my way through hospitals around the country. I kept seeing a recurring theme that seemed to diminish the effectiveness of otherwise incredibly skilled leaders. They, like so many of us, were thwarted by ineffectual, negative working relationships that kept them from meeting their expectations, and more importantly, giving patients the trust they need. Simply put, we all weren’t getting along very well.

I saw this as an opportunity. If we’re to be successful at leading a patient centered organization, we first better know how to leverage our coaching skills and build high performing patient centered, one-to-one relationships. After all, the basic idea of a one-to-one relationship is already rooted in the fabric of healthcare’s doctor-patient relationship.

My eventual discovery helped me to focus on all of the difficult relationships everywhere I went... and it became immediately apparent that these widespread, ineffective relationships were incurring staggering costs in terms of wasted time, money, energy and failed initiatives and partnerships.

I found out how to treat all of these relationship ills by using the tools I’d learned and honed at the bedside... one-to-one. And it led me to begin teaching my colleagues that relationship building is a key coaching competency. I created simple, effective tools and techniques that helped Coach Leaders to more easily build high performing one-to-one patient centered relationships. With concrete tools in hand, and the knowledge of how to
use it, the leaders I worked with quickly realized the value of knowing how to assess and design high performing patient centered relationships. The practice of building patient centered relationships became a requisite step to improved teamwork and a staple in the Patient Driven Leadership Curriculum.

As patient centered working relationships became standard, I continued to distill the coaching competencies that most impact an organization’s ability to deliver patient trust. I stumbled on one remaining major challenge. I saw so many leaders spending way too much time and energy putting out fires and solving problems sent up the chain of command... due to a team’s inability to solve organizational problems and operational challenges themselves.

I kept seeing a significant lack of consensus building, buy-in, and effective communications at so many of the meetings I observed, it was no wonder that people in general were not working well as teams. I began to realize how we could leverage a leader’s role as a coach to dramatically reduce the costly symptoms that led to ineffectual teamwork.

Two things were apparent. I knew that while my clients were exceptional individual problem solvers, they reported very little confidence when it came to their team’s ability to successfully solve problems together. Secondly, my research showed that a team’s inability to effectively solve problems directly impacted the delivery of quality patient care. This discovery gave Patient Driven Leadership an actionable solution... a real goal to aim for.

As Coach Leaders, we are responsible for creating the conditions needed to build patient centered relationships that grow patient trust.

We must acknowledge group problem solving as a leadership competency and organizational responsibility. The ability to create, deploy and leverage Patient Centered Problem Solving Teams, is the chief objective of Patient Driven Leaders.